



# The moderating effect of family involvement on substance use risk factors in adolescents with severe emotional and behavioral challenges



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## HIGHLIGHTS

- Examined family involvement as moderator of emotional and behavioral problems
- Tested effects for alcohol, marijuana, tobacco, and substance use problem outcomes
- Estimated multilevel growth curve trajectories of outcomes over 1-year period
- Family involvement buffered adverse effects of emotional and behavioral problems.
- Moderation and main effects depended on substance use outcome.

## ARTICLE INFO

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## ABSTRACT

**Objective:** The current study longitudinally examined the moderating effects of family involvement, which previous research has shown to be a protective factor against adolescents' substance use involvement, on the associations between internalizing and externalizing problems, respectively, and substance use (alcohol, marijuana, and tobacco) and problems in a unique sample of adolescents with severe emotional and behavioral problems.

**Method:** Adolescents ( $n = 4786$ ) and their parents were assessed at three waves over a 1-year period as part of the SAMHSA funded Comprehensive Community Mental Health Initiative (CMHI). Multilevel growth curve models were estimated using Hierarchical Linear Modeling (HLM) to examine the associations between time-varying internalizing and externalizing problems, respectively, and substance use involvement over time as a function of family involvement at baseline.

**Results:** Results supported the hypothesis that family involvement protects against adolescent substance use involvement by buffering the adverse effects of both internalizing and externalizing problems. Specifically, for alcohol use, family involvement buffered the negative effects of high externalizing problems. For tobacco use, family involvement buffered the negative effects of both internalizing and externalizing problems, respectively. For substance use problems, family involvement buffered the effects of only internalizing problems. Family involvement did not moderate effects of emotional and behavioral problems on marijuana use, however, a significant main effect was observed such that family involvement was negatively related to marijuana use.

**Conclusions:** Results suggest that the beneficial effects of family involvement on at-risk adolescents' substance use involvement are dependent on the type of emotional and behavioral problems the adolescent experiences as well as the type of substance the adolescent uses. Implications for family- and adolescent-focused treatment are discussed.

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## 1. Introduction

By the 12th grade, the prevalence of adolescents who have used alcohol (72%), cigarettes (44%), or marijuana (42%) are dramatic (Johnston, O'Malley, Bachman, & Schulenberg, 2010). Moreover,

approximately 7.3% of 12- to 17-year-olds are diagnosed with substance use disorders (SAMHSA, 2012), indicating that a substantial percentage of adolescents are also experiencing serious problems as a result of their substance use. Research indicates that children and adolescents with severe emotional and behavioral challenges (SEB) are at greater risk for problematic substance use and receiving a substance use disorder diagnosis (e.g., Greenbaum, Prange, Friedman, & Silver, 1991). Further, rates of comorbid psychiatric disorders among adolescents with a

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substance use disorder are as high as 60% (Armstrong & Costello, 2002). Not only is occasional substance use during adolescence associated with lower social functioning and health problems (Tucker, Ellickson, Orlando, Martino, & Klein, 2005), but a history of substance use can also result in poorer treatment outcomes among adolescents with SEB (Walrath, Ybarra, & Holden, 2006). Although family involvement is generally considered to be a protective factor against increased risky behaviors in adolescents with SEB, research has not directly tested it as a moderating factor in the association between SEB and substance use outcomes. The current study examined whether family involvement protectively moderates the longitudinal associations between externalizing and internalizing problems and substance use frequency and problems over a 1-year period in a sample of adolescents (ages 11–18) with SEB and their parents served in systems of care.

### 1.1. Externalizing and internalizing problems as risk factors for adolescent substance use

Among the most studied and robust risk factors for early substance use and abuse are behaviors associated with externalizing behavior problems (Disney, Elkins, McGue, & Iacono, 1999; Iacono, Carlson, Taylor, Elkins, & McGue, 1999; King, Iacono, & McGue, 2004; McGue, Iacono, Legrand, & Elkins, 2001; Wilens & Biederman, 1993). For example, childhood disorders characterized by behavioral disinhibition are associated with a younger age of first drink (McGue, Iacono, Legrand, Malone, & Elkins, 2001). Moreover, prospective research has shown that youth diagnosed with conduct disorder, oppositional defiant disorder, and attention-deficit/hyperactivity at age 11 are at higher risk for having tried alcohol, nicotine, and marijuana by age 14, and those with conduct disorder and oppositional defiant disorder are more likely to engage in regular use across all three substances (King et al., 2004). In one of the few reports examining the relationship between externalizing problems and substance use within a clinical sample on adolescents with SEB, Greenbaum and Dedrick (2007) found that those classified as “heavy initial escalators” on substance use variables had significantly higher externalizing behavior problems than those classified as “light initial escalators”, suggesting that even among those already at greater risk, externalizing problems can significantly impact the developmental trajectory of substance use.

Internalizing problems and disorders have also been a major focus of past research seeking to identify risk factors for early substance use and abuse among adolescents. However, in contrast to externalizing behavior problems, the relationship between internalizing problems and early substance use is less clear. Some studies have found significant positive associations between internalizing problems and adolescent substance use (King et al., 2004; Marmorstein & Iacono, 2001), whereas others have not (Bardone et al., 1998; Rao, Daley, & Hammen, 2000). These inconsistencies suggest that the effects of internalizing problems on substance use may be more conditional than those of externalizing problems, and could depend on other factors such as the type of internalizing problem experienced (e.g., depression; King et al., 2004), other moderating situational or familial factors, and/or the type of substance used. Additionally, some research suggests that comorbid internalizing and externalizing problems are differentially related to substance use outcomes compared to either type of problems alone (Lansford et al., 2008), suggesting an interaction between internalizing and externalizing problems. However, to date, there is limited research examining the relationship between internalizing and externalizing symptoms, respectively or in concert, and early substance use among adolescents with SEB receiving services within mental health systems of care. Thus, in order to inform the development and application of effective interventions and treatment, further examination of the impact of internalizing and externalizing problems on early substance use among adolescents with SEB is needed. In particular, research aimed at identifying under

what conditions (i.e., moderators) internalizing and externalizing problems result in less vs. greater risk of early substance use.

### 1.2. Family involvement as a protective factor against adolescent substance use

Research has identified several familial factors that are protective against increased adolescent substance use. For example, emotional support (Marta, 1997), open and frequent communication with parents (Stronski, Ireland, Michaud, Narring, & Resnick, 2000), engaging in family activities (Wang, Mattew, Bellamy, & James, 2005), parental rules for substance use (van der Vorst, Engels, Meeus, Dekovic, & Van Leeuwe, 2005) and parental monitoring (Kosterman, Hawkins, Guo, Catalano, & Abbot, 2000) are all associated with decreased substance use in adolescence. Further, parental monitoring mitigates the relationship between externalizing behaviors and later heavy alcohol use (Fallu et al., 2010). The consistency in findings across several familial factors suggests the presence of a broader construct of family involvement reflecting an overall quality of family interactions and environment.

Family involvement is defined as a “child’s participation in and relationship with members of his or her family” (Epstein, 2009, p. 7), and represents a broad, holistic construct that reflects the overall quality of the family environment and interactions therein between adolescents and their parents. Most previous research on the effects of familial factors on adolescent substance use has focused narrowly on specific aspects of family involvement as opposed to a single construct assessing the multiple domains described above. With the increased focus on strength-based assessments and treatments for adolescents with SEB, we argue that understanding the effects that family involvement (construed more broadly as opposed to specific elements of family involvement) has on early substance use is crucial to future prevention and intervention efforts, particularly for adolescents with SEB.

### 1.3. Current study

To our knowledge, the current study is the first to examine the longitudinal impact of family involvement on substance use outcomes in a clinical sample of adolescents with SEB and their parents. Specifically, the current study sought to examine whether and how family involvement serves as a protective moderating factor on the associations between internalizing and externalizing problems and substance use frequency and related problems in a sample of adolescents and their parents served in children’s mental health systems of care over a 1-year period. Based on research and theory, we hypothesized that:

1. Greater internalizing and externalizing problems would be associated with greater reports of substance use (i.e., alcohol, marijuana, and tobacco use, respectively) and problems related to substance use. Based on the dearth of literature examining interactions between internalizing and externalizing difficulties, we offer no specific hypotheses for this interaction although we do test for it.
2. Family involvement would moderate the influences of internalizing and externalizing problems, respectively, on reports of substance use and related problems, such that greater family involvement would mitigate the negative effects of internalizing and externalizing problems on substance use outcomes. Furthermore, we expected the moderating effects of family involvement to be robust and to remain after controlling for other individual difference (e.g., gender, race, and SES) and family factors (e.g., biological family history of substance abuse).

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