

# A BRIEF INTERVENTION FOR ALCOHOL USE WITH SUICIDAL ADOLESCENTS IN INPATIENT PSYCHIATRIC TREATMENT

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**EDC**

**Learning  
transforms  
lives.**



# Background



- Adolescent inpatient psychiatric units most often only cursorily address alcohol use because of the short length of stay, making suicide risk the primary focus of treatment (Rowan, 2001).
- Despite the strong link between alcohol use and suicide-related thoughts and behaviors (Bagge & Sher, 2008), the standard of care is to treat these two problems separately (Esposito-Smythers et al., 2011).
- Given the significant role alcohol plays in subsequent suicide-related behaviors, greater attention to alcohol use in adolescent inpatient psychiatric settings is critical.

# Purpose



- 1** To test the feasibility and acceptability of a brief motivational enhancement intervention for alcohol use with suicidal adolescents in inpatient psychiatric treatment who report past month drinking; and to
- 2** Assess preliminary intervention effects on alcohol use.

# Brief Intervention

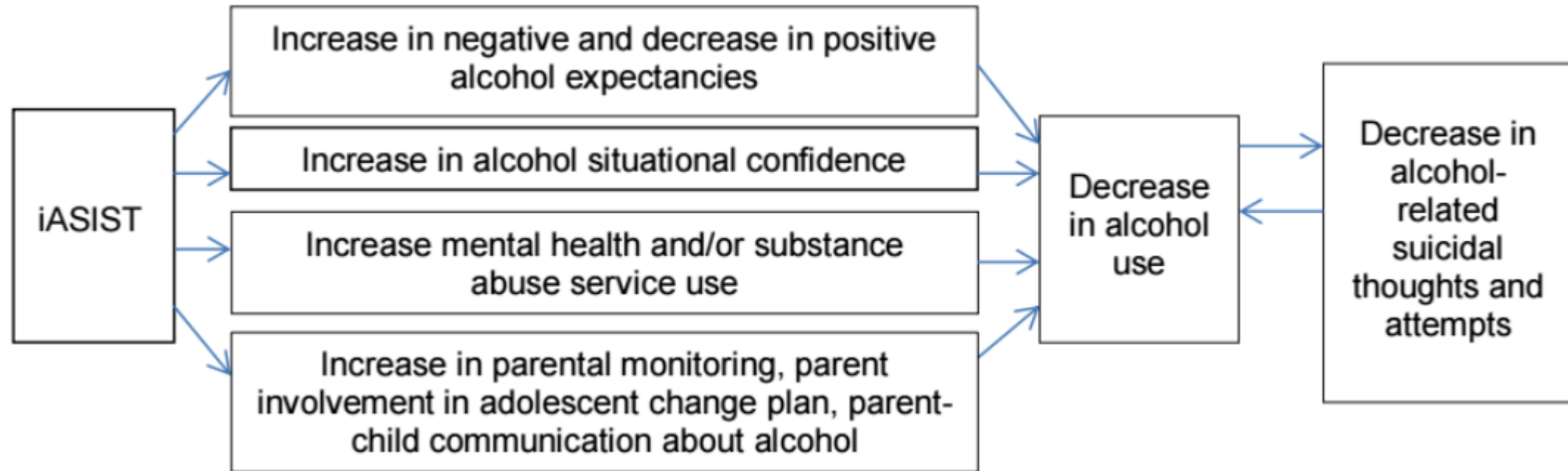


## *Alcohol and Suicide Intervention for Suicidal Teens (ASIST)*

- ASIST consists of one 60-90 minute session which includes the following components: establishing rapport, assessing and enhancing motivation for change, envisioning the future, and establishing goals, strategies, and a change plan.
- Additionally, a 30-45 minute family session is conducted in which the adolescent discusses the goals, strategies, and change plan for reducing alcohol use with the parent, focusing on specific ways the parent can support the adolescent in the change process (e.g., via parental monitoring and parent-child communication about alcohol).

**The protocol was specifically developed to address alcohol use as a risk factor for continued suicide ideation, plans, and attempts**

# Conceptual Model



# Methods



## Design:

- This study is using a randomized controlled trial to compare the brief intervention to treatment as usual with 50 adolescents psychiatrically hospitalized for a suicide plan or attempt who report alcohol use in the past month.

# Methods



## Measures:

- Feasibility and acceptability of the brief alcohol intervention are assessed via exit interviews and session evaluation forms.
- Exploratory alcohol-related outcomes are measured at baseline (BL) and 3 month (3M) follow-up (FU) with the *Timeline Follow-back Interview (TLFB)*. Total drinks over past 90 days are calculated by adding up standard drinks for past 90 days at BL and at 3M.

# Methods



## Sample:

Adolescents and their families were recruited from an urban inpatient psychiatric hospital and randomly assigned to the experimental brief intervention (EXP) or treatment as usual (TAU), stratifying by gender and frequency of alcohol use.



N = 45 Adolescents



77.8% (n=35) female

17.8% (n=8) male

2.2% (n=1) transgender, FTM

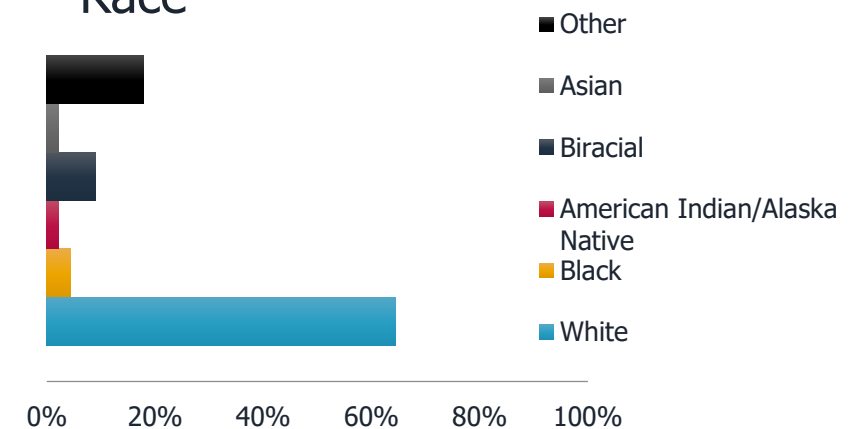
2.2% (n=1) declined to state



Mean Age = 15.8



## Race





# Results



**22** Randomized to  
Experimental Group (EXP)

**23** Randomized to Treatment  
as Usual (TAU)

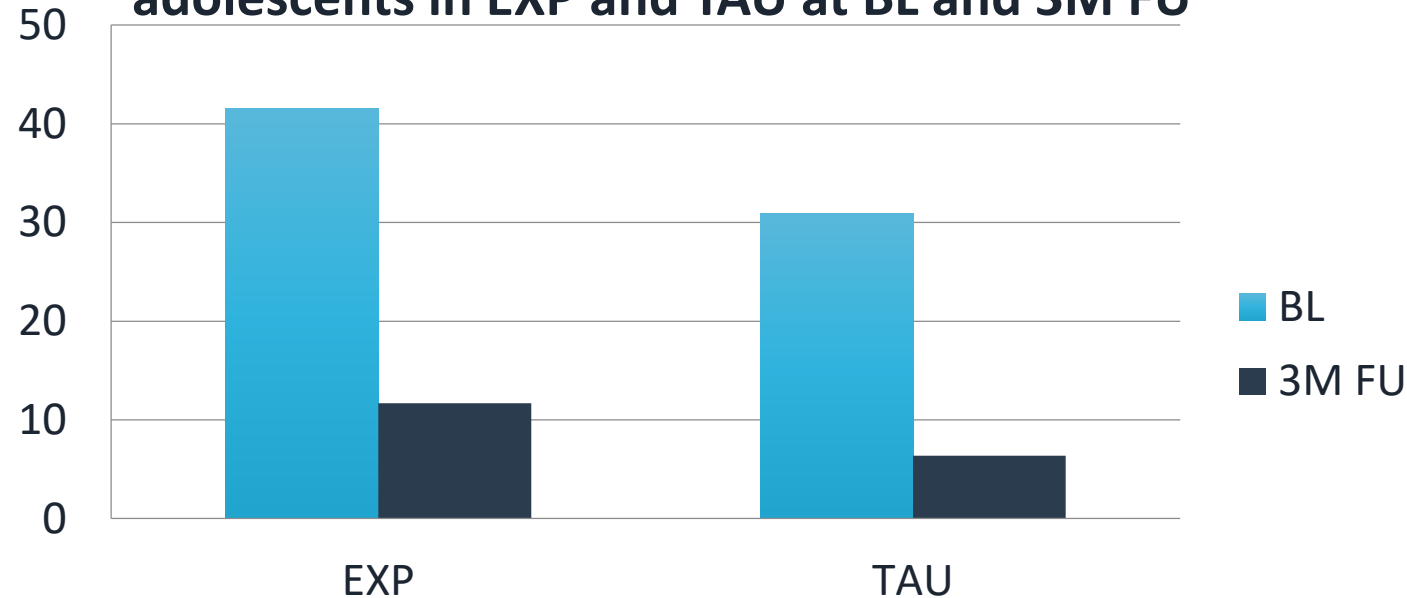
All 22 in EXP:

- completed the individual intervention (M=76.6 minutes) and family intervention (M=20.1 minutes) during their inpatient hospitalization;
- expressed satisfaction with the intervention; and
- created a change plan.

# Results



Dependent samples *t*-test comparing total number of drinks over past 90 days among adolescents in EXP and TAU at BL and 3M FU\*



- Adolescents in EXP reported fewer total drinks at 3 month follow-up (M=11.69, SD=28.47) relative to baseline (M=41.56, SD=43.40),  $Z=-2.90$ ,  $p<.05$ .
- Adolescents in TAU also reported fewer total drinks at follow-up (M=6.37, SD=14.58) compared to baseline (M=30.90, SD=53.75),  $Z=-3.46$ ,  $p<.05$ .

\*Note: 3 participants have not yet completed their 3M FU assessment

# Conclusions



- Thus far, results indicate that a brief alcohol intervention is feasible and acceptable to psychiatrically hospitalized suicidal adolescents, and may help to reduce their amount of alcohol use at 3 month follow-up.
- A larger fully powered study with a longer follow-up period is needed to test intervention effects and potential moderators.
- A future test of the intervention should include a mHealth booster to maintain treatment effects over the 3 month follow-up period.

# Acknowledgements



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# THANK YOU

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