

Telephone-based intervention shows promise in combating alcohol abuse among soldiers

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Researchers used ads and informational booths at military events to recruit participants for the study. Credit: University of Washington

Alcohol abuse is pervasive in the military, where a culture of heavy drinking and the stress of deployment lead many soldiers down a troubled path.



Almost half of active-duty military members in the United States—47 percent—were binge-drinkers in 2008, up from 35 percent a decade earlier. Rates of <u>heavy drinking</u> also rose during that period, according to a 2012 report by the Institute of Medicine. But many in the military avoid seeking help for alcohol abuse, fearing disciplinary action or other repercussions, and few soldiers are referred for evaluation or treatment.

"If you're in the military and you seek <u>substance abuse treatment</u>, your commanding officer is notified and it goes on your medical record and your military record. That's a huge barrier," said Denise Walker, director of the Innovative Programs Research Group at the University of Washington School of Social Work.

Not surprisingly, there is little research on what type of treatment is most effective for active-duty military members. To shed new insight on that question and remove obstacles to seeking treatment, Walker and a team of researchers tested a telephone-based intervention geared specifically to military members struggling with <u>alcohol abuse</u>—with promising results.

The study, published online Oct. 13 in October in the *Journal of Consulting and Clinical Psychology*, found that participants in the telephone intervention significantly reduced their drinking over time, had lower rates of alcohol dependence and were more likely to seek treatment.

The trial involved 242 military members at Joint Base Lewis-McChord in western Washington, who were recruited through advertisements and informational booths at military events. All met the criteria for alcohol use disorder, though none were enrolled in treatment programs.

Participants had an initial interview by phone to assess their daily and monthly alcohol consumption. They were also asked a series of questions



about the consequences of their drinking—for example, whether it had impacted their physical training or interfered with their ability to fulfill their duties.

Then participants were randomized to a treatment or control group. The control group received educational information about alcohol and other drug use, while the treatment group got a one-hour personalized intervention session over the phone that used "motivational interviewing," a goal-oriented approach intended to help people make positive behavioral changes.

"The intervention really connects their behavior with their values and goals and wants for themselves," Walker said. "It's a safe place to talk confidentially and freely with someone on the other end who is compassionate and non-judgmental."

The counselors also asked participants about their alcohol consumption versus that of their peers, to gauge whether excessive drinking was in part spurred by normative perceptions about alcohol use in the military.

"The army has a culture of drinking, so there's a heightened sense among soldiers that their peers are drinking more than they actually are," said Thomas Walton, project director for the study and a UW doctoral student in <u>social work</u>.

"When those perceptions are corrected, it can have a strong effect, as heavy-drinking soldiers often reduce their intake to more typical levels."

Follow-up interviews were conducted three and six months after the sessions and showed significant decreases in both drinking rates and alcohol dependence. Intervention group participants went from drinking 32 drinks weekly on average to 14 drinks weekly after six months, and their rates of <u>alcohol dependence</u> dropped from 83 to 22 percent.



Alcohol dependence also decreased in the <u>control group</u>, from 83 to 35 percent.

"Those are pretty dramatic reductions in drinking, particularly for one session with a counselor," Walker said. "That was really encouraging."

Participants increasingly sought treatment over time; by the six-month follow-up, nearly one-third of soldiers in both groups had made some move toward seeking treatment, such as discussing substance abuse concerns with an army chaplain or making an appointment for treatment intake. While the intervention led to more dramatic decreases in drinking, providing educational information may be enough to prompt some to take a first step toward making a change, the researchers said.

Walker and Walton attribute the intervention's success to its convenience and confidentiality. Participants could enroll without fear of their superiors finding out—recruitment materials made it clear that military command was not involved—and could schedule the phone calls at their convenience.

"Some did the session on their lunch breaks or in the garage while their family was in the house," Walker said. "They didn't have to walk into a building that says 'army substance abuse program.' It was private and a low-burden intervention."

And though the military offers substance abuse programs, Walker said, many soldiers avoid seeking help and are not referred to treatment until their problems reach a crisis point.

"People who get into army substance abuse programs are often mandated to go or have gotten into trouble," she said. "That leaves out a huge proportion of the population who are struggling and not doing well."



That reality and the protracted conflicts in Iraq and Afghanistan, Walker said, have intensified the need for additional options to help soldiers grappling with <u>substance abuse</u> and other problems. Telephone-based counseling, she said, is a cost-effective way to encourage military members to seek help confidentially, without the barriers of more traditional approaches.

"This intervention has the potential to be used for soldiers and military personnel worldwide. It would really help fill the gap in service provision that is currently available to <u>soldiers</u>."

More information: Denise D. Walker et al. Randomized Trial of Motivational Interviewing Plus Feedback for Soldiers With Untreated Alcohol Abuse., *Journal of Consulting and Clinical Psychology* (2016). DOI: 10.1037/ccp0000148

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