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## Brief report: Peer group influences and adolescent internalizing problems as mediated by effortful control



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### ABSTRACT

Internalizing problems in adolescence encompass behaviors directed inward at the self (Colman, Wadsworth, Croudace, & Jones, 2007). Several predictors have been linked to internalizing problems including antisocial and prosocial peers (Cartwright, 2007; Chung, 2010). Effortful control, a component of self-regulation, is one factor that could mediate the relationship between peer behaviors and individual outcomes. This study assessed the relationship between peer behaviors, effortful control, and adolescent internalizing problems. Participants were 151 middle school adolescents ( $M = 12.16$  years old) who completed self-report questionnaires regarding behaviors of their peers, perceptions of effortful control, and experiences of internalizing problems. Structural equation modeling (SEM) yielded a significant negative relationship between antisocial peers and effortful control, and a significant positive relationship between prosocial peers and effortful control. In addition, effortful control significantly mediated the relationship between prosocial peers and internalizing problems, but not for antisocial peers. Implications for interventions related to adolescent health were discussed.

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In 2010, the National Institute of Mental Health reported that prevalence rates for anxiety and depression in adolescence continued to rise (8 and 11% respectively; Merikangas et al., 2010). The current study focused on the broader construct of internalizing problems, defined as deviant, emotion-driven behaviors targeted inward toward the individual (e.g., disturbed self-concept, negative self-talk; Achenbach, 1991; Colman et al., 2007; Morgan, Izard, & Hyde, 2014). Risk factors of internalizing problems include parent psychopathology, negative sibling interactions, and chaotic familial structure (Hicks, DiRago, Iacono, & McGue, 2009; Moilanen, 2005). Several studies have established the role of deviant peer association and victimization in developing internalizing symptoms (Cartwright, 2007; Chung, 2010; Dishion, 2000; Fanti & Henrich, 2010; Høglund & Chisholm, 2014; Shapero, Hamilton, Liu, Abramson, & Alloy, 2013). Existing research on peer relationships has focused on peer deviance, whereas fewer studies have considered the importance of prosocial peer behaviors (i.e., actions intended to benefit another person; Prinstein, Boergers, & Spirito, 2001).

An important variable contributing to the relationship between peers and internalizing problems may be effortful control. Subsumed under the construct of self-control, effortful control is defined as the ability to inhibit a dominant response in order to perform a subdominant response (Rothbart & Rueda, 2005). It involves three subcomponents—activation, engaging in an action one is inclined to avoid; inhibition, refraining from engaging in an inappropriate action; and attention, shifting

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attention in line with changing goals. Research has found that effortful control predicts to lower emotional/behavioral problems, and higher prosociality in adolescence (Eisenberg, Smith, Sadovsky, & Spinrad, 2004; Rothbart & Bates, 1998). It has been negatively linked to several internalizing symptoms (van Oort, Greaves-Lord, Ormel, Verhulst, & Huizink, 2011), and has positively related to the quality and quantity of adolescent friendships (Bowker & Rubin, 2009).

Friendships formed during adolescence are highly influential (Calkins & Keane, 2009). Based on a Social Learning Theory perspective, the peer group serves as a social model from which the child learns associations between behaviors and punishments/rewards (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003; Cornish, 1993). Together with Rothbart's theory of effortful control, models in the adolescent's environment could alter the malleable self-regulation component of effortful control.

The current study examined the relationships among peer behaviors, effortful control, and internalizing problems within this theoretical model. Two goals were identified: i) understand the role that prosocial and antisocial peers play in the expression of internalizing behaviors and ii) explore whether effortful control mediated that relationship. We hypothesized that higher prosocial and lower antisocial peer behaviors would relate to lower internalizing problems. Effortful control was hypothesized to be a mediator for both relationships.

## Method

Participants were 151 middle school adolescents ages 11–14 ( $M = 12.16$ ) in a rural Northwestern U.S. town and were primarily Caucasian (57.6%) and Hispanic (33.8%). Participants returned a signed parental consent and adolescent assent form to meet eligibility. Data were collected across three homeroom periods, with 15–20 participants per classroom.

The Youth Self Report (YSR; Achenbach & Rescorla, 2001) was used to assess internalizing problems. The YSR is a widely normed questionnaire in which adolescents rate the frequency of various issues over the past six months on a scale from 0 (Never/Rarely) to 2 (Often/Very Often). The 35 items comprising the Internalizing subscales were summed to calculate internalizing problems (Cronbach  $\alpha = .83$ ). The Early Adolescent Temperament Questionnaire-Revised (EATQ-R; Capaldi & Rothbart, 1992) is a 16-item questionnaire measuring effortful control. Responses are based on a 5-point scale (1 = Almost Always Untrue, 3 = Sometimes True/Sometimes Untrue, 5 = Almost Always True). The three subscales (attention, inhibition, activation) were used to construct effortful control scores (Cronbach  $\alpha = .60-.73$ , respectively). The Peer Behavior Inventory (PBI; Prinstein et al., 2001) is a 19-item questionnaire that asks adolescents to indicate the number of "best friends" that engage in different behaviors (substance use, suicidality, deviance, prosociality). A ratio score is computed for each item by dividing the number of friends that engage in a behavior by the total number of identified friends. Responses range from 0.0 to 1.0. The Peer Behavior Profile (PBP; Zucker & Fitzgerald, 2002) was used to assess the proportion of peers engaging in various behaviors on a 5-point scale, where 1 = Almost None, and 5 = Almost All (nine prosocial items, Cronbach  $\alpha = .89$ ; 19 antisocial items, Cronbach  $\alpha = .93$ ). The YSR, EATQ and PBP have been validated in previous research (Achenbach & Rescorla, 2001; Capaldi & Rothbart, 1992; Zucker & Fitzgerald, 2002). Participants also completed a demographics questionnaire measuring gender, ethnicity and age.

## Results

Data were analyzed by structural equation modeling (SEM) to simultaneously assess two mediation models. Zero-order correlations and descriptive statistics for all observed variables are listed in Tables 1 and 2. Test of model fit was assessed by the chi-square test of model fit, root mean square error of approximation (RMSEA; Steiger & Lind, 1980), Comparative Fit Index (CFI; Bentler, 1990), and Tucker–Lewis Index (TLI; Tucker & Lewis, 1973). All analyses were carried out using Mplus 6.0 (Muthén & Muthén, 1998 – 2010).

For the measurement model, four latent variables were constructed from the observed data: i) peer prosocial behavior included the summed prosocial items from the PBI and PBP, ii) peer antisocial behavior included the summed antisocial items from the PBI and PBP, iii) effortful control included summed scores for the three EATQ-R subscales, iv) and internalizing problems consisted of the summed scores from the YSR subscales Anxious/Withdrawn, Anxious/Depressed, and Somatic

**Table 1**

Zero-order correlations of all major predictor and outcome variables.

	1	2	3	4	5	6	7	8	9	10
1. Peer Prosocial (PBI)	–	.29**	–.09	–.15	.25**	.43**	.32**	–.12	–.21*	–.10
2. Peer Prosocial (PBP)		–	–.01	.16	.18*	.20*	.24**	–.01	–.01	.01
3. Peer Antisocial (PBI)			–	.35**	–.28**	–.18*	–.13	.15	.20*	.10
4. Peer Antisocial (PBP)				–	–.19*	–.16	–.12	.05	.07	.08
5. Activation Control					–	.42**	.54**	–.33**	–.34**	–.21**
6. Inhibitory Control						–	.47**	–.20*	–.29**	–.10
7. Attention Control							–	–.33**	–.33**	–.32**
8. Anxious/Depressed								–	.71**	.67**
9. Withdrawn/Depressed									–	.55**
10. Somatic Concerns										–

Note. \*,  $p < .05$ , \*\*,  $p < .01$ .

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