



# Associations between personality and drinking motives in adolescents involved in the child welfare system <sup>☆</sup>



Amanda Hudson <sup>a,\*</sup>, Christine Wekerle <sup>b</sup>, Sherry H. Stewart <sup>c,a</sup>

<sup>a</sup> Department of Psychology and Neuroscience, Dalhousie University, Halifax, Nova Scotia B3H 4R2, Canada

<sup>b</sup> The MAP Longitudinal Study Research Team, McMaster University, Hamilton, Ontario, Canada

<sup>c</sup> Department of Psychiatry, Dalhousie University, Halifax, Nova Scotia B3H 2E2, Canada

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## ABSTRACT

Specific personality dimensions may increase susceptibility to alcohol misuse by encouraging motives for drinking that are associated with risky alcohol use. In the current study, we examined associations between personality risk factors (hopelessness (HOP), anxiety sensitivity (AS), sensation seeking (SS), and impulsivity (IMP)) and drinking motives (coping, conformity, enhancement, and social motives) in a sample of high-risk youth receiving child protection services. These personality factors were assessed using the Substance Use Risk Profile Scale (SURPS) and drinking motives were assessed using the Drinking Motives Questionnaire-Revised (DMQ-R). The structural validity of the DMQ-R was first explored in this novel sample of high-risk adolescents using principal components analysis. Correlational analyses showed that HOP and IMP were associated with drinking to cope with negative emotions, and AS was associated with drinking to conform. Unexpectedly, enhancement motives were not related to any of the personality dimensions. This suggests that youth receiving child welfare services who are high in the described personality risk factors drink primarily for negative reinforcement.

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## 1. Introduction

Adolescence represents a period of development with a variety of challenges, including difficulties with substance use and alcohol use (e.g., [Rehm et al., 2005](#)). In terms of alcohol use/abuse, some populations of adolescents are more at-risk than others. For instance, adolescents who have been exposed to family violence, neglected, or physically, sexually or emotionally abused are at increased risk of early alcohol use ([Hamburger, Leeb, & Swahn, 2008](#)). Further, youth from dysfunctional families tend to report high levels of binge drinking ([Tucker, Orlando, & Ellickson, 2003](#)). In the current study, we aim to examine links between personality and motives for drinking in adolescents who present with a number of these risk factors, namely those involved in the child welfare system.

Specific personality dimensions have been proposed to increase vulnerability to alcohol use and misuse ([Pihl & Peterson, 1995](#)): hopelessness (HOP; pessimism about the self, world, and future, and proneness to depression; [Abramson, Metalsky, & Alloy, 1989](#); [Conrod, Pihl, Stewart, & Dongier, 2000](#)), anxiety sensitivity (AS; fear of anxiety-related sensations; [Reiss, Peterson, Gursky, &](#)

[McNally, 1986](#)), sensation seeking (SS; preference for novel and intense activities; [Zuckerman, 1994](#)), and impulsivity (IMP; action without sufficient forethought; [Dawe & Loxton, 2004](#)). According to Pihl and Peterson, these personality traits reflect individual variability in psychobiological systems responsible for affect, cognition, and susceptibility to substance abuse. Indeed, HOP and AS have been associated with greater alcohol-related problems in adolescence and adulthood ([Krank et al., 2010](#); [Stewart & Kushner, 2001](#); [Stewart, Peterson, & Pihl, 1995](#)). Youth high in SS and IMP report a variety of risky alcohol use patterns, including heavy drinking ([Conrod, Stewart, Comeau, & Maclean, 2006](#); [Krank et al., 2010](#)) and adults high in SS and IMP are more prone to alcohol dependence ([Conrod et al., 2000](#)). Comparable findings have been obtained with at-risk youth receiving child welfare services, with HOP, SS, and IMP correlating with drinking levels and alcohol problems, and AS correlating with difficulties stopping drinking ([Stewart, McGonnell, Wekerle, & Adlaf, 2011](#)).

Personality factors may increase susceptibility to alcohol abuse by encouraging risky motives for drinking. That is, certain motives for drinking have been associated with problematic alcohol use. These include coping motives (drinking to alleviate negative emotions), conformity motives (drinking to avoid social costs), and enhancement motives (drinking to enhance positive emotions) ([Cooper, 1994](#)). Social motives (drinking for positive social reasons

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\* Corresponding author. Tel.: +1 (902) 494 3793; fax: +1 (902) 494 6585.

E-mail address: [a.hudson@dal.ca](mailto:a.hudson@dal.ca) (A. Hudson).

like affiliation) have also been identified, although these have proven to be less problematic (Cooper, 1994). More specifically, social motives represent normative reasons for drinking and have been found to be unrelated to negative drinking outcomes (Cooper, 1994). In theory, youth high in HOP and AS may drink to alleviate or cope with negative emotions like sadness and anxiety. In contrast, individuals high in SS may consume alcohol for its rewarding properties, whereas those high in IMP may drink for immediate positive or negative reinforcement, as these individuals often have self-regulatory deficits (Pihl & Peterson, 1995). In other words, highly IMP individuals may drink to remove negative affect (negative reinforcement) or to achieve positive affect (positive reinforcement), and may do so in a hasty manner. Examining links between personality and drinking motives has clinical utility, as it allows us to identify potential mechanisms or pathways that lead to alcohol abuse for particular groups of individuals.

In general, research with youth from the general population has supported Pihl and Peterson's (1995) theory, revealing relations between HOP and AS and alcohol use to cope with negative affective states (Stewart & Kushner, 2001; Woicik, Conrod, Stewart, & Pihl, 2009). AS has also been associated with conformity motives for drinking in a non-clinical sample of adolescents (Comeau, Stewart, & Loba, 2001). In these same samples of youth, SS has been linked to enhancement motives for drinking (Comeau et al., 2001; Woicik et al., 2009), while IMP has been associated with varied motives for drinking, perhaps because IMP entails impulsive behaviors in the face of both reward and punishment (Woicik et al., 2009).

Although links between personality risk factors and risky motives for drinking have been established in youth from the general population (Comeau et al., 2001; Woicik et al., 2009), there remains a need to study these relations in at-risk samples. As noted earlier, one population at risk for developing alcohol problems is adolescents who have been exposed to abuse or who come from disrupted families. Many adolescents in these situations end up in the care of child welfare services. In an attempt to understand predictive factors and outcomes of youth in child welfare services in Ontario, the Maltreatment and Adolescent Pathways (MAP) project was launched (Wekerle et al., 2009). The MAP project collected information on maltreatment, exposure to violence, and substance use (including alcohol use). In the current paper, we explore the factorial structure of a commonly used self-report measure of drinking motives (the Drinking Motives Questionnaire-Revised, DMQ-R; Cooper, 1994) for the first time in this sample of at-risk youth. In addition, we present findings from the MAP project regarding relations between personality and drinking motive factors. Understanding links between personality risk factors and drinking motives in youth involved in child welfare is of special interest, given the high levels of alcohol use in this population. Moreover, our focus on a high-risk population is warranted, considering that relations between personality risk factors and motives for drinking may be somewhat divergent in high-risk samples as compared to those in the general population (e.g., O'Connor et al., 2012). As such, it is useful to study drinking motives and personality risk factors separately in such at-risk samples so as to inform clinicians of the potentially unique treatment needs of these individuals.

Predictions about how personality factors would relate with drinking motives were made based on theory (Pihl & Peterson, 1995) and previous research in youth from the general population (Comeau et al., 2001; Woicik et al., 2009). That is, AS and HOP were expected to correlate with coping motives, and AS was also expected to correlate with conformity motives. Associations between SS and enhancement motives were anticipated, while IMP was projected to correspond with varied motives for drinking (i.e., correlations with coping, enhancement, and social motives

alike). We also explored the factor structure of the DMQ-R in this sample of youth receiving child welfare services since the structure of this measure has never before been examined in this high-risk population. Exploratory principal components analysis has been used in examining the factor structure of the DMQ-R in other high-risk samples (Aboriginal youth), revealing different factors than those previously observed in the general population (e.g., no separate social motives factor; Mushquash, Stewart, Comeau, & McGrath, 2008).

## 2. Method

### 2.1. Participants

Participants for the current study were a subset of participants from the MAP project. Participants were randomly selected through child welfare services (Children's Aid Societies; CAS) in Ontario, Canada. At initial testing, 561 youth had agreed to participate and had completed an initial questionnaire package. The 197 participants in the current study were those who, at the time analyses were conducted, had completed the Substance Use Risk Profile Scale (SURPS; Woicik et al., 2009) at one-year follow-up assessments. The majority of these youth had been involved with child welfare services for a long period of time (six months or longer) and were receiving the highest level of services (Crown Wards whose parental care had been terminated). Within this sample, 126 (64%) reported using alcohol in the past 12 months in response to a question asking how often they drink (i.e., those responding "never" were excluded). Of these participants, the majority reported drinking one to three times a month. These past year drinkers ranged in age from 15 to 20 ( $M = 16.9$ ;  $SD = 1.2$ ) years and were 57% female. Only past year drinkers with no missing values on the DMQ-R were included in the principal components analysis of DMQ-R items ( $n = 119$ ) and only those with complete data on the DMQ-R and SURPS were included in the correlational analysis ( $n = 83$ ). Youth less than 16 years of age had their parents or guardians provide informed consent. Participants who were 16 and over provided informed consent themselves. Ethics approval was obtained from participating CAS agencies and university Research Ethics Boards.

### 2.2. Measures

#### 2.2.1. Substance Use Risk Profile Scale (SURPS)

The SURPS (Woicik et al., 2009) is a 23-item self-report measure that assesses four personality dimensions associated with alcohol use and abuse (HOP, AS, SS, and IMP). Participants rate each item on a scale ranging from 1 (strongly disagree) to 4 (strongly agree). Based on the number of items in each scale, the scores range from 4 to 20 for AS and IMP, from 4 to 24 for SS, and from 4 to 28 for HOP. See Table 1 for means (and standard deviations) for the SURPS scales. The SURPS has a stable four factor structure and the four scales show adequate internal consistency and concurrent

**Table 1**  
Means and standard deviations for SURPS and DMQ-R scales.

		Mean (SD)
SURPS	HOP	20.42 (3.15)
	AS	10.68 (3.11)
	SS	14.94 (3.98)
	IMP	11.48 (3.04)
DMQ-R	ENH	1.34 (1.17)
	CONF	0.32 (0.69)
	COP	0.94 (1.04)
	SOC	1.63 (1.10)

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