

Using self-help materials to motivate change at assessment for alcohol treatment

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Received 10 August 2000; received in revised form 26 February 2001; accepted 7 March 2001

Abstract

The utility of a brief self-help booklet provided at assessment for alcohol treatment was evaluated using a quasi-experimental design (booklet provided to all clients for one month at a time, interspersed by one month of no booklets, for a 6-month period). While the booklet did not result in any significant reduction in client attrition, clients who received the booklet at their assessment were drinking less by the 6-month follow-up than those who did not receive the booklet. Limitations of this study, including the quasi-experimental design and the impact of the low baseline attrition rates, are discussed. © 2001 Elsevier Science Inc. All rights reserved.

Keywords: Dropout; Client attrition; Self-help; Motivation; Alcohol

1. Introduction

Client dropout is a concern for many addictions treatment agencies, with estimates of client attrition ranging from 20% to 80% (Baekland, Lundwall, & Shanahan, 1973; Gordis, Dorph, Sepe, & Smith, 1981; Nirenberg, Sobell, & Sobell, 1980; Rees, 1985; Smart & Gray, 1978; Stasiewicz & Stalker, 1999). This attrition can occur right at the front door, as a substantial number of clients attending assessment do not return for further treatment. As a result, some individuals who are considering changing their alcohol or drug use may never receive treatment services. It is important, therefore, to provide clients with some useful materials at their assessment appointment, as this may be an agency's only contact with many of its clients.

Materials provided at assessment should be able to serve a number of different functions. First, the materials should provide clients with an incentive to start working on their alcohol concerns right away, whether they return for treatment or not. This initial "strike while the iron is hot" approach could help clients reduce their drinking more effectively than leaving them to wait for the treatment to start. Second, the materials might help reduce client dropout at this initial stage. Brief motivational (e.g., Miller, Sovereign, & Krege, 1988) and self-help interventions (Agostinelli, Brown, & Miller, 1995; Cunningham, Wild, Bondy, & Lin, in press; Heather, Kissoon-Singh, & Fenton, 1990; Koski-Jännes, 1995; Sanchez-Craig, Davila, & Cooper, 1996) have demonstrated efficacy. As such, materials provided at assessment have a good chance of impacting on drinking outcomes and of significantly improving the quality of care that treatment agencies provide for all of their clients, whether they return for further treatment or not. This trial employed a quasi-experimental design to evaluate one such motivational self-help booklet ("Alcohol and You") with clients who

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have primary alcohol problems at the Addiction Research Foundation (ARF) site of the Centre for Addiction and Mental Health (Toronto, Canada).

2. Materials and methods

At the end of the initial assessment appointment, the “Alcohol and You” booklet was given to all adult clients with primary alcohol concerns during alternating months for a 6-month period (i.e., one month, all alcohol clients were given the booklet; the next month, no clients were given the booklet). For those who were given referrals to ARF clinical programs, data from the clinical information system were used to determine whether each client actually returned for further treatment. Also, a random subsample of all clients who attended assessment and gave consent to be recontacted was followed up at 6 months after their initial assessment. Clients were included in this subsample irrespective of whether they returned for further treatment or even received a treatment referral. These clients were interviewed by telephone by trained follow-up workers, and asked about their drinking during the 90 days prior to follow-up (i.e., consume any alcohol?, days drinking?, and drinks per drinking day?). The procedures followed were in accord with the standards of the Committee on Human Experimentation of the ARF.

2.1. ‘Alcohol and you’ assessment booklet

The materials in the “Alcohol and You” booklet were developed and modified from other self-help (Agostinelli et al., 1995; Koski-Jännes, 1995; Miller and Muñoz, 1982; Sanchez-Craig et al., 1996; Sobell et al., 1996) and motivational intervention approaches (Miller & Rollnick, 1991; Rollnick, Heather, & Bell, 1992). While there are many techniques that have potential utility in this type of booklet, the materials were chosen with the perspective of encouraging the individual to consider the costs of their drinking, to motivate them to want to change, and to take the next step toward change. Further, as it was recognized that a key audience for this booklet was clients who would not return after assessment, more emphasis was placed on techniques encouraging the individual to change rather than on persuasive arguments to return for treatment. It was judged that a booklet focusing on the need to attend treatment might prove counterproductive, as clients who don’t return for treatment are those who may benefit most from the booklet while at the same time be the most likely to set the booklet aside as “not for them” if they see arguments about the need for treatment. Finally, as assessment is often a setting where there is little extra time to devote to specialized activities, a labor-intensive feedback procedure that required substantial changes to standard assessment procedures would be unlikely to be adopted by many treatment agencies after the evaluation. The personalized

assessment feedback booklet evaluated in this trial took little effort (or time) to administer and differs from other assessment feedback procedures given by therapist providers in that the personalized feedback is given to the client at the end of the assessment appointment rather than requiring the client to wait until their next appointment. This procedural difference is important, as many clients do not return for further treatment.

The “Alcohol and You” booklet consists of eight sections:

(1) Focusing on Alcohol and You. This section provides a summary of the client’s drinking and alcohol consequences as they were reported in the assessment.

(2) Alcohol — The Big Picture. Normative information about the drinking patterns of men and women in Canada is described to allow the client to compare his or her drinking to others in the general population. The client is also provided with a figure that depicts their risk of experiencing negative consequences if they drink at differing levels (population data derived from the 1994 *Canada’s Alcohol and Other Drugs Survey* (Statistics Canada, 1994).

(3) Finding Out More About My Drinking. The client is shown an example of a daily drinking diary, which they can use to record their drinking.

(4) What Can I Expect If I Decide to Change My Drinking? The client is provided with some simple information about the short- and long-term effects of reducing their drinking.

(5) Choosing to Change. A brief decisional balance exercise is provided, in which the client is encouraged to evaluate their own costs and benefits of reducing drinking.

(6) Setting Your Drinking Goal. The client is encouraged to set a goal, and tips about ways to quit or reduce drinking are provided.

(7) Getting Help to Reach My Drinking Goal. This section emphasizes the benefits that can be gained by talking to and getting support from people whose opinion is important to them. The usefulness of self-help groups and addictions counselors is also stressed.

(8) Making One Decision for Change — Right Now! The booklet ends with a menu of different options that the client can take to make the next step toward change.¹

3. Results

During the 6-month study period, 1,122 clients attended an assessment appointment, 499 of whom had primary alcohol concerns and were not part of the youth treatment program. For these 499 clients, the only significant ($p < 0.05$) difference in demographic and baseline drinking characteristics between conditions was age [t test = 2.3, $p < 0.02$; mean (SD) age: booklet = 41.0 (10.8), no book-

¹ Copies of the booklet materials are available from the corresponding author upon request.

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