



DRINKING GOAL SELECTION IN BEHAVIORAL SELF-MANAGEMENT TREATMENT OF CHRONIC ALCOHOLICS

DAVID C. HODGINS

University of Calgary and Foothills Hospital, Calgary, Alberta

GILLIAN LEIGH and ROBERT MILNE

Cape Breton Regional Hospital, Sydney, Nova Scotia

ROBIN GERRISH

Addiction Research Foundation, Toronto, Ontario

Abstract — The relationship between individuals' choice of abstinence or moderate drinking during outpatient behavioral management treatment and outcome over 12 months' posttreatment was examined. At the initial assessment, 46% of 106 chronic alcoholic subjects chose abstinence, 44% chose moderate drinking, and 9% were unsure. Over the course of treatment, subjects were more likely to move from moderation to abstinence goals, and after the first 4 weeks of treatment, two-thirds chose abstinence. These subjects were older, had more severe alcohol problems (i.e., higher MAST scores), and were more likely to maintain their weekly alcohol consumption goals during the 16-week treatment period. Moreover, these subjects reported less alcohol use in the 12 month follow-up period, and a greater proportion were judged as having successful outcomes. The implications of these findings are discussed.

INTRODUCTION

Abstinence as the sole treatment goal for alcoholics has been heatedly debated and has been the subject of much research attention. In a review of the empirical evidence, Rosenberg (1993) concluded that there was convincing support that two factors are positively associated with moderate drinking after alcohol treatment: lower level of dependence on alcohol and a personal belief that controlled drinking is possible. However, many factors, particularly changeable social and psychological features of individuals, have not been adequately examined (Rosenberg, 1993). One aspect of the controversy that has received relatively little attention is the effect of allowing treatment-seeking problem drinkers and alcoholics to choose their own treatment goals concerning alcohol consumption. A number of investigators have questioned the impact of imposing treatment goals on individuals (Miller, 1986/87; Sanchez-Craig & Lei, 1986; Sobell & Sobell, 1986/87). Certainly, many individuals arrive at treatment settings with nonabstinent goals (Booth, Dale, & Ansari, 1984; Cannon, Baker, & Ward, 1977). If given the opportunity, it appears that individuals prefer to have a choice (Sobell, Sobell, Bogardis, Leo, & Skinner, 1992).

According to social cognitive theory, people strive harder to attain goals when they play an active role in goal selection than when the goals are assigned (Bandura, 1986; Sobell et al., 1992). Treatment, particularly outpatient treatment, provides individuals with the opportunity to test strategies and evaluate the usefulness of their chosen goal

This project was supported by a grant from the National Health Research and Development Program, Ottawa (6603-1311-DA). The opinions expressed in this report are those of the authors and do not necessarily reflect the views or policies of the Addiction Research Foundation.

Address correspondence to: D.C. Hodgins, Addiction Centre, Foothills Hospital, 1403 29 St. N.W., Calgary, Alberta, Canada T2N 2T9.

between treatment sessions. With therapist guidance, an optimal goal may evolve as treatment proceeds. Moreover, a self-efficacy analysis of behavior change predicts that successful goal attainment during treatment would enhance self-efficacy, which would be positively related to outcome (Annis & Davis, 1989). From this perspective, flexible goals during treatment may be more obtainable and ultimately more beneficial.

Although the research is limited, a small number of studies have evaluated the effect of allowing goal choice in alcohol treatment. Booth and colleagues provided two reports of the 12-month outcomes of two samples of problem drinkers who were given a choice of goal in a 6-week behaviorally oriented residential program in England. Individuals who chose moderation were recommended to maintain abstinence for 3 months prior to resuming drinking.

In the first study (Booth et al., 1984), of 37 subjects (gender was not reported) 15 (40%) chose abstinence, 12 (32%) chose moderation, and 10 (27%) were strongly advised to abstain for medical reasons. The moderation group was significantly younger and reported a lower daily alcohol consumption than the other two groups. At the 12-month follow-up, there was no difference in outcome between those choosing abstinence or moderation. Those advised to abstain fared most poorly.

In the second report from this centre (Booth, Dale, Slade, & Dewey, 1992), outcomes from 100 subjects (67 men and 33 women) were described. Again, the majority of the subjects chose abstinence (60% initially and 64% by the end of treatment) and there was no difference in outcome between the two groups. The authors conclude, furthermore, that the overall outcomes from their program providing goal choice are similar to outcomes reported for abstinence-oriented programs described in the literature.

Elal-Lawrence and colleagues (Elal-Lawrence, Slade, & Dewey, 1986, 1987) also reported 12-month outcomes from an English behaviorally oriented alcohol treatment program that allowed patients, except those suffering liver damage, choice in their treatment goal ($N = 139$). The subjects' initial treatment goal and goal by the end of the program were noted. The program offered inpatient, day, and outpatient programs, and most subjects participated in two or all three of these programs. The sample was not randomly selected from individuals attending the program, but instead was selected to compare successful abstainers, moderate drinkers, and relapsers. Subjects were excluded from the sample if their status at follow-up was unclear; therefore, the relative success rates for those choosing moderation or abstinence goals are unknown. However, results indicated that successful abstinence or moderation or relapse was not associated with subjects' initial treatment goals (Elal-Lawrence et al., 1986).

Subjects' final treatment goals, in contrast, were associated with outcome status. Abstinent subjects were significantly more likely to have had an abstinent goal (71%) and moderate drinkers to have had a moderation goal (66%). Of relapsers, 59% had a moderation goal and 41% had an abstinent goal (Elal-Lawrence et al., 1987).

Ojehagen and Berglund (1989) examined goal changes over the course of a 2-year outpatient program for 50 alcoholics (74% men). The program combined psychodynamic counselling, relapse prevention, and individualized contracting. A goal of abstinence or moderate drinking was set initially for subjects without medical contraindications and then could be modified every 3 months. Initially, 41 of 50 subjects (82%) chose abstinence, 8 (16%) chose moderation, and 1 (2%) had abstinence imposed owing to pancreatitis. Forty-two percent of subjects changed their goals during the follow-up period, and men were more likely than women to alter their goal. By 24 months, 64% of the sample had an abstinent goal. Greater alcohol dependence was associated with a final choice of abstinence but also greater consumption of alcohol on

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات