

Targeted Program Can Delay Onset of Drinking

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

CHICAGO — An intervention that allows at-risk adolescents to explore the strengths and weaknesses of their individual personalities can delay the onset of risky drinking for at least 6 months, possibly decreasing the growth of alcohol use later in the teen years.

Patricia Conrod, Ph.D., developed different programs for each of four personality types who manifest a high risk of early-onset drinking and substance abuse: sensation-seeking, negative thinking, anxiety-sensitivity, and impulsivity. The manualized program, delivered in school and consisting of two 90-minute sessions, was so effective that it prevented early-onset drinking in 50% of the sensation-seeking group and in one of every four of those who participated overall, Dr. Conrod said at the annual meeting of the Research Society for Alcoholism.

"I believe that because each intervention targeted a dominant personality trait for each adolescent, the students experienced the interventions as meaningful and relevant," Dr. Conrod said in an interview. "They told us that this is the first time that they have ever spoken about their emotions and are considering for the first time the notion that they have personal control over their emotional reactions and behavior."

Furthermore, she said, the young people found it helpful to learn that others were struggling with similar issues.

Dr. Conrod, a clinical lecturer at the Institute of Psychiatry, King's College London, first developed the program in Canada, where it proved similarly successful in a study of 300 high school students with

a mean age of 16 years (*J. Clin. Child Adolesc. Psychol.* 2006;35:550-63). The current study examined the program's effect in younger students (mean age 14 years).

More than 2,600 students in 13 London high schools completed the Substance Use Risk Profile Scale, which assesses the four dimensions of personality that are linked to different motivations for drug use and misuse. Those who scored more than one standard deviation above the school mean on one of the personality risk subscales were randomized to either the intervention group corresponding with their personality type, or to no intervention except standard drug education.

The final study group comprised 348 students. The intervention groups received the two 90-minute in-school sessions. The manuals contained real-life experiences shared by other high-risk youth of that personality. The first session included goal-setting exercises to explore personality and ways of coping with it; psychoeducational strategies teaching students about their personality and associated problematic coping behaviors; and cognitive-behavioral exercises.

The second session involved discussion of personality-specific cognitive distortions that resulted in problematic behavior. The negative thinking group focused on challenging negative thoughts; the anxiety-sensitivity group explored catastrophic thoughts; the impulsivity group focused on aggressive thinking and acting without thought; and the sensation-seekers examined reward seeking and boredom susceptibility.

The control group received the standard drug education sessions contained in the national curriculum.

All students reported their alcohol use at baseline and at 6 and 12 months. All of the control groups except for the impulsivity group demonstrated an increase in drinking between 6 and 12 months. The sensation-seeking control group demonstrated a sharp increase in drinking by 6 months, which then leveled off. Most notable was the marked increase in binge drinking among sensation-seeking youth who had already started to drink at baseline, with a 50% increase in binge drinking by 6 months in this group.

These measures of alcohol use indicate the natural history of drinking behavior in high-risk groups, Dr. Conrod said. "Youth with these personality risk factors show a rapid escalation in drinking behavior between the ages of 14 and 15, such that by age 15, the majority of high-risk youth are misusing alcohol and binge drinking."

Students in the intervention group showed a different pattern of alcohol use. By 12 months, they showed no significant changes in their drinking status. There was no significant increase in binge drinking among the intervention groups from baseline to 6 months, although there was a significant increase (8%) from 6 to 12 months, which suggested that the 10% increase in the control group was maintained, while the intervention group experienced a 6-month delay in the onset of bingeing.

When the intervention groups were examined separately, the effect on the sensation-seekers was most pronounced, with a number needed to treat of only two. The program had a significant effect on the negative thinkers at 6 months, but not 12. There were no significant changes at either time for the impulsivity group or the anxiety sensitivity group—perhaps because

these groups do not begin their drinking careers quite as early as the other two groups, Dr. Conrod said, "as the previous study with older high-risk adolescents did show improvements in these groups."

She will continue to follow all the students for 2 years. It would be reasonable to expect the impulsivity and anxiety-sensitivity youth to begin to manifest risk at future follow-up periods, but remains unclear whether the interventions will produce an effect on drinking behavior so far down the road, she said.

"One promising finding is that [a 2006 study] showed the impulsivity and anxiety-sensitivity interventions reduced antisocial behavior and panic anxiety, and each of these symptoms appears to be linked to future drinking behavior," she said. "Therefore, it is possible that by reducing these groups' primary susceptibility to specific behavioral and emotional problems, the personality-targeted interventions will indirectly prevent alcohol problems in the future."

The study should be interpreted in the light of findings that rates of adult alcohol dependence can be reduced by 10% for each year that drinking is delayed in adolescence, she said. "An intervention that can stem the natural growth of drinking in early-onset drinkers may prove to be a method of reversing the risk associated with early-onset use, possibly by delaying the onset of heavy drinking until after a crucial period of neurodevelopment when executive functions and reward responding mature."

The program is extremely cost effective, she added, with a price tag of about \$120 to prevent one case of binge drinking over 1 year. ■

Parental Discord's Ripple Effect on Children Starts Early

BY KATE JOHNSON
Montreal Bureau

TORONTO — Parental discord as seemingly innocuous as frequent belittlement can significantly increase a child's risk of psychological maltreatment, according to results of a study presented at the annual meeting of the Pediatric Academic Societies.

Even when children manage to escape the direct consequences of their parents' arguments, simply witnessing parental abuse can cause a ripple effect that seeps into a child's adolescent romances, results of a second study suggested.

"They're witnessing it young, and they're being abused young—and that's where the cycle is starting," said Christine Forke, R.N., of the Children's Hospital of Philadelphia. "I think we have to intervene very early, as opposed to working with adolescents," she said in an interview.

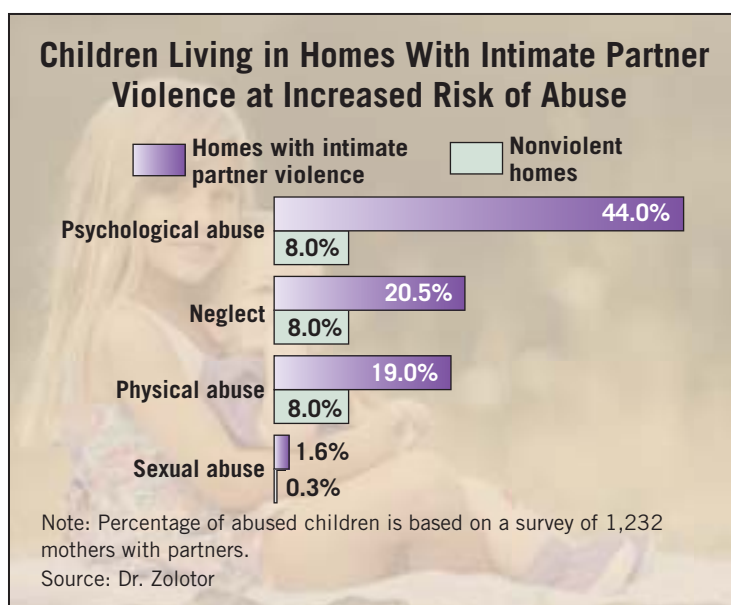
Psychological maltreatment—defined as threatening to kick or

lock a child out of the house, threatening to leave or abandon a child, or calling a child stupid, ugly, or useless—is the most common form of child abuse linked to intimate partner violence (IPV), reported Dr. Adam J. Zolotor of the family medicine department at the University of North Carolina at Chapel Hill.

In his survey of 1,232 mothers with partners, he found that, compared with nonviolent homes, those with IPV raised the risk of child physical, psychological, and sexual abuse and neglect. (See chart.)

Although physical violence and verbal threatening between partners posed the greatest risk of child psychological maltreatment, with an odds ratio of between 6.67 when the mother was the victim and 8.44 when the partner was the victim, the risks associated with frequent belittling between partners were not that much less, with an odds ratio of 4.88 and 5.83, respectively.

"I actually think it's critical to



get at the belittling part when we're talking to parents, but I don't know that there's a standard question or tool," Dr. Zolotor said in an interview.

Even children who are not themselves abused by their fighting parents seem to be scarred simply by witnessing the abuse,

according to Ms. Forke's survey of 901 college students whose mean age was 20 years. She found that 23% reported witnessing adult abuse as children (mean age 8 years); of those witnesses, 67% had since experienced intimate partner violence as an adult—ei-

ther as a victim or a perpetrator.

Compared with nonwitnesses, witnesses were more likely to be victims of physical (29% vs. 14%), sexual (30% vs. 20%), and emotional (38% vs. 22%) abuse. They also were more likely to be perpetrators of physical (24% vs. 8%), sexual (7% vs. 3%), and emotional (12% vs. 5%) abuse. A total of 27% of witnesses reported being both victims and perpetrators of abuse, compared with 11% of nonwitnesses.

The effects of childhood witnessing alone may be subtly different from the reported effects of direct child abuse. "There's clear evidence in the literature that if you're abused as a child, and you are a boy, you grow up to abuse women. And if you're a girl and you're abused as a child, you tend to grow up to be a victim. But our results suggest that if you witness abuse as a child, you could be either a victim or a perpetrator, and gender doesn't seem to be as important," she said. ■