

Brief Family-Based Intervention for Substance Abusing Adolescents



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KEYWORDS

• Adolescence • Substance use • Parenting • Family interventions

KEY POINTS

- Parenting plays a key role in an adolescent's use of substances.
- Parental monitoring, consistent limit setting, and parent-child communication about and disapproval of substance use are strategies to protect against adolescent substance misuse and problems.
- Brief parent-focused interventions that support use of these parenting strategies can play an important role in the prevention of adolescent substance use problems.
- The Family Check-up is an example of such a brief intervention.

This article describes a brief intervention designed to improve parenting strategies because of their important role in the onset and escalation of adolescent substance use.^{1–3} Alcohol and other drug use are initiated typically during adolescence and escalate over this developmental period. This pattern is so common that some describe substance use disorders (SUD) as “developmental disorders.”⁴ Nationally representative data demonstrate that approximately 27.8% of adolescents have experimented with alcohol and 16.4% have experimented with marijuana by the time they reach the eighth grade and that these rates increase to 68.2% and 45.5%, respectively, by the time adolescents reach the twelfth grade.⁵ Data on levels of problematic drinking, from being drunk to binge drinking also demonstrate important age-related patterns. For example, 12.2% of eighth-grade adolescents reported ever being drunk and 5.1% reported binge drinking (defined as ≥ 5 drinks on 1 occasion) in the past 2 weeks. By the time these adolescents reach the twelfth grade, their rates of ever

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Abbreviations

ATP	Adolescent Transitions Program
FAsTask	Family Assessment Task
FCU	Family Check-up
MDFT	Multidimensional family therapy
MI	Motivational interviewing
MST	Multisystemic therapy
SUD	Substance use disorders

being drunk increase to 52.3% and their rates of binge drinking in the past 2 weeks increase to 23.7%.⁵

Despite these data demonstrating that experimentation with alcohol and marijuana during adolescence is a developmentally normative behavior, research has demonstrated that the earlier a person initiates alcohol and other drug use, the greater their risk for developing a SUD later in life.⁶ Underage drinking and early drug use are also associated with a wide range of problems including co-occurring mental health problems (eg, attention deficit hyperactivity disorder, conduct disorder, depression, anxiety), academic problems including school drop-out, delinquent behaviors, and injuries and motor vehicle crashes.⁷ For example, in the United States alone, about one-third of 15- to 20-year-olds who died in motor vehicle crashes in 2011 had consumed alcohol.⁸ Furthermore, use of alcohol and drugs is also linked to sexual risk taking, including unplanned sexual intercourse, sex without a condom, sex with someone whose sexually transmitted infection status is unknown, and sex with multiple partners.⁹ Studies have demonstrated that alcohol use doubles the risk of adolescents engaging in behaviors risky for contracting the human immunodeficiency virus, and that the association between alcohol use and unprotected vaginal intercourse is almost 4 times higher among alcohol users than nonusers.¹⁰ As for marijuana users, they are almost 5 times more likely to have unprotected vaginal intercourse than adolescents who do not use marijuana.¹⁰ The risk of sexual victimization is also greater on days when adolescents drink than on days when they do not drink,¹¹ and this risk increases with adolescents' level of blood alcohol concentration.¹²

Health problems specific to marijuana use include aggravation of asthma, bronchitis, and emphysema. Chronic use may cause functional alterations in the respiratory system and produce morphologic changes in the airways that precede lung and bronchial cancer.¹³ Further, long-term marijuana smokers show cognitive impairment,¹⁴ and early onset of marijuana use (before age 16) has been associated with chronic deficit in attention skills.¹⁵ For example, in the Dunedin study where 1037 individuals between the ages of 7 and 13 who had not initiated marijuana use were administered cognitive tests and then followed into middle adulthood,¹⁶ those who met criteria for cannabis use disorder at 3 or more of the follow-up assessments as adolescents had a 6-point lower full scale IQ score than those who met diagnostic criteria for a cannabis used disorder as adults. These findings suggest that the onset of heavy marijuana use in adolescence, rather than adulthood, can result in long-term cognitive effects. Findings such as these not only indicate that adolescent substance use is a public health concern, but they also underscore the importance of intervening on substance abuse during adolescence.

DIAGNOSING SUBSTANCE-RELATED DISORDERS

There are numerous substances for which a diagnosis of a SUD can be reached, including alcohol, cannabis, hallucinogens, inhalants, opioids, sedatives/hypnotics/

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