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Aims

To explore the theoretical mechanism behind the effect of the Abstinence Preparation Group (APG), a pre-detoxification Cognitive Behavioural group intervention, in order to inform necessary modifications of its content.

More specifically, we are looking to explore if self-efficacy, urges to drink, positive expectancies and negative expectancies from drinking are changing during the group therapy, and whether these changes are consistent with theory prediction, and correlated with reduction of drinking as expected.

Background

Relapse Prevention interventions based on Cognitive Behaviour Therapy models are a well-established part of the recommended structured treatment package for alcohol dependence (1). These interventions, which typically follow medically assisted withdrawal, emphasise enhancing the ability of the person to regain control over the decision making process involved in resisting or lapsing into alcohol use (2, 3), and are well-supported by evidence (1). The key components include a reduction of positive expectancies from drinking, development of negative expectancies from drinking, development of self-efficacy and coping skills with specific high risk situations and finally development of overall lifestyle changes compatible with an abstinent way of living.

However, empirical evidence suggests that less than 60% of people completing a medically assisted withdrawal attend aftercare interventions, demonstrating the importance of implementing CBT interventions whilst people are still drinking (4). In addition, there is growing evidence that repeated detoxification attempts might have a negative impact on cognitive functioning (5, 6), further suggesting the need for people to develop self-efficacy, coping skills and implement lifestyle changes as early on in the recovery process as possible.

An adapted version of the Preparation for Alcohol Detoxification (PAD) groups (4) was developed and implemented in Surrey last July (2013). The 'Abstinence Preparation Group' (APG) consists of six weekly CBT-based group sessions, promoting stabilisation of drinking and if possible gradual reduction, initiation of lifestyle changes and preparation of an aftercare plan. Evaluation of the first 6 months suggested that 46 completed APG (77%). A very promising finding was that during the APG 18 people were able to complete a guided gradual withdrawal from alcohol (51% of those completed APG during this period) and that 17/18 were abstinent 1 month afterwards. However, despite these positive findings, it is argued that is not enough to just show that a treatment is effective. Understanding how the treatment works is also fundamental to its success, further development and provides insight into which components or theoretical concepts are valid (7).

Methods

All clients ready to enter the APG will be invited to participate in the study. Participants will be assessed at baseline before starting APG, at time 1; immediately after completion of the group and at time 2; 1 month post detox/withdrawal completion. The following measures will be used at all time points:

- Severity of Alcohol Dependence Questionnaire (SADQ).
- The Alcohol Urge Questionnaire.
- The Drug Taking Confidence Questionnaire adapted for alcohol dependence (8).
- The Substance Use Beliefs Questionnaire (SUBQ) (8) to measure positive and negative expectancies. This is a 28 items questionnaire (14 positive and 14 negative expectancies items), with good concurrent validity for both subscales, good discriminant and predictive validity for the negative expectancies subscale.

Analysis

We will assess if people completing APG have changed in measured theoretical concepts as predicted by theory, and if these changes correlate with reduction of drinking as measured by the SADQ. A two side correlation and multiple regression analysis will take place, using a sufficient sample size of 46. We hypothesise that:

- APG participation will lead to reduction of SADQ score;
- AUQ will be reduced and will positively correlate to SADQ;
- SUBQpos will be reduced and will positively correlate to SADQ;
- SUBQneg will be increased and will negatively correlate to SADQ;
- DTCQ will be increased; and will negatively correlate to SADQ.

Results

	t0 Mean (SD)	T1 (end group) Mean (SD)	T2 (1 month FU) Mean (SD)	Direction
Severity Dependence SADQ (0-60)	32.03 (12.76)	25.91* (13.69)	10.83* (10.37)	↓ predicted
Urges (AUQ 8-56)	37.06 (13.74)	26.33* (11.81)	11.09* (5.96)	↓ predicted
Positive expectancies (SUBQ-P 14-70)	47.14 (11.89)	35.83* (10.69)	19.11* (5.35)	↓ predicted
Negative expectancies (SUBQ-N 14-70)	42.52 (13.45)	39.15 (13.75)	51.91* (8.09)	↑ predicted
Self-efficacy (DTCQ 1-800)	250.29 (178.05)	399.41* (180.67)	745.71* (51.69)	↑ predicted

*significant change from t0 and t1.

References

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