STUDIA UBB PSYCHOL.-PAED., LXI, 1, 2016, p. 15 - 26
(RECOMMENDED CITATION)

# POTENTIAL RISK AND PROTECTIVE FACTORS FOR SUBSTANCE ABUSE IN A TEENAGER WITH INTELLECTUAL DISABILITY: CASE DESCRIPTION

**CARMEN COSTEA-BĂRLUŢIU[1]*, TABITA-NATAŞA CUCICEA[2]**

**ABSTRACT.** Among the mental health problems faced by teenagers with intellectual disabilities, substance use becomes increasingly important and interferes with educational and social adjustment, leading to higher risks for involvement with criminal justice system. The complex interplay of personal, interpersonal, familial and social risks factors faced by this population of youngsters leads to their limited opportunities, in general, as well as their limited chances to recover from mental health problems, in particular. Our investigation aims to document potential risk factors influencing vulnerability to substance use in a teenager with intellectual disability and mental health problems. Within a brief case description, we documented some risk factors that could influence substance abuse in the case of a teenager with mild intellectual disability coming from a socially deprived environment and an atypical family background. We emphasized the important role that professionals in the fields of special education, psychiatry, social work have in helping these teenagers recover and readjust to a normal life, after recovering from the use of illicit substances.

***Key words:*** *substance use, mental health, intellectual disabilities, adolescence, risk and protective factors, recovery from substance use.*

**ZUSAMMENFASSUNG.** Im Zusammenhang mit den psychischen Störungen, die Jugendliche mit geistiger Behinderung gefährden, nimmt der Substanzgebrauch eine immer wichtigere Stellung ein und beeinträchtigt die Integration in die Gesellschaft und Bildungseinrichtungen, wodurch das Kriminalitätsrisiko erhöht wird. Das komplexe von dieser Bevölkerungsgruppe zu bewältigende Zusammenspiel von persönlichen, zwischenmenschlichen, familiären und sozialen Risikofaktoren führt zu beschränkten Möglichkeiten im Allgemeinen und erschwert ihnen die Erholung von psychischen Störungen im Besonderen.

*[1] Special Education Department, Babeș-Bolyai University, Cluj-Napoca, Romania*
*[2] Special Technological Highschool Samus, Cluj-Napoca, Romania*
** Email: carmen.costea@ubbcluj.ro*

Ziel unserer Untersuchung ist das Aufdecken möglicher Risikofaktoren, die die Anfälligkeit für Substanzgebrauch bei Jugendlichen mit geistigen oder psychischen Störungen erhöhen. In einer kurzen Fallbeschreibung zeigen wir einige Risikofaktoren auf, die sich auf den Substanzgebrauch im Falle eines Jugendlichen mit leichter mentaler Retardierung aus einem sozial benachteiligten Umfeld und einer untypischen Familie auswirken. Die Rolle von Sonderpädagogen, Psychiatern und Sozialarbeitern im Heilungsprozess und in der Wiedereingliederung dieser Jugendlichen wird hierbei betont.

***Schlüsselwörter:*** *Substanzgebrauch, psychische Gesundheit, geistige Behinderung, Jugendalter, Risiko- und Schutzfaktoren, Wiedereingliederung nach Substanzgebrauch*

## *Current trends in mental health services for persons with disabilities*

Although a growing population (Brault, 2010), people with disabilities are still confronted with various disadvantages within social and educational areas, compared with persons without disabilities all over the world. With regards to the various mental health services offered for persons with disabilities, the situation changed significantly during the recent period (Dagnan&Lindsay, 2012). While in the past mental health problems were neglected, as the primary diagnosis (ex., mental retardation, learning disabilities etc.) was too obvious, the more recent period was marked by the shift from diagnostic overshadowing to dual diagnosis, especially in the case of persons with intellectual disabilities and those with learning disabilities (Costea-Bărluţiu, 2015, Dagnan&Lindsay, 2012). Diagnostic overshadowing was caused by the wrong belief that the mental health issues of persons with intellectual disabilities are specific to their disability and not separate problems, as these persons are not able to have similar feelings with the rest of the population and therefore they cannot have emotional difficulties. Moreover, it was considered that people with intellectual disabilities and learning difficulties cannot benefit from counseling and psychotherapy due to their limited verbal and cognitive abilities (Raffensperger, 2009). The emphasis was on cognitive stimulation and educational services included mostly the approach of cognitive functioning difficulties and the treatment of disruptive behavior, both for students with intellectual disabilities and for those with learning difficulties. Although various progresses were made in the approach of mental health of persons with disabilities, the professionals in the field still lack the training, the support and supervision needed in order to meet the needs of people with disabilities (Day et al., 2016).

Nowadays, the emotional life of persons with disabilities raises more attention, as the emphasis on adaptive functioning, part of the assessment and diagnosis of intellectual disability, raises the questions of the social skills, effective functioning in the social environment and the fulfillment of socio-cultural standards (APA, 2013). Thus, the need to address other issues besides cognitive deficits and behavior problems is underlined and the association between emotional, cognitive and behavioral functioning raises more attention in this population.

The recent investigations of mental health problems of persons with learning difficulties and intellectual disabilities show that the prevalence of mental disorders is higher than in the general population (Chaplin et al., 2014), with personality disorders and atypical personality traits, as well as psychopathology (eg., anxiety, depression) as important problems. Also, various risks, such as isolation, withdrawal, atypical development of verbal skills, maladaptive coping, difficult social interactions, problems in couple relationships are identified in the case of these categories of persons (Durand, 2014, Hobden&LeRoy, 2008). Limitations in cognitive skills and adaptive behaviors are also identified as problematic features linked to intellectual disabilities (Chapman & Wu, 2012).

Several challenges raise the interest of professionals in the field of mental health assistance for persons with disabilities. The high heterogeneity of mental health and personality profiles, as well as the need to develop and adapt assessment instruments and the need to develop and test the efficacy of therapeutic approaches (Ricciardi&Luiselli, 2007, Sturmey, 2007, Beecher, Rabe & Wilder, 2004) are only a few.

### *Substance use in teenagers with intellectual disabilities*

Among the problems that need higher attention from professionals regarding the mental health of persons with disabilities is that of substance use and addictions. The topic is important to both researchers and practitioners, as this population is exposed to drug consumption by the general population and more vulnerable to problems like substance use (Chapman & Wu, 2012). Various environmental, psychological, biological and socio-economic factors interact within the etiology of substance misuse in intellectually disabled population (Chaplin et al., 2014). In the case of teenagers, the problem of substance use and addiction can be seen in the context of normative behavior, as well as various risks that become critical during the adolescence period for persons with disabilities: the problems of early sexuality and sexual victimization, the tendency to adopt a rebellious attitude and the risk of delinquency. Involvement in criminal

acts is frequently linked with alcohol and illicit substance use, both in general population and the population with intellectual disabilities (Chaplin et al., 2014), as the use of legal and illicit substances was identified in young male offenders with mild intellectual disabilities.

The problem of various substances abuse and addictions is under diagnosed and investigated in Romanian special schools for children and adolescents with various disabilities, although several additional risks are associated with it in this population. Recent studies from other countries show that the prevalence of substance use and misuse is high within intellectually disabled and learning disabled population (Day et al., 2016, McNamara & Willoughby, 2010, McGillicuddy, 2006), as a way to cope with negative experiences, though some report slightly less often substance use in people with disabilities, compared to their non-disabled peers (Frielink et al., 2015). The occurrence of substance misuse in the population with intellectual disabilities varies, different authors (cited by Chaplin et al., 2014) found high variability in prevalence, ranging from 7 to 20 per cent. Kepper et al. (2014) cited a much higher prevalence of hard drugs usage in youngsters with behavioral problems who attended special education within residential youth care institutions (30%), compared to those in mainstream education (7%), which makes them an important target group for preventive measures implemented in the special education setting.

The most often used substances were alcohol and cannabis (Schijven et al., 2015), followed by cocaine, stimulants and opiates (Chaplin et al., 2014).

The use of substances has a more negative impact on adolescents with intellectual disabilities than for their non-disabled peers, causing social, mental, behavioral, financial problems, as well as the increase of risk for criminal activities and for the development of substance use disorders (Schijven et al., 2015).

There is a *complex interaction of factors* that interact and increase the risk for substance abuse in teenagers with disabilities: stigmatized identity, low school achievement, lack of autonomy, reduced opportunities, helplessness, lack of power, self-blame, attachment disruptions (Arthur, 2003, Cain et al., 2010, Durand, 2014, Pickard&Akinsola, 2010), co-morbidities such as ADHD, anxiety (Kepper et al., 2014), the lack of information about the nature and consequences of substance use combined with deficits in social skills and poor self-control (McNamara & Willoughby, 2010), increasing the risk-taking behaviors. More problematic relationships with the parents, broken families and other family-related factors, such as domestic violence, neglect, abuse or various forms of maltreatment add up to the risks for substance use in these youngsters (Kepper et al., 2014). Various authors found the lack of family connectedness and

closeness among the family characteristics associated with cigarette smoking (Blum et al., 2001, cited by McGillicuddy, 2006). Peer groups represent an important social context for the development of problem behavior in adolescence, as the friends' influence is very high at this age and groups of teenagers tend to associate based on similar behavior (Kepper et al., 2014). Also, the socioemotional challenges and transitions specific for the adolescence period determines in many teenagers with disabilities a decrease of self-determination, which in turn leads to poor decision making about engaging in risk-taking behaviors (McNamara &Willoughby, 2010).

Protective factors have the effect to reduce risks, so these factors are targeted by prevention measures before the problem of abuse develops. Several protective factors were mentioned by the National Institute on Drug Abuse (2002, 2003): individual factors (appropriate physical development, self-control, involvement in activities that are meaningful and unrelated to drugs, self-confidence, positive plans for the future), family factors (the strong parent-child bond, parental monitoring, appropriate family relations), peer-related factors (involvement in substance-free activities, disapproval of drug use), school-related factors (anti-drug use policies), community factors (strong neighborhood attachment). Other protective factors include: positive relationships with institutions and professionals (National Institute on Drug Abuse, 2002), commitment to prosocial activities, attachment to people who are not engaged in antisocial behavior (Cleveland et al., 2008)

With respect to *intervention*, the community and strength-based approaches are employed during recent period, emphasizing the substance user empowerment and self-determination in the process of identity change from internalized stigma and the status of an addict identity to a new identity after recovery. This change can take place through changes in the social network and the involvement in meaningful activities (Best et al., 2016). Also, the facilitation of autonomous motivation through motivational interview proved to be effective in some cases of substance use in persons with intellectual disabilities (Frielink et al., 2015, Schijven et al., 2015), as well as family-based interventions (Austin, Macgowan & Wagner, 2005). Given the multitude of negative consequences that substance use implies for teenagers with intellectual disabilities, educational and awareness programs become a necessary part of the school experience for this vulnerable population (McNamara & Willoughby, 2010).

The main purpose of the current study is to identify potential factors influencing vulnerability to substance use in a teenager with intellectual disability and mental health problems. We will consider and discuss the risk factors that influence substance misuse in a single case selected from the population of teenagers with intellectual disabilities receiving education in a special school.

### *Case description*

The participant volunteered to take part in the current research. All the information about the case that could identify the person was modified in order to respect the anonymity and confidentiality of the participant and his family and fulfill the ethical standards for case presentation within research.

M. is a 14-year-old student, currently enrolled in the 7th grade of a special school for intellectually disabled children and adolescents. The first contact with the student gives the impression of a sociable teenager, with hobbies in physical activities and sports, mainly football.

Some of the relevant information from the *educational background* is that M. did not attend kindergarten as the family did not enroll him. He started primary school in the special education system as it was determined that M was eligible and his family together with the team of specialists decided that it was the best option due to the problems that the mother identified and were medically diagnosed afterwards. M. identifies with Rroma ethnic group, is an active member of the Rroma community and speaks both Romanian and Rroma languages, but he uses mostly Romanian language in verbal and written communication. The participant doesn't have a history of physical illness, but his height and weight are under typical level for his age.

M. has a long *history of psychiatric problems*. Before enrolling him in the primary school system, the mother manifested some concern about his naughty and troublesome behavior and the fact that he was constantly moving. The issue was discussed with a family doctor, who referred her to a specialist and after receiving neurological, psychiatric and psychological assessments, M. has been diagnosed with Attention Deficit Hyperactivity Disorder, mild Intellectual Disability and Oppositional Defiant Disorder. Following the assessment and diagnosis, M. received medication to improve his attention level (atomoxetine-Strattera), but he didn't constantly take it as prescribed.

M. started to have *problems with the substance abuse* during the 6th grade and the ethno botanical substances use was soon identified by the school manager, who notified the family about M.'s drug addiction. His mother admitted that a problem was hypothesized by the family when the teenager was spotted with "blurry eyes" and "a blank expression" during several weeks, but the family didn't take into consideration that the problem could be the use of drugs.

In school, the teachers noticed that there was an increase in the teenager's level of inattentiveness and impulsivity and that he became unable to complete even very simple assignments. Because of the drug abuse, he had often cut classes and had been skipping school for weeks, which put him at risk of

school failure. Moreover, a few months prior to the assessment and the active intervention described in the current study, the teenager had been under investigation for illegal acts, being charged with burglary. Following this crisis situation, his mother started to cooperate with M.'s special education teacher in charge with the management of the case, in order to include the student in a detoxification program.

To better understand the complex problem of substance abuse in M.'s case, some risk factors that could increase vulnerability are detailed below. The interaction of three main categories of factors is associated with high risk of substance abuse in the case described: 1) individual characteristics of the subject; 2) family factors; 3) social context.

1. *Individual characteristics.* Regarding the individual characteristics, there is a high risk of substance abuse in adolescence, which increases with age for teenagers with intellectual disability, ADHD and ODD. M. was diagnosed with mild intellectual disability and his limitations in cognitive functioning lead to difficulties in: understanding abstract concepts, reading and writing fluency, word spelling, reading comprehension, articulation and oral expression, memorizing and recalling of even simple information. Ineffective learning strategies and poor metacognitive skills that maintained his learning impairments were identified during educational assessment. Moreover, persistent behavioral problems such as low self-control and difficulties in complying with rules, poor emotional and social skills, and poor coping skills were also present in this case. All these conditions were hypothesized as causes for the poor academic achievement and increased the risk of school failure, associated with his frustration with schooling and the risk for high risk behaviors.
2. *Family factors.* These factors encompass the family structure, types of attachments, connections to family members and poor housing conditions. M. is the third child of a large family, living with the biological mother, the stepfather and four of the brothers (three of them are step brothers). The parental couple is not legally married and the family is characterized by distant relationships between parents and children. Moreover, the interaction between family members is often conflictual, parents do not provide effective discipline to their children and they have inconsistent parenting skills and negative communication patterns that in time hindered the development of children's coping strategies. Also, weak bonds and insecure attachments were identified between parents and children, the mother giving more attention to M.'s step brothers. When M.'s behavior started to change significantly, his parents acknowledged the signs of the worsening condition. The family's problems with poor

housing and the futile struggles with poverty add up to increase the risk for the teenager, as basic needs are negatively impacted by the conditions in which the family lives. All the family members are living in two rooms, lacking sanitation facilities and the family's income cannot cover the proper nutrition and appropriate clothing for the children.

3. *The social context.* M.'s family is living in poverty; his mother is working as a garbage collector while her partner is unemployed. None of the adults managed to graduate secondary school and their educational level is very low. The community where the family lives has no schools and most of the children attend special schools in the city of Cluj-Napoca, where transportation and food are provided. Due to living in a disorganized neighborhood outside the city, in a community that is economically deprived, the people have limited opportunities to connect to the rest of the society. There is also a great exposure to violence in the community and many families meet the problem of alcohol addiction. The children acquire a positive attitude toward substance use in these circumstances, with great risk of delinquency. M. has a few friends among his age group, and most of the members of his social group are living in the community similar to his family's community.

While risk factors increased the vulnerability to substance abuse, several protective factors were identified, that constituted the fundament for the beginning of a complex intervention and enhanced the chances for success of the medical, social and educational intervention in M's case.

1. *Individual protective factors.* M.'s robust physical constitution allowed for the development of his athletic skills and in time his raising interest in sports. The reward to play football during recess had a positive effect on his efforts to do better in class activities. Also, the positive relations that he build with some of the teachers in the school increased his chances to receive some good alternative models of behavior and also to his interest to attend the classes.
2. *Family protective factors*. Even though his parents are not legally married, their relationship is stable and the parents assumed responsibility for raising all the children within the family instead of sending them to the Child Care Protection services, so the risk of child abandonment is absent. The parents are also involved and concerned about their children's education, so all their children are enrolled in a school. The mother acknowledged M.'s medical and educational diagnoses and took the decision to choose a special education school for her son's educational placement, a system that proved protective in his case and eventually constituted a resource in his recovery from the substance abuse and the risk of school failure.

3. *Educational protective factors*. The special school environment provided M. with the possibility to be exposed to educational goals that took into consideration his strengths and weaknesses, his learning potential. The student benefited from differentiated instruction, both in the classroom and in individual therapeutic activities. In accordance with his medical and educational diagnoses, the main goals of his individual education plan were the enhancement of the self-regulation skills of behavioral and emotional reactions during activities and the improvement of social skills, by involving him in various school projects in the classroom and also outside the school. School offers him a secured climate and norms that discourage violence and substance use. Moreover, the student has the chance to come in contact with other persons, some of them with a potential to become alternative role models, such as teachers and school staff, as well as develop friendships with peers with different life experiences.

In order to *intervene* for the substance abuse problem, M. was included into a detoxification program in a children psychiatric hospital and received medical and psychological support during a short period. The student's mother informed the teacher in charge with the case about the hospitalization and asked for further guidance. Following the teacher's recommendation, she referred to the Child Protection Services for support group activities and psychological counseling, targeted on student's empowerment and determination to change to a new identity after recovery, as well as to motivate the student to change his social network (the group of friends he used drugs with). Thus, autonomous motivation for recovery from drug use was strengthened by both medical and psychological support. The mother was also encouraged to involve her son in useful activities, to supervise M. during the day and to pay attention to his nutrition during the medication he was administered by the psychiatrist.

After completing the detoxification program, M returned to classes and his behavior was considerably progressing. He tried to comply with the rules in the group activities, but had a preference for one-to-one activities. The collaboration between parents and teenager improved as well, his mother began to involve M. in daily chores at home and this made M. feel more confident about himself. In school, he received additional writing and reading instruction from his special education teacher twice per week and as his recovery program progressed, he became more involved in these activities that he slowly began to find meaningful. The general goal of these activities was to develop his learning strategies and his reading and writing skills, so that he can become self-reliant in his use of these skills. As the alliance with the professionals, based on mutual trust, was becoming stronger, the student received information about the negative impact of substance use and was taught various behavior repertoires that can be used when confronted with risky situations

connected with substance use, in order to decrease the risk for relapse. Other than that, he received counseling and has been involved in group activities through a program which is under Child's Care Protection supervision. As several of the potential risk factors that were identified in this case could still lead to substance use, the team of professionals involved in the intervention aimed at reducing the problems related to the substance abuse in this case.

### *Conclusions*

Multiple factors interfere with the therapeutic approach and possible recovery in the case of intellectually disabled population, which can be considered an extremely vulnerable population, facing more severe mental, physical and social consequences from substance use, compared to members of the non-disabled community. However, the severity of these problems as well as the possible solutions are understudied. Substance use and addictions can lead to other more severe problems for youth with disabilities, as the consequences are severe on emotional and behavioral levels, thus increasing other risks for mental health problems, forensic activities and various other problematic outcomes.

Such a very important problem that interferes significantly with the development and adjustment of teenagers with intellectual disabilities in academic settings and the wider society is not clearly defined. Thus, addressing this problem in a highly vulnerable population by careful assessment, identification of risk and protective factors are essential for the increase of clinicians' awareness, and the provision of more appropriate intervention models for this population (Chaplin, Gilvarry & Tsakanikos, 2011). This would be a good start to address and reduce the long term impact of the problem of substance abuse in teenagers with intellectual disabilities.

## REFERENCES

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th edition), Washington DC: Author.

Arthur, A.R. (2003). The emotional lives of people with learning disability. *British Journal of Learning Disabilities*, 31, p. 25-30.

Austin, A.M., Macgowan, M.J., Wagner, E.F. (2005). Effective Family-Based Interventions for Adolescents With Substance Use Problems: A Systematic Review. *Research in Social Work Practice*, 15(2), 67-83.

Beecher, M.E., Rabe, R.A., Wilder, L.K. (2004). Practical Guidelines for Counseling Students With Disabilities. *Journal of College Counseling*, 7, p.83-89.

Best, D., Beckwith, M., Haslam, C., Alexander Haslam., S., Jetten, J., Mawson, E., Lubman, D.I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: the social identity model of recovery (SIMOR). *Addiction Research & Theory*, 24(2), 111-123.

Brault, M.W. (2010). Americans with Disabilities: 2010. Household Economic Studies. *Current Population Reports*, U.S. Department of Commerce, U.S. Census Bureau.

Cain, N., Davidson, P., Dosen, A., Garcia-Ibanez, J., Giesow, V., Hillery, J., Kwok, H., Martorell, A., Novell-Alsina, R., Salvador-Carulla, L., Torr, J. (2010). An international perspective of mental health services for people with intellectual disability, în Bouras, N., Holt, G. (eds.). *Mental Health Services for Adults with Intellectual Disability. Strategies and Solutions,* Psychology Press, Hove.

Chaplin, E., Gilvarry, C., Tsakanikos, E. (2011). Recreational substance use patterns and co-morbid psychopathology in adults with intellectual disability. *Research in Developmental Disabilities*, 32, 2981-2986.

Chaplin, E., Partsenidis, I., Samuriwo, B., Underwood, L., McCarthy, J. (2014). Does substance use predict contact with the criminal justice system for people with intellectual disabilities? *Journal of Intellectual Disabilities and Offending Behaviour*, 5(3), 147-153.

Chapman, S.L.C., Wu, L.T. (2012). Substance abuse among individuals with intellectual disabilities. *Research in Developmental Disabilities*, 33, 1147-1156.

Cleveland, M.J., Feinberg, M.E., Bontempo, D.E., Greenberg, M.T. (2008). The Role of Risk and Protective Factors in Substance Use Across Adolescence. *Journal of Adolescent Health*, 43(2), p. 157-164.

Costea-Bărluţiu, C. (2015). Elemente de consiliere psihologică şi psihoterapie a persoanelor cu dizabilităţi şi familiilor acestora, în Roşan, A. (coord.). *Psihopedagogie Specială. Modele de evaluare şi intervenţie*, Ed. Polirom, Iaşi.

Dagnan, D., Lindsay, W.R. (2012). People with Intellectual Disabilities and Mental Ill-Health, în Emerson, E., Hatton, C., Dickson, K., Gone, R., Caine, A., Bromley, J. (eds.). *Clinical Psychology and People with Intellectual Disabilities*, Wiley-Blackwell, West Sussex.

Day, C., Lampraki, A., Ridings, D., Currell, K. (2016). Intellectual disability and substance use/misuse: a narrative review. *Journal of Intellectual Disabilities and Offending Behaviour*, 7(1), 25-34.

Durand, V.M. (2014). Disorders of Development, în Barlow, D.H. (ed.). *The Oxford Handbook of Clinical Psychology*, Oxford University Press, New York.

Frielink, N., Schuengel, C., Kroon, A., Embregts, P.J.C.M. (2015). Pretreatment for substance-abusing people with intellectual disabilities: intervening on autonomous motivation for treatment entry. *Journal of Intellectual Disability Research*, 59(12), 1168-1182.

Hobden, K.L., LeRoy, B.W. (2008). *Assessing Mental Health Concerns in Adults with Intellectual Disabilities. A Guide to Existing Measures*, Developmental Disabilities Institute, Wayne State University.

Kepper, A., van den Eijnden, R., Monshouwer, K., Vollebergh, W. (2014). Understanding the elevated risk of substance use by adolescents in special education and residential youth care: the role of individual, family and peer factors. *Eur Child Adolesc Psychiatry*, 23, 461-472.

McGillicuddy, N.B. (2006). A Review of Substance Use Research Among Those With Mental Retardation, Ment Retard Dev Disabil Res Rev, 12(1), 41-47.

McNamara, J.K., Willoughby, T. (2010). A Longitudinal Study of Risk-Taking Behavior in Adolescents with Learning Disabilities*. Learning Disabilities Research & Practice*, 25(1), 11-24.

National Institute on Drug Abuse (2003). Preventing Drug Use among Children and Adolescents (In Brief). What are the risk factors and protective factors?, *https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors*

National Institute on Drug Abuse (2002). Risk and Protective Factors in Drug Abuse Prevention, Drug Abuse Prevention Research Update, *http://archives.drugabuse.gov/NIDA_Notes/NNVol16N6/Risk.html*

Pickard, M., Akinsola, T. (2010). The association between psychopathology and intellectual disability, în Bouras, N., Holt, G. (eds.). *Mental Health Services for Adults with Intellectual Disability. Strategies and Solutions*, Psychology Press, Hove.

Raffensperger, M.K. (2009). Factors that influence outcomes for clients with an intellectual disability. *British Journal of Guidance & Counselling*, 37(4), 495-509.

Ricciardi, J.N., Luiselli, J.K. (2007). Behavioral-Clinical Consultation in the Developmental Disabilities: Contemporary and Emerging roles, în Jacobson, J.W., Mulick, J.A., Rojahn, J. (eds.). *Handbook of Intellectual and Developmental Disabilities*, Springer, New York.

Schijven, E.P., Engels, R.C.M.E., Kleinjan, M., Poelen, E.A.P. (2015). Evaluating a selective prevention program for substance use and comorbid behavioral problems in adolescents with mild to borderline intellectual disabilities: Study protocol of a randomized controlled trial. *BMC Psychiatry*, 15, 167-173.

Sturmey, P. (2007). Psychosocial and Mental Status Assessment, în Jacobson, J.W., Mulick, J.A., Rojahn, J. (eds.). *Handbook of Intellectual and Developmental Disabilities*, Springer, New York.