

Brief interventions in emergency departments may reduce violence and alcohol abuse among adolescents

August 3 2010

Brief interventions among adolescents reporting to emergency departments may be associated with a reduction in the experience of peer violence and alcohol misuse in this population, according to a study in the August 4 issue of *JAMA*, a theme issue on violence and human rights.

"The emergency department is an important contact point for [medical care](#) for adolescents, especially underinsured or uninsured patients," the authors note as background to the study. "Adolescents seeking care in the emergency department are an important population for [injury prevention](#) based on increased risk of problems related to alcohol and violence."

Between September 2006 and September 2009, Maureen A. Walton, M.P.H., Ph.D., of the University of Michigan, Ann Arbor, and colleagues studied 726 adolescents age 14 to 18 who reported to a level I emergency department in Flint, Mich. between 12 p.m. and 11 p.m. All patients participated in a computerized assessment and were then randomly placed into three groups: a control group receiving a brochure, or one of two receiving a 35-minute brief intervention delivered by either a computer or therapist in the emergency department, followed by assessments at three and six months. "Combining motivational interviewing with skills training, the brief intervention for violence and alcohol included a review of goals, tailored feedback, decisional balance

exercise, role plays and referrals."

Compared with [adolescents](#) in the control group, those in the therapist intervention showed self-reported reductions in the occurrence of peer [aggression](#), experience of peer violence and violence consequences at three months. Additionally, participants in the therapist intervention decreased the number of violence consequences at the three-month mark compared with those in the control group.

Participants in the therapist intervention reported higher reductions in alcohol consequences at the six-month review than those in the control group, and participants in the computer intervention also reported reductions in alcohol consequences. "Given that a leading cause of mortality and morbidity in this age group is violence, the reduction in the occurrence of severe violence following a single-session brief intervention is clinically meaningful," the authors note.

"...findings support the efficacy of a therapist brief intervention (with computerized feedback and structure) in decreasing the occurrence of experiencing peer violence in the three months following an [emergency department](#) visit," the authors conclude. "Computerized approaches could assist in translating research findings into routine clinical practice by standardizing intervention delivery and have wide applicability across other content areas and settings."

More information: *JAMA*. 2010;304[5]:527-535.

Provided by JAMA and Archives Journals

Citation: Brief interventions in emergency departments may reduce violence and alcohol abuse among adolescents (2010, August 3) retrieved 3 May 2024 from

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