

Regular article

The role of demographic characteristics and readiness to change in 12-month outcome from two distinct brief interventions for impaired drivers

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Abstract

Objectives: This study tested specific intervention responsiveness to brief intervention in driving while impaired by alcohol and/or drugs recidivists based upon their demographic, substance use, and initial readiness to change characteristics. **Methods:** A nonclinical community-based sample of 184 male and female recidivists was randomly assigned to receive one of two 30-minute interventions: brief motivational interviewing ($n = 92$) or an information–advice session ($n = 92$). Dependent variables were change at the 6- and 12-month follow-ups from baseline in percentage of risky drinking days and blood assay biomarkers of alcohol misuse. Independent variables were age, gender, education, past convictions for impaired driving, and baseline alcohol and drug misuse severity and readiness to change. **Results:** Recidivists who were younger, male, and exhibited more negative consequences and ambivalence towards their problem drinking improved more on alcohol-related outcomes, irrespective of intervention type. **Conclusions:** The results do not convincingly indicate specific intervention responsiveness based upon participant characteristics but provide preliminary guidance about which recidivists are most apt to benefit from these brief approaches. © 2012 Elsevier Inc. All rights reserved.

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1. Introduction

Motivational interviewing (MI; Miller, 2004) is currently the object of intense interest as a psychosocial intervention to effectively and expeditiously intervene in alcoholism and other problems, populations, and settings (Chanut, Brown, & Dongier, 2005; Dunn, Deroo, & Rivara, 2001; Hettema, Steele, & Miller, 2005; Knight, McGowan, Dickens, & Bundy, 2006; Lundahl & Burke, 2009; Rubak, Sandbaek,

Lauritzen, & Christensen, 2005; Vasilaki, Hosier, & Cox, 2006). In particular, MI's promise resides in its ability to produce outcomes comparable to other longer duration psychotherapeutics through stratagems designed to resolve client ambivalence about their problem behavior and increase motivation for change.

Enthusiasm for MI also extends to the problem of driving while impaired by alcohol and/or drugs (DWI), an area where MI has been actively promoted for several years (Dill & Wells-Parker, 2006; Nochajski & Stasiewicz, 2006; Voas, Fell, McKnight, & Sweedler, 2004; Voas, 2001). DWI is a factor in more than a third of all traffic-related injuries and fatalities (Canada's Drug Strategy, 2004). It is also an offence associated with a high rate of recidivism (Lapham,

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Skipper, Hunt, & Chang, 2000), treatment refractoriness (LaBrie, Kidman, Albanese, Peller, & Shaffer, 2007; Wells-Parker, Anderson, Landrum, & Snow, 1988; Wells-Parker, Bangert-Drowns, McMillen, & Williams, 1995), poor problem recognition, and resistance to intervention participation (Brown et al., 2008; Nochajski & Stasiewicz, 2005; Voas, Tippetts, & McKnight, 2010). Hence, MI seems well suited for intervening with DWI recidivists.

Studies evaluating MI specifically with criminal offender groups, including DWI, are relatively few in number and mostly preliminary in their objectives and methodology (see McMurrin, 2009 for review). For example, a pilot study of DWI offenders mandated to treatment revealed that those who participated in an MI pretreatment group were more likely to complete treatment than those who did not (Lincourt, Kuettel, & Bombardier, 2002), although the lack of random assignment left unclear MI's causal role. Other published reports have suggested positive effects when MI was imbedded into existing DWI or other intervention programs (Marques, Voas, Tippetts, & Beirness, 1999; Stein et al., 2006; Stein & Lebeau-Craven, 2002; Woodall, Delaney, Kunitz, Westerberg, & Zhao, 2007). These studies did not address MI's unique contribution to outcome however.

A recently published double-blind, randomized controlled trial by our research group investigated the effect of a brief, solitary 30-minute MI session (brief motivational interviewing [BMI]) compared with a usual-care intervention in a community-based nontreatment sample of DWI recidivists (Brown et al., 2010). The overall results indicated preferential benefits of BMI exposure over a 12-month follow-up period on self-reported measures and biological markers of alcohol misuse. Significant improvement was also noted with exposure to the usual-care condition, a brief intervention involving potentially active therapeutic ingredients (i.e., information and advice; Babor et al., 1994; Bien, Miller, & Tonigan, 1993; Jepson, Harris, Platt, & Tannahill, 2010). Moreover, variability in outcomes made clear that not all offenders fared equally well with either intervention.

That certain individuals show specific responsivity to a given intervention under certain circumstances is well established. This observation has led to enduring interest in understanding how different treatments could be more optimally allocated to those individuals most likely to benefit (Andrews, Bonta, & Wormith, 2006; Brown, Seraganian, Tremblay, & Annis, 2002a, 2002b; Isenhardt, 1994; Litt, Babor, DelBoca, Kadden, & Cooney, 1992; Tonigan, 2003). Nevertheless, in the substance abuse treatment field, where client–treatment matching has been an active research topic, considerable uncertainty still exists concerning how specific interventions work and how they may interact with individual characteristics to produce their outcomes (Duvall, Oser, & Leukefeld, 2008; UKATT Research Group, 2005; Field, Baird, Saitz, Caetano, & Monti, 2010; Morgenstern & McKay, 2007; Orford et al., 2009; Tober, Clyne, Finnegan, Farrin, & Russell, 2008; Vasilaki et al., 2006; Witkiewitz, Hartzler, & Donovan, 2010). With few exceptions (e.g.,

Wells-Parker, Dill, Williams, & Stoduto, 2006; Wells-Parker, Kenne, Spratke, & Williams, 2000), our knowledge of specific intervention responsivity to intervention in the DWI population is lacking. The research into MI with DWI offenders is also nascent. Hence, assumptions about specific intervention responsivity with MI in DWI offenders are based upon findings from other populations (e.g., individuals who primarily misuse alcohol), which possess tentative generalizability to offender groups whose alcohol misuse may play a dissimilar role in their problems (McMurrin, 2009). Given the significant burden on health and the therapeutic challenge posed by DWI offenders, there is a need to better understand specific intervention responsivity in this population as well.

The purpose of this study was to examine specific intervention responsivity in DWI recidivists exposed to two distinct brief interventions: BMI and a control information–advice intervention (CTL). Based upon reanalysis of data from a previous randomized controlled trial (Brown et al., 2010), the following participant intake factors were explored: age, gender, education, DWI refractoriness (i.e., frequency of past offending), substance use severity, and readiness to change alcohol use. The scarcity in the offender literature of precedents regarding specific intervention responsivity to MI made hypothesis testing speculative. Nevertheless, strands of indirect evidence indicate that MI might be particularly well suited to offenders who (a) are younger because of their reactivity to authoritarian confrontation (Stein et al., 2006); (b) exhibit greater substance use problems and criminal behavior (i.e., frequency of past offending; Woodall et al., 2007); and (c) possess greater motivation for changing their problem drinking (Wells-Parker et al., 2000). The results of this study would help to clarify subgroups of DWI offenders for which two distinct brief interventions were most beneficial. This knowledge could suggest propitious clinical targeting of two forms of brief interventions in DWI recidivists.

2. Methods

2.1. Recruitment

The Douglas Mental Health University Institute Ethics Committee approved the study's recruitment, informed consent, and experimental protocols. Detailed description of recruitment, participant flow through and attrition, sample composition, and procedures is provided in Brown et al. (2010). In summary, this study was a double-blind, randomized controlled trial with three experimental episodes: participant induction, intake data collection, and intervention (T0); a 6-month in-person follow-up session (T1); and a 12-month in-person follow-up session (T2). Participants were recruited through advertisements in local papers, invitation letters sent by the Quebec licensing authority (*Société de l'assurance automobile du Québec*), and the snowball technique for participation in a study described as “a study into different methods of sharing

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