

### 3.9 Confidence helps resist a return to drinking

**Findings** Severely alcoholic men lacking social supports for a drink-free lifestyle can acquire skills which will prevent a return to heavy drinking, as long as they feel confident in their ability to resist.

60 alcoholic men detoxified at a Scottish alcohol treatment unit were sequentially allocated to usual treatment over the next two weeks (the control condition) or also to one of two relapse prevention interventions. Delivered over eight one-hour sessions, these differed in method rather than content: in the skills training intervention clients practised skills and strategies to handle high-risk situations; in the discussion intervention they talked about them. Outcomes were assessed six and twelve months after treatment. Report 1 reveals that lapses (any drinking) and relapses (heavy drinking) were significantly delayed by skills training, for relapses typically by five months. Though 12 months later treatment effects had faded or were obscured by drop-out, at six months far more of the skills group (40% v. 5%) had sustained abstinence and 25%–35% fewer had drunk heavily or experienced symptoms of dependence.

**LINKS** Nuggets 3.7 • *Project MATCH: unseen colossus*, issue 1, p. 15

Report 2 probed for underlying variables which may have led to these outcomes. The client's confidence in their ability to resist the urge to drink heavily (as expressed immediately after treatment) was the variable most closely related to sustained improvement. Termed 'self-efficacy', it was also more clinically relevant than other variables because it can be enhanced by treatment. There was evidence that the skills training intervention had significantly enhanced self-efficacy and that this at least partly accounted for better outcomes.

**In context** Small samples could have prevented further differences in outcomes emerging but do not invalidate such as were found. The individual who developed the skills intervention also interviewed the subjects. However, his assessments were randomly checked by an independent 'blind' interviewer. Inpatients and outpatients were approached for the study but there is no report of the mix in each group or whether this affected the results. Had patients with a history suggestive of damaged brain function not been excluded, factors such as self-efficacy might have proved less significant. We do not know if the treatments were delivered as intended. Research appointment reminders led several subjects to curtail drinking, a serendipitous finding which accords with research indicating that post-treatment checks on progress exert a restraining effect.

In Project MATCH, a large US alcohol treatment trial, self-efficacy at treatment entry was one of the few variables to predict later drinking. The featured study suggested that raising concern over drinking without enhancing confidence in tackling it could be counter-productive. Consistent with this, MATCH found that clients with low self-efficacy did less well during motivational enhancement therapy. Research generally has found skills-based relapse prevention better than no intervention, usually better than discussion groups, and about as effective as other psychotherapies ▶ *Secondary sources*.

**Practice implications** The study adds to evidence that treatment services do not have to accept that unpromising clients will do badly, but can alter motivation and (in this case) self-efficacy in ways which promote recovery. Confidence in one's ability to resist a return to heavy drinking can be bolstered by active learning of strategies and skills to handle high-risk situations. Successful 'dummy runs' in less challenging situations seem particularly likely to boost confidence and create a virtuous circle. However, an environment which (as in this study) offers few satisfying alternatives to drinking and abundant temptations will often test such skills to breaking point, placing an onus on services to encourage countervailing social networks such as Alcoholics Anonymous. Skills-based relapse prevention is not cheap in training (20 hours in the featured study) or delivery time, but if it minimises relapse it could save sufficient police and health resources to justify the investment.

**Main sources** 1 Allsop S., et al. "A trial of relapse prevention with severely dependent male problem drinkers." *Addiction*: 1997, 92(1), p. 61–74 2 Allsop S., et al. "The process of relapse in severely dependent male problem drinkers." *Addiction*: 2000, 95(1), p. 95–106. Copies: for both apply Alcohol Concern.

**Secondary sources** Carroll K.M. "Relapse prevention as a psychosocial treatment: a review of controlled clinical trials." *Experimental and Clinical Psychopharmacology*. 1996, 4(1), p. 46–54.