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Feasibility, acceptability, and preliminary effects of a brief alcohol intervention for suicidal adolescents in inpatient psychiatric treatment[☆]

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ABSTRACT

Alcohol use, both short-term intoxication and longer-term use, is a notable risk factor for suicide. Despite the strong relationship between alcohol use and suicidal thoughts and behaviors, providers typically treat these two problems independently. In particular, acute psychiatric care hospitalizations for adolescents are typically brief, and many only cursorily address alcohol use. Integrating a brief motivational enhancement intervention for alcohol use into an inpatient psychiatric hospitalization treatment protocol has the potential to enhance motivation to stop or reduce drinking if adolescents can more fully understand how it increases risk for suicidal behavior. This study tested the feasibility, acceptability, and preliminary effects of the Alcohol and Suicide Intervention for Suicidal Teens (ASIST), a brief motivational enhancement intervention targeting alcohol use and suicidal thoughts and behaviors for suicidal adolescents receiving inpatient psychiatric treatment. Results from a randomized pilot trial of ASIST ($N = 50$) revealed that the intervention was both feasible and acceptable, with 92% of those in the ASIST condition reporting that the intervention helped them to understand how their alcohol use is related to their suicidal thoughts and behaviors. Study findings suggest a larger randomized controlled trial may be warranted to test the effectiveness of ASIST with psychiatrically hospitalized adolescents.

1. Introduction

Suicide is the second leading cause of death for adolescents and accounts for more than one in ten deaths in this age group (Murphy, Xu, Kochanek, Curtin, & Arias, 2015). In addition, a prior suicide attempt is one of the strongest risk factors for a repeat suicide attempt and eventual death by suicide among adolescents (Bostwick, Pabbati, Geske, & McKean, 2016; Bridge, Goldstein, & Brent, 2006; Goldston et al., 2003; Shaffer, 1996; Zahl, 2004). Many adolescents who attempt suicide are psychiatrically hospitalized following their attempt for evaluation and stabilization, as well as linkage to outpatient treatment (Krishna, Shapiro, & Houston, 2016). The weeks immediately following discharge from psychiatric hospitalization, when adolescents are stepping down to a less restrictive level of care, represent a particularly

high risk period for suicidal behaviors (Hunt et al., 2009; Knesper, 2010). Prior research has demonstrated that alcohol and other drug use are important predictors of suicide risk following hospitalization. Specifically, one longitudinal research study examining the trajectories of suicide ideation and attempts of adolescents hospitalized following inpatient hospitalization secondary to a suicidal event found three distinct groups: 1) subclinical ideators, 2) elevated ideators with rapidly declining ideation, and, 3) chronically elevated ideators (Czyz & King, 2015). Adolescents who used substances (including alcohol) were more likely to be chronically elevated ideators as opposed to rapidly declining ideators, suggesting that alcohol and other drug use confer additional risk among adolescents in the weeks after hospital discharge.

Alcohol use, both short-term intoxication and longer-term use, is a notable risk factor for suicide, particularly among individuals endorsing

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suicide ideation (Han, Compton, Gfroerer, & McKeon, 2015; Nock, Kessler, & Franklin, 2016). Alcohol intoxication produces disinhibition which can facilitate individuals to act on their suicidal thoughts (Sher, 2006). Moreover, studies have found as many as 46% of adolescents report being under the influence of alcohol at the time of their suicide attempt (Groholt, Ekeberg, & Haldorsen, 2006; Méan, Camparini Righini, Narring, Jeannin, & Michaud, 2007; Vajda & Steinbeck, 2000). Therefore, adolescents hospitalized for a suicide plan or attempt who also drink alcohol are arguably at the highest risk for reattempting and possibly dying by suicide, when compared to adolescents with suicide ideation, attempts, or alcohol use alone.

1.1. Addressing alcohol use in inpatient psychiatric treatment

Among adolescents, alcohol use and suicide ideation and attempts are functionally interrelated (Bagge & Sher, 2008; Goldston, 2004). As the severity of alcohol use increases, the severity of suicide-related thoughts and behaviors increases as well (Esposito-Smythers & Spirito, 2004; Goldston, 2004). One study that examined the interaction between depression severity and alcohol use among adolescents with suicidal thoughts, behaviors, and attempts found that for adolescents with low levels of depression and suicide ideation, increased frequency of drinking alcohol was associated with increased odds of a suicide attempt, suggesting alcohol may accelerate the progression from suicide ideation to attempt (McManama O'Brien, Becker, Spirito, Simon, & Prinstein, 2014).

Although previous research has demonstrated a strong relationship between alcohol use and suicidal thoughts and behaviors, providers typically treat these two problems independently (Hawkins, 2009). In particular, acute psychiatric care hospitalizations are typically brief, and many only cursorily address alcohol use. Given the short length of stay, clinicians must address suicide risk as the primary focus of treatment, which makes it less likely that they will address alcohol and other drug use in any clinically meaningful way (Rowan, 2001). In addition, the combined effect of limited training among mental health practitioners on how to address alcohol and other drug use (Ram & Chisolm, 2016) and the absence of a standard approach to treat alcohol and other drug use during inpatient psychiatric hospitalizations, results in a lower likelihood of alcohol use being targeted on adolescent inpatient psychiatric units. Given the fact that research has demonstrated the effects that alcohol use plays in future suicidal thoughts and behaviors, it is critical to enhance the attention given to alcohol use among suicidal adolescents in inpatient psychiatric settings.

1.2. Motivational interviewing interventions

Motivational Interviewing (MI; Miller & Rollnick, 2013) is a client-centered therapeutic approach that encourages a conversation about change. Clients are encouraged to voice their own arguments for change, rather than the clinician providing arguments for change (Miller & Rollnick, 2013). This focus on autonomy and choice makes MI particularly well-suited for adolescents (Naar-King, 2011). Closely related to MI is Motivational Enhancement Therapy (MET), an MI approach that includes both an assessment and personalized intervention delivered with motivation-enhancing counseling that is also often described in the literature (Miller & Rollnick, 2013). Previous research on MI for adolescent alcohol and other drug use has suggested that MI interventions are effective and retain their effect over time (Jensen et al., 2011). For example, a study by Brown et al. (2015) of psychiatrically hospitalized adolescents with co-occurring psychiatric and substance use conditions found that adolescents who received MI had less alcohol and other drug use in the first six months post-discharge and had an approximately four times longer period of abstinence from substances post-discharge when compared to adolescents who received Treatment As Usual. The study found that for alcohol specifically, adolescents in the MI condition reported less frequent alcohol use,

compared to those in the TAU condition during the first six months post discharge (Brown et al., 2015). Moreover, a review of the adolescent literature found that MI/MET improved both alcohol and other drug use outcomes in 67% of studies (Barnett, Sussman, Smith, Rohrbach, & Spruijt-Metz, 2012). A meta-analysis of 185 studies found modest effects, with results indicating that youth who received a brief MI/MET intervention reduced their alcohol use by as much as 1.3 days per month (Tanner-Smith & Lipsey, 2015).

Parent and/or family interventions are also used as the primary intervention approach to accompany brief MI interventions for adolescents. In one study, the Family Check-Up (FCU; Dishion & Kavanagh, 2003); a brief parent-based intervention, was adapted to focus on delaying or preventing initiation of alcohol and drug use among young adolescents with psychiatric disorders. Results indicated that the FCU increased substance-related communication and parental monitoring, improved alcohol refusal skills, and decreased problematic family communication (Spirito, Hernandez, Cancelliere, Graves, & Barnett, 2015). In another study, adolescents receiving brief individual MI plus the FCU reported less alcohol use at follow-up when compared to adolescents receiving a brief individual MI alone, indicating that family components can help enhance treatment effects (Spirito et al., 2011).

Additionally, MI has been shown to be effective in working with adult suicidal patients (Britton, Bryan, & Valenstein, 2016) possibly because suicidal patients are often ambivalent about suicide, and MI helps them identify reasons and increase motivation for living. Given such findings, integrating a brief alcohol MET into an inpatient psychiatric hospitalization treatment protocol has the potential to enhance motivation to stop or reduce drinking because adolescents more fully understand it increases risk for suicidal behavior.

1.3. Purpose of study

Despite the fact that suicidal adolescents who drink are at higher risk for suicide after psychiatric hospital discharge, no studies have taken advantage of the opportunity for a “teachable moment” (Spirito et al., 2011) during psychiatric hospitalization to deliver a MET intervention for alcohol use to suicidal adolescents. Therefore, the purpose of this study was to test the feasibility, acceptability, and preliminary effects of a brief Alcohol and Suicide Intervention for Suicidal Teens (ASIST) receiving inpatient psychiatric treatment.

2. Material and methods

2.1. Participants

Participants in the present study were 50 adolescents (80% female; $M_{age} = 15.8$, $SD = 0.95$). The majority of participants identified as White (68%), Non-Hispanic or Latino (78%), and heterosexual (68%) (see Table 1 for demographic and descriptive statistics by treatment condition). Participants were recruited from the inpatient psychiatry service of a general pediatric hospital in the northeastern United States. In order to be eligible to participate, the adolescent had to be psychiatrically hospitalized following a suicide plan or attempt, between the ages of 14–17, and have endorsed alcohol use over the past month on the Adolescent Drinking Questionnaire (ADQ; Jessor, Donovan, & Costa, 1989). Participants were excluded if they presented with active psychosis, could not comprehend the written English language, or were in the custody of the state. Parents also had to agree to take part in the family session.

2.2. Procedure

Research assistants approached all eligible adolescents. If the adolescent was interested in the study, the research assistants contacted the parent(s) and/or guardian(s) to inform them of the study and schedule a time to meet. During the meeting with the research assistant,

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