



# Risky cognitions associated with adolescent alcohol misuse: Moral disengagement, alcohol expectancies and perceived self-regulatory efficacy



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## HIGHLIGHTS

- Binge drinking in the sample increased over time.
- Any alcohol use in the sample remained stable over time.
- Moral disengagement was associated with alcohol use and binge drinking over time.
- Pro-alcohol attitudes was associated with alcohol use and binge drinking over time.
- Efficacy to resist peer pressure was associated with binge drinking over time.

## ARTICLE INFO

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## ABSTRACT

**Aim:** To examine the longitudinal associations between moral disengagement, alcohol related expectancies, perceived self-regulatory efficacy and alcohol use amongst adolescents.

**Design and participants:** A total of 367 students (mean age = 13.1,  $SD = 0.51$ ; 65% male) from five schools across Sydney, Australia took part in this longitudinal study. Participants completed a self-report questionnaire at four time points across an 18 month period which assessed their alcohol use, levels of moral disengagement, alcohol related expectancies and perceived self-regulatory efficacy to resist peer pressure to engage in transgressive behaviours.

**Results:** Over time, rates of binge drinking in the past three months significantly increased, but rates of drinking any alcohol in the past three months remained stable. As hypothesised, all three cognitions were independently and consistently associated with adolescent alcohol use and binge drinking over time, with the exception of perceived self-regulatory efficacy which was not associated with an increased risk of drinking any alcohol in the past three months when controlling for moral disengagement, alcohol expectancies, gender and age.

**Conclusions:** The current study is the first study to longitudinally map three distinct cognitive factors associated with adolescent alcohol use. Considering the alarming number of adolescents drinking at levels that place them at risk of significant harm, this study has provided important implications about cognitive factors that can be targeted to increase the accuracy of assessment and efficacy of prevention for alcohol misuse amongst adolescents.

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## 1. Introduction

Alcohol is the most commonly used licit drug amongst Australian adolescents (AIHW, 2011; White & Bariola, 2012). Approximately one-in-five Australian males and one-in-ten females aged between 12 and 15 years drink alcohol at levels that put them at risk of injury, violence, sexual risk and potential damage to the developing brain (AIHW, 2011; Bava & Tapert, 2010; Chikritzhs & Pascal, 2004; Gould et al., 1996; Hermens et al., 2012). In the long term, adolescent alcohol use can develop into maladaptive adult abuse and dependence patterns of

drinking (Teesson et al., 2005). After tobacco, alcohol is linked to more hospitalizations and deaths than any other drug in Australia, where chronic consumption can lead to cirrhosis of the liver, cardiovascular disease, various cancers and neurological damage resulting in dementia (National Health and Medical Research Council, 2001), lending hefty costs to society (Collins & Lapsley, 2008).

Several features of adolescent drinking have been identified as determinants of adult alcohol use and disorders. Earlier age of first sip, increased frequency and intensity of drinking, and positive attitudes towards alcohol are all associated with later alcohol related problems (Ellickson, Tucker, Klein, & McGuigan, 2001; Milivojevic & Covault, 2012; Morean, Corbin, & Fromme, 2012; Patrick, Wray-Lake, Finlay, & Maggs, 2010). Consequently, the costs and harms associated with

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alcohol use in the population might be reduced by delaying age of initiation, dulling intensity of drinking patterns and preventing pro-alcohol thinking during adolescence. Achieving this goal requires accurate assessment and intervention for those young people at particular risk for engaging in such behaviour (Bates & Labouvie, 1997; Newton, Havard, & Teesson, 2012). To do this, it is important to further understand the factors associated with adolescent alcohol use. Numerous risk factors associated with adolescent alcohol use have been identified in research (Donovan, 2004). These include genetic and environmental factors such as biological markers, drug-related epigenetic modifications of DNA (Baler & Volkow, 2011; Frederick & Iacono, 2006), trauma and stress (Keyes, Hatzenbuehler, & Hasin, 2011) and psychiatric disorders (Fergusson, Horwood, & Lynskey, 1994). Psychosocial factors include relationships with deviant peers, poor family functioning and a general propensity deviance (Fergusson & Meehan, 2011; Trucco, Colder, & Wiczorek, 2011). Personality profiles also appear relevant; specifically, impulsivity, negative thinking, anxiety sensitivity and sensation seeking have been found to prompt earlier use and motivate alcohol misuse (Conrod, Stewart, Comeau, & Maclean, 2006). On the whole, a comprehensive picture has emerged of the conditions under which alcohol use is initiated, maintained and exacerbated across the adolescent period. However, some of these risk factors are more viable targets for intervention, given they are more amenable to change.

One particular set of factors amenable to modification is alcohol-related cognitions. The assumption that cognitions are amenable to change, and that changed cognitions contribute to changed behaviour, is one that underpins the two standard psychological interventions for alcohol use disorders; motivational interviewing and cognitive behaviour therapy. Specific to alcohol risk cognitions, Merrill, Read, and Barnett (2013) showed that naturalistic change in alcohol cognitions predicted corresponding change in alcohol use in college students. Also in college students, other researchers have found that a single 60 minute intervention was sufficient to alter alcohol-related thinking and related drinking (Tomaka, Palacios, Morales-Monks, & Davis, 2012).

Alcohol-related cognitions are mental events; beliefs, attitudes, knowledge and predictions about the self and the world that have been shown to predict alcohol use (Anderson, Grunwald, Beckman, Brown, & Grant, 2011; Andrews, Hampson, & Peterson, 2011; Bekman et al., 2011; Connor, George, Gullo, Kelly, & Young, 2011; Litt & Stock, 2011; Thush et al., 2008). Cognitions are not only powerful antecedents to behaviour, they also function to mediate the predictive impact of more distal risk factors. That is, the relationship between prior drinking history (O'Connor & Colder, 2009), family drinking (Epstein, Griffin, & Botvin, 2008), personality (Bekman, Cummins, & Brown, 2010) and alcohol use has been shown to be mediated by alcohol-related cognitions. Indeed, it is now argued that cognitions are a mechanism through which traits, such as impulsive personality, convey risk (Gullo, Dawe, Kambouropoulos, Staiger, & Jackson, 2010). As such, a promising way to prevent adolescent alcohol use is to change the thinking that drives it. An extensive range of explicit thinking styles that contribute to adolescent drinking and cessation have been identified in the literature. These appear to overlap and, as such, likely tap similar constructs. These include; drinking and abstinence motives, positive and negative alcohol expectancies, perceived descriptive peer drinking norms, perceived benefits and dangerousness of drinking, drinking refusal self-efficacy, perceived vulnerability to drinking harms and thought avoidance of alcohol-related harms (Anderson et al., 2011; Andrews, Hampson, Barckley, Gerrard, & Gibbons, 2008; Epstein et al., 2008; Oei & Morawska, 2004). Of these, alcohol expectancies (AE) have received the most attention and appear to be well-evidenced predictors of adolescent drinking. Positive and negative AE are predictions about the consequences of alcohol consumption and there is a large body of evidence indicating the importance of positive AE in adolescent drinking and negative AE associated with abstinence (Barnow et al., 2004; Bekman, Anderson, et al., 2011; Bekman et al., 2010; Goldman,

2002; Hasking & Oei, 2007; Kabbani & Kambouropoulos, 2013; Metrik, McCarthy, Frissell, MacPherson, & Brown, 2004). The evidence rests on Expectancy Theory, explained within a larger social learning framework (Goldman, Brown, Christiansen, & Smith, 1991; Tolman, 1959) which asserts that direct and indirect exposure to alcohol allows for learned connections between the action of drinking and an outcome such as pleasure, popularity or relaxedness (Jones, Corbin, & Fromme, 2001). This learning establishes expectancy cognitions which motivate drinking where alcohol is later available. AE are present in childhood (Bekman, Goldman, Worley, & Anderson, 2011) and are positively endorsed as young as 10 years of age (Zucker, Donovan, Masten, Mattson, & Moss, 2008). Recently, Tomlinson and Brown (2012) showed that 13 year-olds endorsing positive AE drank more frequently, intensely and in more situations than those who did not.

There is a vast literature on the impact of alcohol-specific cognitions, such as AE, on adolescent alcohol use. However, cognitions that do not directly refer to alcohol might also contribute to adolescent drinking with similar force. This is because although some thinking styles are “problem specific” in that they refer directly to alcohol use (e.g. “alcohol is a way to have fun”), others are more general and are common to other related harms, (e.g. “breaking the rules does not hurt anyone”) (Catalano et al., 2012). In other words, a young person's thinking might be generally risky in that it contributes to a range of risk behaviours, alcohol use being one. This commonality also suggests that interventions that target more general cognitions have the propensity to reduce a broad spectrum of adolescent harms. In line with this, two kinds of thinking that are appropriate for further study include moral disengagement (MD) and perceived self-efficacy to resist peer pressure (PSE). Similar to AE, these factors can be easily measured, are amenable to change and as such appear to be appropriate targets for modification.

MD is the tendency to disengage from moral self-control and responsibility that ordinarily governs behaviour (Bandura, Caprara, Barbaranelli, Pastorelli, & Regalia, 2001; Pelton, Gound, Forehand, & Brody, 2004). Disengaged cognitive distortions can function to validate unfavourable conduct as worthy, diffuse and displace responsibility, and direct blame away from the self and towards the nature of circumstances (Bandura, Caprara, et al., 2001). Unsurprisingly, MD is associated with a range of adolescent deviant behaviour such as delinquency (Pelton et al., 2004; Shulman, Cauffman, Piquero, & Fagan, 2011), aggression (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996a; Obermann, 2011; Paciello, Fida, Tramontano, Lupinetti, & Caprara, 2008; Pornari & Wood, 2010) and gambling (Barnes, Welte, Hoffman, & Dintcheff, 2005). In particular, Passini (2012) found that morally disengaged thinking is associated with heavy drug use, a relationship that together predicts violent delinquent behaviour. With respect to alcohol use, MD is predictive of alcohol consumption in older adolescents (Barnes, Welte, Hoffman, & Dintcheff, 1999) and is a risk factor for having ever had a full standard drink of alcohol and binge drinking in young adolescents (Newton et al., 2012).

In addition to MD, PSE to resist peer pressure is another type of general thinking that contributes to adolescent alcohol use. In pursuit of independence and a more “adult” identity, the peer group typically broadens social influence in adolescence (Smetana, Campione-Barr, & Metzger, 2006). Given this influence, peer pressure to use alcohol is one of the strongest determinants of adolescent alcohol use (Trucco, Colder, Bowker, & Wiczorek, 2011). The ability to exercise control over personal behaviour when under this social influence (i.e. resist peer pressure) becomes a protective factor against risk for substance use (Wills & Dishion, 2004). Yet critical to exercising control is a general belief in one's ability to do so and importantly, this belief need not refer specifically to alcohol. Perceived low confidence in one's ability to resist peer pressures is risky thinking that predicts a range of transgressive behaviours such as aggression, theft, truancy, as well as alcohol and substance use (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli,

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