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DOCTORAL SCHOOL OF PSYCHOLOGY**

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**PSYCHOLOGICAL, SOCIAL AND BEHAVIORAL DIMENSIONS  
OF ALCOHOL CONSUMPTION IN ADOLESCENCE**

**511.02 – DEVELOPMENTAL AND EDUCATIONAL PSYCHOLOGY**

**Abstract of PhD thesis in psychology**

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The PhD thesis in psychology and the abstract can be consulted at the Scientific Library of the State Pedagogical University “Ion Creangă” and on the ANACEC website ([www.cnaa.md](http://www.cnaa.md)).

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## CONCEPTUAL LANDMARKS OF THE RESEARCH

**The relevance and importance of the research topic.** The involvement in behaviours that are associated with risks to health, functioning, adaptation to tasks and demands, as well as for the developmental process in general is common in adolescence.[29]. The phenomenon of psychoactive substances use (including alcohol) among adolescents has been of constant interest to researchers in various fields, as well as to professionals working in the psychological, educational and social care system. A very rich literature has accumulated over the past five decades that has dealt with multiple dimensions of alcohol consumption. [8, 41, 58]. From total abstinence or moderate consumption (on various social occasions), passing through accidental abuses (especially in situations involving acute psychological stress or peer pressure) or excessive (episodically repeated) consumption to addiction, some adolescents may have a problematic relationship with alcohol. This situation can put him in dangerous contexts by creating niches for emotional, attitudinal-behavioral and social manifestations that are risky for physical and mental health, adaptation to developmental tasks specific to adolescence, respectively preparation for the status-roles expected in adulthood [58].

The abusive consumption of alcohol among adolescents is a major public health problem because its early ages use is associated with a high risk for more severe future problems (e.g. addiction), as well as numerous difficulties in personal (physical and mental), familial, social and occupational functioning. [8, 14, 27, 28]. The research, based on the investigation of risk factors and those that protect adolescents from alcohol abuse or addiction, responds to the practical-applicable imperative that aims to design, implement and test programs to prevent these problems that teenagers may encounter.

**Description of the situation in the research area and identification of the research problem.** Most adolescents mature later in the process of adapting to age-specific changes, as well as in physical, cognitive, emotional and social functioning. This puts adolescents at risk of dangerous attitudes and behaviors, including problematic alcohol and drug use [15].

In the international literature published mainly in English, authors such as S. Bonino, E. Cattelino and S. Ciairano [7], R. J. Bonnie and M. E. O'Connell [8], F. M. Costa, R. Jessor and M. S. Turbin [11], R. Jessor [32], P. M. Monti, S. M. Colby and T. A. O'Leary [41], W. Pedersen and T. von Soest [44], B. F. Thomas et al. [54] have had important contributions to the investigation of explanatory factors, typology and effects of alcohol use among adolescents and young people, as well as to the design, implementation and evaluation of remedial or preventive intervention programs. In Romania and the Republic of Moldova, the interest in this field of research is aroused by the works published by M. Copăceanu [10], G. Garaz [20], L. M. Lotrean, S. Kremers, C. Ionut and H. de Vries [37], H. J. van Joris and M. Moll [56] and others.

The conceptual-theoretical and empirical analysis presented in the first chapter of the PhD thesis led us to **the delineation of the research problem**, which consists in determining the factors that explain individual differences in terms of risk for alcohol abuse, as well as the psycho-socio-behavioral profile of problematic alcohol consumption among adolescents, in order to develop and implement a psycho-educational intervention program aimed at increasing resilience to adverse life circumstances that predispose teenagers to alcohol abuse.

**The aim of the research** is the theoretical grounding and testing of the model of risk and protective factors in alcohol abuse, in order to use it for the development and testing of a psycho-educational intervention program aimed at reducing vulnerability to alcohol consumption among adolescents by optimizing psychosocial functioning, increasing well-being and improving resilience in facing the challenges of age and the demands of everyday life.

**The objectives** that guided our theoretical, empirical and practical-applicative (interventional) approaches were: 1). knowing the degree to which the research topic is investigated, in order to identify the psycho-socio-behavioral dimensions that have been less in the

attention of researchers who have been concerned with the problem of alcohol consumption in the adolescent population; 2). application of scientific methodology to develop and test a hypothetical-conceptual model of risk and protective factors in alcohol abuse among adolescents; 3). development, implementation and impact evaluation of a psycho-educational intervention programme aimed at reducing the risk of alcohol abuse and increasing resilience among adolescents; 4). identify directions for future theoretical and empirical research; 5). develop practical recommendations for conceptually and operationally improving intervention programs aimed at preventing alcohol consumption and, more generally, reducing the risks associated with dangerous behaviors for the health, positive functioning and development of adolescents.

**The theoretical support of the research included:** *explanatory theories and conceptual delimitations of alcohol consumption among adolescents and young people* (S. Bonino, E. Cattellino și S. Ciairano, R. J. Bonnie și M. E. O'Connell, F. M. Costa), *concept of the characteristics of adolescence* (R. Jessor and M. S. Turbin, R. Jessor, P. M. Monti, S. M. Colby and T. A. O'Leary), *the design, implementation and evaluation of rehabilitation or preventive intervention programs* (W. Pedersen and T. Von Soest, B. F. Thomas, M. The child, G. Garaz, L. M. Lotrean, S. Kremers, C. Ionut and H. De Vries, H. J. van Joris and M. Moll).

**Research methodology.** The method of standardized questionnaires was used and administered to the adolescents' population in order to test the model of risk and protective factors in alcohol abuse among them, to investigate predictors of frequency of alcohol consumption and psycho-socio-behavioral profile of alcohol consumption, and to verify moderating relationships. The standardized protocol included 16 instruments, four of which were accomplished by the author of this thesis. Internal construct validity (uni - or multidimensionality) for the Romanian language versions of a part of these instruments was determined using the confirmatory factorial analysis. Raw data obtained by processing questionnaire responses were exploited using comparative tests, one-way analysis of variance, non-parametric association tests, effect size calculation, correlational analysis, multiple linear regression analysis, hierarchical multiple regression analysis, binomial logistic regression analysis, etc.

**The achieved results that contribute to the resolution of the important scientific issue** consist in determining the factors that explain the individual differences with regard to the risk for alcohol abuse and the psycho-socio-behavioral profile of the adolescent consumer, as well as in the development and successful implementation of the psycho-educational intervention program "Alcohol traps" aimed at managing the negative factors that predispose adolescents to alcohol abuse.

**The novelty and scientific originality** results from the fact that the theoretical approaches and the inventory of empirical studies conducted so far in the international space have led to conceptual clarifications that have allowed the development of a working model of risk and protective factors in alcohol abuse among adolescents. The research and practical intervention that have been carried out provide a unified vision of the principles, conditions and methods that make it possible to use the psycho-educational intervention program "Alcohol traps" which is focused on reducing the risk for alcohol and other hazardous substance abuse by optimizing the psychosocial functioning of adolescents, increasing their well-being and improving their resilience in facing various situational contexts or adverse life events.

**The theoretical significance of the work** is provided by the studies carried out and presented in the thesis, which supplement the researchers' and specialists' concerns in theoretical and practical-applicative fields such as developmental, clinical, health or educational psychology, in order to better understand the direct causes, precipitating factors, associated manifestations and effects that problematic alcohol use has on health, functioning in various contexts, adaptation to demands, as well as on the overall development of adolescents. The conceptual model of risk and protective factors in alcohol abuse developed by the author of this thesis can be used in future studies focused on the determinants and the effects of alcohol abuse in the adolescent population.

**The applicative value of the paper** derives from the findings of the study on risk predictors for alcohol abuse, as well as the results of the implementation of the psycho-educational intervention program “Alcohol traps”. These can be applied as a basis for the development of other psycho-educational counselling programs focused on the recovery of adolescents with alcohol use problems or the prevention of alcohol abuse in adolescent populations who are vulnerable to slippage from the positive developmental course. The alcohol abuse risk assessment questionnaire, developed and validated by the author, as well as the other measurement instruments translated into Romanian and validated for the adolescent population may be useful to researchers, doctoral students, school counselors and other reference professionals.

**Main scientific results submitted for presentation:**

1. Integrating risk and protective factors into psycho-educational interventions contributes to reducing adolescents' vulnerability to alcohol abuse by optimising psychosocial functioning, increasing well-being and improving resilience in facing the challenges of age and the demands of everyday life.

2. Adolescents' favourable attitudes towards engaging in behaviours that affect their health and development, as well as indiscipline in the school environment, contribute positively to the prediction of risk for alcohol abuse. Psychological stress, anxiety, predisposition to depression and neuroticism are positive predictors of risk for alcohol abuse among adolescents.

3. The social support provided by family, friends and significant others, as well as the satisfaction towards family, friends, school and self are negative predictors of risk for alcohol abuse.

4. Interventions through psycho-educational programmes aimed at reducing vulnerability to alcohol use among adolescents have positive effects in optimising psychosocial functioning, increasing well-being and improving resilience in facing the challenges of age and the demands of everyday life.

**The implementation of scientific results.** The results of the theoretical-experimental research were implemented in the didactic process of preparation and training of students in the subjects of Developmental Psychology, Social Psychology, Personality Psychology of master's and doctoral students of the Faculty of Psychology in higher educational institutions, as well as through the development and implementation of the psycho-educational intervention program in schools, by holding two workshops in front of Romanian pre-university teachers and school counselors on the issue of risk behaviors for the health and development of adolescents.

**The approval of the scientific results** materialized in papers presented at regional, national (with international participation) and international scientific events organized both in Romania and the Republic of Moldova and in scientific journals. The results of the theoretical-experimental research were discussed and approved during the meetings of the Doctoral School of Psychology.

**Publications on the thesis topic:** 14 papers published, 5 of which in B category journals (reviewed and indexed in international databases) and 9 in conference/symposium volumes.

**The volume and structure of the thesis consists of:** annotations (in Romanian, English, Russian), list of abbreviations, introduction, three chapters, general conclusions and recommendations, bibliography (396 sources), 14 appendices, 153 pages of basic text, 15 tables and 8 figures.

**Keywords:** risk behaviours, adolescents, alcohol consumption, psycho-socio-behavioral dimensions, risk factors, protective factors, psycho-educational intervention programme.

## THESIS CONTENT

*The introduction* starts with the importance of the research topic and a description of the situation in the research field. The aim, objectives and hypotheses of the research are presented,

as well as the results obtained which contribute to the solution of the important scientific problem. The scientific novelty of the results obtained, the theoretical importance and the application value of the work are also presented and conceptualised.

In *Chapter 1* ("Theoretical premises for investigating psycho-socio-behavioral dimensions associated with alcohol use among adolescents"), is presented the operational significance of the concept of risk behaviours for physical and mental health and for the positive developmental course of adolescents. In a broader sense, behaviours that pose a risk to physical and mental health include a wide range of manifestations (e.g. alcohol, marijuana or illicit drug use, use of over-the-counter drugs, anorexia nervosa, unprotected sex, involvement in violent physical fights, etc.) that, through their immediate or long-term consequences, lead to physical and mental health problems, difficulties in school and social life, law trouble or death. Involvement in risky behaviour is common in adolescence, making it a significant public health problem [29, 32]. The conclusions of studies that have been concerned with psychopathological aspects of development in adolescence are interpreted by reference to the psycho-behavioral characteristics of adolescents. For example, teenagers and young people consume alcohol for the effects it has on the mental system, to prove their maturity, for the need to socialise and have fun, to relieve stress and relax, to experience "thrills" or to escape from unpleasant emotional states, and to integrate into peer groups. [54].

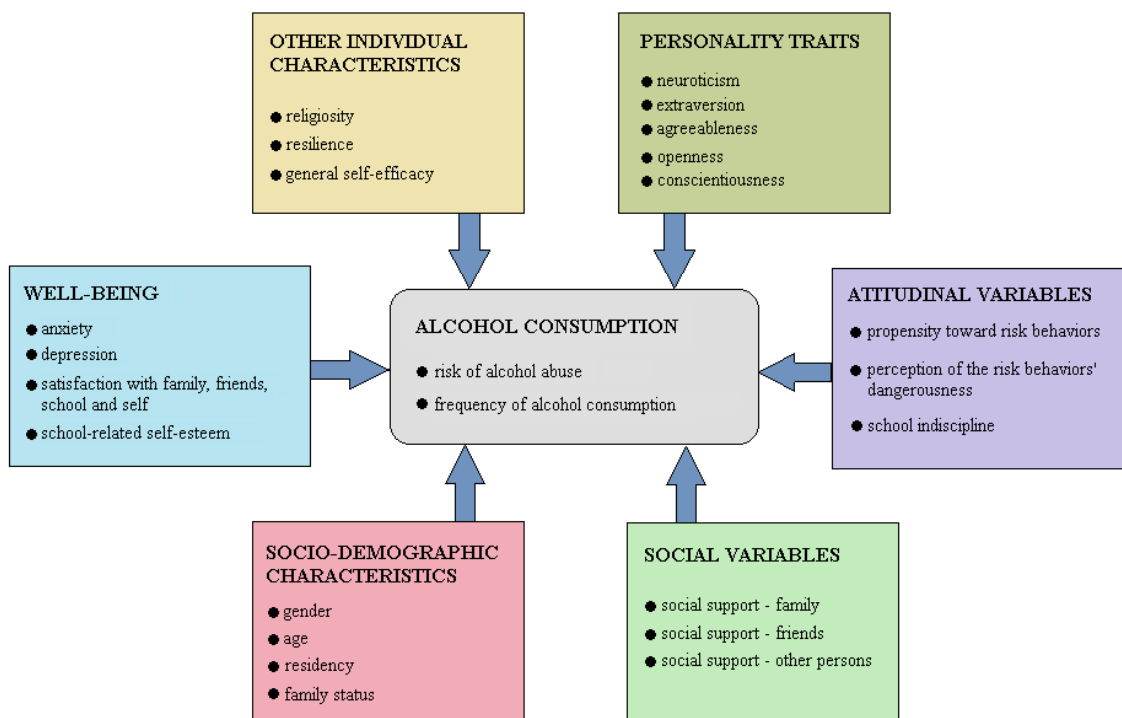
Compared to the adult population, adolescents are much more likely to drink episodically, all at once and in a short period of time, a large amount of alcohol rather than the pattern characterised by daily consumption (addiction). In the international literature, this risky behaviour is known as excessive drinking/alcohol abuse. The international literature also refers to extreme heavy drinking as five or more episodes of heavy drinking occurring over the course of a month. Excessive alcohol consumption is a major risk factor for developing an alcohol use disorder as well as long-term health problems. [3, 27]. The particularities referred to above suggest that, for the analysed age group, binge drinking can be dangerous, especially when combined with the use of other psychotropic substances (e.g. ethnobotanicals or high-risk drugs). Taking into account all the aforementioned aspects, we have opted for the term alcohol abuse, by which we do not mean alcohol dependence, but rather a situation in which a teenager occasionally or episodically consumes such a large amount of alcohol that it can endanger his physical and mental health, as well as interpersonal relationships, school life, moral integrity, social image, etc. [31].

Numerous field studies, literature syntheses concerned with psychoactive substance use among adolescents, and meta-analyses have x-rayed factors that contribute to increased risk for alcohol use disorders or factors that protect adolescents. These ones cover [19, 22, 26, 44, 64]: a) individual factors (e.g. age, gender, neurobiological profile, traumatic life events, anxiety, depression, feelings of loneliness, poor social and emotional skills, history of delinquency, etc.); b) family factors (e.g. parental alcohol problems, low socio-economic status, lack of attachment to parents/family, poor family cohesion, parental permissiveness, etc.); c) school factors (e.g. low attachment to school, school failure, bullying victimisation, etc.); d) interpersonal relationships (e.g. problems of integration into peer groups, low attachment to friends, poor quality of romantic relationships, etc.); e) social factors (e.g. neighbourhood characteristics, bullying victimisation in the community, legal problems with law enforcement, friendship with other teenagers with alcohol problems, etc.).

A substantial amount of space in Chapter 1 is devoted to presenting and explaining the hypothetical-conceptual model of risk and protective factors in adolescent alcohol abuse. The conceptual approach is based on the model of engagement in problem behaviours proposed by R. Jessor [11, 32, 33, 34] and starts from the premise that certain socio-demographic characteristics, personality traits, attitudinal and social variables and indicators of well-being can act as either risk or protective factors and explain individual differences in risk for alcohol abuse among adolescents. The conceptual and operational (measurement) model that I developed and that

formed the basis of the observational study (Fig. 1) integrates the theoretical approaches we referred to [32, 33, 34] as well as the results of studies [11, 34, 36, 57] that have been concerned with the causes of behaviours which are harmful to adolescents' physical and mental health and positive development (including problematic alcohol use).

The hypothetical-conceptual approach I have developed distinguishes six domains of variables (socio-demographic characteristics, personality traits, other individual characteristics, attitudinal variables, social variables, indicators of well-being) that can act either as risk factors (e.g. anxiety, depression, indiscipline at school, neuroticism, predisposition to engage in risky behaviours, etc.) or as risk factors (e.g. anxiety, depression, indiscipline at school, neuroticism, predisposition to engage in risky behaviours, etc.), or as protective factors (e.g. conscientiousness as a stable personality predisposition, perception of the dangerousness of risk behaviours, religiosity, resilience - a person's individual ability to recover and continue to function in an adaptive way after facing adverse life situations or stressful events, satisfaction with family, school, friends and own person, self-esteem in school, social support from family or friends, etc.). All of these variables may contribute negatively or positively to explaining differences between adolescents in risk for alcohol-related problems (e.g. episodic misuse) and frequency of drinking.



**Fig 1. Conceptual model of risk and protective factors in alcohol abuse [developed by the author]**

Reducing alcohol consumption among adolescents and assisting those who are experiencing problems with alcohol use involves designing and implementing preventive interventions that focus both on the physical, psychological, school and social functioning of young people who are at risk or who are not problem users, and on the social networks to which they belong (e.g. families, friendship groups, schoolmates, etc.). The literature in this area differentiates three directions of intervention: primary, secondary and tertiary prevention [55].

Primary prevention of problem alcohol use in the adolescent and youth population brings together interventions that focus on assessing risk for problem alcohol use (abuse or dependence), maintaining or improving protective factors, disseminating and popularising key information about alcohol use and its effects, and health education in general [55, 63]. These interventions can take place in schools, in organisations (e.g. workplaces) where adolescents and young people work or in places they use for recreation and socialising. Studies evaluating universal prevention programs have found that they are more effective for adolescents who do not use psychoactive substances than for those who started using substances at a young age and are at higher risk of future problems [17, 46]. Community prevention programmes have attempted to deal with the limitations of universal programmes by focusing on a wide range of components. These programs have aimed to reduce the consumption of psychoactive substances among adolescents by promoting messages, practices and norms against substance use at multiple levels [45, 62]. For psycho-educational interventions that can be carried out in schools, the pathway of psychoactive substance use to abuse or dependence, i.e. experimental, occasional or periodic use, is of interest [51]. School counsellor's intervention in adolescent substance abuse is aimed at primary prevention, which is carried out before the appearance of behavioral problems that can lead to physical and mental health risks.

The preventive activities should aim at increasing the adolescent's sense of confidence, self-esteem and emotional security, as well as strengthening the adolescent's belief in self-efficacy in various areas [51].

The investigation of the literature dealing with the issue of psychoactive substance use (including alcohol) has led to the synthesis of the following conclusions that have guided our investigative and interventional approaches presented in Chapters 2 and 3:

1. Alcohol is a legal psychoactive substance preferred by adolescents especially when in social groups, but also in other life contexts. With its high addictive potential, alcohol leads to many risks to adolescents' physical, mental and social health and to a successful transition to adulthood following intemperate and/or long-term use.
2. Among adolescents the risk for alcohol spectrum disorders must be associated with multiple combinations of individual, family, school, interpersonal, social, economic and cultural factors. A knowledge of these factors is essential for efforts to design and implement recovery and prevention programs to reduce the risk of alcohol abuse/dependence in the adolescent population and to build the skills, attitudes and behavioral competencies that adolescents need to successfully adapt to developmental tasks at this age and to unpredictable challenges.
3. In addition to risk factors, conceptual-theoretical models include variables that can contribute to increasing resilience and protection of adolescents against alcohol and more generally substance use. These protective factors are the focus of attention of both researchers designing universal/community prevention programmes and practitioners implementing and testing such programmes in school populations as well as in other social communities that adolescents frequent.

Following the synthesis of scientific information on the topicality and degree of investigation of the research topic, its complexity and interdisciplinary nature, it was found that the given field is being thoroughly explored. In Romania and the Republic of Moldova, this area is less examined with reference to psycho-educational intervention programmes aimed at optimising psychosocial functioning and increasing the well-being of adolescents. These findings allow us to note the need to establish the psycho-socio-behavioral dimensions of alcohol consumption in adolescence, the ways to assist vulnerable adolescents by using psycho-educational programs as a psychosocial intervention strategy.

*Chapter 2* ("Research on the psycho-socio-behavioral dimensions of alcohol abuse among adolescents") presents the aim, objectives, hypotheses and methodological set of data and arguments, as well as the most relevant results of the quantitative observational study aimed at *empirically investigating a hypothetical-conceptual model of risk and protective factors in alcohol*



*abuse among adolescents, in order to better explain individual differences and to use the results for preventive purposes.*

The study started from the premise that adolescence is characterised by many emotional disturbances, behavioral problems, interpersonal difficulties, identity crises and uncertainties, and that the developmental profile of an adolescent is complex and constantly changing, which is why it is necessary to periodically reassess both the profile of motivations, attitudes and behaviours that contribute to health promotion among adolescents and the risk factors.

Research based on the investigation of risk factors for problematic alcohol use and those that protect adolescents against this drift aims to design and implement programs for the primary prevention of alcohol abuse and dependence, as well as other difficulties in adolescent functioning and adjustment, that result from intemperate drinking behavior [23]. The study that I conducted aimed to respond to the need to investigate as comprehensively as possible the psychosocial and behavioral profile of alcohol use among adolescents, in order to better understand the direct causes, precipitating factors, associated manifestations and the effects that problematic alcohol use has on health, functioning in various contexts (family, school, social, etc.), adaptation to demands, as well as on adolescents' overall development.

*The objectives* of the study were: 1) to identify the psycho-socio-behavioral profile of adolescents and its correlation with indicators of alcohol abuse; 2) to highlight the variables that have the most consistent contributions in explaining differences between adolescents in terms of risk for alcohol abuse and can be integrated into approaches focused on reducing vulnerability to alcohol use among adolescents by optimizing psychosocial functioning, increasing well-being and improving resilience in coping with various situational contexts or adverse life events.

The following *Working Hypotheses* have marked the investigative steps I have taken: 1). Psychological stress, anxiety, predisposition to depression and neuroticism are positive predictors of risk for alcohol abuse among adolescents. 2). Adolescents' favourable attitudes towards engaging in behaviours that affect their health and development, as well as indiscipline in the school environment, contribute positively to the prediction of risk for alcohol abuse. 3) Among adolescents, religiosity, resilience, belief in self-efficacy, and academic self-esteem contribute negatively to predicting risk for alcohol abuse. 4). Personality predispositions related to extraversion, agreeableness, open-mindedness and conscientiousness are negative predictors of risk for alcohol abuse among adolescents. 5) In the adolescent population, social support from family, friends and significant others, and satisfaction with family, friends, school and self are negative predictors of risk for alcohol abuse. 6.) In adolescence, the perceived dangerousness of health and developmental risk behaviours contributes negatively to risk prediction for alcohol abuse.

The raw data were obtained by processing the valid responses that 688 adolescents aged 15 to 19 ( $m = 16.46$ ;  $s = 0.84$ ) provided to the standardized questionnaires administered to them. The sample included 321 girls and 367 boys (53.3%). The adolescents were either rural ( $n = 225$ ) or urban ( $n = 463$ ) residents. Adolescents came from intact families ( $n = 494$ ), families temporarily disrupted by parents leaving to work abroad ( $n = 72$ ), or families disrupted by the death of a parent/divorce ( $n = 22$ ). Study participants were recruited by convenience sampling. Participation in the research was voluntary. The recruitment pool was the school population of 11 high schools that were part of the rural/urban school network in the county. Standardized questionnaire protocols were completed collectively, with students in a class being surveyed simultaneously. In order to encourage honesty of responses, questionnaires were completed anonymously.

Data were collected from high school students population using a questionnaire survey. Adolescents completed a standardized protocol that included 16 instruments with a total of 179 items, as follows: a) questionnaire for socio-demographic and school information;  $k = 10$  items; b) scale for global assessment of psychological distress;  $k = 1$  item; 0 - *had no distress*. ..3 - *I felt very stressed*; adolescents were asked to rate their level of psychological stress by reporting all the

events that had occurred in their lives in the last six months (in their relationships with family and friends, at school or in their personal life); c) *Centrality of Religiosity Scale-Five items/CRS-5* [24]; k = 5 items; 1 - *never...5 - very often/1 - don't believe at all...5 - am convinced/-yes*;  $\alpha_{\text{Cronbach}} = 0.85$ ; d) *Brief Resilience Scale/BRS* [52]; k = 6 items; 1 - *strongly disagree...5 - strongly agree*;  $\alpha_{\text{Cronbach}} = 0.69$ ; e) *General Self-Efficacy Scale/GSES* [38]; k = 10 items; 1 - *don't agree at all...4 - fits me perfectly*;  $\alpha_{\text{Cronbach}} = 0.79$ ; f) *Big Five Inventory/BFI* [30, 35]; k = 44 items (neuroticism - 8 items; extraversion - 8 items; openness - 10 items; agreeableness - 9 items; conscientiousness - 9 items); 1 - *strongly disagree...5 - strongly agree*;  $\alpha_{\text{Cronbach}} = 0.75$  (neuroticism), 0.68 (extraversion), 0.76 (openness); 0.65 (agreeableness); 0.75 (conscientiousness); g) *Risk Behaviors Scale - Health/Safety (RBS-H/S)* [60]; k = 8 items; 1 - *very unlikely...5 - very likely*;  $\alpha_{\text{Cronbach}} = 0.71$ ; h) *Perception Scale - Health/Safety (RPS-H/S)* [60]; k = 8 items; 1 - *not at all risky...5 - extremely risky*;  $\alpha_{\text{Cronbach}} = 0.78$ ; i) *Youth Self-Report - Anxiety/YSR-A* [1]; k = 10 items; 0 - *not at all true for me...2 - very (often) true for me*;  $\alpha_{\text{Cronbach}} = 0.76$ ; j) *Mental Health Inventory-5/MHI-5* [6]; k = 5 items; 0 - *never...5 - all the time*;  $\alpha_{\text{Cronbach}} = 0.75$ ; k) *Multidimensional Scale of Perceived Social Support/MSPSS* [67]; k = 12 items (4 items each for social support from family, friends or significant others); 1 - *strongly disagree...7 - strong agreement*;  $\alpha_{\text{Cronbach}} = 0.87$  (social support from family), 0.89 (social support from friends), 0.90 (social support from significant others), 0.88 (overall social support); l) *Multidimensional Students' Life Satisfaction Scale/MSLSS* [25]; k = 31 items (satisfaction with family - 7 items, satisfaction with friends - 9 items, satisfaction with school - 8 items, satisfaction with self - 7 items); 1 - *strongly disagree...6 - strongly agree*;  $\alpha_{\text{Cronbach}} = 0.89$  (satisfaction with family), 0.81 (satisfaction with friends), 0.82 (satisfaction with school), 0.77 (satisfaction with self); m) scale for assessing indiscipline manifested at school [48]; k = 6 items; 1 - *never...4 - very often*;  $\alpha_{\text{Cronbach}} = 0.72$ ; n) *Hare Self-Esteem Scale-School/HSES-S* [taken from 18]; k = 5 items; 1 - *strongly disagree...5 - strongly agree*;  $\alpha_{\text{Cronbach}} = 0.69$ ; o) *Alcohol Abuse Risk Assessment Questionnaire*; k = 10 items; response variants YES-NO; KR<sub>20</sub>; p) *Alcohol Use Pattern Assessment Questionnaire*; k = 7 items.

The CRS-5, BRS, GSES, BFI, RBS-H/S, RPS-H/S, YSR-A, MHI-5, MSPSS, MSLSS and HSS-S instruments have been identified in the international literature from various applied fields of psychology, taken, translated into Romanian and adapted for the local cultural context. These are instruments for assessing psychosocial characteristics that have psychometric qualities recognised in the academic community. The questionnaire to operationalise risk for alcohol abuse and the questionnaire to assess drinking pattern were designed to serve the purposes of the present study. For the CRS-5, BRS, GSES, BFI, RBS-H/S, RPS-H/S, YSR-A, MHI-5, MSPSS, MSLSS and HSS-S instruments, the scale designed to measure indiscipline manifested at school, as well as for the questionnaire measuring the risk of alcohol abuse, the results of confirmatory factor analyses aimed at assessing construct (internal) validity were detailed. Data were statistically analysed using *SPSS for Windows 20.0 and AMOS 20.0*.

**Descriptive data.** More than 9% of the surveyed adolescents drank beer often or every day, 3.1% - wine, 1.5% - liquor, 1.6% - gin and 4.7% - hard spirits. About 14% of all surveyed teenagers reported that they used to drink some type of alcoholic beverage often or every day. In other words, one in five teenagers fell into the critical group in terms of frequency of alcohol consumption.

**Comparative data.** Compared to girls, boys showed a significantly higher average score for risk of alcohol abuse ( $t_{\text{Student}} = 5.46$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.41$ ). Differences according to the residence of the adolescents who participated in the study, school age, family situation and level of psychological stress were not statistically significant.

Compared to adolescents not at risk for alcohol abuse, high-risk adolescents were found to have significantly higher levels of neuroticism ( $t_{\text{Student}} = -8.98$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.94$ ), likelihood of engaging in behaviors risky to physical, mental, social, and overall developmental health ( $t_{\text{Student}} = -10.59$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 1.06$ ), indiscipline manifested at school ( $t_{\text{Student}} = -7.75$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.78$ ), and anxiety ( $t_{\text{Student}} = -9.30$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.93$ ). On the other hand, adolescents

at high risk for alcohol misuse were noted for significantly lower mean resilience scores ( $t_{\text{Student}} = 7.62$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.76$ ), religiosity ( $t_{\text{Student}} = 5.76$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.57$ ), agreeableness ( $t_{\text{Student}} = 7.55$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.76$ ), perception of dangerousness of risky behaviors ( $t_{\text{Student}} = 7.82$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.78$ ), academic self-esteem ( $t_{\text{Student}} = 6.17$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.63$ ), social support from family ( $t_{\text{Student}} = 6.45$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.65$ ), overall social support ( $t_{\text{Student}} = 3.45$ ;  $p = 0.001$ ;  $d_{\text{Cohen}} = 0.35$ ), satisfaction with family ( $t_{\text{Student}} = 10.36$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 1.05$ ), and satisfaction with school ( $t_{\text{Student}} = 7.64$ ;  $p < 0.001$ ;  $d_{\text{Cohen}} = 0.77$ ), respectively.

Compared to girls, significantly more boys reported frequent consumption of beer ( $z_{\text{proportii}} = 4.17$ ;  $p < 0.001$ ;  $h_{\text{Cohen}} = 0.33$ ) or spirits ( $z_{\text{proportii}} = 2.15$ ;  $p = 0.031$ ;  $h_{\text{Cohen}} = 0.16$ ). Boys were also negatively affected by the overall frequency of alcohol consumption, which was significantly higher ( $z_{\text{proportii}} = 3.96$ ;  $p < 0.001$ ;  $h_{\text{Cohen}} = 0.31$ ) than for girls. Thus, 18.5% of boys (compared to only 8.09% of girls) reported that they frequently consumed one or another of the alcoholic beverages included in the questionnaire.

**Correlational analysis.** Risk for alcohol abuse showed the most consistent correlations with scores for agreeableness ( $r_{\text{Pearson}} = -0.37$ ;  $p < 0.001$ ), likelihood of engaging in risky behaviors in general ( $r_{\text{Pearson}} = 0.42$ ;  $p < 0.001$ ), anxiety ( $r_{\text{Pearson}} = 0.37$ ;  $p < 0.001$ ), and family satisfaction ( $r_{\text{Pearson}} = -0.38$ ;  $p < 0.001$ ), respectively. Fairly consistent correlations in magnitude and statistically significant correlations were also obtained with scores for resilience ( $r_{\text{Pearson}} = -0.30$ ;  $p < 0.001$ ), neuroticism ( $r_{\text{Pearson}} = 0.34$ ;  $p < 0.001$ ), perceived dangerousness of risky behaviour ( $r_{\text{Pearson}} = -0.32$ ;  $p < 0.001$ ), and indiscipline at school ( $r_{\text{Pearson}} = 0.31$ ;  $p < 0.001$ ). Religiosity ( $r_{\text{Pearson}} = -0.27$ ;  $p < 0.001$ ), school self-esteem ( $r_{\text{Pearson}} = -0.26$ ;  $p < 0.001$ ), family social support ( $r_{\text{Pearson}} = -0.28$ ;  $p < 0.001$ ) and satisfaction with school ( $r_{\text{Pearson}} = -0.29$ ;  $p < 0.001$ ) also showed statistically significant correlations with risk for alcohol abuse.

**Multiple linear regression analysis data. Hypothesis testing.** The multiple linear regression model was statistically significant ( $R = 0.651$ ;  $F_R = 36.23$ ;  $p < 0.001$ ). Together, the independent variables explained 41.3% of the variance in risk for alcohol abuse. Adolescent gender ( $\beta = 0.17$ ;  $p < 0.001$ ), neuroticism ( $\beta = 0.15$ ;  $p < 0.001$ ), anxiety ( $\beta = 0.14$ ;  $p < 0.001$ ), likelihood of engaging in risky behaviors ( $\beta = 0.20$ ;  $p < 0.001$ ), and indiscipline manifested at school ( $\beta = 0.08$ ;  $p = 0.018$ ) were positive predictors of risk for alcohol abuse, while resilience ( $\beta = -0.15$ ;  $p < 0.001$ ), religiosity ( $\beta = -0.07$ ;  $p = 0.025$ ), agreeableness ( $\beta = -0.07$ ;  $p = 0.036$ ), perceived dangerousness of risky behaviors ( $\beta = -0.09$ ;  $p < 0.001$ ), and satisfaction with family ( $\beta = -0.16$ ;  $p < 0.001$ ) were negative predictors. Gender (2.46%) and the likelihood of future engagement in risky behaviours (2.68%) made the largest contributions to explaining differences between adolescents in risk for alcohol abuse. Resilience explained 1.79% of the variance in risk for alcohol abuse, anxiety - 1.39%, neuroticism - 1.29%, satisfaction with family - 1.25%, perceived dangerousness of risky behaviors - 0.62%, indiscipline manifested at school - 0.50%, religiosity - 0.46% and agreeableness - 0.39%. In conclusion, the data obtained by performing multiple linear regression analyses provided partial support for all the working hypotheses.

**Interpretation of results.** Adolescents who scored higher on neuroticism and anxiety were also at higher risk of alcohol abuse (Hypothesis A). Neuroticism is described as a personality factor marked by negative affective predispositions (e.g. anxiety, irritability, pessimism, depressive states, low frustration tolerance, etc.), poor self-control, negative cognitions, emotional and behavioral disorganisation in acute stress situations. Neurotic people feel easily frustrated, often experience feelings of hopelessness and helplessness, tend to believe that their lives are marked by repeated failures, and are less resilient when faced with psychological demands over a long period of time [49]. In the case of adolescents, the above psychological portrait helps us better understand why neuroticism is a risk factor for maladaptive behaviours, including substance abuse. Adolescence is marked by many inner conflicts and difficulties in adapting to various demands that can lead to exacerbation of psychological tension and negative attitudinal-behavioral responses. In this context, some teenagers turn to alcohol as an "antidote" to the mental stress and

frustration generated by the feeling that adults do not understand them. The risk of alcohol abuse increases especially when, in addition to emotional instability and a propensity to conflict, there are the ideas, beliefs, expectations and attitudes that adolescents share in the social groups they join, as well as pressures from peers who display deviant behaviour as a result of difficulties in adapting to demands.

Psychologists describe anxiety as a feeling of fear that may manifest in response to certain stressful life circumstances or events [13]. The state of mental tension is compounded by recurrent cognitive concerns about an imminent threat, agitation, restlessness, and numerous somato-physiological symptoms that negatively interfere with day-to-day functioning as well as with the performance a person can achieve in various domains. The changes that mark the transitional period of adolescence can lead to increased anxiety [4], which some adolescents try to cope with through alcohol and other substance abuse. Some adolescents resort to alcohol use to control the distressing symptoms of anxiety they experience in various social contexts (especially when they lack confidence in their own communication and social skills) or to reduce their sensitivity to anxiety.

Another factor that may explain the association between anxiety and alcohol abuse includes somatic and hormonal disturbances, actual isolation or subjective feelings of alienation from adolescent social groups, plus the affiliation of many adolescents prone to social anxiety and fear of failure in a group where they encourage each other and end up using alcohol to control their own negative emotions.

Attitudes towards risky behaviours for health, development and life (Hypothesis B) refers to the beliefs, convictions, expectations, values and motives that lead a person to engage in certain behaviours (e.g. alcohol abuse, high-risk drug use or unprotected sex, etc.) that can cause health problems, difficulties in family, school/academic, professional or social life and problems with the law and can put their life at risk. Age-specific biological, cognitive and psychosocial changes provide adolescents with many opportunities for development, as well as opportunities to engage in behaviours that have important implications for their own physical and mental health, positive functioning and healthy lifestyles. Many adolescents are more likely to show attitudes that are conducive to engaging in behaviours that are risky for health and positive development, but less likely to engage in actual behaviours that may have dangerous consequences. However, it can be assumed that, as they get older, adolescents in this category are more likely to actually engage in risky behaviours, especially under the influence of their entourage who may exert a normative pressure asking the adolescent to prove that he/she has courage and can be "cool". For this reason, risk-taking attitudes are the main target of preventive programmes for adolescents and young people.

Research show that cognitive factors such as perceptions of behavioral/social norms regarding alcohol use, expectations about the benefits of alcohol or one's own behaviour, and personal motives related to alcohol refusal/use may explain differences between adolescents in alcohol use and possible alcohol-related problems [9, 12]. Given this observation, it is expected that adolescents with more liberal attitudes towards alcohol are more likely to be more likely to use alcohol more frequently and/or excessively (Hypothesis F). The relationship between alcohol consumption and attitudes towards alcohol use may be bilateral. Thus, the individual experiences adolescents have had with alcohol use may influence their perceptions of risk and attitudes towards alcohol use. For example, a teenager who has been "impressed" by the physical sensations, mental "benefits" and social experiences of drinking several bottles of hard liquor with friends may want to repeat the experience and seek opportunities to do so.

Religiosity and resilience (Hypothesis C) can be considered factors that protect adolescents from engaging in behaviours that are risky to their own health and development. Adolescents are involved in their own education, *pop* culture and numerous social networks where they establish and cultivate relationships with other seniors. Some teens are more tempted to experience "cool

feelings" and such attitudes predispose them to risk-taking. Therefore, religiosity (strong religious beliefs and feelings, i.e. participation in organized religious activities, religious education class or other formative programs focused on religion) and spirituality orientation can have a consistent formative role in the life and development of adolescents because they can represent a "voice of moderation" and contribute to the promotion of health, pro-social behaviors and positive development [47].

The resilience dimension is considered an important foundation for positive development in childhood and adolescence, as well as for facilitating mental health and well-being [5, 39]. Resilience is conceptualized as the developmental outcome of an individual facing high risks, the dynamic process of positive adaptation to significant threats/severe adversities, or the set of individual traits that reflect a person's ability to identify and utilize resources, i.e., the strength and flexibility of psycho-socio-vocational functioning in response to different environmental circumstances or life situations. [39]. Resilient adolescents manage to function positively and maintain their psychological, academic and social balance despite the difficulties they face in different spheres of life. Studies to date confirm the positive role that resilience plays in reducing substance use in general and alcohol-related problems in particular [42, 61, 65]. Therefore, approaches to healthy adolescent development should aim to equip adolescents with the support, social relationships, life and learning experiences and opportunities they need to become young and then successful and competent adults.

Agreeableness (Hypothesis D) associates traits such as warmth and emotional closeness in interpersonal relationships, empathy and constructive attitudes, generosity and altruism, sensitivity to the needs of others, tolerance of frustration in tense situations, trust in others, cooperative orientation, etc. [49]. Agreeable people tend to be friendly, trustworthy and well-meaning. They know how to deal constructively with misunderstandings and conflicts that may arise in social relationships. Because of their agreeable character, such people are appreciated in the groups to which they belong and enjoy popularity. Agreeableness and conscientiousness act as protective factors against various behaviours that can be harmful to the health of adolescents, such as smoking or alcohol consumption [21, 40]. The specific behavioral pattern of agreeableness may explain the protective role this personality factor plays in problematic drinking. Thus, adolescents who are open to positive social interactions, compliant with the norms of the social groups to which they belong, loyal to friends, warm and empathetic in interpersonal relationships, attentive to the needs of friends and classmates, altruistic, trustworthy and capable of emotional closeness have many opportunities to build over time a developed social network that provides them with the instrumental, emotional or affiliative support they need to cope with daily stressful demands and challenges in various areas, without resorting to tobacco, alcohol or high-risk drug use. At the other end of the spectrum, adolescents who are rude, unfriendly, lacking empathy, rebellious, less cooperative and more reluctant to help others may be more likely to experience unpleasant emotions (e.g. social marginalisation or criticism) which they try to manage through alcohol consumption.

Adolescents who reported high levels of satisfaction with family life were found to be at lower risk for alcohol abuse (Hypothesis E). Although social relationships with other peers are very important in the formation of identity and the acquisition of autonomy during adolescence, the family continues to play an essential role in the developmental process. Continuity of strong family ties, a secure emotional basis for exploring the self and the social environment, constructive communication, social support and unconditional love, positive role modelling of what parents, school, community and society expect of a young person, etc. are some of the facets of the family environment that contribute substantially to an adolescent's satisfaction with family life, resilience in facing the difficulties inherent in age, healthy development and preparation for adulthood [53]. Family environment burdened by lack of instrumental and emotional support, poor communication, conflict and lack of cohesion, poor level of parental monitoring, negative

behavioral patterns that parents provide to their children, etc. is a major risk factor in the development of alcohol use disorders among adolescents [11, 34, 66].

Binomial logistic regression analysis data. Regression models in which the dependent variable was overall frequency of drinking (0 - not at all/*very rarely/rarely/when and when; 1 - often/every day*) were statistically significant ( $\chi^2 = 109.70/111.40$ ;  $p < 0.001$ ). The model in which only social support from family and the rest of the independent variables were considered explained 28.5% of the differences between adolescents in overall frequency of drinking, and the model in which only the overall social support score and the other independent variables were accounted for explained 28.9% of the variance in the dependent variable. For both models, the risk of alcohol abuse ( $\chi^2_{\text{Wald}} = 11.43$ ;  $p = 0.001$ / $\chi^2_{\text{Wald}} = 11.90$ ;  $p = 0.001$ ), the likelihood of future engagement in behaviors risky to physical and mental health, and positive lifelong development ( $\chi^2_{\text{Wald}} = 9.14$ ;  $p = 0.002$ / $\chi^2_{\text{Wald}} = 9.75$ ;  $p = 0.002$ ) and religiosity ( $\chi^2_{\text{Wald}} = 5.90$ ;  $p = 0.015$ / $\chi^2_{\text{Wald}} = 5.25$ ;  $p = 0.022$ ) were predictors of overall drinking frequency.

Compared to adolescents who had a negative attitude towards risk behaviours, those who reported a high likelihood of future risk behaviours were 1.80 times more likely (first regression model) and 1.83 times more likely (second regression model) to be in the critical drinking group, which is 80% and 83% more likely respectively. Also, compared to adolescents at low risk for alcohol abuse, those at high risk were 35% more likely (first regression model) and 36% more likely (second regression model) to drink alcohol frequently. The contribution from religiosity was much more modest because compared to less religious adolescents, religious adolescents were 8% less likely to be in the critical group in terms of drinking frequency.

Psycho-socio-behavioral profile of alcohol use among adolescents. Compared to adolescents who did not drink alcohol or drank occasionally, those in the critical group were shown to have significantly higher mean scores for risk of alcohol abuse ( $d_{\text{Cohen}} = 1.15$ ), neuroticism ( $d_{\text{Cohen}} = 0.39$ ), likelihood of engaging in behaviors risky to physical and mental health ( $d_{\text{Cohen}} = 0.89$ ), frequency of acts of indiscipline manifested at school ( $d_{\text{Cohen}} = 0.65$ ) and anxiety ( $d_{\text{Cohen}} = 0.43$ ), respectively by significantly lower mean scores for resilience ( $d_{\text{Cohen}} = 0.23$ ), religiosity ( $d_{\text{Cohen}} = 0.67$ ), conscientiousness ( $d_{\text{Cohen}} = 0.34$ ), perceived dangerousness of risky behaviour ( $d_{\text{Cohen}} = 0.70$ ), self-esteem in school ( $d_{\text{Cohen}} = 0.42$ ), social support from family ( $d_{\text{Cohen}} = 0.50$ ) and others ( $d_{\text{Cohen}} = 0.34$ ), overall social support ( $d_{\text{Cohen}} = 0.42$ ), satisfaction towards family ( $d_{\text{Cohen}} = 0.66$ ), satisfaction towards school ( $d_{\text{Cohen}} = 0.57$ ), and satisfaction towards self ( $d_{\text{Cohen}} = 0.30$ ).

Among the top reasons for drinking alcoholic beverages (Table 1), the specific habit of drinking on festive occasions, gatherings of friends and parties stood out. It is well known that adolescents socialise intensively and, in certain social contexts, are tempted to 'spice up' their own well-being with alcohol and sometimes other psychoactive substances (e.g. ethnobotanicals or marijuana). At a considerable distance in percentage terms were other reasons for alcohol consumption, such as the desire for self-reward, the teenagers' desire to feel good about themselves, the taste of alcoholic drinks, and the use of alcohol to relieve stress and create a good mood.

**Table 1. Reasons for drinking alcoholic beverages (total sample)**

MOTIFS	$f_a$	%
a) Do not drink alcohol	102	14.8
b) Loneliness	54	7.8
c) Good mood, anti-stress	101	14.7
d) Ease of communication	81	11.8
e) Sadness, despair	56	8.1
f) The desire to integrate into the group of friends	76	11.0
g) Desire for reward	132	19.2
h) The taste of alcoholic beverages	124	18.0

i) The custom specific to festive occasions, meetings, parties	459	66.7
j) The family model	10	1.5
k) The desire to feel good about oneself	124	18.0
l) Resolving conflict situations	21	3.1
m) Overcoming shyness and self-doubt	35	5.1
n) Other reasons	69	10.0

Note:  $f_a$  = absolute frequency; N = 688

In the hierarchy of reasons why girls drank alcoholic beverages, the specific habit of meetings and parties ranked first (about 64% of girls selected this reason). A similar result was obtained for boys (69.2%). For the reasons pertaining to good mood and stress relief (girls - 11.2% vs. boys - 17.7%;  $z_{\text{proportions}} = 2.40$ ;  $p = 0.016$ ;  $h_{\text{Cohen}} = 0.18$ ), communication facilitation (girls - 6.9% vs. boys - 16.1%;  $z_{\text{proportions}} = 3.74$ ;  $p < 0.001$ ;  $h_{\text{Cohen}} = 0.29$ ), a sense of belonging (girls - 6.9% vs. boys - 14.7%;  $h_{\text{Cohen}} = 0.25$ ), the need for instant gratification (girls - 15.3% vs. boys - 22.6%;  $z_{\text{proportions}} = 2.44$ ;  $p = 0.014$ ;  $h_{\text{Cohen}} = 0.18$ ), enjoying taste of alcoholic beverages (girls - 14.3% vs. boys - 21.2%;  $z_{\text{proportions}} = 2.35$ ;  $p = 0.018$ ;  $h_{\text{Cohen}} = 0.17$ ), and overcoming shyness and self-doubt (girls - 3.1% vs. boys - 6.8%;  $z_{\text{proportions}} = 2.20$ ;  $p = 0.027$ ;  $h_{\text{Cohen}} = 0.17$ ), the differences according to the gender of the adolescents who participated in the study were statistically significant. Compared to girls, boys were more likely to consume alcohol in order to communicate more easily, to fit in with their group of friends, to achieve instant gratification easily or to try the pleasant taste of alcoholic beverages.

About 42% of all adolescents interviewed said they had never experienced ethanol intoxication. Worrying are the survey results that show that as many as 10.8% of adolescents had deliberately got themselves drunk at least 3-5 times and 16.1% of them had experienced this condition more than five times. These data should be correlated with reckless (impulsive) decisions, attitudes and types of behaviour that a teenager may reproduce/manifest when intoxicated with alcohol, as these can lead to physical accidents, or result in a series of conflicts with family and peers, with law enforcement bodies or other authorities, displaying other types of behaviour that are risky to the physical and mental health and integrity (e.g. driving dangerously or at very high speeds, consuming hallucinogenic substances, engaging in unprotected sexual relationships etc.).

There was a statistically significant association ( $\chi^2 = 62.52$ ;  $p < 0.001$ ;  $V_{\text{Cramér}} = 0.30$ ) between the frequency of ethanol intoxication and the gender of the adolescents questioned. Approximately 25% of all boys (compared to only 6.2% of girls) reported having been drunk at least five times. This difference was statistically significant ( $z_{\text{proportions}} = 6.60$ ;  $p < 0.001$ ;  $h_{\text{Cohen}} = 0.53$ ). The data also showed a statistically significant association ( $\chi^2 = 45.44$ ;  $p < 0.001$ ;  $V_{\text{Cramér}} = 0.14$ ) between the frequency of alcohol intoxication and age of adolescents. Those most likely to be intoxicated with ethanol were adolescents aged 18 (36.3% of whom reported having been drunk at least five times), followed by those aged 17 (18.8%) and 16 (12.8%). Adolescents who were 15 years old at the time of the interview were the least likely to get intoxicated (4.6% reported having been drunk at least five times). There was also a statistically significant association ( $\chi^2 = 202.46$ ;  $p < 0.001$ ;  $V_{\text{Cramér}} = 0.38$ ) between the frequency of ethanol intoxication and the risk for alcohol abuse. Approximately 44% of adolescents prone to a high risk of alcohol abuse (compared with only 2.4% of those at no risk) had experienced ethanol intoxication at least five times. The difference between adolescents in the two groups was statistically significant ( $z_{\text{proportions}} = 10.50$ ;  $p < 0.001$ ;  $h_{\text{Cohen}} = 1.12$ ). Another statistically significant association ( $\chi^2 = 110.08$ ;  $p < 0.001$ ;  $V_{\text{Cramér}} = 0.40$ ) resulted between the frequency of alcohol intoxication and the overall frequency of alcohol consumption. Over 51% of adolescents in the critical group (those who frequently consumed alcoholic beverages), compared with only 10.6% of adolescents who had no drinking problems,

reported that they had been drunk at least five times. The difference between the two groups of adolescents was statistically significant ( $z_{\text{proportions}} = 9.91$ ;  $p < 0.001$ ;  $h_{\text{Cohen}} = 0.92$ ).

The top places where adolescents used to consume alcohol were terraces and clubs (52.3%), the option at *someone else's home* - schoolmates, friends (47.8%), and the option *at my place* (40.8%). It can be seen that adolescents prefer to consume alcohol in places where they can easily socialize without being supervised by adults. Regarding the number of adolescents consuming alcohol in company, the category friends (76.7%) was most frequently reported, followed by that of the family (26.2%). Only 10% of the adolescents surveyed reported that they used to drink alcohol alone. Considering these data, there results the social nature of alcohol consumption among adolescents is yet again apparent.

Worryingly, 82.4% ( $n = 566$ ) of the adolescents who participated in the survey had not considered seeking support for possible alcohol-related problems. This percentage probably includes adolescents who consumed alcohol very rarely or occasionally and in controlled amounts, without ever experiencing purposeful intoxication and the problems that can result from it. Only 23 of the adolescents surveyed (3.3%) thought they had problems with alcohol that could have been solved with the help of another person. Of these, 12 fell into the group of adolescents prone to a high-risk of alcohol abuse and eight into a moderate-risk group. Also, 10 out of the 23 adolescents who had considered seeking support for possible alcohol-related problems stood out as belonging to the critical group in terms of frequency of drinking.

Regardless the myths and preconceived ideas that alcohol reduces stress, creates a good mood, or leads to increased performance in certain types of activities (e.g., intellectual) or social contexts (e.g., romantic encounters when a teen may be shy), teens turn to alcohol to manage their own vulnerabilities, gain self-confidence, show friends and peers that they are brave or mature individuals, often ignoring the adverse effects that alcohol in excess can have in the short term. Therefore, school counsellors and teachers (especially headteachers who hold counselling classes) need to drive all their efforts into informing adolescents about the harmful effects that alcohol abuse can have in the short or long term, preconceived ideas, meta-cognitions and attitudes that encourage and/or sustain problematic alcohol consumption, and about alternative responses to alcohol use that adolescents may adopt when they are faced with difficult situations or when they are in social situations where other adults push them into binge drinking. Similarly, there is a need to increase secondary interventions focusing on early identification (as early as secondary school) of adolescents who have difficulties fitting in the family, at school and in the society or of those known to have certain psycho-behavioral vulnerabilities (e.g., deviant behavioral patterns including dangerous substance consumption).

*Chapter 3* ("Reducing risk for alcohol abuse among adolescents. Psycho-educational intervention programme "Alcohol traps") justifies and describes the conceptual basis of the psycho-educational intervention programme aimed at *reducing the risk of alcohol as well as of other harming substances among adolescents by optimising psychosocial functioning, increasing well-being and strengthening adolescents' abilities to use their own and social resources to overcome difficulties and adapt successfully to adverse situational contexts or life events.*

Based on the conceptual model of risk and protective factors in alcohol abuse among adolescents (developed by the author of this PhD thesis), the psycho-educational intervention programme "Alcohol Traps" presented in Chapter 3 is based on the premise that the positive development of adolescents is one of the key factors contributing to the endowment of the global society with a human capital that ensures economic, technical and technological, social and cultural progress. In this regard, researchers and practitioners in various fields must be constantly concerned with identifying the most effective strategies for reducing the risk factors that hamper the positive development of children and adolescents, and developing measures to enable young people to acquire the information, skills and practical abilities needed to maintain and promote health and achieve optimal social and occupational integration [29].



*The psycho-educational intervention programme „Alcohol Traps“ aims at reducing the risk of abusing alcohol and other harming substances among adolescents by optimizing psychosocial functioning, increasing well-being, respectively strengthening the ability to use personal and social resources to overcome difficulties and successfully adapt to adverse situational contexts or life events.*

*The objectives that guided our intervention in the experimental group of adolescents at high risk for alcohol abuse were:*

I. acquiring knowledge about the general characteristics of development and functioning in adolescence by exploiting the resources needed to adapt to specific changes, as well as the opportunities for healthy growth and orientation towards a positive life path;

II. increasing self-awareness among adolescents in order to better understand their own strengths and vulnerabilities and to identify opportunities for life success and positive developmental pathways;

III. acknowledging and understanding the characteristics, risk factors and consequences of alcohol consumption in relation to the broader spectrum of behavioral patterns associated with risks to the physical and mental health of adolescents;

IV. providing adolescents with individual skills, abilities, attitudes and qualities that contribute to increased resilience in the face of age-specific demands, life difficulties and psychological stress;

V. strengthening the connection between adolescents and their families by raising awareness of the positive role that the family plays in the process of young people's adjustment to life problems and psychological stress, as well as increasing satisfaction with family life;

VI. raising awareness and control of risk factors for anxiety and depression (indicators of subjective well-being) by learning strategies and ways in which adolescents can prevent and/or control these negative affective states;

VII. identifying alternative attitudes and behavioral patterns to alcohol consumption and transferring these to the management of everyday situations that adolescents encounter;

VIII. developing practical suggestions for the conceptual and operational improvement of psychological and educational intervention programmes designed to prevent alcohol consumption and, more generally, to reduce the risks associated with behaviours that are hazardous to the health and positive functioning of adolescents.

The group from which were recruited both the adolescents in the group on which the psycho-educational intervention program “Alcohol Traps” was experimented and the adolescents in the control group was represented by the 688 participants in the observational investigation through which the psycho-behavioral dimensions of alcohol abuse among adolescents in Romania were followed. In a first stage, 443 adolescents were identified from the initial database who, by scoring the questionnaire administered to assess the risk for alcohol abuse, showed a moderate or high level. Of these, 94 adolescents were retained in the second stage who, in addition to being prone to an at least moderate risk for alcohol abuse, would frequently (often/every day) binge drink. In addition, adolescents in the risk group whose questionnaire response protocols were analysed in the second stage were characterised by: a) low or at most moderate scores for resilience (score  $\leq 2.50$ ), self-efficacy (score  $\leq 25$ ), satisfaction with family, friends, school and self (score  $\leq 3.50$ ), social support from family and friends or significant others (score  $\leq 45.00$ ), and perception of risks associated with dangerous behavioral patterns (score  $\leq 3.00$ ); b) at least moderate scores for anxiety (score  $\geq 10$ ), negative affective disposition (score  $\geq 15$ ), and predisposition toward engaging in general physical and mental health risk behaviours (score  $\geq 3$ ).

Of the adolescents selected in the second stage, 60 were students at the Economic College “Virgil Madgearu” in Galați (the educational institution where the psycho-educational intervention program was implemented), while the rest were studying in other schools located in Galați county. The pupils enrolled in the school unit mentioned were considered as possible participants in the

formative group. The parents of these adolescents were given an informed consent form for their participation in the psycho-educational intervention program "Alcohol Traps". Of the 60 adolescents, only 35 signed the returned parental agreements. They were randomly assigned to two working groups, one of which included 17 adolescents and the other 18. However, even after the first working meetings, it was found that 11 adolescents had attended them sporadically. They were contacted to ask if they wished to participate further. All of the students contacted declined to continue the activities, citing various reasons. They were therefore removed from the programme and the two original groups were merged into one group comprising of 24 adolescents with whom the training activities were successfully completed.

On the other hand, the 25 adolescents whose parents did not give their consent to participate in the psycho-educational intervention activities were considered as potential members of the control group. Of these, only 22 had both sets of scores (pretest vs. posttest) on the questionnaires that were administered repeatedly for the quantitative management of the intervention research data I conducted.

The training/coaching group has several educational/training objectives [16]. The advantages of group counselling are the virtues associated with group dynamics and the economical management of financial, time and social resources. In addition, the educational-training potential of training groups is facilitated [16, 50]: (a) the open emotional atmosphere, i.e. the relaxed social climate in which members overcome their inhibitions and gain confidence in their own strengths; (b) the fact that each member has the opportunity to openly share their own opinions, ideas, beliefs, emotional feelings, experiences or life choices which can then be collectively discussed; (c) the possibility for each member of the group to observe and understand the life experiences and resources of the other members; (d) the acquisition and reinforcement of skills and abilities through interactive methods and techniques that allow easier transfer to real life situations; (e) the possibility for each member of the group to receive and give *feedback* in a constructive manner.

The development and implementation of the psycho-educational intervention programme "Alcohol Traps" among adolescents at risk for alcohol abuse was a natural continuation of the research findings. The program was structured in 16 group work meetings, held on the basis of a collaboration protocol between January and May 2022 at the Economic College "Virgil Madgearu" in Galati, with a frequency of one meeting per week. Each meeting lasted 120 minutes. The way of recruiting the teenagers who participated in the programme led to the inevitable situation that the working group included students from different classes. For this reason, in the first sessions, special attention was paid to the interchange and strengthening of the group cohesion. The programme implemented among adolescents at high risk for alcohol problems included a set of activities that were structured in eight areas, i.e. 27 themes. The formative activities were divided into five modules (Table 2).

**Table 2. Areas and Themes Addressed in the Psycho-Educational Intervention Programme "Alcohol Traps"**

<b>MODULES</b>	<b>DOMAINS</b>	<b>Subdomains/themes</b>	<b>Set goals</b>	<b>Activity no</b>
<b>Module 1</b>	<i>Getting to know each other and creating an atmosphere conducive to group work</i>	Presentation of the general aim and objectives of the psycho-educational intervention programme	-	A1
		Inter-knowledge of the participants	-	

		<i>Focus group: what do we know about alcohol consumption?</i>	III	
	<i>Adolescence - opportunities and risks for development</i>	General features of adolescence	I	A2
		Strengths and vulnerabilities of adolescents	I, II	
		Reducing risks and seizing opportunities for a positive development path	II, III, VII	A3
	<i>My teenage portrait</i>	Who I am and how do other people perceive me?	I, II	A4
		Adapting to the changes of adolescence		
		How do I see myself in the future?		
<b>Module 2</b>	<i>Risk behaviours for our health</i>	What do risk behaviours mean?	III, VII	A5
		Say NO to risky behavioral patterns		
	<i>Alcohol abuse - risk behaviour for the harmonious development of adolescents</i>	Alcohol abuse among adolescents: reasons, myths, consequences, risk factors		A6
	Alternative attitudes and behaviours to alcohol consumption as protective factors			
<b>Module 3</b>	<i>Resilience: protective factor against alcohol abuse among adolescents</i>	Positive self-esteem, self-confidence and sense of self-efficacy	IV, VI, VII	A7
		Place of control		A8
		Constructive thinking		
		Optimism and the positive perception of one's own future		A9
		Emotion control		
		Developing positive relationships with others		A10
		Getting social support		A11
How can we cope with life difficulties and psychological stress?				
<b>Module 4</b>	<i>Satisfaction with family life: a factor protecting adolescents from alcohol abuse</i>	What does family mean and what role does it play in a teenager's development?	IV, VI, VII	A12
		My family portrait		A13
		How can my family help me when I face problems and stress		
<b>Module 5</b>	<i>Anxiety and depression: risk factors for alcohol abuse in adolescents</i>	What are my positive and negative emotions?	IV, VI, VII	A14
		Anxiety as a negative and unproductive emotion		
		Strategies and practical ways to control anxiety and depression		A15

Each of the working meetings was structured and carried out by adapting the following components of the educational-formative counselling:

a) welcome greetings; review of the topics covered in the previous meeting; a brief group discussion on the challenges that adolescents had encountered in solving the homework; questions and answers on other issues that some of the group members wanted to share; b) introduction of the topics of the current working meeting; c) definition and delimitation of the focused contents by referring to more concrete issues; d) an introductory exercise to engage the participants by removing cognitive, emotional and communication blocks; e) modelling the first set of targeted acquisitions by carrying out counselling tasks with a specific content; f) carrying out an energizing exercise to disconnect the participants, stimulate the positive energy of the group and mentally prepare for the upcoming activities; g) modelling the second set of acquisitions; h) obtaining feedback from the participants; i) generalizing the newly acquired information through a homework assignment that the adolescents participating in the group had to solve.

In the last working meeting, the adolescents in the experimental group were asked to complete a questionnaire to obtain the final feedback. It was designed on the premise that feedback from the beneficiaries of an intervention programme is useful for improving the content and organisation of the future programmes and, at the same time, provides an insight into the learning, interpersonal and developmental experiences that each of the adolescents had during the psycho-educational intervention programme „Alcohol Traps“.

The psycho-educational intervention was based on a mixed design (two groups - experimental and of control, repeated measures in both groups respectively). Table 3 presents the data obtained from the application of the non-parametric  $U_{\text{Mann-Whitney}}$  test for comparing the medians obtained in two independent samples. This test was used because the experimental and control group sizes were  $< 30$  subjects. Both for the experimental and for the control groups, the  $z_{\text{Wilcoxon}}$  non-parametric test was assigned to compare the medians of two paired samples (repeated measures). The analysis of the quantitative results, as well as of the answers that the adolescents gave to the feedback questionnaire that was administered at the end of the psycho-educational intervention programme „Alcohol Traps“ led to the following findings:

1. Following the comparison between the results achieved by the adolescents in the experimental group after the completion of the program and the initial results, provided support for the experimental hypothesis and the positive impact that the intervention had. The effectiveness of the program was evidenced by significant increases in scores for resilience ( $z_{\text{Wilcoxon}} = - 3.63$ ;  $p < 0.001$ ;  $r_{\text{Cohen}} = 0.74$ ), belief in their own overall efficacy ( $z_{\text{Wilcoxon}} = - 3.49$ ;  $p < 0.001$ ;  $r_{\text{Cohen}} = 0.71$ ) and self-satisfaction ( $z_{\text{Wilcoxon}} = - 2.40$ ;  $p < 0.016$ ;  $r_{\text{Cohen}} = 0.49$ ), and decreased scores for anxiety ( $z_{\text{Wilcoxon}} = - 3.22$ ;  $p = 0.001$ ;  $r_{\text{Cohen}} = 0.65$ ) and negative affective mood ( $z_{\text{Wilcoxon}} = - 2.88$ ;  $p < 0.004$ ;  $r_{\text{Cohen}} = 0.58$ ), respectively.

2. For adolescents who did not participate in the psycho-educational intervention program activities (control group), there were no statistically significant differences between the pretest and posttest results.

3. The positive impact that the psycho-educational intervention program „Alcohol Traps“ had on the beneficiaries was also evidenced by other acquisitions that the adolescents in the experimental group acquired, as they emerge from the analysis of the answers to the feedback questionnaire distributed at the end of the programme. The adolescents who took part in the programme included among their new acquisitions: theoretical and practical knowledge about alcohol and the harmful effects of binge drinking, a better understanding of risky situations for their physical growth, mental health and lifelong development, knowledge of their own resources and weaknesses, increased confidence in their own strengths and the ability to control negative emotions, orientation towards a more objective analysis of their own thoughts, emotions, reactions and behaviours, development of the ability to deal with difficulties in everyday life, overcoming

communication barriers and shyness in relationships with other adolescents, improving the ability to express freely and creatively their own personality, openness to change and self-affirmation, etc.

4. The results of the psycho-educational intervention programme "Alcohol Traps" were very satisfactory because, as the *feedback* from the adolescents shows, they have led to new cognitive, emotional and interpersonal experiences that the beneficiaries have identified among their own psychological and educational needs. Through the volume, the variety of contents, the design, the accessibility of the activities in relation to the particularities of development at the age of adolescents, as well as the attractiveness that responded to the interests of the participants, the psycho-educational programme carried out offered the adolescents numerous opportunities for a more objective and comprehensive self-analysis and oriented them towards a better understanding of the risks involved in the consumption of alcohol and other substances that can be harmful to health and harmonious development.

5. Among the suggestions made by adolescents with a view to improving future personal development programmes included the use of a wider variety of themes and work tasks, focusing activities more on practising communication skills and those needed to manage emotional and behavioral problems, intensifying activities through creative team tasks or games, making work meetings more attractive by integrating modern information and communication technologies, etc.

**Table 3. Summary of comparative data obtained from the psycho-educational intervention programme „Alcohol traps”**

DEPENDENT VARIABLES	Experimental group		Control group		$U_{\text{Mann-Whitney}}$ pretest		$z_{\text{Wilcoxon}}$ (pretest vs. posttest)			
	<i>Mdn. – pretest</i>	<i>Mdn. – posttest</i>	<i>Mdn. – pretest</i>	<i>Mdn. – posttest</i>	<i>z</i>	<i>p</i>	Experimental group		Control group	
							<i>z</i>	<i>p</i>	<i>z</i>	<i>p</i>
1. Resilience	2.08	2.50	2.33	2.58	- 1.78	0.075	- 3.63	< 0.001	- 1.38	0.167
2. Self-efficacy	25.00	28.00	24.50	25.00	- 0.26	0.791	- 3.49	< 0.001	- 0.82	0.408
3. Anxiety	13.00	9.00	10.50	9.50	- 2.43	0.015	- 3.22	0.001	- 0.03	0.972
4. Negative affective mood	14.00	10.00	11.50	10.00	- 1.15	0.247	- 2.88	0.004	- 0.64	0.521
5. Perception of risks associated with dangerous behavior	2.62	2.50	2.50	2.50	- 0.85	0.396	- 0.97	0.328	- 0.15	0.875
6. Satisfaction towards family	3.00	3.00	3.78	3.62	- 2.89	0.004	- 1.36	0.172	- 0.37	0.708
7. Satisfaction towards friends	4.38	4.61	4.55	4.50	- 0.39	0.692	- 0.62	0.533	- 0.44	0.661
8. Satisfaction towards school	2.87	3.00	3.43	3.00	- 0.89	0.372	- 1.04	0.300	- 1.41	0.156
9. Self-satisfaction	4.07	4.50	4.42	4.39	- 0.99	0.322	- 2.40	0.016	- 1.10	0.920

Notă: Mdn. – mediană

## GENERAL CONCLUSIONS AND RECOMMENDATIONS

The theoretical-conceptual analysis, the synthesis of the findings of studies that have addressed the issue of alcohol consumption in the adolescent population and the results obtained in the observational (Chapter 2) and experimental (Chapter 3) research have allowed for the following general conclusions to be drawn:

1. Alcohol is one of the legal psychoactive substances most frequently used by adolescents. Compared to adults, they are more likely to consume large amounts of alcohol occasionally, i.e. to abuse this substance, especially when they are in a group with other adults and succumb to their pressures, or when they go to a party where they are not monitored and controlled, feel stressed, sad or hopeless and helpless. This particularity makes alcohol abuse dangerous for adolescents, especially when it is associated with the use of other substances such as ethno-botanicals or high-risk drugs [28, 31].

2. Regardless of the gender of the vulnerable subject, early alcohol abuse (including during adolescence) is a risk factor for the onset of clinical dependence in later life and its well-known associated problems [2, 43, 59]. For this reason, we believe that determining and understanding the risk factors for alcohol abuse, as well as identifying protective factors, is an essential step for the effective prevention of the spread of this undesirable behaviour, as well as for early individual (remedial)/group (preventive) interventions for adolescents facing personal, family or social problems that predispose them to the use of psychoactive substances in general and, in particular, to the use of alcohol in an reckless and dangerous way [31].

3. Using the theoretical model of problematic (at-risk) behavioral patterns among adolescents proposed by R. Jessor [32, 33], as well as the results of a substantial body of studies that have been concerned with determining the causes of behaviors (including binge drinking) dangerous for the health and positive development of adolescents [11, 34, 57], I have developed and tested a model of risk and protective factors in adolescent alcohol abuse. It distinguishes six domains of variables (socio-demographic characteristics, personality traits, other individual characteristics, attitudinal variables, social variables, well-being indicators) that can act either as risk factors (positive predictive contribution) for alcohol use problems (e.g. occasional/episodic abuse) or as protective factors.

4. Correlational data and those obtained by performing multiple linear regression and binomial logistic analyses respectively, have partially confirmed all the working hypotheses formulated based on the model of risk and protective factors in binge drinking among adolescents. The gender of adolescents, the likelihood of engaging in risky behaviours in general, the neuroticism, anxiety and indiscipline manifested at school were positive predictors (risk factors) of their predisposition to alcohol abuse, while resilience, religiosity, agreeableness, perceived dangerousness of risky behaviours and family satisfaction were negative predictors.

5. The results of the study were the basis for the design and implementation of the psycho-educational intervention program "Alcohol Traps" which was carried out among a group of adolescents at high risk for problematic alcohol consumption. The quantitative results provided support for the positive impact that the programme had through the purchases made by the beneficiaries. After completing the intervention, the adolescents who participated in the program had significantly higher scores for resilience, belief in their own efficacy in general, and self-satisfaction, and significantly lower scores for anxiety and negative affective mood.

**The scientific problem solved** in this PhD thesis consists in determining the factors that explain individual differences in the risk for alcohol abuse and the psycho-socio-behavioral profile of the adolescent consumer, as well as in the development and successful implementation of the

psycho-educational intervention program “Alcohol traps” aimed at managing the negative factors that predispose adolescents to alcohol abuse.

**The applicative value of the research** derives from the findings of the study on risk predictors for alcohol abuse, as well as from the findings of the implementation of the psycho-educational intervention programme “Alcohol traps”. These can be applied as a basis for the development of other psycho-educational group intervention/individual counselling programmes calibrated on the recovery of adolescents with alcohol use problems or the prevention of alcohol abuse/dependence in adolescent populations who are vulnerable to slippage from the positive developmental trajectory. The Alcohol Abuse Risk Assessment Questionnaire, developed and validated by the author, as well as the other measurement instruments translated into Romanian and validated for the adolescent population may be useful to researchers, doctoral students, school counselors, and specialists in other fields of reference for adolescent health, development, and the quality of life.

**The personal contributions to the research** presented in this PhD thesis include:

1. X-raying and carrying out the critical analysis of a consistent volume of valuable scientific works (published in the international stream and in the local literature), in order to determine the psycho-socio-behavioral dimensions associated with problematic alcohol consumption among adolescents;

2. Developing from a theoretical-conceptual point of view the working model of risk and protective factors in alcohol abuse and to test it in the adolescent population;

3. Designing and validating the questionnaire aimed at measuring the risk of alcohol abuse among adolescents; it can be used both for research purposes and for the individual assessment of adolescents seeking psychological help or for the prospective screening of the adolescent population to identify cases vulnerable to problem drinking;

4. Adjusting the linguistic, cultural and psychometric adaptation of a consistent set of instruments (well known in the academic community) that measure a wide range of psychological, behavioral and social characteristics that may constitute risk/protective factors for deviations from the normal developmental pathway of an adolescent; the questionnaires, scales and inventories managed can be used both in studies focused on alcohol use and in those that follow other areas of adolescent adjustment, functioning and development;

5. Designing, implementing and impacting the evaluation of a consistent set of formative activities which made up the psycho-educational intervention programme “Alcohol traps” aimed at reducing the risk of alcohol abuse among adolescents by optimizing psychosocial functioning, increasing well-being and improving resilience in adverse life situations and in facing developmental challenges in adolescence.

Based on the results of the observational study and the psycho-educational intervention programme “Alcohol traps” that has been carried out, we propose the following practical recommendations addressed to school counsellors, headmasters and teachers, respectively parents of adolescents vulnerable to the abuse of substances dangerous to health and harmonious development, including alcohol:

1. assessing cognitive, emotional, motivational, attitudinal-behavioral and social characteristics in order to identify, counsel and monitor adolescents who are vulnerable to deviant behaviours (including the use of alcohol or other dangerous substances) that are risky for their health, normal development and adaptation to age-specific tasks; this should be carried out from the beginning of secondary school and is ongoing;

2. determining family and school characteristics that are risk factors for deviations from the normal developmental pathway of an adolescent; this assessment can be carried out by the school counsellor in collaboration with vulnerable adolescents, their headteachers and parents;

3. preventing emotional and behavioral disorders that can lead to problem drinking by continually pooling and channeling the efforts of school counselors, principals, parents, and at-



risk teens to manage vulnerabilities that can arise in daily life as well as in a teen's developmental pathway;

4. integrating into (remedial or preventive) programmes aimed at individual and group counselling of the dimensions that have been shown to be consistent predictors of predisposition to alcohol abuse among adolescents; I refer, for example, to resilience (an adolescent's ability to adapt and maintain their positive functioning when faced with psychologically and socially stressful life circumstances/events), anxiety or attitudes towards health and the development risk behaviours;

5. incorporating into the content of objectives and in the psycho-educational intervention programme activities, the motivations, expectations, meta-cognitions and attitudes that adolescents have about alcohol use (e.g. their predisposition to engage in risky behavioral patterns in general or their assessments of the possible negative consequences).

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## LIST OF THE SCIENTIFIC PUBLICATIONS

### A) Articles in scientific journals reviewed and included in international databases

1. IONAȘCU, G., GLAVAN, A., ROBU, V. The relationship between emotional instability and risk of alcohol abuse among adolescents: The moderating role of predisposition to engage in risky behaviour. În: *EcoSoEn: Științe Economice, Sociale și Inginerești*, 2023a, vol. 6, nr. 1, p. 43-59. Revista (acreditată categoria B) este editată de Universitatea Liberă Internațională din Moldova, ISSN (print) 2587-344X, ISSN (online) 2587-425X. Revista este indexată în CEEOL, DOAJ, IBN, Index Copernicus International, Munich Personal RePEc Archive/MPRA, Academia.edu
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4. IONAȘCU, G., GLAVAN, A. Relația dintre anxietate și riscul pentru abuzul de alcool în rândul adolescenților: rolul moderator al suportului social din partea familiei. În: *Revista de Psihologie*, 2022a, vol. 68, nr. 2, p. 111-132. Revistă acreditată categoria B+, ISSN (print) 0034-8759, ISSN (online) 2344-4665. Revista este indexată în PsycINFO, Index Copernicus International, ERIH+, EBSO, ROAD,OAJI,New Jour și Google Academic. A se accesa: <https://revistadepsihologie.ipsihologie.ro/>
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### B) Papers published in volumes of international scientific events

1. IONAȘCU, G. Consumul de alcool și strategiile de coping la adolescenți. În: JARDAN, V. (Coord.), *Restructurări psihologice în criză. Lucrări conferința APAR (ediția a XVI-a)*. Brașov: Editura APAR, 2021a, p. 210-223. ISBN 978-606-94-5849-5.
2. IONAȘCU, G. Dimensiuni psihosociale, familiale și intervenționale ale alcoolismului. În: GĂLĂȚANU, A., MIU, F. V. (Ed.), *Repere teoretice și bune practice în psihologie*. Galați: Editura Universitară „Danubius”, 2021b, p. 133-148. ISBN 978-606-53-3562-2.
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6. IONAȘCU, G. Consumul de alcool în cercetări din România, Republica Moldova și la nivel internațional. În: CORNEA, S. (Coord.), *Perspectivile și problemele integrării în spațiul european al cercetării și educației (Vol. VII, Partea a II-a)*. Cahul: Universitatea de Stat „Bogdan Petriceicu Hașdeu” din Cahul – Tipografia „Centrografic”, 2020b, p. 144-155. ISBN 978-997-58-8061-9.
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  9. IONAȘCU, G. Efectele consumului de alcool În: ARMAȘU-CANȚÎR, L. (Coord.), *Analele științifice ale doctoranzilor și competitori. Probleme actuale ale științelor umaniste (Vol. XVIII, Partea a III-a)*. Chișinău: Tipografia Universității Pedagogice de Stat „Ion Creangă”, 2019b, p. 196-208. ISBN 978-997-54-6423-9.

## ADNOTARE

Ionașcu Grigore, „Dimensiuni psiho-socio-comportamentale ale consumului de alcool în adolescență”. Teză de doctor în psihologie, Chișinău, 2023

**Structura tezei.** adnotări, introducere, trei capitole, concluziile generale și recomandări, bibliografia (396 surse), 14 anexe, 153 pagini text de bază, 15 tabele și 8 figuri. Rezultatele cercetării au fost publicate în 14 lucrări științifice.

**Cuvinte-cheie:** comportamente cu risc, adolescenți, consum de alcool, dimensiuni psiho-socio-comportamentale, factori de risc, factori protectivi, program de intervenție psiho-educativă.

**Scopul cercetării:** fundamentarea teoretică și testarea modelului factorilor de risc și protectori în abuzul de alcool, în vederea valorificării acestuia pentru elaborarea și experimentarea unui program de intervenție psiho-educativă care urmărește diminuarea vulnerabilității în ceea ce privește consumul de alcool în rândul adolescenților prin optimizarea funcționării psihosociale, creșterea stării de bine și îmbunătățirea rezilienței în confruntarea cu provocările vârstei și solicitările adverse de zi cu zi.

**Obiectivele cercetării:** aplicarea metodologiei științifice pentru cercetarea dimensiunilor psiho-socio-comportamentale ale abuzului de alcool în rândul adolescenților, în vederea elaborării și testării unui model ipotetico-conceptual al factorilor de risc și protectori; implementarea și evaluarea impactului unui program de intervenție psiho-educativă destinat creșterii rezilienței în rândul adolescenților și reducerii riscului pentru abuzul de alcool; identificarea direcțiilor pentru viitoare cercetări teoretice și empirice, precum și elaborarea unor recomandări practice.

**Noutatea și originalitatea științifică:** proiectarea și punerea în practică a unei platforme epistemico-empirice inedite cu referire la reducerea riscului pentru abuzul de alcool a adolescenților; teza oferă o viziune unitară asupra condițiilor și metodelor care fac posibilă utilizarea programului de intervenție psiho-educativă „Capcanele alcoolului” prin optimizarea funcționării psihosociale a adolescenților, creșterea stării de bine și îmbunătățirea rezilienței în confruntarea cu diverse contexte situaționale sau evenimentele de viață adverse.

**Problema științifică soluționată** constă în determinarea factorilor care explică diferențele individuale în ceea ce privește riscul pentru abuzul de alcool și profilul psiho-socio-comportamental al adolescentului consumator, precum și în elaborarea și implementarea cu succes a programului de intervenție psiho-educativă „Capcanele alcoolului” destinat gestionării factorilor negativi care îi predispun pe adolescenți la abuzul de alcool.

**Semnificația teoretică:** elaborarea și punerea în aplicare a unei ecuații epistemico-empirice unitare care completează preocupările cercetătorilor din diverse domenii interdisciplinare orientate spre îmbunătățirea cunoașterii efectelor pe care utilizarea problematică a alcoolului le are asupra dezvoltării globale a adolescenților; rezultatele cercetărilor se înscriu în spectrul obiectivelor de bază ale științei psihologice contemporane, punând în ordinea de zi o problemă de actualitate și oferind o variantă originală de soluționare a acesteia.

**Valoarea aplicativă a lucrării:** utilizarea rezultatelor în cercetarea care contribuie la extinderea granițelor empirice cu referire la predictorii riscului pentru abuzul de alcool la adolescenți; în activitatea de consiliere psiho-educativă la diferite niveluri de intervenție; la elaborarea altor programe de consiliere psiho-educativă adresate adolescenților; în contextul formării inițiale și continue a specialiștilor din domeniul vizat.

**Implementarea rezultatelor științifice:** elaborarea și implementarea programului de intervenție psiho-educativă „Capcanele alcoolului”; elaborarea și publicarea a 5 articole în reviste de specialitate și a 9 comunicări sau/și teze în volumele întrunirilor cu caracter științific; proiectarea și realizarea cu profesori și consilieri școlari din România a atelierelor de lucru focalizate pe problematica comportamentelor cu risc pentru sănătatea și dezvoltarea adolescenților; formarea cadrelor didactice și manageriale din învățământul liceal cu privire la abuzul de alcool în rândul adolescenților.



## АННОТАЦИЯ

### Ионашку Григоре. Психосоциально-поведенческие аспекты употребления алкоголя в подростковом возрасте. Диссертация на соискание ученой степени доктора психологии. Кишинев, 2023

**Структура диссертации:** аннотации, список сокращений, введение, три главы, общие выводы, рекомендации, библиография насчитывает 396 источников, 14 приложений, 153 страниц основного текста, 8 рисунков, 14 таблиц.

**Ключевые слова:** рискованное поведение, подростки, употребление алкоголя, факторы риска, защитные факторы, программа психолого-педагогического воздействия.

**Цель исследования:** теоретическое обоснование и апробация модели факторов риска и защитных факторов при злоупотреблении алкоголем, с целью ее использования для разработки и апробации программы психолого-педагогического вмешательства, направленной на снижение уязвимости с точки зрения употребления алкоголя подростками, путем оптимизации психосоциального функционирования.

**Задачи исследования:** применение научной методологии исследования психосоциально-поведенческих аспектов злоупотребления алкоголем среди подростков с целью разработки и апробации гипотетико-концептуальной модели факторов риска и защитных факторов; осуществление и оценка воздействия программы психолого-педагогического вмешательства, направленной на повышение устойчивости подростков и снижение риска злоупотребления алкоголем; определение направлений будущих теоретических и эмпирических исследований, разработка практических рекомендаций.

**Научная новизна и оригинальность:** разработка и внедрение новой эпистемико-эмпирической платформы в отношении снижения риска злоупотребления алкоголем подростками; предлагается единое видение условий и методов, позволяющих использовать программу психолого-педагогической интервенции «Алкогольные ловушки» с целью оптимизации психосоциального функционирования подростков.

**Решение научной проблемы** заключается в определении факторов, объясняющих индивидуальные различия с точки зрения риска злоупотребления алкоголем и психосоциально-поведенческого профиля подростка-потребителя, а также в успешной разработке и реализации психообразовательной интервенционной программы, направленной на управление негативными факторами, предрасполагающими подростков к злоупотреблению алкоголем.

**Теоретическая значимость:** разработка и реализация единого эпистемико-эмпирического уравнения, которое дополняет интересы исследователей из различных междисциплинарных областей, направленных на улучшение знаний о влиянии проблемного употребления алкоголя на общее развитие подростков; результаты исследования укладываются в рамки основных задач современной психологической науки, предлагая оригинальное решение.

**Практическая значимость:** использование результатов исследований в деятельности психолого-педагогического консультирования; в разработке других программ психолого-педагогического консультирования подростков; в рамках начальной и непрерывной подготовки специалистов в соответствующей области.

**Внедрение научных результатов:** Результаты теоретико-экспериментального исследования были внедрены в процессе обучения и подготовки студентов, мастерантов и докторантов по дисциплинам «Психология развития», «Психология личности», на факультетах психологии в вузах и на факультетах повышения квалификации, а также в рамках образовательных курсов и научно-методических семинаров с участием психологов, школьных консультантов и дидактических кадров.

## ANNOTATION

Ionașcu Grigore, “Psychological, social and behavioral dimensions of alcohol consumption in adolescence”. PhD thesis in psychology, Chisinau, 2023

**Structure of thesis.** annotations, introduction, three chapters, general conclusions and recommendations, list of references (396 sources), 14 appendices, 153 pages of basic text, 15 tables and 8 figures. The findings are published in 14 scientific papers.

**Keywords:** risk behaviors, adolescents, alcohol consumption, psychological, social and behavioral dimensions, risk factors, protective factors, psycho-educational intervention.

**The purpose of the research:** theoretical foundation and testing of the model of risk and protective factors in alcohol abuse; using this model for the development and experimentation of a psycho-educational intervention program aimed at reducing vulnerability in terms of alcohol consumption among adolescents; optimizing psychosocial functioning, increasing well-being and improving resilience in the face of age challenges and adverse day-to-day demands.

**Research objectives:** the application of the scientific methodology for researching the psycho-socio-behavioral dimensions of alcohol abuse among adolescents, in order to develop and test a hypothetical-conceptual model of risk and protective factors; implementing and evaluating the impact of a psycho-educational intervention program aimed at increasing resilience among adolescents and reducing the risk for alcohol abuse; identifying directions for future theoretical and empirical research, as well as developing practical recommendations.

**Scientific novelty and originality:** the design and implementation of a novel epistemic-empirical platform with reference to reducing the risk of adolescent alcohol abuse; the thesis offers a unified vision of the conditions and methods that make it possible to use the psycho-educational intervention program “Alcohol Traps” by optimizing the psychosocial functioning of adolescents, increasing well-being and improving resilience in the face of various situational contexts or adverse life events.

**The scientific problem solved** consists in determining the factors that explain the individual differences in terms of the risk for alcohol abuse and the psycho-socio-behavioral profile of the adolescent consumer, as well as in the successful development and implementation of the psycho-educational intervention program “Alcohol Traps” aimed at managing the negative factors that predispose teenagers to alcohol abuse.

**Theoretical significance:** the development and implementation of a unitary epistemic-empirical equation that complements the concerns of researchers from various interdisciplinary fields aimed at improving the knowledge of the effects that problematic alcohol use has on the overall development of adolescents; the research findings are part of the spectrum of the basic objectives of contemporary psychological science, putting a current issue on the agenda and offering an original way to solve it.

**The applicative value of the thesis:** the use of results in research that contributes to the expansion of empirical boundaries with reference to risk predictors for adolescent alcohol abuse; in the activity of psycho-educational counseling at different levels of intervention; to the development of other psycho-educational counseling programs addressed to adolescents; in the context of the initial and continuous training of specialists in the relevant field.

**Implementation of the scientific results.** The results of the theoretical experimental research have been implemented in the didactic process of students’ training within the disciplines of development psychology, personality psychology, psychology of affectivity and regulatory process, of master and doctoral students at the faculties of psychology from the higher education institutions and within the courses of permanent training and scientific – methodic seminars with psychologists, school advisers and professors.

**GRIGORE IONAȘCU**

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