



Protective behavioral strategy use and motivations for drinking: Exploring Alternatives to Drinking strategies

Ashley N. Linden*, Benjamin A. Kite, Abby L. Braitman, James M. Henson

Department of Psychology, Old Dominion University, 250 Mills Godwin Building, Norfolk, VA 23529-0267, USA

HIGHLIGHTS

- Identified the types of PBS associated with various drinking motives.
- Determined the best fitting model of PBS for each type of drinking motive.
- Strategies used while drinking were more relevant for those with positive motives.
- Alternatives to Drinking strategies were more relevant for negative motives.
- Findings provide implications for future clinical alcohol interventions.

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ABSTRACT

Protective behavioral strategy (PBS) use is associated with less alcohol consumption and fewer alcohol-related problems. Further, greater endorsement of social or enhancement drinking motives (i.e., positive motives) is associated with less frequent PBS use. Limited research has, however, explored coping or conformity motives (i.e., negative motives) in relation to PBS. Consequently, the present study aimed to (1) identify the types of PBS most strongly associated with negative and positive motives and (2) examine different types of PBS as mediators of the relationship between each drinking motive and alcohol outcomes. Participants were college students ($n = 303$; 70% women) who completed measures of drinking motives, PBS, alcohol use, and alcohol-related problems. Results indicated that greater endorsement of positive drinking motives were more strongly associated with less frequent use of PBS while drinking whereas negative motives were more strongly related to less frequent Alternatives to Drinking strategy use. Further, strategies used while drinking were more relevant in a model of positive drinking motives and Alternatives to Drinking strategies were more relevant in a model of negative motives. These findings may suggest that whereas individuals with stronger positive motives have difficulty using strategies while drinking, individuals who drink to cope or conform have greater difficulty utilizing Alternatives to Drinking strategies. Based on our results demonstrating that different types of PBS are more relevant for various types of drinkers, it may be important for future interventions to discuss not only the participant's PBS use but also their motivations for consuming alcohol.

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1. Introduction

Drinking motives are reasons for consuming alcohol and are associated with alcohol use (Cooper, 1994). Predominant motivations for drinking include social (i.e., drinking to be more outgoing), enhancement (i.e., drinking to increase positive affect), coping (i.e., drinking to decrease negative affect), and conformity (i.e., drinking to avoid negative peer evaluation). Social and enhancement motives are positive reinforcement motives; coping and conformity motives are negative reinforcement

motives. Having stronger negative motives can be considered a risk factor because they are associated with alcohol-related problems, such as alcohol use disorders (Carpenter & Hasin, 1999).

Research has suggested that drinking motives are associated with protective behavioral strategy (PBS) use, or behaviors that individuals can use to limit alcohol consumption and/or alcohol-related problems. Individuals who typically endorse more positive motives compared to negative motives use fewer PBS (LaBrie, Lac, Kenney, & Mirza, 2011; Martens, Ferrier, & Cimini, 2007). Further, PBS use mediated the associations between positive motives and alcohol outcomes, but not between coping motives and outcomes (Martens et al., 2007); stronger positive motives were related to less PBS use, which in turn predicted greater alcohol consumption; there was no relationship for negative motives.

* Corresponding author at: Old Dominion University, 250 Mills Godwin Building, Norfolk, VA 23529-0267, USA. Tel.: +1 757 683 4439; fax: +1 757 683 5087.

E-mail addresses: alind016@odu.edu (A.N. Linden), bkite001@odu.edu (B.A. Kite), abraitma@odu.edu (A.L. Braitman), jhenson@odu.edu (J.M. Henson).

Importantly, the above studies examining drinking motives and PBS used items from the PBSS (Martens et al., 2005), which measures strategies used while drinking (SWD) that can only be used in social environments (Martens et al., 2007). Therefore, these strategies may be relevant for those motivated to drink in social situations, and not be applicable to those who drink for negative reinforcement purposes, where they often drink alone (Mohr et al., 2001). Because individuals who drink to avoid negative affect and peer evaluation are at greater risk for experiencing alcohol-related problems, it is important to identify types of PBS that are problematic for these individuals. Furthermore, examining the relationship between drinking motives and other PBS addresses a methodological limitation raised by Prince, Carey, and Maisto (2013). That is, by focusing on types of PBS beyond SWD, researchers can examine broader PBS (e.g., finding Alternatives to Drinking) implemented outside social situations.

Alternatives to Drinking (ATD) strategies from the Strategy Questionnaire (SQ; Sugarman & Carey, 2007) are behaviors to avoid alcohol consumption, which may be relevant for those who drink to reduce negative affect. Therefore, it may be useful to examine ATD strategies as related to negative drinking motives. To date, one study has examined these strategies and drinking motives together, finding significant negative associations with social and coping motives (Patrick, Lee, & Larimer, 2011). However, this construct was only measured by one item (i.e., “Choose not to drink alcohol”). To build upon these preliminary results, the present study used multiple ATD strategies to use a more reliable assessment and test the influence of indirect effects between drinking motives, PBS, and alcohol outcomes. Findings could provide researchers with information for skills-based alcohol interventions, such that interventionists could tailor intervention information by discussing specific PBS that are more efficacious given an individual's motivations.

In the present research, we aimed to examine associations between various drinking motives and PBS. We hypothesized that negative motives would be associated with less frequent ATD strategies compared to positive motives. We also examined different types of PBS as mediators of the relationship between each drinking motive and alcohol outcomes.

2. Method

2.1. Participants and procedure

Participants were 303 undergraduate students from a southeastern university. To be eligible, participants must have been at least 18 years old and reported past-month alcohol use when signing up for the study. The majority were female (70%) and Caucasian (65.3%) with a mean age of 22.58 ($SD = 5.32$) years. Participants reported consuming an average of 9.05 ($SD = 8.61$) drinks per week. Participants completed questionnaires online and received extra credit in their courses as compensation.

2.2. Measures

2.2.1. Alcohol consumption

Alcohol use was measured with the Daily Drinking Questionnaire (DDQ; Collins, Parks, & Marlatt, 1985). The DDQ asks participants to report drinking for a typical week over the past three months. Total drinks consumed were used as a measure of alcohol use.

2.2.2. Protective behavioral strategies

PBS was assessed with the Protective Behavioral Strategies Survey (PBSS; Martens et al., 2005) and the 4-item ATD subscale (e.g., “Finding other ways besides drinking to reduce stress”; $\alpha = .79$) on the Strategy Questionnaire (SQ; Sugarman & Carey, 2007). The PBSS assesses three PBS: Stopping/Limiting Drinking (e.g., “Stop drinking at a predetermined time”; 7 items; $\alpha = .85$), Manner of Drinking (e.g., “Avoid

drinking games”; 5 items; $\alpha = .71$), and Serious Harm Reduction (e.g., “Use a designated driver”; 3 items; $\alpha = .74$). For the PBSS, participants were asked to report how often they used each behavior when drinking or ‘partying’ on a five-point scale (1 = *Never*; 5 = *Always*). For the SQ, participants were asked the number of times that they used a variety of strategies in the past three months on a six-point scale (0 times, 1 time... 11 or more times).

2.2.3. Drinking motives

Drinking motives were measured with the 28-item Modified Drinking Motives Questionnaire–Revised (modified DMQ–R; Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007). Participants were asked how often they drink for specific reasons using a five-point response scale with anchors of 0 (*Almost never/Never*) and 4 (*Almost always/Always*). The modified DMQ–R assesses five motives: social ($\alpha = .91$), conformity ($\alpha = .92$), enhancement ($\alpha = .87$), coping-depression ($\alpha = .94$), and coping-anxiety ($\alpha = .81$). Consistent with Grant and colleagues' recommendations, we used the social subscale from the DMQ–R (Cooper, 1994).

2.2.4. Alcohol-related problems

Alcohol-related problems were assessed with a modified 22-item version of the Brief Young Adult Alcohol Consequences Questionnaire (B-YAACQ; Kahler, Strong, & Read, 2005; $\alpha = .89$). Participants were asked to indicate which problems they experienced in the past three months.

3. Results

Analyses were conducted using Mplus 6.1 (Muthén & Muthén, 1998–2010). Maximum likelihood estimation was used to accommodate missing data (<5%). Bivariate correlations revealed that the PBSS composite was negatively correlated with social, $r(303) = -.35$, $p < .001$, enhancement, $r(303) = -.36$, $p < .001$, coping-anxiety, $r(303) = -.23$, $p < .001$, and coping-depression drinking motives, $r(303) = -.12$, $p < .044$. The PBSS composite was unrelated to conformity motives, $r(303) = -.04$, $p = .463$. ATD were negatively correlated with social, $r(303) = -.12$, $p < .031$, conformity, $r(303) = -.20$, $p = .001$, coping-anxiety, $r(303) = -.23$, $p < .001$, and coping-depression motives, $r(303) = -.22$, $p < .001$. ATD were unrelated to enhancement motives, $r(303) = -.11$, $p = .066$. Overall, positive motives were more strongly related to SWD, and negative motives were more strongly associated with ATD.

3.1. Mediation models

To assess the strength of relationships between individual drinking motives and SWD strategies, we tested PBS as a mediator of the association between drinking motives and alcohol outcomes. The fit for this model was poor: $\chi^2(26) = 261.94$, RMSEA = .173, CFI = .826, TLI = .631, SRMR = .142. We then removed the negative drinking motives. This modified model (Fig. 1) had substantially better fit: $\chi^2(11) = 33.14$, RMSEA = .081, CFI = .969, TLI = .921, SRMR = .041. Moreover, a likelihood ratio test indicated that the inclusion of all motives yielded significantly worse model fit than the positive motives alone, $\Delta\chi^2(15) = 228.80$, $p < .001$. This indicates that SWD are more relevant in a model of positive motives than negative motives. Regarding indirect effects, PBS significantly mediated the association between enhancement motives and use, $B = 0.78$, $SE = 0.32$, $p = .016$, bootstrap 95% CI [0.30, 1.62] and problems, $B = 0.42$, $SE = 0.17$, $p = .016$, bootstrap 95% CI [0.16, 0.86]. PBS did not significantly mediate the relationship between social motives and use, $B = 0.32$, $SE = 0.22$, $p = .150$, bootstrap 95% CI [−0.01, 0.90] nor problems, $B = 0.17$, $SE = 0.12$, $p = .149$, bootstrap 95% CI [−0.01, 0.48] after controlling for enhancement motives.

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