



Relationship between self-care inquiry and stress levels of adolescents with substance use disorders

Kendall Drummond & Dr. Casey Call
Texas Christian University



Background

- Epidemiological research has found that at least one trauma has been experienced by 58% to 90% of youth, while most youth trauma survivors have experienced multiple traumatic events (Martin, Van Ryzin, & Dishion, 2016).
- ACEs were first described by Felitti (1998) as exposure to negative and potentially traumatic experiences that occurred before the age of 18.
- Approximately 1.3 million adolescents suffer from a SUD in the United States annually (Johnson-Kwochka et al., 2021)
- Research suggests a dose-response relationship, denoting the more of an experience that occurs, the more likely an individual is to experience a certain outcome, between ACEs and SUDs, while experiencing traumatic events is associated with negative coping behaviors such as binge drinking, earlier age of substance use initiation and higher likelihood of SUD development in adolescents (Cole, Sprang, & Silman, 2018; Bryant et al., 2020).
- Corbin et al. (2013) emphasizes that tools to decrease stress are a potential moderator between stress and drinking outcomes

Hypothesis

- Research Question: Does trauma awareness and a simple weekly intervention help increase self-care activities and decrease mental and physical difficulties for adolescents seeking recovery from a substance use disorder?
- Hypothesis 1: Participants who have higher ACE scores will have higher mental and physical symptoms of the Strength and Difficulties Questionnaire.
- Hypothesis 2: Participants who receive trauma education and weekly intervention will have a decrease in their mental and physical symptoms on the Strength and Difficulties Questionnaire.
- Hypothesis 3: Participants who receive education and weekly intervention will have an increase in the number of self-care activities they report from pre-assessment to post-assessment.

Methods

Participants

- 3 male adolescent (age 16 years old) engaging in outpatient treatment for substance use at a recovery facility for adolescents

Procedure

- Recruitment, self-care and stress presentation, and collection of baseline data.
- Six-week data collection of weekly questionnaire distributed through a QR code.
- Conclusion of six weeks, post-study data collected consisting of a final weekly questionnaire and SDQ.

Measures

- ACE
- SDQ
- Weekly Questionnaire

Feasibility Study

Barriers

- **COVID-19**
 - Lower attendance at treatment centers has been observed since pandemic onset (Marotta et al., 2022).
- **Weather**
 - Unprecedented weather in Dallas/FTW Metroplex created cancellation of group therapy sessions.
- **Residential vs. Outpatient**
 - Outpatient group presents challenges in attendance consistency.
- **Socioeconomic challenges of population**
 - Inability to attend group due to economic and transportation challenges.

Discussion

Recommendations for Future Research

- **Residential population**
 - Eliminates attendance issues.
 - Consistency of data collection more consistent with stable routine.
- **Proximity to study site**
 - Ability to administer weekly assessments directly.
 - Allows for continued recruitment when researcher is able to visit study site more frequently.
- **Parent/caregiver perspective**
 - Collect further data on alignment of self-care and stress for caregivers who attend presentation with adolescent.
 - When outpatient, allows for accountability source when family unit is participating in same activity.

References

1. Bryant, D. J., Coman, E. N., & Damian, A. J. (2020). Association of adverse childhood experiences (ACEs) and substance use disorders (SUDs) in a multi-site safety net healthcare setting. *Addictive Behaviors Reports*, 12, 100293-100293. <https://doi.org/10.1016/j.abrep.2020.100293>
2. Cole, J., Sprang, G., & Silman, M. (2018;2019). Interpersonal trauma exposure, trauma symptoms, and severity of substance use disorder among youth entering outpatient substance abuse treatment. *Journal of Child & Adolescent Trauma*, 12(3), 341-349. <https://doi.org/10.1007/s40653-018-0239-3>
3. Corbin, W. R., Farmer, N. M., & Nolen-Hoekesma, S. (2013). Relations among stress, coping strategies, coping motives, alcohol consumption and related problems: A mediated moderation model. *Addictive Behaviors*, 38(4), 1912-1919. <https://doi.org/10.1016/j.addbeh.2012.12.005>
4. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
5. Gamache Martin, C., Van Ryzin, M. J., & Dishion, T. J. (2016). Profiles of childhood trauma: Betrayal, frequency, and psychological distress in late adolescence. *Psychological Trauma*, 8(2), 206-213. <https://doi.org/10.1037/tra0000095>
6. Johnson-Kwochka, A., Aalsma, M. C., Monahan, P. O., & Salyers, M. P. (2021). Development and examination of the attribution questionnaire-substance use disorder (AQ-SUD) to measure public stigma towards adolescents experiencing substance use disorders. *Drug and Alcohol Dependence*, 221, 108600-108600. <https://doi.org/10.1016/j.drugalcdep.2021.108600>
7. Marotta, P. L., Tolou-Shams, M., Cunningham-Williams, R. M., Washington, D. M., & Voisin, D. (2022). Racial and ethnic disparities, referral source and attrition from outpatient substance use disorder treatment among adolescents in the United States. *Youth & Society*, 54(1), 148-173. <https://doi.org/10.1177/0044118X20960635>