



Brief web-based intervention for college students with comorbid risky alcohol use and depressed mood: Does it work and for whom? ☆



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HIGHLIGHTS

- Evaluated a web-based intervention for college student alcohol use and depressed mood
- No main effects for the interventions were found.
- Intervention effective for those with less depression and/or alcohol use at baseline

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ABSTRACT

College is a time of increased risk for problematic alcohol use and depressed mood. The comorbidity of these conditions is well documented, but is less well understood, with few interventions designed to prevent or reduce the related consequences. The current study evaluated a web-based personalized intervention for students ($N = 311$) who reported an AUDIT score of 8 or more, a BDI-II score of 14 or more, and reported drinking four (women) or five (men) or more drinks on at least one occasion in the past month. Method: Invited participants were randomly selected from all enrolled undergraduates at a large, public, Pacific Northwestern University. Participants completed a screening and baseline assessment, and those who met study eligibility criteria were randomized to one of four conditions (alcohol only, depressed mood only, integrated, and referral-only control). Follow-up occurred one-month post-intervention. Results: While no main effects for the interventions were found, there were moderation effects, such that students in the alcohol only and integrated conditions who had lower levels of depressed mood or alcohol-related problems at baseline showed greater reductions in alcohol-related problems at follow-up compared to students in the control condition. Implications for interventions are discussed.

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1. Introduction

Emerging evidence on the comorbidity of alcohol use, related problems and depressed mood in college students points to the need for the development of effective prevention and intervention approaches for this high-risk population. Numerous studies have found a relationship between greater alcohol use and/or related problems and depression or depressed mood symptoms in both community and college samples (Berger & Adesso, 1991; Camatta & Nagoshi, 1995; Colder, 2001; Flynn, 2000; Geisner, Larimer, & Neighbors, 2004; Wills,

Sandy, Shinar, & Yaeger, 1999). Research has shown that college student drinkers have a 50% increase in risk of mood or anxiety disorder compared to non-drinkers (Dawson, Grant, Stinson, & Chou, 2005). Further, students with alcohol dependence are more than twice as likely as non-drinkers to have a mood disorder. Similarly, college students with depressed mood have been shown to be more likely than non-depressed peers to use alcohol and other drugs and report more related consequences (Geisner et al., 2004; Ross, 2004; Weitzman, 2004). Approximately 82% of students with “poor mental health/depression” report drinking alcohol, 50% report heavy episodic or binge drinking, and these students report increased likelihood of drinking to get drunk compared to those without depression (Gilvarry, 2000; Weitzman, 2004).

Both alcohol misuse and depressed mood are common in college populations, and the comorbidity of these disorders is related to increased risk of negative consequences and decreased likelihood of maturing out of alcohol use problems in the future (Christensen, Griffiths, & Jorm, 2004; Perkins, 1999). Though there is great debate as to causality (i.e. does depression lead to more drinking or more drinking lead to

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more depression?), the nature of the relationship is complicated and it is likely that the relationship between mood and drinking is actually bidirectional. For example, [Hussong, Hicks, Levy, and Curran \(2001\)](#) found that sadness and hostility predicted subsequent drinking behavior, and drinking was associated with relief from sadness and hostility. However, drinking was also related to increased sadness and hostility dependent upon timeframe and social context, illustrating the complex nature of these relationships ([Hussong et al., 2001](#)). Unfortunately, students experiencing these difficulties are often not identified, and when they are, they often receive no services. Thus, an additional challenge involves connecting people who could benefit from clinical services with appropriate care earlier, to prevent the development of a more significant problem in the future. It remains an empirical question that has been largely unaddressed in the field as to whether treating alcohol first, depression first, or both at the same time is most efficacious.

1.1. Brief interventions for comorbid alcohol use and depressed mood

Many preventions and brief interventions exist to help college student drinking (see [Cronce & Larimer, 2011; Larimer & Cronce, 2002, 2007](#), for reviews) with web-based, personalized normative preventions/interventions showing both cost and outcome effectiveness. For depressed mood, fewer preventions and brief interventions are available for college students, though several on-line options have been tested and found to be effective for depression/stress ([Bergstrom et al., 2003; Christensen et al., 2004; Clarke et al., 2002; Proudfoot et al., 2004; Zetterqvist, Maanmies, Ström, & Andersson, 2003](#)). However, despite the documented comorbidity between depression and alcohol problems ([Grant & Harford, 1995; Kessler et al., 1997; Substance Abuse & Mental Health Services Administration \(SAMHSA\), 2008](#)), relatively few prevention or brief intervention studies could be found for those who are both heavy drinkers and have depressed mood. Specifically, [Geisner, Neighbors, Lee, and Larimer \(2007\)](#) found that normative feedback significantly reduced normative perceptions about peer alcohol use as well as personal alcohol use and problems in college students screened for depressed mood. A study examining comorbid depressed mood and alcohol use in an adult community sample found computerized and in-person versions of an intervention to be equally efficacious in reducing both mood symptoms and alcohol use at 12 month follow-up ([Kay-Lambkin, Baker, Lewin, & Carr, 2009](#)). Taken together, these studies suggest that it may be beneficial to utilize web-based interventions with comorbid populations.

1.2. Web-based approaches as part of a stepped-care model

Web-based approaches are attractive due to cost-effectiveness, ability to personalize information, and the widespread accessibility of the internet ([McCabe, Diez, Boyd, Nelson, & Weitzman, 2006](#)). Furthermore, younger people not only wish to access health information through forums using technology, they are actually critical of more traditional delivery methods ([Chambers, Connor, & McElhinney, 2005](#)). Stigma, cost, and other barriers could prevent those who may need services from seeking them ([Harris & Edlund, 2005; Ross, 2004; SAMHSA, 2008](#)). Providing individuals with personalized information about their symptoms in private (via the web) could enable them to prevent the escalation of symptoms and problems and facilitate future treatment seeking if needed ([Geisner, Neighbors, & Larimer, 2006; Patel, Branch, Mottur-Pilson, & Pinard, 2004; Sirey, Bruce, & Alexopoulos, 2005](#)).

It has been suggested that a stepped care approach could be appropriately utilized with dually diagnosed individuals ([Parikh, 2008](#)). Brief alcohol-based feedback interventions have shown efficacy across a variety of drinkers ranging from light, non-problem drinkers to heavy problematic drinkers (for reviews see [Larimer & Cronce, 2007; Cronce & Larimer, 2011; Murphy et al., 2012](#)). However, less is known regarding the level to which students with comorbid depressed mood and alcohol use will benefit from these types of interventions ([Merrill, Reid, Carey, &](#)

[Carey, 2014; Murphy et al., 2012](#)). Previous studies have shown similar brief interventions are particularly effective for those with milder disturbances ([Murphy et al., 2012](#)), and have been used within a step care model for other comorbid conditions (e.g., alcohol use and smoking ([Cunningham, Selby, & van Mierlo, 2006](#)), depression and anxiety ([Christensen et al., 2004](#))). One consideration when utilizing a brief feedback intervention with individuals experiencing depressed mood is that individuals with more severe symptoms may have less motivation to engage in the intervention ([Merrill et al., 2014](#)). Individuals experiencing more severe symptoms may require more intensive in-person interventions. Brief feedback interventions were designed to be used as an early intervention/prevention rather than a treatment of more severe disorders. Therefore, if brief interventions show efficacy in individuals with mild symptoms, they could prevent escalation to more severe disorders and reduce the future needs for long term care by identifying and intervening with people earlier. Thus, for college students already experiencing symptoms of both mood and alcohol problems, such an approach has the potential to be part of an effective and efficient model for delivering interventions targeted to people along the continuum of depression and alcohol use ([Geisner et al., 2006, 2007; Marks, 2002](#)). The proposed study evaluates a web based intervention for college students with comorbid mood and alcohol problems.

1.3. The present study

The current study is the first to evaluate a brief, personalized, web-based intervention for college students experiencing both elevated alcohol use and depressed mood. The first goal of the study was to extend previous work by evaluating the efficacy of an internet based adaptation of a mailed, brief intervention targeting comorbid depressed mood and alcohol use ([Geisner et al., 2006, 2007](#)). Further, previous work examined one intervention condition (combined mood and alcohol feedback) compared to control. In order to extend this work, the present study compared three intervention conditions (i.e., mood only, alcohol only, and integrated) to a control group in order to identify the type and amount of content needed to reduce alcohol use and problems among college students endorsing comorbid depressed mood and risky alcohol use. Based on previous work showing the benefits of brief alcohol ([Larimer & Cronce, 2002, 2007](#)) and mood interventions (e.g. [Geisner et al., 2006](#)), we hypothesized that individuals in the mood only and alcohol only intervention conditions would report significantly less alcohol use and fewer consequences compared to controls. Additionally, considering the integrated condition addressed both mood and alcohol use, we hypothesized that individuals in this condition would report significantly less alcohol use and fewer alcohol-related consequences compared to individuals in the other conditions.

A secondary focus of the study examined moderating variables for intervention effects, as similar brief interventions have been shown to be effective at reducing alcohol use and have been able to identify which students benefitted most from the intervention ([Neighbors, Lee, Lewis, Fossos, & Walter, 2009; Neighbors, Lewis, Bergstrom, & Larimer, 2006](#)). Based on research showing individuals with milder comorbid symptoms tend to benefit more from brief interventions ([Christensen et al., 2004; Clarke et al., 2002](#)), we expected that individuals with milder depression symptoms and a history of experiencing fewer alcohol related problems would have a more optimal drinking response to the intervention compared to those with more severe symptoms and alcohol problems.

2. Methods

2.1. Sample characteristics

The sample consisted of 311 students (62.4% female) from a large, public university in the Pacific Northwestern United States. The mean age at baseline was 20.14 ($SD = 1.34$) years. With respect to racial

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