

PEER CONTAGION: EFFECTS OF MIXING HIGH AND LOW RISK LEVEL JUVENILES

When lower and higher risk youth are placed into the same group setting or allowed to develop new peer relationships, a program may have a negative, rather than a positive, impact upon the youth.

THEORETICAL PERSPECTIVES

While most researchers agree that *peer contagion* exists, the mechanisms of how and why it works have not been agreed upon. **Social learning** theorists suggest peer contagion is the result of observing deviant behaviors and social reinforcement processes¹. **Normative socialization** states that youth are motivated to eliminate differences between themselves and peers. **Friendship selection** suggests deviant youth choose deviant peer groups as a result of common interests¹.

Deviancy Training

Deviancy training theory is a more comprehensive trans-theoretical approach that includes the following processes^{2,3}:

Labeling- Placement into a group consisting mostly of at risk or deviant youth can increase the strength of a youth's identity as a delinquent. Persons outside the group, including other youth, may also increasingly identify a youth as a delinquent.

Communication- Placing antisocial youth together in a group can provide more opportunities for committing further offenses. The peers may offer drugs, weapons, and new information on deviant activities.

Cultural Norms- Placing antisocial youth together fosters cultural norms among the group. This causes the youth to view their problems, behavior, and beliefs as normal, ordinary, and no big deal- rather than the exception to normal behavior.

Reinforcement- Youth may be positively reinforced by peer members for antisocial behaviors and beliefs. Peers often respond more frequently and consistently to group members than to program staff, meaning peer group members have more influence upon one another and in shaping behavior.

Early vs. Late Starters

Early starters vs. late starters theory distinguishes between two groups of juveniles who have the potential to be classified as high and low risk offenders, respectively⁴. Youth who begin delinquent behavior at a later age, late starters, are typically lower risk offenders who have a higher likelihood of succumbing to peer contagion than youth who begin delinquent behavior earlier in life.

Early starters, also called **life-course-persistent**, youth have a chronic pattern of conduct problems, often beginning in early childhood. The delinquency of these youth is more often due to maladaptive familial patterns, such as: high levels of stress, instability, parental psychopathology, and punitive or inconsistent discipline, than to negative peer influence.

Late starters, or **adolescent limited**, youth demonstrate antisocial behavior beginning in their teens and decline as they enter young adulthood. Late starters are considered to be developmentally normative and researchers believe their delinquent behavior is more often a result of negative peer influence. **Risk of removing prosocial adolescents from prosocial activities for treatment:** By involving low risk youth in a large number of treatment or supervision activities, these youth are prevented from interacting with the very things that make them low risk, e.g. time with family, at school, in extracurricular activities, interaction with prosocial peers, and work. Prosocial activities are replaced by increased interaction with antisocial youth.

See article #4 for a detailed description and pilot study on prevention of deviant behavior using "peer leaders."

Highly Susceptible Populations to Peer Contagion

In addition to late starters, **younger**³ and **ethnic minority**⁶ adolescents appear to be more negatively influenced by peer contagion. Special considerations should be made when working with these populations by avoiding groups or providing only highly structured groups to buffer the impact of peer contagion.

PREVENTION

Although grouping at-risk youth with delinquent youth can increase the delinquency of the at-risk youth, studies consistently find that grouping at-risk youth with prosocial youth can lead to an increase in prosocial behavior. A study on inner-city youth⁵ showed that youth with more prosocial involvement, such as sports, music, and scouts, showed significantly lower delinquent behavior than youth with little or no prosocial involvement.

Increase prosocial involvement. Opportunities for prosocial involvement with peers who are not involved at-risk or anti-social should be increased. Creating opportunities for youth to interact with prosocial adults in a mentoring capacity is also very beneficial. For example, researchers in a pilot study⁴ targeted popular at-risk youth and attempted to modify their values and behaviors using positive role models, including local college athletes. Results were positive and are a promising area for future research.

INTERVENTION

Approaches to Avoid Peer Contagion

Avoid groups. When possible, avoid placing deviant youth in groups, especially with low-risk, young or ethnic minority populations. Programs that focus on the family and avoid group formats such as Functional Family Therapy (FFT), Teaching Family Model, and Multisystemic Therapy, are effective alternatives⁷.

Keep youth in the home. It is preferred that youth remain in the home; however, when youth must be removed from the home Multidimensional Treatment Foster Care (MTFC)³ has shown a reduction in delinquency, MTFC trains foster parents to set clear rules for acceptable behavior, monitor activities and limit interaction with deviant peers.

Avoid labeling. Avoid labeling youth as deviant and discourage youth to label themselves or other youth as deviant, as this can create a self-fulfilling prophecy. It is also important to teach parents and other adults who work with the youth of the effects of labeling and assist in reframing when necessary.

Separate risk levels. When group work is unavoidable, do not mix low or at-risk youth with higher risk-youth. If mixing low-risk and high-risk is also unavoidable, low-risk youth should greatly outnumber high-risk youth (e.g., 1 high risk: 5 low risk/prosocial youth).

Appropriate treatment length. Provide the minimum possible treatment for low-risk youth, while providing more intense and longer duration of treatment for high-risk youth.

Supervision when at treatment. Research has shown deviancy training takes place during treatment, usually when the therapist is not present, for example before/after groups or during breaks³. Do not allow youth to hangout before the groups, outside the building or in the lobby or waiting room. Have adults drop the youth off and wait in the waiting room for the group to begin, or have an adult supervise the waiting room and do not allow youth to talk. Other ways to avoid the youth mingling is to stagger the times youth are expected to arrive and depart group.

Avoid friendships at group. Do not allow youth to create new friendships and associate outside of group. Have the youth contract with the group leader that they will not spend their free time with other deviant youth; involving family members in this process can be helpful as parents or guardians can monitor the youth's free time.

Highly structured groups. Research consistently shows using a high degree of structure in the groups can help buffer the effects of peer contagion.

Prosocial groups. A prosocial atmosphere should be created and reinforced by the group leader. Deviant behavior and talk should be extinguished immediately. Once a prosocial norm is established, new deviant youth should be introduced gradually into the group to avoid destroying the prosocial environment.

Experienced and knowledgeable group leaders. Group leader should be knowledgeable about peer contagion and experienced in immediately identifying and preventing antisocial communication and behavior.

Program strength. Programs should have strong theoretical basis in an evidence-based practice and high fidelity to the theoretical basis.

PROGRAM/INTERVENTION EXAMPLES

Examples of Programs and Interventions that can PREVENT Peer Contagion³

Individual Therapy

- Cognitive Behavioral based programs typically show greatest improvements
- Mentoring programs such as Big Brothers/Big Sisters

Family-based Interventions

- Functional Family Therapy
- Multisystemic Therapy
- Iowa Strengthening Families Program
- Familias Unidas
- Linking the Interests of Families and Teachers

Matching Youth with **Well-Adjusted Peers**

- BrainPower
- Peer Coping Skills Training
- Montreal Longitudinal Project
- Peer Leader Intervention⁴

Juvenile Justice Programs that keep youth in communities

- Boys and Girls Club
- Community rather than custodial settings
- Victim-Offender Mediation
- Teen Court Programs

Examples of Programs and Interventions that can INCREASE Peer Contagion³

Mental Health

- Groups with high ratio of deviant to non-deviant peers
- Groups with poorly trained leaders
- Group homes/residential facilities

Community Programs (any program that aggregates deviant youth with little supervision or structure).

- Midnight Basketball
- Unstructured settings, such as recreation centers
- After-school programs that serve mostly deviant youth
- Gang Resistance Education and Training Program

Education (any program that aggregates deviant youth with little supervision or structure).

- Forced grade retention
- Self-contained classrooms
- In-school suspension and expulsion
- Alternative schools

Juvenile Justice Programs (any program that aggregates deviant youth with little supervision or structure).

- Placement with offenders who have committed similar crimes
- Scared Straight
- Group counseling by probation officer
- Institution or group foster care

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