Goal commitment predicts treatment outcome for adolescents with alcohol use disorder

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Abstract
Objective: Commitment to change is an innovative potential mediator and mechanism of behavior change (MOBC) that has not been examined in adolescents with substance use disorders (SUD). The Adolescent Substance Abuse Goal Commitment (ASAGC) questionnaire is a reliable and valid 2-scale measure developed to assess the adolescent's commitment to either abstinence or harm reduction (HR) that includes consumption reduction as a stated treatment goal. The objective of this study was to examine the ASAGC's ability to predict alcohol use treatment outcome.

Method: During sessions three and nine of a 10-week treatment program, therapists completed the ASAGC for 170 adolescents 13–18 years of age with alcohol use disorder (AUD). Drinking behaviors were assessed during and after a continued-care phase until 12-month from study onset.

Results: Analysis of Variance results indicated that adolescents who reported no alcohol use had significantly higher scores on the commitment to abstinence scale than adolescents who reported alcohol use. None of the ANOVA models were significant for commitment to HR. When treatment outcome was examined, commitment to abstinence consistently predicted number of drinking days, number of heavy drinking days, and the maximum number of drinks post-treatment. In contrast, commitment to HR did not predict any of the drinking outcomes. These results suggest that the more adolescents were committed to abstinence during treatment, the less they used and abused alcohol after treatment completion.

Conclusions: In addition to the ASAGC's ability to differentiate between commitment to abstinence and commitment to HR, study findings demonstrate that goal commitment consistently predicts AUD treatment outcome.

1. Introduction
Significant progress has been made over the past twenty years in the development of evidence-based practice treatment protocols for youth with alcohol and other substance use disorders (AOSUD; Dennis & Kaminer, 2006; Passetti, Godley, & Kaminer, 2016). Most interventions have been provided in outpatient settings where the vast majority of adolescents are treated. The focus has been on several therapeutic approaches and modalities including family/community therapies, cognitive behavioral therapy, motivational interviewing, and 12-step/fellowship meetings as reviewed in recent meta-analyses (Becker & Curry, 2008; Hogue, Henderson, Ozechowski, & Robbins, 2016).
As well as integrated interventions reported in the benchmark cannabis Youth Treatment (CYT) study (Dennis, Godley, Diamond, et al., 2004). Despite prominent differences in theory, design, and methodology, studies employing various treatment modalities in youth with AOSUD have reported remarkably similar outcomes (Hogue et al., 2014; Waldron & Turner, 2008). Rates of adolescent relapse of substance involvement are comparable to those of adults during the first year of post treatment completion (Chung & Maisto, 2006; Kaminer, Burleson, & Goldberg, 2002). Research has shown that about 60% of adolescents continue to vacillate in and out of abstinence after discharge from 12-week treatment programs (Dennis et al., 2004: Williams & Chang, 2000). At this point, relatively little is known about mechanisms of behavior change (MOBC) in adolescents receiving these interventions, which highlights the need to study the underlying processes involved as reviewed by Black & Chung, (2014). Changes in self-efficacy (Burleson & Kaminer, 2005; Moss, Kirisci, & Mezzich, 1994), coping skills (Waldron & Kaminer, 2004), perceived difficulty to abstain (King, Chung, & Maisto, 2009) and motivation or readiness to change (O'Leary & Monti, 2004) appear to account for some portion of treatment effects.

Goal-setting as a predictor of AOSUD treatment outcome has not been well studied. According to the Goal-Setting Theory (Locke & Latham, 2002), specific goal setting is related to better performance due to reducing ambiguity. The only adult study that investigated the role of goal setting in cannabis treatment outcomes reported that initial goal setting was associated with abstinence or moderate use as the desired outcomes (Lozano, Stephens, & Roffman, 2006). Spinola, Park, Maisto, and Chung (2017) conducted the only adolescent study on youth AOSUD outcomes and goal setting. They reported that goal setting predicted lower cannabis use and that adolescents with lower frequency of cannabis use are more likely to set abstinence-related goals. Kelly and Greene (2013) noted that a potentially higher order construct of motivation to change may reflect commitment to change by adhering to identified treatment goals. They argued that “in contrast to being motivated to change, being committed to change implies the presence of a stronger desire that is more compelling and forceful, and that may be less susceptible to the undulating future circumstances and contingencies that so often weaken resolve and make motivation fluctuating.” Consequently, they developed and tested a five-item commitment to sobriety scale for emerging adults 18–25 years of age. In addition, Hall, Havassy, and Wasserman (1991) developed a single-item commitment to abstinence questionnaire for adults, which used six response categories to differentiate the participant’s goals surrounding abstinence. This measure was validated by subsequent research (Mensinger, Lynch, TenHave, & McKay, 2007; Morgenstern, Frey, & McCrady, 1996). Although commitment to treatment goals has been examined in adults, it is not clear whether it similarly is a salient mechanism for change in adolescents receiving treatment for AOSUD.

The traditional goal of treatment has been abstinence. However, the adult oriented harm reduction (HR) literature has focused mainly on reduction of negative consequences without addressing abstinence or even decrease in consumption as goals (Marlatt, 1998; Marlatt & Witkiewitz, 2010). Harm reduction might be the preferred choice for some adolescents who do not wish to commit to abstinence. Although, when it comes to adolescents, it is prudent to add consumption reduction as a goal in order to achieve reduction of negative consequences. The reason for that added goal when examining treatment outcome of alcohol use disorders (AUD) is that many adolescents are still on a trajectory of increased drinking (i.e., frequency, quantity) and negative consequences until their mid-twenties when the maturational development of the pre-frontal cortex is complete (Chung & Martin, 2011; Derefenko et al., 2016; Rutherford, Mayes, & Potenza, 2010). It is noteworthy that adolescents might also drift between the two goals of abstinence and HR at different points in time.
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