



A pilot study of a brief motivational intervention for incarcerated drinkers



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ABSTRACT

Almost half of convicted jail inmates have an alcohol use disorder and many are released to environments that put them in contact with network members and cues that make them more likely to relapse on alcohol or drugs. Given the high-risk period immediately following release, the purpose of this study was to examine the efficacy of a brief motivational intervention administered just prior to release to increase substance use treatment entry and attendance, decrease alcohol and drug use, and change social networks for inmates with alcohol use disorders. Forty adult male inmates with AUDs were consented into the study and randomized to a motivational intervention or the control condition (an educational intervention), and then were contacted to do a 1-month follow-up interview (62.5% completed this interview). Results indicated that conducting these interventions was feasible and considered extremely helpful by participants. Although there were no significant group differences, medium to large effect sizes suggest possible benefits from the motivational intervention in decreasing days of alcohol and drug use and increasing abstinence, and reducing the proportion of heavy drug users or users of any kind in the social network. Future studies should replicate these findings in larger sample sizes and over longer follow-up time periods. Results may have implications for the use of brief intervention strategies at jails for inmates with AUDs.

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1. Introduction

Of the seven million adults currently involved in the criminal justice system (CJS), approximately two million individuals are incarcerated in prison or jail (Glaze & Parks, 2012). Almost half of individuals incarcerated in jail meet criteria for an alcohol use disorder (AUD) per the *Diagnostic and Statistical Manual of Mental Disorders-TR-IV* (American Psychiatric Association, 2000), which is a greater proportion than individuals incarcerated in state or federal prisons (Compton, Dawson, Duffy, & Grant, 2010). One-third of convicted jail inmates reported being under the influence of alcohol at the time of their offense, with a higher percentage among incarcerated offenders of violent crimes reporting they have been under the influence of alcohol (37.6%; Bureau of Justice Statistics, 2010). The positive association between alcohol use and involvement with the CJS suggests that therapeutic interventions aimed at helping individuals decrease their alcohol use may be one way to lower the number of people who are rearrested and reincarcerated in the United States. There is strong evidence for the efficacy of substance use treatment in reducing alcohol and drug use and criminal recidivism for individuals with AUDs and other substance

use disorders involved with the CJS (Bahr, Masters, & Taylor, 2012; Chandler, Fletcher, & Volkow, 2009; Coviello et al., 2013; DeMatteo, Shah, Murphy, & Koller, 2013; French, Zarkin, Hubbard, & Rachal, 1993; Kleiman & Heussler, 2011). The types of treatments in prison or jail settings that have empirical support are limited, but include therapeutic communities, cognitive behavioral treatments, 12-step meetings (Bahr et al., 2012), and mindfulness meditation (Bowen et al., 2006). Although some research has been done on substance use treatments in prisons and jails, most clinical research on offenders with AUDs has been done with individuals living in the community (e.g., drug courts).

1.1. Brief and motivational interventions

Motivational interventions include therapies that incorporate motivational interviewing and other motivational enhancement methods (Miller & Wilbourne, 2002). Motivational interventions are efficacious for individuals with AUDs (e.g., motivational enhancement therapy; Project MATCH Research Group, 1997) and often have been incorporated into brief interventions, which may be a good alternative when longer treatments are not available or are too expensive (Hallgren, Greenfield, Ladd, Glynn, & McCrady, 2012; Moyer, Finney, Swearingen, & Vergun, 2002). Motivation has been purported to be an important factor for individuals in substance use treatment (Hunter-Reel, McCrady, Hildebrandt, & Epstein, 2010), and is an area of concern for individuals

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involved with the CJS who are being referred or mandated to treatment (Kinlock, Sear, O'Grady, Callaman, & Brown, 2009). Research on motivational interventions for CJS-involved individuals is growing and there already are promising findings of increased treatment retention for adults in outpatient treatment (Lincourt, Kuettel, & Bombardier, 2002) and substance use outcomes among adolescents supervised by the juvenile justice system (Stein et al., 2011). Others also are examining the benefits of in-person and computer delivered motivational interviewing strategies with probationers (Taxman, Walters, Sloas, Lerch, & Rodriguez, 2015). Utilizing brief interventions that target motivation could be helpful in improving treatment, substance use, and criminal recidivism outcomes for incarcerated individuals with AUDs being released from jail. However, few studies beyond Lincourt et al. have examined brief motivational interventions for offenders specifically, highlighting an area of research that could help to address the large number of incarcerated individuals with AUDs.

1.2. Social support

There is strong evidence for the role of social support and social networks in alcohol and other drug use outcomes (Longabaugh, Wirtz, Zywiak, & O'Malley, 2010; Owens & McCrady, 2014). Many types of network members have been shown to influence individuals' relapses to alcohol and other drugs. Having a larger percentage of non-drinking friends in the network has been linked with better treatment outcomes (Zywiak, Longabaugh, & Wirtz, 2002) and, similarly, having more drinking friends has been associated with poorer outcomes (Mohr, Avena, Kenny, & Del Boca, 2001). Researchers also have highlighted the importance of social networks for offenders (Lemieux, 2002; Litt & Mallon, 2003). Owens and McCrady found that reductions in the proportions of heavy drug users in the social network mediated substance use from pre- to post-incarceration and that the first month was the most critical time for implementing changes in the social network after release from jail. The connection between social networks and relapse has been established for both drinkers in treatment and offenders with substance use disorders, suggesting that targeting post-release social networks may be an effective method for decreasing substance use and recidivism rates for individuals with AUDs being released from jail.

1.3. Current study

Individuals with AUDs comprise a major proportion of jail inmates and yet most alcohol treatment studies have not sampled this high-risk group. The strong support for alcohol treatments such as brief and motivational interventions suggests that implementing these approaches with inmates with AUDs could improve post-release outcomes. Further, social networks appear to influence the substance use of offenders recently incarcerated, particularly during the first month out of jail. The accrued evidence on brief interventions and the importance of the social network suggest that utilizing a brief motivational intervention with inmates with AUDs could be beneficial. In particular, an intervention focused on substance use and social networks provided just prior to the release from jail could decrease inmates' risk for relapse and criminal recidivism, and help to address the gap in the literature on effective treatments for incarcerated individuals with AUDs.

The first aim of the current study was to test the feasibility of providing a brief motivational intervention that targets substance use treatment attendance, alcohol and drug use, and social networks for adults with alcohol problems being released from jail. Based on previous research on brief interventions, it was hypothesized that a brief motivational intervention would be feasible as evidenced by the intervention being rated as "moderately" or "very helpful" on post-intervention reaction questionnaires completed by participants and therapists (see descriptions of questionnaires below). The second aim tested the efficacy of a brief motivational intervention for increasing entry and attendance at substance use treatment, decreasing alcohol and drug use, and

changing social networks after release from jail. It was hypothesized that compared to a control condition, participants in the motivational intervention condition would engage in more help-seeking behaviors (i.e., greater rates of substance use treatment entry and more days attending substance use treatment) after release from jail, would use alcohol and other drugs less (as measured by percent days abstinent from alcohol and drugs), and reduce the proportion of heavy drinkers and drug users among their social network members. The third aim focused on potential mechanisms of behavior change for this brief motivational intervention; it was hypothesized that motivation and confidence to attend substance use treatment, decrease alcohol and drug use, and change social networks would significantly mediate pre- to post-incarceration attendance at substance use treatment, abstinence, and changes in substance using social network members, respectively.

2. Material and methods

2.1. Participants

With the support of a large detention center in the Southwest, 40 adult males incarcerated at this facility were recruited for the study. Participants were recruited using presentations made within units at the detention center. An additional 10 males were consented into the study and completed the intervention; however, changes in study staff and resources interfered with contacting participants for additional, optional follow-up interviews. Namely, the principal investigator (M.O.) changed institutions and funding was not available for on-site research assistants. Thus, data from these participants were excluded from final analyses.

2.1.1. Inclusion criteria

Initial inclusion criteria included (a) recent legal involvement related to alcohol or drug use (e.g., committing crimes under the influence of alcohol or drugs, driving while intoxicated), (b) being sentenced with a release date in less than 30 days, to find individuals who were relatively close to being released from jail; and (c) being available for follow-up interviews after release from jail. Information provided on the slips received by the study staff was cross-referenced with inmate information to verify that inmates were sentenced and had a release date within 30 days. Inmates who met the three initial screening criteria were contacted at the jail to complete additional in-person screening, which included the following inclusion criteria: (a) moderate or high alcohol use involvement in the 3 months prior to incarceration, as measured by the National Institute on Drug Abuse-Modified Alcohol, Smoking, and Substance Involvement Screening Test; (b) current incarceration or having an arrest within the year prior to incarceration that was related to alcohol or drugs, which may have included but was not limited to driving while intoxicated, drug possession, being under the influence of alcohol or drugs while committing a crime, or probation violations because of alcohol or drug use; and (c) scheduled for release from jail within 14 days.

2.1.2. Exclusion criteria

Exclusion criteria included: (a) not being proficient in English, because many of the measures were not available in other languages; (b) being unwilling or unable to provide any post-release location information (at least two points of contact), which precluded them from being reached for the follow-up assessment; (c) being unable to complete a follow-up interview in Albuquerque, NM; (d) currently participating in the detention center methadone maintenance therapy program, as these inmates had substantially different experiences related to substance use treatment during their incarceration than other inmates (e.g., daily interaction with treatment staff); (e) experiencing active psychotic symptoms, as indicated by the Structured Clinical Interview for DSM-IV Diagnoses psychotic screening (First, Spitzer, Gibbons, & Williams, 2002), as current psychotic symptoms might have

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