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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, & Haldor-

sen, 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 inadequately prepared 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 acute psychiatric symptoms. Past research has demonstrated that capitalizing on the adolescent's receptiveness in this moment can be useful, for example, in alcohol-related Emergency Department (ED) visits (Colby et al., 2005; Monti et al., 1999; Spirito et al., 2011). One study found that brief Motivational Interviewing (MI) interventions, for adolescents with a history of alcohol-related problems and presenting to the ED because of an alcohol-related event, resulted in less binge drinking and less drinking days per month at 6- and 12-month follow-up in comparison to standard care (Spirito et al., 2004).

Reviews of the literature on MI for adolescent substance use have found MI to have statistically significant improved substance use outcomes in 67% of studies reviewed (Barnett, Sussman, Smith, Rohrbach, & Spruijt-Metz, 2012), with small but significant effect sizes at follow-up, suggesting that MI interventions retain their effect over time (Jensen et al., 2011). With respect to brief MI interventions with substance-abusing adolescents, one review found that in 29% of studies there was a clear advantage of brief MI over standard care or other programming (Grenard, Ames, Pentz, & Sussman, 2006). A recent meta-analysis of 185 studies by Tanner-Smith and Lipsey (2015) found that brief alcohol interventions lead to significant reductions in alcohol consumption and alcohol-related concerns in adolescents ($\bar{g} = 0.27$ and $\bar{g} = 0.19$), with the effects of these interventions present for up to 1 year, and even larger effects when they include MI-specific treatment modalities of decisional-balance and goal-setting exercises (Tanner-Smith & Lipsey, 2015).

Integrating a brief, MI-based alcohol intervention into inpatient psychiatric hospitalizations has the potential to affect alcohol use outcomes and problematic health outcomes related to alcohol use, such as suicide-related thoughts and behaviors. Despite the fact that adolescents who drink alcohol *and* have made a suicide plan or attempt are at greatest risk for suicide, at least in part due to their alcohol use, no studies have taken advantage of the time during inpatient psychiatric hospitalization as an opportune moment to deliver a brief alcohol intervention.

The Importance of Family Involvement in Inpatient Psychiatric Treatment

Importantly, brief treatments implemented on psychiatric units must emphasize the involvement and accountability 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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