Increasing Addiction Treatment Services among Individuals with Alcohol Use Disorders

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Background

- High community prevalence of alcohol use disorders (20-22% lifetime prevalence).
- Most do not receive treatment (<25%).
Theory of Planned Behavior
Cognitive Behavioral Theory

- Mechanism behind CBT is that beliefs, feelings and behaviors are interconnected.
- Therefore, modifying beliefs would modify both feelings and behaviors.
- With respect to the TPB, modifying beliefs about treatment would modify attitudes toward treatment, which would modify the intention to seek treatment and potentially treatment seeking behavior.
Purpose

The purpose of this study was to assess the feasibility of a brief cognitive-behavioral intervention designed to modify cognitive barriers to alcohol treatment.
Procedures

- Two hundred individuals who screened positive for an alcohol use disorder (score of higher than 16 AUDIT) randomly assigned to intervention or control groups.
- Participants in control group were read information about the dangers of alcohol misuse.
- Participants in intervention group scheduled 45-60 minute intervention.
- All participants completed baseline and follow-interviews 3 months subsequent to participation.
Measures

*Baseline measures included:*
- iMPASSE
- Readiness to change questionnaire

*Follow-up interview:*
- iMPASSE
- Treatment Services Review
Brief CB Intervention

- Tailored, brief, manualized intervention administered by phone.
- Targets beliefs about alcohol treatment.
- Steps:
  1. Brief introduction to CBT (5 minutes).
  2. Elicit and modify beliefs about alcohol treatment (30-40 minutes).
  3. Wrap-up, planning (5 minutes).
Modifying beliefs about treatment

- **3-step process to modifying beliefs:**
  1. Ask whether belief is 100% true?
  2. Ask whether there are any alternative beliefs?
  3. Ask whether anything could change the accuracy of the belief (how realistic is the belief)?
Example of process

“My problem isn’t bad enough to seek treatment”.

Could be altered to:

“It might be a good idea to talk to someone before the problem gets any worse”.

Or:

“It is difficult to admit that this has gotten to be a problem in my life recently”.
Data Analysis

- Hypothesis 1: Participants receiving the intervention will have more positive attitudes toward treatment post-intervention than participants in the control group.

- Hypothesis 2: Participants receiving the intervention will be more likely to engage in treatment post-intervention than participants in the control group.
Sample

- N=198
- 54% male
- 76% Caucasian, 11% African American, 7% Latino/a
- 52% Private Insurance, 26% uninsured
- 65% within 30 minutes of their physician
- Age range 19-81 (mean age 40.1 years)
- Audit score 16-39 (mean score 26)
NEED CASH FOR ALCOHOL RESEARCH
Changes in intention to seek treatment

P < 0.000
Changes in attitude toward treatment

\[ P < 0.005 \]
Changes in subjective norm

P < 0.07
Changes in perceived behavioral control

![Bar Chart of Perceived Behavioral Control](chart.png)

Mean Scores

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
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<td>6.0</td>
</tr>
<tr>
<td>Control</td>
<td>4.8</td>
<td>5.5</td>
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P < 0.001
Treatment engagement

- Participants receiving the intervention were more likely to seek alcohol treatment post-intervention than participants given information about the dangers of alcohol use (31% versus 12%, p < 0.005).
Results cont’d

- Participants receiving the intervention were three times as likely to enter treatment than participants in the control (OR = 2.99, p = 0.007). Even with readiness to change, insurance status and travel distance entered into the analyses.
Themes

Most common theme discussed during the intervention session was the discomfort associated with treatment (psychologically and physiologically).

“Getting help would be hard. It wouldn’t be like a vacation”.

“It’s hard to be intimate, close with people and to admit to someone that I have a problem”.

“I worry that I won’t survive detox”.
Themes cont’d

The second most common theme discussed involved not needing help.

”I choose to drink”.

”Drinking is not a problem. It makes me happy”.

”I don’t need help”.
Themes cont’d

Other common beliefs discussed in session:

1. Can control the problem on my own
2. Stigma (don’t want to admit a problem to myself and don’t want to admit problem to others)
3. Alcohol is my primary coping skill
Example of intervention session

59-year old Caucasian female

- “If drinking made me unhappy, I would stop drinking.”
- “Drinking helps me to fall asleep.”
- “How else would I relax?”
Modified beliefs

1. “Drinking does make me unhappy. It makes me feel out of control and I become less sensible”.

2. “My mind races when I get exhausted and overstimulated and I could learn other ways to unwind”.

3. “Other things relax me, like listening to the blues and gardening.”
Summary intervention

- Participant stated that she was not looking forward to counseling but she thought it would help her be a better mother to her daughter and she was going to do it.

- Preferred counseling to AA “I can’t take that God and rigidity and rules”.
Summary

- Participants receiving the intervention were more likely to enter treatment.
- More research is needed implementing the intervention with other individuals with substance use disorders.
- More work is needed to find a “home” for the intervention.