A Brief Alcohol Intervention During Inpatient Psychiatric Hospitalization for Suicidal Adolescents

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Alcohol use and suicide-related thoughts and behaviors are common in psychiatrically hospitalized adolescents and each problem can exacerbate the other. Despite knowledge about the functional relationship between alcohol use and suicide-related thoughts and behaviors, inpatient psychiatric units only cursorily address alcohol use because suicide risk is considered primary. In this paper we provide theoretical and empirical rationale for the inclusion of brief motivational interventions for alcohol use in inpatient treatment settings for suicidal adolescents. We give a case example of the brief intervention in practice, including when and how to use specific techniques. Following the case example, we discuss the flexibility of this intervention and how it can be adapted for adolescents with varying risk profiles. We conclude with recommendations for future research, including the development and testing of technology-based boosters following hospital discharge.

The national suicide rate has reached its highest in 30 years (Curtin, Warner, & Hedegaard, 2016). Suicide is the second leading cause of death for adolescents (National Vital Statistics System, 2016), accounting for more than 1 in 10 deaths in this age group (Center for Disease Control and Prevention, 2010). Prior suicide attempts (Bridge, Goldstein, & Brent, 2006; Goldston et al., 2003; Shaffer, 1996; Zahl, 2004) and the presence of a suicide plan are risk factors that greatly increase risk for death by suicide (Nock et al., 2013). For adolescents with suicide ideation or plans, alcohol use (particularly heavy episodic drinking) can increase their risk for attempting suicide (Schilling, Aseltine, Glanovsky, James, & Jacobs, 2009). The disinhibition caused by alcohol can increase the likelihood of acting on suicidal thoughts (Bagge et al., 2013; Bryan et al., 2016; McManama O’Brien, Becker, Spirito, Simon, & Prinstein, 2014; Sher, 2006). In addition, studies have documented that a substantial portion of adolescents who have attempted suicide reported being under the influence of alcohol at the time of the attempt (Brent, 1987; Groholt, Ekeberg, & Haldorsen, 2006; Kotila & Lönnqvist, 1988; Méan, Camparini Righini, Narring, Jeannin, & Michaud, 2007; Vajda & Steinbeck, 2000), with one study reporting a rate of 46% (Brent, 1987). Although adolescents with an alcohol use disorder are typically at higher risk for suicide attempts (Miller et al., 2011; Nock et al., 2013; Wu et al., 2004), the proximal effects of alcohol make even a small amount of drinking a risk factor for suicide-related behaviors in some adolescents (Bagge & Sher, 2008).

Adolescents are at particularly high risk for suicide in the weeks after discharge from psychiatric hospitalization (Hunt et al., 2009; Knesper, 2010). Studies have shown that up to 18% of adolescents reported a suicide attempt within 6 months of hospital discharge (Yen et al., 2013). This postdischarge risk is compounded if comorbid risk factors, such as alcohol and other drug use, are not addressed during inpatient treatment. For instance, one study found that adolescents with co-occurring diagnoses, such as an alcohol use disorder, were one and a half times more likely to have a repeat attempt after discharge (Groholt et al., 2006). The aim of this paper is to provide theoretical and empirical rationale for the inclusion of brief motivational interventions for alcohol use in inpatient treatment settings for suicidal adolescents. We give a case example of the brief intervention in practice, including when and how to use specific techniques. Following the case example, we discuss the flexibility of

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this intervention and how it can be adapted for adolescents with varying risk profiles. We conclude with
recommendations for future research, including the
development and testing of technology-based boosters
following hospital discharge. A pilot RCT is currently
under way to provide a first test of the intervention’s
effectiveness.

The Need for Integrated Interventions in Inpatient
Psychiatric Care

Alcohol use and suicide-related thoughts and behaviors are functionally interrelated in adolescents (Bagge & Sher, 2008; Esposito-Smythers et al., 2012; Goldston, 2004; Pompili et al., 2012) and the relationship strengthens as the severity of each problem increases (Prinstein et al., 2008). Adolescence is a particularly critical time to intervene as both alcohol use and suicide-related thoughts and behaviors increase throughout this developmental time period (Galaif, Sussman, Newcomb, & Locke, 2007). The standard approach to treatment for alcohol use and suicide-related thoughts and behaviors is to address the two problems independently, despite research demonstrating that they can be addressed simultaneously in the same protocol (Esposito-Smythers, Spirito, Kahler, Hunt, & Monti, 2011). Adolescent psychiatric hospitals typically focus primarily on suicide risk and only cursorily address alcohol use during treatment given the short length of stay (Rowan, 2001). In addition to time limitations affecting the ability to address alcohol use on inpatient units, a lack of training regarding substance use among mental health professionals (Riggs, 2003) and an absence of a standard approach to substance use evaluation and treatment during psychiatric hospitalizations lower the odds that alcohol use is addressed during adolescent inpatient psychiatric hospitalizations.

Although practitioners often question whether to treat substance use or psychiatric disorders first, research suggests implementing integrated services rather than conducting serial or parallel treatment for comorbid substance abuse and psychiatric disorders (Esposito-Smythers & Goldston, 2008; Hawkins, 2009; Sher & Zalsman, 2005). Current mental health systems, however, are typically inadequate to meet these needs because of a variety of clinical and administrative barriers (Hawkins, 2009). It is clear that a greater attention to alcohol use in adolescent inpatient settings is critical given that alcohol use increases suicide risk among adolescents with suicidal thoughts or behaviors. Brief, feasible, and cost-effective interventions can help to address alcohol use in inpatient psychiatric settings for adolescents, and those that specifically address alcohol use as a risk factor for continued suicide-related thoughts and behaviors would be especially pertinent.

The Potential of Motivational Interventions in
Inpatient Settings

Adolescents may be more open than usual to
acknowledge and recognize the role that alcohol might
play in their suicide risk when they are hospitalized due to
crises often precipitate suicidal events among adolescents
(Pineda & Dadds, 2013), yet the adolescent typically only
has two or three family sessions in the context of their

The Importance of Family Involvement in Inpatient
Psychiatric Treatment

Importantly, brief treatments implemented on psychi-
atriic units must emphasize the involvement and account-
ability of parents and/or guardians. Family conflict or acute
crises often precipitate suicidal events among adolescents
(Pineda & Dadds, 2013), yet the adolescent typically only
has two or three family sessions in the context of their

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