



Understanding the role of emotion-oriented coping in women's motivation for change☆



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ABSTRACT

This study tested a sequential mediation model that emotion-oriented coping and motivation for change mediate the relations between anxiety and depressive symptoms and the change in substance use. Data included 183 substance using women, randomly assigned to family therapy ($N = 123$) or individual therapy ($N = 60$). They reported their baseline anxiety and depressive symptoms, emotion-oriented coping, as well as motivation for change throughout treatment, and substance use over a time period of 1.5 years. Latent growth curve modeling showed that increased baseline motivation was associated with a faster decline in alcohol and drug use. Moreover, higher baseline anxiety and depressive symptoms were associated with a faster decrease in drug use through higher emotion-oriented coping and higher baseline motivation. This study underscores the importance of emotion-oriented coping in increasing clients' motivation and reducing their drug use.

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1. Introduction

Motivation for change is important in substance abuse treatment, as it is related to better client engagement, increased psychological functioning, longer abstinence and less dropout rate (e.g., DiClemente, Nidecker, & Bellack, 2008; Slesnick et al., 2009). Motivation for change refers to “an individual's concerns about or interest in the need for change, his or her goals and intentions, the need to take responsibility and make a commitment to change, and sustaining the behavior change and having adequate incentives to change” (DiClemente et al., 2008, p. 26). Most studies tend to study motivation only at one time across treatment process (e.g., Field, Duncan, Washington, & Adinoff, 2007; Font-Mayolas, Planes, Gras, & Sullman, 2007), whereas the change in motivation throughout therapy sessions is less understood.

Among incarcerated drug users, females tend to show higher motivation in terms of recognition of their problems, and are more likely to use emotion-oriented coping strategies in response to stressful situations than males (Pelissier & Jones, 2006). However, it is not clear how female substance users' coping strategies relate to their motivation for change. Understanding factors contributing to their motivation, although less investigated, is thus important. Research shows that higher pretreatment anxiety and depressive symptoms are associated with greater motivation and better treatment outcomes (Comeau, Stewart, & Loba, 2001; Slesnick et al., 2009). The present study investigated change in motivation among female substance users, and its association

with treatment outcomes. We also focused on factors associated with motivation for change and treatment outcomes.

1.1. Motivation for change in substance use treatment

The transtheoretical model of intentional behavior change proposes several stages of change (e.g. precontemplation, contemplation, preparation, action and maintenance) (Prochaska & DiClemente, 1984), whereas recent studies suggest that motivation occurs on a continuum through which motivation gradually increases, rather occurring in discrete stages (DiClemente, 1999; Slesnick et al., 2009). Most studies focus on the initial levels of motivation, whereas few studies offer information as to the evolving processes of clients' motivation throughout therapy and how they are associated with changes in substance use behaviors (Font-Mayolas et al., 2007). It is thus crucial to understand how the change process in motivation affects treatment outcomes.

In substance use treatment, clients' mental health has been associated with their motivation for change (Barnett et al., 2002). Some studies have found that mental health concerns can be a barrier for treatment (e.g., Field et al., 2007). Others have argued that the “hitting bottom” effect, in which individuals are more likely to seek treatment if they have experienced significant emotional distress as a result of their substance abuse, results in longer lasting change (Miller & Tonigan, 1996). Although there are mixed findings about the “hitting bottom” effect (e.g., Field et al., 2007), baseline symptoms of depression and anxiety were found to predict clients' motivation in drug use treatment (Barnett et al., 2002; Comeau et al., 2001; Slesnick et al., 2009). It is likely that the mixed findings are due to mixing genders or using a male dominant sample (e.g., Field et al., 2007), and mixing alcohol and drug

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use outcomes (e.g., Rosario, Schrimshaw, & Hunter, 2006). Moreover, understanding the mechanism underlying the association between depression, anxiety and motivation may shed light on how clients' mental health is associated with their motivation to change. It is likely that investigating the coping processes, how clients handle their distress, can help resolve this gap in knowledge.

1.2. Emotion-oriented coping

Coping is conceptualized as those cognitive and behavioral responses employed to manage specific external and internal demands that exceed the resources of the person (Lazarus & Folkman, 1984). Endler and Parker (1994) further categorized coping into three subtypes: task-oriented, emotion-oriented, and avoidance-oriented coping. Task-oriented coping includes individuals' efforts and thoughts aimed at solving a problem; avoidance-oriented coping consists of activities and cognitive strategies used to avoid stressful situations. Emotion-oriented coping is defined as individual's efforts at reducing stress through emotional responses, including emotion expression, blaming others, self-blame, emotion containment and passive resignation (Endler & Parker, 1994). Emotion-oriented strategies are favored by females, and by men or women who are predisposed to increase and maintain emotional arousal in response to emotional events (Kariv & Heiman, 2005; Melamed, 1994).

Research findings on emotion-oriented coping are mixed. Some studies report that higher emotion-oriented coping is associated with elevated depression and anxiety (e.g. Matheson & Anisman, 2003; McWilliams, Cox, & Enns, 2003). However, other studies report that emotion-oriented coping promotes psychological well-being, especially over the long-term (e.g., Kariv & Heiman, 2005; Van Harreveld, Van der Pligt, Claassen, & Van Dijk, 2007), possibly because strategies that focus on emotional processes reduce psychological distress. Meanwhile, theories of motivation also posit that the activation and arousal of emotional processes increases motivation (Bradley, Codispoti, Cuthbert, & Lang, 2001). Use of emotion-oriented strategies increases individual's awareness of distress, draws attention to emotional processes and generates self-reflective emotions such as regret and guilt, which might motivate individuals to change their distress-reducing strategies. It is thus likely the emotion-oriented coping mediates the links between anxiety and depressive symptoms and motivation for change, as well as actual changes in substance use behaviors.

1.3. The current study

This study is based on a secondary analysis of data from a clinical trial focusing on women's substance use outcomes. Overall, women

receiving family therapy with their child showed quicker declines in their substance use than their counterparts receiving the individual therapy intervention (Slesnick & Zhang, 2016). The present study provides new information on how the trajectory in motivation for change among female substance users is related to change in alcohol and drug use during and after treatment. Models of alcohol and drug use were estimated separately. This is because the mechanisms of change are likely to be different between alcohol and drug use, as illicit drug users experience more psychological problems such as anxiety and depression, and show poorer treatment outcomes than alcohol users (Slesnick, Bartle-Haring, Glebova, & Glade, 2006). Task-oriented coping was included as a covariate since it is a strong predictor of reduction in substance use (Dashora, Erdem, & Slesnick, 2011). Since it is likely these women use multiple coping strategies, controlling for the effect of task-oriented coping can better illuminate the association between emotion-oriented coping and motivation.

Fig. 1 presents the hypothesized model. It was expected that a higher initial level, as well as increasing motivation over time, would be associated with a faster decrease in substance use. It was further expected that higher anxiety and depressive symptoms would be related to increased emotion-oriented coping, which would be associated with a higher motivation for change and a faster decrease in substance use. That is, emotion-oriented coping and motivation for change would sequentially mediate the relationships between anxiety and depressive symptoms and the change in substance use over time.

2. Method

2.1. Participants

Participants included 183 female substance users. They were recruited from a substance abuse treatment center in a large Midwestern city. To be eligible for the current study, women had to (1) meet diagnostic criteria for an alcohol or drug use disorder as defined by DSM-IV, (2) be seeking outpatient treatment for their substance use disorder, and (3) have a biological child between the ages of 8–16 years. Mothers ranged in age from 22 to 54 years ($M = 33.9$), with their child's ages ranged from 8 to 16 ($M = 11.54$; 51.9% male). A majority (53.6%) of the mothers were Caucasian, with 42.6% being African American and 3.8% being other minority races. A third (32.8%) of the mothers reported marital status as single, 34.9% reported being in a romantic relationship, 10.9% reported as legally married, 8.2% reported as separated but still married, and 13.1% reported as divorced or widowed. As to annual family income, 26.8% reported having 0-\$5000 annually, 33.3% having \$5001-\$15,000, 21.3% having \$15,001-\$30,000, 8.7% having

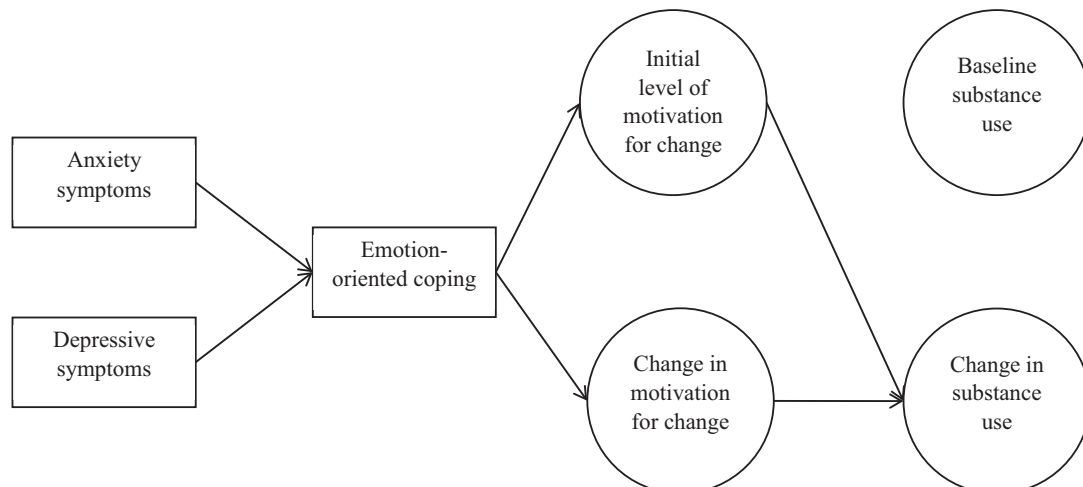


Fig. 1. Proposed mediation model.

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