



# The impact of motives-related feedback on drinking to cope among college students



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## HIGHLIGHTS

- Outcomes from a brief coping motive feedback intervention are examined.
- Participants were randomized to either receive motives-related or standard feedback.
- The motives-based intervention showed promising treatment outcome results.

## ARTICLE INFO

### Article history:

Received 26 May 2015

Received in revised form 25 September 2015

Accepted 14 February 2016

Available online 16 February 2016

### Keywords:

Motives

Alcohol use

Brief interventions

Coping

Personalized feedback

## ABSTRACT

Motives for alcohol use are associated with distinct antecedents and consequences. Drinking alcohol to cope with negative affect is consistently associated with the most problematic patterns of use. Interventions targeting drinking to cope are needed. This randomized controlled treatment trial is an initial attempt to evaluate the impact of a brief coping motive-specific personalized feedback intervention on motives and problematic outcomes associated with drinking. The study randomized 170 participants to receive either a brief Standard Feedback Condition (SFC;  $n = 83$ ) or a Motives Feedback Condition (MFC;  $n = 87$ ) that added education and feedback on drinking to cope as well as alternative coping strategies. Significant reductions in drinking to cope with anxiety and with depression were greater in the MFC at the 2-month follow-up. Significant reductions in drinking and negative consequences were observed but did not differ significantly by condition. Indirect tests showed that the MFC, relative to SFC, was associated with outcomes of drinking and negative consequences through change in drinking to cope with depression. Moderation analyses revealed that there were no differential outcomes according to baseline level of coping. This study is a promising new direction in motives research, providing support for brief personalized feedback interventions incorporating motives-related feedback.

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## 1. Introduction

Motives for using alcohol are psychological reasons for drinking that may provide insight into characteristics of drinkers and the consequences they experience (Kuntsche, Knibbe, Gmel, & Engels, 2005, 2006). The most commonly measured drinking motives include coping with negative affect, conformity with others, enhancement of positive affect, and social experience (Cooper, 1994). Motives for alcohol use are associated with distinct antecedents and consequences of use in a variety of populations (e.g., Cooper, Russell, Skinner, & Windle, 1992; Cooper, 1994; Kuntsche et al., 2005, 2006). Using alcohol to cope with negative affect has received the most empirical attention and has been associated with the most negative consequences (Ham & Hope, 2003; Kuntsche et al., 2005; Merrill, Wardell, & Read, 2014). The current study is an initial attempt to examine whether a brief personalized

feedback intervention (PFI) targeting drinkers who use to cope augments the impact of existing interventions.

Preliminary evidence indicates that targeting motives may be useful in reducing problematic use and highlights the importance of motives (Banes, Stephens, Blevins, Walker, & Roffman, 2014; Conrod, Castellanos-Ryan, & Mackie, 2011; Conrod, Stewart, Comeau, & Maclean, 2006; Conrod et al., 2000; LaBrie et al., 2008). Conrod and colleagues showed that a PFI matched to participant personality profiles reduced drinking motives consistent with the personality-targets, as well as the negative consequences associated with alcohol use (Conrod et al., 2000; Conrod et al., 2006; Conrod et al., 2011). For example, the intervention designed for individuals with anxiety sensitivity personality profile reduced levels of anxiety sensitivity, coping motives, and negative outcomes over time. Results from a brief PFI for female drinkers indicated that the intervention, which incorporated a discussion on motives, was associated with significant reductions in use and consequences as compared to the intervention without motives information (Labrie et al., 2008). A study focused on adult marijuana users

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found a change in motives for marijuana use following participation in a motivational enhancement and cognitive-behavioral treatment (Banes et al., 2014). They reported associations between reductions in coping motives and reductions in negative outcomes of marijuana use, suggesting that motives for use may be a mechanism of change.

Despite the work that has established that motives for use are associated with rates of use and consequences (c.f. Kuntsche et al., 2005, 2006), no known treatment study has tested a brief, individualized PFI that directly targets specific motives for use. The Conrod studies utilized a group format to introduce coping strategies specific to each personality profile (Conrod et al., 2000; Conrod et al., 2006; Conrod et al., 2011). LaBrie et al. (2008) utilized motives information in a brief format, but did not provide specific personalized feedback based on the motives that the individual specifically endorsed.

The goal of the current study is to evaluate the effectiveness of a coping motive-specific PFI that provides information and feedback on drinking to cope. The specific hypotheses are: (1) the PFI incorporating coping motives-related feedback and information will reduce coping motives for alcohol use, quantity of alcohol consumed, and associated negative consequences compared to a standard PFI; (2) the intervention will be associated with reductions in quantity of alcohol use and consequences of use indirectly through drinking to cope; (3) coping motives measured at baseline will moderate the effect of the intervention such that those with higher levels of the coping motive will show the largest reductions in alcohol use and related problems in the coping motive intervention condition.

## 2. Methods

### 2.1. Participants

Participants were undergraduates who were enrolled in psychology classes at a large southeastern university. In an effort to recruit individuals who drank regularly but not necessarily problematically, eligibility criteria included alcohol use on two or more days of a typical week. Additionally, participants were required to be at least 18 years of age. Eligibility criteria was explicitly stated in all recruitment materials. Of the 174 participants who attended a screening session, a total of 170 participants were eligible for and participated in the initial in-person intervention portion of the study. Analyses of demographic variables indicated that participants were primarily female (73.5%) and Caucasian (79.4%). The mean age of participants was 19.71 years (standard deviation = 1.42 years).

### 2.2. Design

Participants were administered a baseline assessment battery and randomized to either the Motives Feedback Condition (MFC;  $n = 87$ ) or the Standard Feedback Condition (SFC;  $n = 83$ ). See Fig. 1 for details of participant flow through the study. Participants were re-assessed two months after baseline to determine changes in coping motives, drinking, and consequences. We anticipated effect sizes to be in the small to moderate range ( $d = .35-.50$ ) based on previous studies of brief interventions (Conrod et al., 2011; LaBrie et al., 2008; Moyer, Finney, Swearingen, & Vergun, 2002; Vasilaki, Hosier, & Cox, 2006). We expected the effect of the MFC to be at the higher end of the range for measures of coping motives because the critical difference between conditions directly targeted the coping motives. Drinking and related consequences were expected to show smaller effects. Based on our sample size of 159 who completed assessments at both time points, the power to detect an effect of .50 was .88 when utilizing a mixed model GLM, with alpha set at .05 (G\*Power 3; Faul, Erdfelder, Lang, & Buchner, 2007). Power for an effect size of .35 was .59.

### 2.3. Procedures

Participants were recruited through an on-line system advertising studies available for extra credit in psychology classes. The study was described as an evaluation of different types of alcohol feedback. Procedures and measures were approved by the university Institutional Review Board. Baseline measures were obtained and the intervention was conducted in-person in a research office. Participants met with research staff to first determine eligibility. If participants were eligible and consented to participate, they completed a computerized assessment. Following the assessment, they were randomized into either the MFC or SFC condition.

The PFI was delivered by a masters-level graduate student and trained undergraduate research assistants. Research assistants were observed and rated for adherence to protocol, and did not progress to administering the intervention to study subjects until they successfully administered the intervention, adhering to all aspects of the protocol, with two or more pilot participants. The intervention took approximately 15–25 min. Participants in both conditions received a personalized feedback report (PFR) that included normative information on nationwide alcohol consumption, normative information about alcohol consumption at the university, and a discussion of the individual's reported consequences associated with drinking alcohol. The PFR in the

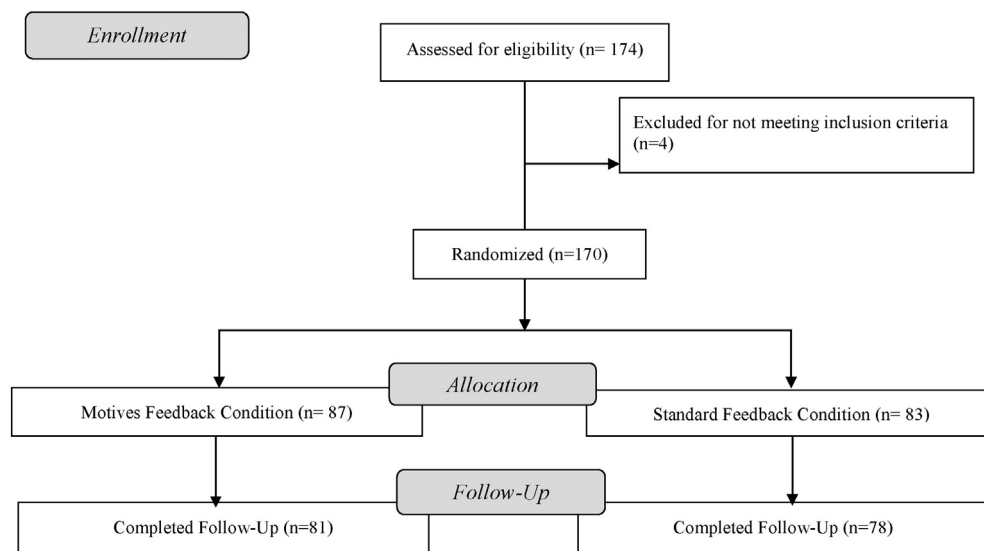


Fig. 1. Participant flow through intervention and follow-up shows participant progress and attrition through the intervention and follow-up.

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