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Urge-specific and lifestyle coping strategies of alcoholics: Relationships of specific strategies to treatment outcome

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ABSTRACT

Background: The present study examined the efficacy of various specific lifestyle and situation-specific coping skills by determining the relationship of each of these strategies to drinking outcomes.
Methods: Patients with alcohol dependence in intensive day treatment ($n = 165$) were participating in a randomized trial of naltrexone versus placebo and adjunctive communication and coping skills training or a control treatment. The alcohol version of the Urge-Specific Strategies (USS) questionnaire and the General Strategies for Alcoholics (GSA) were administered early in treatment. The USS assesses 16 situation-specific strategies taught in cue exposure treatment, communication skills training, or relaxation/meditation training to cope with experiencing an urge to drink (e.g., think of positive and negative consequences of drinking, use mastery messages, engage in an alternative behavior); the 21-item GSA assesses lifestyle change strategies taught in communication skills training and in the general treatment program (e.g., keep busy, exercise regularly, attend 12-Step meetings, avoid high-risk situations). Alcohol use and frequency of use of the skills were assessed 6 and 12 months following treatment.
Results: Many specific behavioral and cognitive coping strategies were significantly related to drinking outcomes, including 13 urge-specific and 18 general lifestyle strategies, while other strategies were unrelated.
Conclusions: Since some strategies taught in treatment are more effective in preventing relapse than others; treatment may be improved by focusing on these specific strategies. Since results may be limited to this population, replication is needed in more diverse settings and without medication.
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1. Introduction

1.1. The need to assess types of coping skills

Coping skills are an important predictor of outcome of treatment for alcohol dependence (Noone et al., 1999; Monti et al., 2002). Treatments that target an increase in either coping skills to handle situational stress and temptations or interpersonal skills for maintaining sobriety have accumulating evidence for efficacy when part of a comprehensive treatment program (see reviews by Morgenstern and Longabaugh, 2000; Rohsenow and Pinkston-Camp, in press). Patients who report an increase in adaptive coping and/or a decrease in maladaptive coping have better long-term alcohol-related outcomes (e.g., Chung et al., 2001; Rohsenow et al., 2001; Monti et al., 1993, 2001). Increased use of coping skills is a primary mechanism of change in cognitive-behavioral treatments for substance use disorders (e.g., Gossop et al., 2002; Morgenstern and Longabaugh, 2000).

Social learning theory proposes that people with alcohol dependence need to learn effective coping skills to replace maladaptive methods of handling stress and seeking pleasure (Abrams and Niaura, 1987; Monti et al., 2002). Cognitive-behavioral coping skills treatment and relapse prevention approaches have focused either on making general lifestyle changes designed to maintain sobriety or in developing situation-specific skills for coping with immediate temptations to use and other situations that pose a high risk for relapse (see Monti et al., 2002, for more details). Communication skills training (Monti et al., 1990, 2002) focuses largely on skills for improving one's general lifestyle so as to maintain sobriety by making the social environment more conducive to abstinence. Such sessions focus on conflict resolution, ways to increase positive communication with people close to the client, ways to build new sober social networks, and assertiveness training to reduce aggression and refuse drinks. The model for teaching general lifestyle skills is

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that a social network that provides more positive and fewer conflictual interactions will provide fewer relapse triggers and more support for abstinence.

Alternatively, some relapse prevention approaches teach situation-specific coping skills (e.g., Marlatt and Gordon, 1985; McCrady et al., 1985; Rohsenow et al., 2000), including cue exposure with urge-specific coping skills training (Monti et al., 1993, 2001; Monti and Rohsenow, 2003; Rohsenow et al., 2001). These focus on developing skills for acutely coping with urges to drink and other situations that pose an immediate high risk for relapse. (While cognitive-behavioral mood management training usually involves situation-specific applications, it has been less effective for many people with alcohol dependence [see reviews by Monti et al., 2002; Rohsenow and Pinkston-Camp, in press], so it will not be discussed here.) In these approaches, each session focuses on a type of situation that could trigger relapse (e.g., being offered a drink; fight with ex-spouse; being at a party; feeling lonely; Friday after work). Therapists provide a menu of both anticipatory and immediate coping skills (cognitive or behavioral) which the client practices during role-plays or while imagining being in the situation. The model for teaching situation-specific skills is that practicing alternative ways to handle immediate risk will allow more rapid and effective responses when in real-world high-risk situations so as to avert relapse. Thus, one approach focuses on lifestyle skills whether or not a relapse trigger is present, and the other focuses on relapse triggers per se (Rohsenow et al., 2005).

Similarly, studies of the relationship of use of coping skills to treatment outcome have focused on assessing either general lifestyle skills or on situation-specific coping methods used when tempted to drink. Although expert coding of behavior in role-play tests has been one method of assessing level of coping (e.g., Monti et al., 1990), self-report instruments provide a low cost and widely disseminable method for assessing frequency of use of various specific types of coping skills, so will be the focus of this investigation. Although self-report measures are not validated against role-play measures and so have uncertain construct validity in terms of actual behavior, to the extent that such measures are significantly associated with post-treatment drinking, they can be considered to have predictive validity and clinical utility. While some measures are designed to assess clusters of types of coping based on factor/component analysis, information about the value of various specific coping skills taught in treatment can also provide useful clinical guidance for improving coping skills training.

1.2. Existing evidence

The relationship of lifestyle coping skills taught in alcohol treatment programs to drinking outcomes has been examined in several studies. Lifestyle skills assessed with a measure of abstinence maintenance coping strategies found that improved drinking outcomes 6 months after treatment were associated with reporting more substitute activities and positive focus, and less use of wishful thinking or keeping to oneself (Wunschel et al., 1993). Using the Coping Behaviors Inventory (CBI; Litman et al., 1984), alcohol abstinence was found related to using more positive thinking and more use of distraction (Litman et al., 1979, 1984; Litman, 1986; Miller et al., 1996; Maisto et al., 2000). A measure of General Strategies for Alcoholics (GSA; Monti et al., 2001) asked about frequency of use of seven cognitive (e.g., reframing, thinking of positive effects of sobriety) and eight behavioral strategies (e.g., healthy activities, prevent conflicts) used in general for maintaining sobriety, with frequency of use summed across all strategies. At 3, 6 and 12 months post-treatment, those who abstained or drank less had higher scores for use of these strategies during the same time period (Monti et al., 2001).

The relationship of urge-specific coping skills to alcohol use after treatment has been investigated in several studies. The first version of our measure assessed frequency of use of five coping skills taught in an early form of cue exposure (CET) with coping skills training (Monti et al., 1993), and asked how often patients used each when they had an urge to drink. In the first small study ($n = 30$), frequency of drinking during the 4–6 month period after treatment was lower for those who more often said they coped by thinking about the positive consequences of staying sober or the negative consequences of returning to drinking (Monti et al., 1993). This urge-specific strategies (USS) measure was expanded to 11 items in a larger study, tapping frequency of use of eight skills taught in CET plus three taught in the larger treatment program or in the control condition (Rohsenow et al., 2001). At 6 and 12 months post-treatment, less drinking occurred for those who reported more use of thinking of positive or negative consequences of sobriety/drinking, escape/avoidance, delay (tell myself I can wait it out), alternative behaviors, and alternative consumption. Several other skills were found unrelated to outcome: messages of inner strength, imagery (such as imagining the urge as a wave to be ridden), distraction, relaxation, or meditation. The results allowed the next study of CET to be refined and improved (Monti et al., 2001). In this last study, the USS was expanded to 19 situation-specific strategies taught in CET, communication skills training, or the control condition, plus two known to be ineffective (willpower and self-punishment) that were dropped from analyses. In this last study, only the sum of all items was used, showing that these skills increased more after skills training versus the control, differentiated abstainers from drinkers, and correlated with frequency of heavy drinking at 3, 6 and 12 months. However, analyses were not conducted by specific type of skill to determine which skills are most effective.

In parallel work with cocaine dependent people in treatment, analyses of cocaine versions of the whole set of USS and general coping strategies used for treating cocaine dependence identified the specific strategies that were associated with reduced or no cocaine use post-treatment, and identified other commonly used strategies that had no evidence of benefit (Rohsenow et al., 2005). With studies of treatment of alcohol-dependence, analyses of the relationship of each of the full set of general lifestyle and situation-specific skills have not been conducted. Such a study would allow clinicians to focus treatment on the strategies that are shown effective and to eliminate the ones that have no evidence of effectiveness, thus increasing efficacy while reducing time.

1.3. Purpose of this study

The goal of the present study was to examine the efficacy of each individual general lifestyle and situation-specific coping skill as predictors of treatment outcome in alcohol dependent patients so as to provide guidance for clinicians. A previously published study used only total scores for the USS and General Strategies for Alcohol (GSA; Monti et al., 2001) as predictors, presented the psychometric properties, and investigated effects of treatment type on total scores. On the other hand, the present study from the same dataset conducts the analyses at the item level as was done for cocaine strategies by Rohsenow et al. (2005) in order to provide clinical guidance as to which specific self-reported strategies have the best relationship with post-treatment drinking outcomes. The aims were to investigate the relationships of each of these strategies to drinking outcomes (abstinence versus use, and frequency of drinking) during the year after day treatment.

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