Psychological empowerment and future orientation among adolescents in a youth participatory action research program

Nicholas Szoko, MD[a], **Namita Dwarakanath, BA**[b], **Elizabeth Miller, MD, PhD**[a,b], **Carla D. Chugani, PhD**[b], **Alison J. Culyba, MD, PhD, MPH**[a,b]

[a]Division of Adolescent and Young Adult Medicine, UPMC Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania;

[b]Department of Pediatrics, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

Abstract

Aims: Youth participatory action research (YPAR) empowers youth to address challenges in their environment. Empowerment is associated with prosocial behaviors; however, understanding of how empowerment may serve as a protective factor and promote emotional health remains limited. We sought to characterize protective factors (future orientation and resilience) and emotional health (difficulties regulating emotion and psychological distress) among youth engaged in YPAR and examine associations with psychological empowerment.

Methods: We administered cross-sectional surveys to 63 youth in YPAR programming. Multivariable linear regression examined relationships between psychological empowerment, protective factors, and emotional health.

Results: Participants had high future orientation and resilience with high psychological distress. Empowerment was significantly associated with higher future orientation. There was no significant relationship between empowerment and measures of emotional health.

Conclusion: We demonstrate the importance of evaluating protective factors and emotional health constructs in empowerment frameworks, calling for strategies that incorporate such protective factors and more directly address emotional health.

Keywords

Empowerment; adolescent health; program evaluation; protective factors; psychological resilience; psychological distress; emotional regulation

INTRODUCTION

Youth participatory action research (YPAR) engages young people in the process of identifying, analyzing, and addressing challenges in their environment (Ozer, 2017). This method elevates youth as experts of their lived experiences, centering them as essential

Corresponding author: Nicholas Szoko, UPMC Children's Hospital of Pittsburgh, 120 Lytton Avenue, Second Floor, Pittsburgh PA, 15213, [nicholas.szoko@chp.edu], 412-692-6677.

agents of social change. In addition to teaching research principles, YPAR aims to build individual self-efficacy, to increase civic engagement, and to create equitable youth-adult partnerships that challenge existing power structures, all while strengthening young people's schools, neighborhoods, and communities (Ozer, 2016; Ozer et al., 2022). Such approaches have particular relevance for historically marginalized youth, where histories of oppression have limited full participation in society.

Psychological empowerment, which focuses on an individual's perception of control, development of critical consciousness, and engagement in organizational and community-level action, represents an additional construct that may be supported through YPAR interventions (Zimmerman, 1990, 1995). Indeed, participatory action research has previously been recognized as a so-called "empowering process" (Zimmerman, 1995), and several YPAR programs have been shown to increase youth psychological empowerment across a variety of contexts (Abraczinskas & Zarrett, 2020; Nolan et al., 2021; Ozer & Douglas, 2013). Psychological empowerment has previously been associated with increased self-esteem and community-level efficacy among youth (Ozer & Schotland, 2011). Assessing how empowerment relates to other elements of youth well-being remains an important area for inquiry, especially as calls increase for research-informed, cross-cutting approaches to promote adolescent health.

Protective factors, including future orientation, or hopes, goals, and plans for the future, and resilience, defined as strength to overcome adversity, may be particularly salient constructs for youth experiencing marginalization. Both future orientation and resilience act as cross-cutting protective factors against a variety of negative health outcomes in youth, including delinquency (Chen & Vazsonyi, 2013), violence exposure (Khetarpal et al., 2021), and other mental health concerns (Ziaian et al., 2012). While YPAR programming has centered on other protective factors, such as social cohesion (Berg et al., 2009) and parental engagement (Wilhelm et al., 2021), evaluating constructs like future orientation and resilience is critical for youth who may lack access to such support systems. Extant research has suggested that youth empowerment, including meaningful youth participation in society, may promote resilience through the framework of positive youth development (Christens & Andrew Peterson, 2012; Oliver et al., 2006; Prilleltensky et al., 2001; Resnick, 2000). Thus empowerment strategies, including YPAR, may offer a unique opportunity to engender these protective factors among participants.

Another area of priority involves the interaction between psychological empowerment and emotional health. Young people engaged in YPAR may experience multiple forms of marginalization, including adultism, colonialism, and racism (Teixeira et al., 2021). For youth who face structural inequities and persistent discrimination, emotional challenges, including psychological distress and difficulties in emotion regulation, may be high (Sapiro & Ward, 2020; Villalta et al., 2018). Few studies have examined such emotional health constructs, particularly in the context of YPAR (Anyon et al., 2018). However, existing work suggests empowerment interventions among youth may support prosocial behaviors and decrease externalizing symptoms (Thulin et al., 2022; Zimmerman et al., 2018). Understanding how psychological empowerment relates to additional constructs may offer insight into YPAR's ability to support emotional health.

As part of piloting a YPAR program called "Youth Leadership in Action" (YLIA) with youth at three schools and community centers in neighborhoods with concentrated disadvantage in a mid-sized city, we explored candidate measures that could be used to illuminate the role of protective factors and emotional health in YPAR evaluation. The purpose of this study was to: 1) characterize protective factors (e.g., future orientation and resilience) and emotional health measures (e.g., difficulties regulating emotions and psychological distress) within the context of a YPAR program among youth living in neighborhoods with concentrated disadvantage and 2) explore the association of these measures with youth psychological empowerment.

METHODS

Intervention

We implemented YLIA at three schools and community centers across racially diverse neighborhoods with concentrated disadvantage in a mid-sized city in the United States from 2019–2020. Participants, ages 12–19, were recruited through school administrator referrals, word of mouth, and school- and community-based violence prevention programs. YLIA was developed collaboratively by the research team, community facilitators, and school personnel. The overarching goal of the intervention was to elevate youth voice in creating more trauma-sensitive schools and communities. Aligned with theories of adolescent empowerment (Chinman & Linney, 1998), YLIA sought to incorporate meaningful participation in activities, critical consciousness, sociopolitical skills-building, and positive reinforcement and recognition from adults. Youth in our initial cohort were referred to the program as an alternative to suspension, with the aim of increasing school connectedness and providing opportunities for restorative practice. Community-based implementations followed a similar methodology and centered on neighborhood-level context.

YLIA involved weekly youth-directed programming in which youth identified needs in their community, generated ideas for improvement, and implemented changes with support from adult allies. Programming ran between eight and twelve weeks depending on the requests of the implementation site. Youth first created asset maps of their schools and neighborhoods using human-centered design techniques. An emphasis was placed on identifying community strengths to align with positive youth development frameworks; they then identified areas for change. Youth engaged in human-centered design strategies, including dot-voting, to identify group priorities. Together, youth brainstormed potential solutions to address their concerns. In doing so, facilitators encouraged youth to conceptualize what resources were available in their community to support their goal. These resources included supportive adult figures, community spaces, and community leaders capable of enacting change. The remainder of the program focused on developing solutions or presenting analyses to individuals in positions of authority. In school-based implementations, students met with school administration to present their proposals. Students practiced presentation skills and created posters and other props to convey their ideas effectively. In community-based implementations, youth worked on letter-writing campaigns and developed art related to their messaging. Across settings, young people were encouraged to identify their skill sets in sharing their ideas. Groups came up with several

unique proposals, including a youth-led trauma support group, a food drive for neighbors experiencing food insecurity, and a school-based "decompression room." These projects were implemented in collaboration with school personnel, research staff, and community partners.

We explored psychometric constructs with youth participants that could be used in future evaluations of the YLIA program. Youth completed a survey about these constructs as described below. They also indicated overall satisfaction with the program and recommendations for improvement. The anonymous survey was administered half-way through program implementation, so that youth who were engaged in YLIA could respond to the survey and provide feedback. Our institutional review board approved this project as exempt (program evaluation).

Measures

Psychological Empowerment—Psychological empowerment was measured by an overall empowerment score and four empowerment subscales: sociopolitical skills (e.g., "I am often a leader in groups."), motivation to influence (e.g., "It is important for youth to try to improve our neighborhood even if we can't always make the changes we want."), participatory behavior (e.g., "I have led a group of young people working on an issue we care about."), and perceived control (e.g., "Youth have a say in what happens in my neighborhood.") (Ozer & Schotland, 2011). Items employed a four-point Likert scale (1 = "Strongly disagree"; 4 = "Strongly agree"). A summary score was obtained by calculating the mean across all items within a given measure (overall: 26 items [$\alpha = 0.90$]; sociopolitical skills: 8 items [$\alpha = 0.73$]; motivation to influence: 4 items [$\alpha = 0.81$]; participatory behavior: 8 items [$\alpha = 0.82$]; perceived control: 6 items [$\alpha = 0.72$])

Protective Factors—Future orientation was measured with 7 items assessing an individual's hopes and goals for the future (e.g., "I am excited about my future.") (Lippman et al., 2014). Respondents rated each item on a five-point Likert scale (1 = "Not all like me"; 5 = "Exactly like me"), and mean score was calculated across items (α=0.90). Resilience was measured with the 9-item Connor-Davidson Resilience Scale, which included items related to adapting to change, facing challenges, and working hard to reach goals (e.g., "Under pressure, I think calmly and clearly.") (Connor & Davidson, 2003). Respondents indicated the extent to which they agreed or disagreed with each item by rating it on a five-point Likert scale (1 = "Strongly Disagree"; 5 = "Strongly Agree"), and items were summarized with a mean score (α=0.87).

Emotional Health—Emotional health constructs included difficulties regulating emotion and psychological distress. Difficulties regulating emotion were measured using the Difficulties in Emotion Regulation Scale – Short Form (18 items), which assesses awareness of emotions, impulse control, and coping strategies (e.g., "When I'm upset, I become out of control.") (Kaufman et al., 2016). Respondents indicated how often each statement applied to them using a five-point Likert scale (1 = "Almost never"; 5 = "Almost always"). Mean score was calculated across items (α=0.87). Psychological distress was measured using the Kessler K6 score (Kessler et al., 2003). Participants were asked to indicate how often they

experienced a variety of mental health symptoms (e.g., feeling "restless or fidgety") in the last 30 days (1= "None of the time"; 5 = "All of the time"). Scores were summarized by taking the sum across 6 items (possible range: 0–24, with a cut point of 13 indicating a high likelihood of diagnosable mental health concern).

Statistical Analyses—Demographic characteristics (e.g., age, gender identity), programming information (e.g., participants at each site, number of sessions attended), and psychometric constructs were summarized with means/standard deviations for continuous variables and frequencies/percentages for categorical variables. Differences in psychological domains by gender identity and number of sessions attended were assessed with two-sample t-tests and ANOVA, respectively. Separate linear regression models examined associations between psychological empowerment (total score and scores on the 4 subscales) and each protective factor or emotional health construct: 1) future orientation, 2) resilience, 3) difficulties in emotion regulation, and 4) psychological distress. All models were adjusted for age, gender identity, and implementation site. All psychometric constructs were treated as continuous variables. Models were evaluated for multicollinearity (all variance inflation factors < 3) and model fit was assessed by R^2 value. Participants missing greater than half of responses for Likert constructs and those with any missing responses to K6 items were excluded from analysis (4.5% missing). All analyses were conducted in R version 3.6.3 (2020-02-29).

RESULTS

Overall, 63 youth completed the survey. Mean participant age was 15.2 ± 1.5 years. Thirty-two youth (51%) identified as male (Table 1). Average overall empowerment score among participants was 2.6 ± 0.5 (possible range: 1–4). There were no significant differences in empowerment by gender identity. Overall empowerment score did not differ by number of YLIA sessions attended prior to the survey. Mean and standard deviation for each protective factor and emotional health construct are shown in Table 1. Many participants (63%) reported high levels of psychological distress (K6 ≥ 13). Difficulties regulating emotion were higher among female-identifying youth (female: 2.8 ± 0.7, male: 2.3 ± 0.7; p = 0.013); future orientation, resilience, and K6 score did not differ by gender identity.

Overall empowerment score was significantly associated with higher future orientation, adjusting for covariates (β =1.04 [0.56–1.52]). This relationship remained significant among all empowerment subscales, including sociopolitical skills (β = 0.91 [0.50–1.33]), motivation to influence (β = 0.65 [0.32–0.99]), participatory behavior (β = 0.57 [0.18–0.97]), and perceived control (β = 0.58 [0.19–0.96]). Resilience was significantly associated with the sociopolitical skills sub-scale (β = 0.51 [0.16–0.86]); no significant relationships were observed for overall empowerment or other empowerment subscales (Table 2). There were no significant associations between psychological empowerment and difficulties regulating emotions or psychological distress (Table 2).

DISCUSSION

Youth in this study reported high levels of future orientation and resilience, and also endorsed concurrent emotional distress. These findings reaffirm that youth experiencing marginalization, including those with significant emotional health concerns, possess adaptive strengths that may buffer against experiences of adversity. We also found significant associations between youth psychological empowerment, future orientation, and resilience. Our findings align with previous work linking empowerment to other internalized characteristics, such as self-esteem and self-efficacy (Morton & Montgomery, 2013; Ozer & Schotland, 2011). We also reaffirm the potential for empowerment strategies to engender resilience (Christens & Andrew Peterson, 2012; Oliver et al., 2006; Prilleltensky et al., 2001; Resnick, 2000), and we build upon existing literature by connecting psychological empowerment with future orientation. YPAR creates opportunities for youth to build skills and agency to intervene on problems in their environment, which may impact attitudes regarding their future. In addition, YPAR emphasizes critical thinking, problem-solving, and collective action (Ozer, 2017), behaviors that may strengthen adaptations to adversity and build resilience.

Empowerment did not correlate with emotional health measures in this sample. Notably, our participants reported comparatively high levels of psychological distress (Mewton et al., 2016). Difficulty regulating emotions was also slightly higher in this study than other national samples (e.g. among a sample of 257 adolescents in a study validating the DERS-SF, the mean score was 2.24 ±0.79 compared to a mean score of 2.6±0.7 among YLIA participants), but we observed similar differences by gender (Kaufman et al., 2016). Direct comparison to existing work may be limited by demographic differences and lack of data about comorbid psychiatric or behavioral diagnoses among our participants. Further, a recent literature review by Wilson and colleagues highlights how youth experiencing marginalization may adopt emotion regulation strategies as a form of coping, despite high concurrent psychological distress (Wilson & Gentzler, 2021). For example, suppressing anger may be required when facing persistent discrimination, despite potential negative health consequences. The complex interplay between difficulties regulating emotions and psychological distress among minoritized youth highlights how larger socio-structural constraints may shape emotional health and coping strategies.

YPAR programs may not directly address emotional health nor provide youth with direct instruction in development of coping skills for regulating emotions and reducing distress; yet youth engaged in YPAR may be facing significant emotional health concerns, especially in neighborhoods with concentrated disadvantage. While YPAR strategies may incorporate important skills to build protective factors, like future orientation and resilience, these constructs may not be sufficient to address youth's emotional health needs. Specifically, focused strategies may be needed to more explicitly strengthen emotion regulation skills and reduce psychological distress. Conceptualization of a young person's emotional health should consider not just the presence or absence of psychopathology, but rather the coexistence of emotional health challenges and skills that promote well-being (Antaramian et al., 2010). This lens is particularly relevant when supporting young people whose experiences may be shaped by histories of oppression and trauma.

Our findings must also be considered within the context of our study's limitations. Because the study was designed to assess candidate measures for future YPAR evaluation, surveys were cross-sectional and completed at the midpoint of programming, which precluded assessing causation or ascertaining intervention effects. While programming occurred in neighborhoods with concentrated disadvantage, we did not collect participant-level socioeconomic, educational, or race/ethnicity data (given the small sample sizes in each setting), information which could help further contextualize observed associations. Finally, we note a relatively small sample size, which may limit power in detecting associations.

YPAR offers contextual and culturally responsive opportunities for youth empowerment, a process through which a young person's goals for the future may be envisaged and actualized. Adding measures of future orientation to YPAR evaluation may capture a particularly salient outcome for youth living in neighborhoods with concentrated disadvantage. Especially among marginalized youth, for whom systemic disempowerment has erected barriers to societal engagement and psychological distress is often high, greater attention to programming that fosters emotional health may be helpful in implementing YPAR activities. Incorporating YPAR into healing-centered prevention programming that centers cultural identity, community strengths, and collective consciousness (Ginwright, 2018) may also nurture factors that improve long-term emotional health.

Funding/Support:

Role of Funder/Sponsor:

The funders had no role in the design and conduct of the study, collection, management, analysis, and interpretation of the data, and preparation, review, or approval of the manuscript, and decision to submit the manuscript for publication.

Abbreviations:

YPAR	Youth participatory action research
YLIA	Youth Leadership in Action

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Table 1:

Demographic Characteristics of YLIA Participants (N=63)

Demographic Characteristic		No. (%)[a]
Age in Years: Mean (SD)		15.2 (1.5)
Gender Identity	Female	32 (51%)
	Male	31 (49%)
Location [b]	Site 1	25 (39.7%)
	Site 2	19 (30.2%)
	Site 3	19 (30.2%)
Number of Sessions Attended	1 to 2	19 (30.2%)
	3 to 5	6 (9.5%)
	6 to 10	12 (19%)
	>10	24 (38.1%)
Source of Referral to Program	Friend	51 (81%)
	Teacher	1 (1.6%)
	Other Adult	9 (14.3%)
	Research Team	1 (1.6%)
Future Orientation: Mean (SD) [c]		3.6 (1.0)
Resilience: Mean (SD) [c]		3.6 (0.8)
Difficulties in Emotion Regulation: Mean (SD) [c]		2.6 (0.7)
Psychosocial Distress: Mean (SD) [d]		13.3 (4.2)

[a.] Percentages may not total 100% due to missing responses.

[b.] All sites were located in racially/ethnically diverse neighborhoods (33–67% non-Hispanic Black, 27–60% non-Hispanic white, 1–3% Hispanic, and less than 1% other races) with high prevalence of poverty, school suspension, and community violence (15–30% below poverty line, 60–85% high school graduation rate).

[c.] Mean across five-point Likert-type scales.

[d.] Mean across summed K6 scores.

Table 2:

Parameter Estimates of Empowerment Measures across Constructs (β [95% CI])

	Future Orientation	Resilience	Difficulties in Emotion Regulation	Psychological Distress
Overall Empowerment	**1.04** [0.56–1.52]	0.25 [−0.20–0.69]	0.08 [−0.34–0.52]	0.90 [−1.20–3.00]
Sociopolitical Skills	**0.91** [0.50–1.33]	**0.51** [0.16–0.86]	0.14 [−0.23–0.51]	−0.53 [−2.49–1.43]
Motivation to Intervene	**0.65** [0.32–0.99]	0.21 [−0.08–0.51]	−0.01 [−0.31–0.28]	0.73 [−0.70–2.16]
Participatory Behavior	**0.57** [0.18–0.97]	0.00 [−0.33–0.33]	−0.06 [−0.39–0.27]	−0.58 [−2.15–0.98]
Perceived Control	**0.58** [0.19–0.96]	0.18 [−0.14–0.50]	0.16 [−0.17–0.48]	0.40 [−1.17–1.97]