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The Important People Drug and Alcohol interview: Psychometric properties, predictive validity, and implications for treatment

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Abstract

Research with the Important People instrument has shown that social support for abstinence is related to alcohol treatment outcomes, but less work has been done on the role of network support in drug treatment outcomes. A drug and alcohol version of the Important People instrument (IPDA) was developed and administered to 141 patients in residential treatment for cocaine dependence. Three components were found, all with acceptable internal consistency: (a) substance involvement of the network, (b) general/treatment support, and (c) support for abstinence. These components and three fundamental network characteristics (size of daily network, size of network, and importance of the most important people) were investigated as correlates of pretreatment and posttreatment alcohol and drug use. The general/treatment support component and network size were inversely related to pretreatment days using drugs, whereas network substance involvement positively correlated with pretreatment drinking frequency. Size of the daily network predicted less drinking, less drug use, and less problem severity during the 6 months after treatment, whereas general/treatment support and support for abstinence did not predict outcome. Network substance involvement decreased for patients who stayed abstinent but not for those who later relapsed. Results suggest that increasing the number of people the patient sees daily while replacing substance-involved with abstinent-supportive people may improve treatment outcomes. Treatment programs may use the IPDA to identify clients most likely to benefit from changes in their social networks. © 2009 Elsevier Inc. All rights reserved.

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1. Introduction

Studying social network characteristics in addiction research derives from social/environmental theoretical models (e.g., Connors & Tarbox, 1985) and coping/social learning theoretical models of addiction (e.g., Monti, Kadden, Rohsenow, Cooney, & Abrams, 2002). Social network characteristics have been demonstrated to be related to the initiation and continuation of drug use (e.g., Hawkins, Catalano, & Miller, 1992) drug cessation, maintenance of abstinence, and relapse. The role of social support in the process of addiction recovery is of particular relevance in guiding treatment development.

Donovan (2005) presents a useful framework for distinguishing relapse factors into distal, intermediate, proximal, and transitional factors upon which social network characteristics can be mapped. In terms of social networks, distal factors include a family history of an alcohol or drug

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problem, intermediate factors include social support, proximal factors would include social pressure, and transitional factors include the reaction of the social network to a lapse. Lack of social support has been associated with drinking to cope (Holahan, Moos, Holahan, Cronkite, & Randall, 2004), dropping out of substance use treatment (Dobkin, Civita, Paraherakis, & Gill, 2002), and failure to maintain abstinence after treatment (Hser, Grella, Hsieh, Anglin, & Brown, 1999). Emotional support and functional social support are highly predictive of long-term abstinence from alcohol and/or other drugs (Beattie & Longabaugh, 1999; Havassy, Hall, & Wasserman, 1991; McMahon, 2001; Witkiewitz & Marlatt, 2004). Poor quality of social support and level of support for abstinence have also been related to relapse (Dobkin et al., 2002; Brown, Vik, & Craemer, 1989). In addition, the success of marital and network therapy for alcohol and drug problems (Galanter, 1993; O'Farrell & Fals-Stewart, 2006) and the proliferation of mutual-support groups across the globe (Makela, 1996) suggest that a variety of social network characteristics may play a critical role in recovery from substance use. Mutual-support groups have been found to increase the likelihood of initiating abstinence while beginning treatment in the National Institute on Drug Abuse Collaborative Cocaine Treatment Study (Weiss et al., 1996) and to promote long-term abstinence, with AA participation during the second and third year following treatment improving the likelihood of abstinence (Bond, Kaskutas, & Weisner, 2003).

1.1. The Important People and Activities interview

The Important People and Activities (IPA) interview (Beattie & Longabaugh, 1999; Allen & Wilson, 2003) is one frequently used measure of alcohol-specific social network influences. A strength of the IPA is that it assesses many different aspects of social support that may be important in substance use recovery and assesses them over a wide range of relationships. The interview identifies members of the social network who have been important in the last 6 months and then asks respondents to rate each member on frequency of contact, importance, extent of general support received, drinking status, drinking frequency, reaction toward the subject's drinking, and support for treatment or abstinence. Because the IPA assesses a wide variety of aspects of support in recovery, it is ideal for studies comparing the effects of various aspects of alcohol-relevant social support. For example, Beattie and Longabaugh (1999) found that both general and abstinent-specific support predicted 3-month outcomes, but only abstinence-specific support predicted long-term outcomes. Furthermore, Zywiak, Longabaugh, and Wirtz (2002) found a larger daily network and greater percentage of abstainers and/or recovering alcoholics in the network-predicted better outcomes (Project MATCH Research Group [PMRG], 1998). In its various permutation, the IPA has operationalized support for

abstinence and support for drinking as two ends of the same continuous variable.

A second strength of the IPA is that it has received extensive research attention with alcohol-dependent patients in a variety of multisite randomized clinical trials. In addition to Project MATCH (PMRG, 1997, 1998), the IPA has been used in Project COMBINE (COMBINE Research Group, 2003) and the United Kingdom Alcohol Treatment Trial (The UKATT Research Team, 2001) yielding a variety of significant research findings. For example, in Project MATCH, IPA variables predicted patient outcomes during the 12-month follow-up (PMRG, 1997) and 3 years later and also evidenced a 3-year matching effect (PMRG, 1998): Patients reporting a higher network drinking frequency at baseline had better 3-year outcomes when assigned to 12-Step Facilitation rather than Motivational Enhancement Therapy. The large and growing IPA research literature (e.g., Mohr, Averna, Kenny, & Del Boca, 2001) provides a solid context for interpreting the results of new studies that use this measure.

We expanded the IPA to assess variables in regard to substance use, to complement the assessment of alcohol-related indices, because alcohol and drug use often co-occur. The purpose of this study was to adapt the IPA to substance use in general and to report its reliability and concurrent validity with data from substance-dependent patients in residential treatment. We also examine which indices and composites best predicted substance use outcomes following substance abuse treatment. Further, we describe several treatment implications of these findings.

2. Methods

2.1. Participants

Patients were recruited from a state-funded inner-city residential substance abuse treatment program with a statewide catchment area. They were recruited for a larger assessment study focused on assessment of craving and other predictors of outcome (Rohsenow, Martin, & Monti, 2005). The abstinence-oriented 1- to 2-month treatment program used 12-step groups, education, relapse prevention groups, family therapy, and outpatient aftercare.

2.2. Overview of procedures

All procedures were approved by the Institutional Review Boards of Brown University, the Providence VA Medical Center, and the clinical site and were consistent with the principles in the Declaration of Helsinki. Recruitment with informed consent was typically done on the second day of treatment, and the 4-hour assessment battery was conducted during free time in the first week of treatment. Current *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*) cocaine dependence was the