



Effectiveness of an empowerment program for adolescent second generation migrants: A cluster randomized controlled trial



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ARTICLE INFO

Article history:

Received 26 November 2015

Received in revised form 18 March 2016

Accepted 18 March 2016

Available online 19 March 2016

Keywords:

Racial/ethnic identity

Poverty/disadvantage

Program evaluation

Prevention

ABSTRACT

Dutch adolescent second generation migrants are at increased risk of becoming marginalized and developing problem behavior. We tested the effectiveness of the Dutch multi-component empowerment program POWER that aims to prevent such problems. We hypothesized a positive intervention effect on participants' sense of mastery, coping skills, activities, conduct problems, and prosocial behavior. We conducted a cluster randomized controlled trial including a pretest and posttest with an intervention condition ($n = 132$) and a waitlist control condition ($n = 116$). Analyses showed that POWER was only effective in influencing the youngsters' participation in activities like sport, hobbies, and casual work. When implemented with high fidelity, POWER also influenced the level of conduct problems as well as their coping style. However, a more accurate registration of the implementation process would have been helpful and the program can potentially be further improved by clearly specifying which components of the program can be adapted and which must be delivered as intended.

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1. Introduction

Dutch adolescent second generation migrants – in particular those with a Moroccan, Antillean/Aruban, Surinamese, or Turkish background – show increased risk of developing behavioral problems and have poorer prospects than their autochthon peers. They are over-represented in juvenile delinquency statistics (Blom, Oudhof, Bijl, & Bakker, 2005; Jenissen, 2007), drop out of school more often (De Boom, Weltevrede, Van Wensveen, Van San, & Hermus, 2011), and are over-represented in forensic mental health care (Boon, De Haan, & De Boer, 2010). At the same time, these youth are underrepresented in prevention programs (Ince & Van den Berg, 2010) and mental health care (Boon et al., 2010), suggesting that opportunities to prevent problematic development of youth with a migrant background are being missed.

1.1. The challenges of adolescent second generation migrants

A complex combination of individual, parental, school, peer, and community factors seem to influence the development of these problems (Paalman, 2013). Although the relation between risk factors and behavioral problems needs more research to arrive at a better understanding, some aspects seem to play an important role. Minorities

often have a low socio-economic background (SCP, 2009), characterized by poor housing conditions, poverty, and limited education and career options (Dagevos, Gijsberts, & Van Praag, 2003; Dijkman, 1996; Eldering & Knorth, 1997; Martens, 1999; Schonberg & Shaw, 2007). They have to cope with discrimination (Berry, Phinney, Sam, & Vedder, 2010) and cultural incompatibilities between the home culture and the host culture (Guarnaccia & Lopez, 1998), and have specific family dynamics that can be risk factors for behavioral problems (Stevens, Vollebergh, Pels, & Crijnen, 2007). They often also lack sufficient social-emotional skills and problem-solving skills (Orobio de Castro, Veerman, Koops, Bosch, & Monshouwer, 2002; Trentacosta & Shaw, 2009) and – albeit strongly dependent on the informant and outcome measures used – some researchers have found increased mental health problems including a variety of internalizing and externalizing problems in general (Stevens & Vollebergh, 2008) and psychotic disorders in specific (Veling, Selten, Mackenbach, & Hoek, 2007). Stigmatization, prior disappointing experiences, language/cultural differences, and limitations in resources also tend to be barriers to ethnic minority families searching for and accepting help for child behavior problems (Scheppers, Van Dongen, Dekker, Geertzen, & Dekker, 2006; Tolan & McKay, 1996).

1.2. Marginalization

One of the biggest challenges faced by these adolescents is overcoming their risk of exclusion, caused by an interaction of several economic,

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societal, and cultural processes. Growing up in disadvantage is strongly related to social marginalization; that is, exclusion from fulfilling social lives at individual, interpersonal, and societal levels (Bynner, 2006). Marginalized individuals experience relatively little control over their life and available resources, they risk becoming stigmatized. This risk of exclusion can be reinforced by cultural processes, such as acculturation. Acculturation refers to the process of cultural and psychological change that results following a meeting between cultures. Berry (2003, 2005) distinguished four different acculturation strategies: integration, assimilation, separation and marginalization. Individuals showing interest in maintaining the original culture as well as in learning and participating in the other culture (integration) display the fewest problems, whereas individuals showing both little involvement in maintaining the culture of origin and little interest in participating in the other culture (marginalization) appear to have the poorest mental health outcomes (Koneru, Weisman de Mamani, Flynn, & Betancourt, 2007).

1.3. Empowering second generation migrant youngsters

Prevention programs can teach second generation migrant youngsters to cope with the above challenges and prevent marginalization. Several review and meta-analytic studies have demonstrated that mainstream prevention programs appear equally effective for ethnic minority youth and majority youth (Barlow, Shaw, & Stewart-Brown, 2004; Huey & Polo, 2008; Leijten, Raaijmakers, Orobio de Castro, & Matthys, 2013; Weisz, JensenDoss, & Hawley, 2006; Wilson, Lipsey, & Soydan, 2003). However, mainstream programs are also less successful in reaching ethnic minority youth than majority youth. In addition, ethnic minority youth are much more likely to drop out (Barlow et al., 2004; Barrett & Ollendick, 2004; Wilson et al., 2003).

Culturally sensitive programs, for example empowerment programs, appear more effective in reaching and retaining minority youth than mainstream programs (Kumpfer, Alvarado, Smith, & Bellamy, 2002). Empowerment programs also differs from more mainstream prevention programs in a way that they do not only want to influence the individuals psychological sense of personal control or influence, but also aims to have social influence (Rappaport, 1987). More precisely, empowerment programs aim to support individuals to develop a sense of mastery; that is, to become conscious of the effective fields of influence in their immediate surroundings in the context of their lives and to develop skills and abilities to gain reasonable control over their lives (Lee, 1992). Studies show that empowerment programs can lead to an increase in ethnic consciousness (Gutiérrez, 1990), a more positive feeling about prospects (Parsons, 1989), improvement in the internal locus of control (Parsons, 1989), better skills to analyze problems (Gutiérrez, 1990), more involvement in activities at school and in the neighborhood (Fertman & Chubb, 1992), and can have a positive impact on violent and provoking behavior, school delinquency, drug use, and condom use (Flay, Graumlich, Segawa, Burns, & Holliday, 2004).

Notwithstanding these promising results, the number of rigorous effectiveness studies of empowerment programs is still very limited, especially those including second generation migrants (Flay et al., 2004; Reischl et al., 2011). Along with more general reasons, this is probably due to difficulties in recruiting this group for preventive interventions. To date, no interventions available in The Netherlands have proved effective in preventing or reducing problem behavior in adolescent second generation migrants (Ince & Van den Berg, 2010).

The Dutch multi-component empowerment program POWER, however, proved to be successful in reaching and retaining adolescent second generation migrants at risk of marginalization. Specifically, POWER reaches out in deprived neighborhoods to migrant youngsters who seem to be at risk of marginalization in terms of hanging around with criminal youth, carrying out acts of vandalism, dropping out of school, or being in frequent contact with the police. A pilot with 7 groups, each comprised of 9 to 14 young people, demonstrated that the youngsters were interested in participation and that most participants

followed the course from beginning to end (Van Diest, Wennink, & Uiterloo, 2005). The key element seems to be that trainers recruit participants themselves, mainly on the basis of their own observations and contacts with youngsters and with important key figures in the community, for example the local *Imam* for Islamic youth. Given the program's success in reaching and retaining these youngsters, it is important to know whether the intervention is also effective.

1.4. Aim and hypothesis

The present study aimed to test the effectiveness of POWER in daily practice with a clustered randomized controlled trial. Primary outcome measures were problem behavior and social marginalization. Secondary outcome measures were the participants' sense of mastery and coping skills. We hypothesized positive intervention effects on all outcome measures. In moderator analyses, we tested whether intervention effects depended on gender, the level of problem behavior at baseline, ethnicity, or the implementation process.

2. Method

This study was a cluster randomized controlled trial with an intervention condition and a waitlist control condition, both including 16 groups of youngsters comprised of between 5 and 12 youngsters per group (see Fig. 1). In line with the randomization process, the trainers were instructed to recruit comparable groups each time with respect to ethnicity, gender, age, levels of problem behavior, and community: for example, two groups of Moroccan boys from 16 to 18 years of age from two different areas in a city, causing trouble in their neighborhood. Each time a trainer recruited two comparable groups, received written consent, and baseline data were collected, these two groups were randomized by the research staff. In the intervention condition, POWER was implemented directly after the randomization; in the waitlist condition, POWER started directly after the intervention group finished theirs (i.e. three months later). Some trainers provided the control condition group with one or two short activities (i.e. football or tenpin bowling) to keep them involved in the study during the implementation of POWER in the intervention group.

Participants were eligible to enter the study if they fulfilled the following inclusion criteria: 1) a Moroccan, Turkish, Surinamese, or Antillean/Aruban father and/or mother, 2) between 12 and 18 years of age, 3) no mental disorders, 4) not currently doing community service, and 5) at risk of marginalization. At risk of marginalization was defined as (a) living in a disadvantaged area, (b) poor social-emotional development (i.e. poor social-emotional skills/developing problem behavior), and (c) lack of structured social activities/hanging around in the neighborhood. Following the regular recruitment strategy of POWER no questionnaires or diagnostic instruments were used in the recruitment phase, because such measures might scare or annoy potential participants. Trainers were trained in how to select the intended target group.

2.1. Study intervention

POWER consists of three elements (1) a culturally sensitive empowerment group course for youngsters, (2) a course for their parents, and (3) a community approach, i.e. involving relevant local organizations during the project. Although POWER tries to influence both the individual level as well as (the relation with) relevant stakeholders in the community, the main focus of the program is to influence the participants feeling and coping strategies of personal control over their life and environment. POWER is designed as both a preventive and a curative intervention, depending on the youngsters' level of problem behavior at onset. The program is written in Dutch, however, an English version of the intervention, and more information regarding international implementation of POWER can be obtained from the authors.

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