



The effect of drinking goals at treatment entry on longitudinal alcohol use patterns among adults with alcohol dependence[☆]

Orion Mowbray^{a,b,*}, Amy R. Krentzman^b, Jaclyn C. Bradley^b, James A. Cranford^b, Elizabeth A.R. Robinson^b, Andrew Grogan-Kaylor^a

^a University of Michigan School of Social Work, 1080 S. University, Ann Arbor, MI 48109, United States

^b University of Michigan Department of Psychiatry Addiction Research Center and Substance Abuse Section, 4250 Plymouth Rd., Ann Arbor, MI 48109, United States

ARTICLE INFO

Article history:

Received 10 July 2012

Received in revised form 16 January 2013

Accepted 28 January 2013

Available online 21 February 2013

Keywords:

Drinking goals

Abstinence

Treatment

Motivational interview

Alcohol dependence

ABSTRACT

Background: Drinking goals at treatment entry are a promising, yet under-studied mechanism of change in alcohol use following treatment. It is not known who, upon treatment entry, is likely to desire abstinence as a drinking goal and whether desiring abstinence as a drinking goal influences alcohol use following treatment.

Methods: Data from a 2.5-year longitudinal study of alcohol-dependent adults from 3 treatment sites is examined in a secondary data analysis. At treatment entry, participants reported sociodemographic and clinical characteristics, as well as whether they desired abstinence as a drinking goal or not. At each subsequent wave, participants reported their alcohol use.

Results: Bivariate analyses showed that individuals from a VA outpatient treatment site, men, and racial or ethnic minorities were most likely to desire abstinence as a drinking goal at treatment entry. Multi-level mixed effects regression models indicated that individuals who at baseline desired abstinence as a drinking goal sustained higher percentage of days abstinent and higher percentage of days since last drink 2.5 years following treatment entry, compared to individuals who did not desire abstinence.

Conclusions: Understanding who is most likely to desire the specific drinking goal of abstinence can assist clinicians in anticipating client response to goal setting. Furthermore, by understanding the benefits and risks associated with drinking goals, clinicians can focus attention to individuals who desire a more risk-laden goal, including goals of non-abstinence, and tailor interventions, including motivational interviewing techniques, to support effective goals.

Published by Elsevier Ireland Ltd.

1. Introduction

1.1. Drinking goals as a mechanism of change

Treatments for alcohol dependence can be effective and increase the likelihood of recovery from alcohol problems (Dawson et al., 2006; Moos and Moos, 2006; Moyer et al., 2002). Of those who enter and complete treatment, approximately 60% will relapse to some drinking within the first year following alcohol treatment (Maisto et al., 2003; Whitford et al., 2009). With these findings in mind, current research on the outcomes of alcohol-use-disorder treatments examines mechanisms of change associated with reduced

alcohol use (Longabaugh et al., 2006). In this paper, we analyze the demographic and clinical characteristics of participants who at treatment entry desired abstinence compared to participants who did not and subsequent 2.5-year alcohol-use patterns among participants who desired abstinence compared to participants who did not.

The question of whether individuals entering treatment should be given the choice of treatment goals, such as abstinence, remains a controversial issue in the field of alcohol research (Coldwell and Heather, 2006; Marlatt, 1983; Roizen, 1987). Despite this, allowing adults seeking treatment for alcohol dependence to self-select drinking goals upon treatment entry has become a common treatment practice (Foy et al., 1979; Sobell and Sobell, 1995). With self-selection of drinking goals becoming more common, clinicians may benefit from additional evidence that suggests who is most likely to desire a drinking goal of abstinence or non-abstinence. Clinicians may also benefit from evidence about the effects on subsequent alcohol use of choosing a drinking goal of abstinence or non-abstinence at treatment entry.

[☆] Supplementary material can be found by accessing the online version of this paper at <http://dx.doi.org>. Please see Appendix A for more information.

* Corresponding author at: 1080 S. University, Ann Arbor, MI 48109, United States. Tel.: +1 734 260 4730.

E-mail address: omowbray@umich.edu (O. Mowbray).

This study examines these questions: Who is most likely to desire a drinking goal of abstinence at treatment entry, and does a drinking goal of abstinence predict subsequent drinking patterns?

The selection of drinking goals at treatment entry is a promising, yet under-studied, mechanism of change which may have an impact on alcohol use following treatment (Adamson et al., 2010). Examining drinking goals can have immediate clinical appeal. Clinicians frequently work with clients to establish a drinking strategy, and to instill motivation for maintaining that strategy throughout treatment. When examining outcomes associated with treatment for alcohol use disorders in Project MATCH, identifying abstinence as a drinking goal was a critical element in changes associated with remission of alcohol dependence (DiClemente, 2007). Additional longitudinal research from the United Kingdom showed that abstinence as a drinking goal upon treatment entry significantly predicted higher percentage of days abstinent one year later (Adamson et al., 2010).

Additionally, clients prefer to have a choice of drinking goal (Sobell and Sobell, 1992) and that people are more likely to achieve goals they self-select than goals imposed on them (Bandura, 1986; Brehm and Brehm, 1981; Deci and Ryan, 1985). However, those who desire a non-abstinence drinking goal upon treatment entry continue to drink at heavy levels following treatment, compared to those who select a drinking goal of abstinence (Adamson and Sellman, 2001). This finding suggests that in terms of long-term change, self-selection of drinking goals, especially a non-abstinence drinking goal, may not produce sustained behavioral change.

Yet, evidence is mixed as to whether abstinence as a drinking goal at treatment entry has any influence on future alcohol use. Early research on drinking goals showed that when clients were allowed to establish their own goals (either abstinence or non-abstinence), those who adopted a non-abstinence drinking goal experienced drinking problems for a shorter period of time and were more accurate in predicting whether they could meet their drinking goal (Pachman et al., 1978). Subsequent longitudinal studies comparing those who adopted a non-abstinence drinking goal and those who adopted abstinence as a drinking goal found there was little difference between these two groups in mean daily alcohol consumption or in the length of drinking problem (Adamson and Sellman, 2001; Booth et al., 1984).

Within the literature examining abstinence as a drinking goal, several limitations are worth mentioning. Of the research reviewed, the timeframe of post-treatment follow-up under analysis varies from 4 weeks to 6 months; a relatively short length of time. The available data is inconclusive about whether the goal of abstinence produces the same or different alcohol-use outcomes following treatment compared to a goal of non-abstinence. Furthermore, even in treatment settings where abstinence is encouraged, many clients adopt non-abstinence drinking goals and do not achieve total abstinence (Hall et al., 1990). Finally, not all studies of drinking goals are from the United States, where the vast majority of treatment centers advocate abstinence and only abstinence. Thus results from other countries may not generalize to understanding associations with drinking goals in places where abstinence is the primary goal of treatment (such as in the United States; Cox et al., 2004; Rosenberg and Davis, 1994). A detailed and refined approach to examining alcohol use between individuals who adopt abstinence and individuals who adopt a non-abstinence drinking goal is needed.

1.2. Current directions of research in drinking goals and alcohol use

In addition to interest in how drinking goals are associated with alcohol use over time, demographic and clinical characteristics of those who are most likely to desire abstinence as a treatment goal is

also of interest. Previous research has found that abstinence is more likely to be a drinking goal among men, those who are employed, those who are highly educated, and racial or ethnic minorities (Adamson and Sellman, 2001; Booth et al., 1984; Heather et al., 2010; Pachman et al., 1978). However, these results are derived from studies composed of small samples or from outside of the United States, where abstinence-based treatment approaches are less dominant. Additionally, the long-term impact of abstinence as a drinking goal at treatment initiation on longitudinal alcohol use patterns is not known. To extend the research on drinking goals at treatment entry and its relationship to subsequent alcohol use, this analysis examines data from the Life Transitions Study (LTS; Robinson et al., 2011), a 3-year longitudinal panel study originally designed to examine the relationship between spirituality, alcoholics anonymous participation, and drinking outcomes.

2. Method

2.1. Sample

Data from the LTS (Robinson et al., 2011) were examined in a secondary analysis. The LTS is a longitudinal study of 364 adults who met DSM-IV criteria for alcohol dependence who were drawn from treatment and non-treatment sources. For this analysis, 93 LTS participants who were not in treatment were dropped, given the current study's interest in abstinence as a drinking goal upon treatment entry. This left a final sample size of 271 alcohol-dependent adults who were in treatment for alcohol dependence at their baseline interview. Participants included in the current study were recruited from three sites: (1) a university-affiliated outpatient addiction treatment program ($N=157$), (2) a VA outpatient substance use treatment clinic ($N=80$), and (3) a drinking program which helped individuals to reduce, but not to stop, their drinking ($N=34$). Both the university affiliated outpatient program and the VA outpatient treatment clinic adhere to classic, abstinence-based treatment models. All study procedures were approved by the appropriate IRB committees.

Participants completed in-person interviews every 6 months for 2.5 years (see Robinson et al., 2011, for additional details). At baseline, all participants met criteria for alcohol dependence as measured by the structured clinical interview for DSM-IV (SCID; First and Gibbon, 1997); had at least one drink in the 90 days prior to baseline; were aged 18 or older; had no evidence of current psychosis, suicidality, or homicidality; and were literate in English. All participants entered the study after they had been in treatment for 1 week, but not more than 4 weeks.

2.2. Measures

2.2.1. Sociodemographic characteristics. At baseline, participants were asked to report their age, gender, race/ethnicity, and number of years of education. Due to small numbers of some ethnic groups, race/ethnicity was recoded to three groups: White, Black/African American, and Other.

2.2.2. Clinical characteristics. At baseline, participants were asked yes/no questions about whether they had any previous experience with alcoholics anonymous (AA) and a family history of alcohol problems. Additionally, participants were asked at what age their alcohol problems began. Finally, participants were asked to complete the short inventory of problems (SIP; Miller and Tonigan, 1995), a 15-item measure of the negative consequences of drinking ($\alpha = 0.91$).

2.2.3. Abstinence as a drinking goal. At study entry, participants were asked if they wanted to be abstinent. Responses options to this

Download English Version:

<https://daneshyari.com/en/article/7507191>

Download Persian Version:

<https://daneshyari.com/article/7507191>

[Daneshyari.com](https://daneshyari.com)