



SUBSTANCE USE & MISUSE
Vol. 38, No. 7, pp. 895–903, 2003

The Effect of Coping Skills Training on Alcohol Consumption in Heavy Social Drinking

Håkan Källmén,^{1,*} Lennart Sjöberg,² and Peter Wennberg¹

¹Department of Clinical Neuroscience,
Section for Alcohol and Drug Research,
Magnus Huss Clinic, Karolinska Institute,
Stockholm, Sweden

²Section of Economic Psychology, Stockholm School of
Economics, Stockholm, Sweden

ABSTRACT

This study, designed to evaluate a relapse prevention technique, is based on Swedish “heavy” social drinkers who wanted to drink less or quit completely. They were recruited by advertisement in national Swedish newspapers and were randomly assigned into a control group and a coping skill training group (treatment group). Data were collected during the period 1989–1991. Subjects in the coping skills training group were taught methods to cope with the craving

*Correspondence: Håkan Källmén, Department of Clinical Neuroscience, Section for Alcohol and Drug Research, Magnus Huss Clinic, Karolinska Institute, 171 76 Stockholm, Sweden; Fax: +46 8 32 63 69; E-mail: hakan.kallmen@gamma.telenordia.se



for alcohol, and subjects in the control group had a conventional discussion about their problems and the future. All participants also had to set a goal to be reached after the treatment. Subjects were asked about their alcohol consumption and dependence of alcohol and other alcohol-related behaviors, before, six months, and 18 months after treatment. The coping skills training did not prove more efficient than nonspecific treatment received in the control group. Instead alcohol consumption decreased as a function of the subjects' initial goals, independent of treatment and a wish to control drinking seemed more efficient than to try to quit drinking completely.

Key Words: Behavior modification; Relapse prevention; Alcohol; Craving.

INTRODUCTION

Marlatt and Gordon (1985) proposed that addictive behaviors are acquired habits that can be changed through learning new behavioral patterns. However, once a new behavior pattern is learned, a relapse into the old behavior sometime occurs. Relapse prevention puts the emphasis on self-control, and it presupposes that the individual has a strong wish and an intention to change. It focuses on behavioral skill training and cognitive interventions to teach addicts to cope with temptations. Such coping skill training has been reported to correlate to a high degree with the ability to avoid relapses among alcoholics (Jones and Lanyon, 1981; Monti et al., 1994; Brown et al., 1995; Chaney et al., 1978; Watson, 1991; Oei and Jackson, 1982; O'Malley, 1995).

Getter et al. (1992) compared coping skills training with interactional group therapy as an after-care treatment of alcoholics. They found coping skills training related to less drink-related problems, but found no relation to total abstinence after treatment. The purpose of relapse prevention is to help individuals detect behavior or situations tempting them to drink and to utilize the learned techniques to prevent or interrupt the relapse process.

The main purpose of the present study was to investigate whether it is possible to decrease alcohol drinking by interventions that teach addicts how to cope with the tempting urge to drink. The intervention consisted of teaching coping skills to be able to handle the "craving" for "booze." The primary hypothesis was that addicts who learned to use coping skills are more successful in abstaining from drinking and consequently less prone to relapse compared to addicts not taught such coping strategies but only given a supportive contact with a psychologist.



METHOD

Subjects

The sample (52 males and 20 females) consisted of “heavy” social drinkers from the Swedish population, recruited by advertisement in national newspapers. Subjects were screened from a larger sample of 100 problem drinkers by two psychologists, who, after personal interviews, excluded unmotivated subjects and those with severe psychiatric comorbidity. Subjects were randomized into two groups: a control group consisting of 25 men and 10 women (mean age = 50, ranging between 34–69) and a treatment group consisting of 27 men and 10 women, (mean age = 49, ranging between 32–68). The response rate at each time-point is summarized in Table 1.

Instruments

Four questionnaires were used: a baseline questionnaire, a goal statement questionnaire, and two follow-up questionnaires. The baseline questionnaire consisted of general questions about demographics (e.g., gender, age, education, children, and employment situation). There were also questions about the history of abuse, the consumption of beer, wine, and spirits during a typical week, the previous week, the previous month and the previous six months. Items measuring alcohol dependence concerned “eye-openers,” delirium tremens, and guilt connected with the drinking of alcohol. The goal statement form consisted of a commitment from the person where he or she stated the chosen personal goal of the treatment—either total abstinence from drinking alcohol (quit condition), or only giving up heavy drinking (controlled

Table 1. The number of subjects at baseline and after 6 months and 18 months of treatment.

| | Control group | Treatment group | Men | Women | Total sample |
|---------------|---------------|-----------------|-----|-------|--------------|
| Baseline | 35 | 37 | 52 | 20 | 72 |
| 6 months | 22 | 25 | 29 | 18 | 47 |
| 18 months | 24 | 24 | 38 | 10 | 48 |
| 6 + 18 months | 18 | 17 | 25 | 10 | 35 |



drinking). A six months follow-up questionnaire was sent by mail to the participants consisting of items with the same content as were asked in the baseline questionnaire. A difference was the focus on changes since the treatment and questions pertaining to current drinking level. There were also questions about preceding treatments and involvement in the justice system due to alcohol consumption. Items about the use of illicit drugs were also included. In addition there was a questionnaire about the personal feelings, emotions, and self-efficacy the person perceived during the treatment. The questionnaire after 18 months was similar to the one after six months.

Treatment Procedure

In both the control group and the treatment group, six group meetings followed the initial meeting. Subjects in the control group were given a general unstructured discussion about their own drinking and their plans for the future. The discussions were initiated and directed by the same two professionally trained psychologists who also treated the completely quit of the coping skills training group. The subjects were free to choose between abstinence and controlled social drinking according to the principles of Harm Reduction Therapy (Marlatt et al., 2001). The coping skills training group received a structured treatment where they were explicitly taught how to avoid the reported relapse determinants (Marlatt and Gardon, 1980) later confirmed by Strowig (2000). For instance, they were taught to think about the values of staying sober, how to break old habits leading to tempting situations, and to perform actions to divert their attention when in a tempting situation, in order to avoid lapses and a subsequent relapse. In addition, they were taught to carefully plan their behavior in situations that presented the risk of temptations, and to think about the meaning and personal consequences these decisions would have. The counseling was individually adapted and the subjects had to practice the skills in the form of homework. Each person received and filled out a training program describing the techniques to be used to avoid excessive drinking.

RESULTS

No significant differences in work status, education, income, civil status, gender, or presence of illness as a function of treatment were



Coping Strategies and Alcohol Consumption

found in the 6-month followup according to a series of one-way analysis of variances (ANOVAs).

After six months, the remaining 22 subjects in the control group decreased their alcohol consumption significantly from an average of 742 (SD = 546) grams a week to 406 (SD = 401) grams [$F(1,41) = 5.061$, $p = 0.03$] (Fig. 1). The drop in consumption (from 657 grams a week to 490) in the coping skills training group did not reach statistical significance.

Furthermore, six months after the intervention, participants in the control group reported they found it easier to live a family life than subjects in the coping skills training group did (mean ranks 28.2 vs. 20.3) ($U = 183$, $p = 0.03$). The control group also reported higher level of emotionality than the treatment group (mean ranks 28.2 vs. 20.3, $U = 183.5$, $p = 0.021$). The coping group reported more physical pain (mean rank 27.1 vs. 20.5, $U = 198$, $p = 0.008$), but fewer feelings of loneliness (mean rank 20.6 vs. 27.9, $U = 189.5$, $p = 0.033$).

At the followup 18 months after treatment, a 2 (gender) × 2 (goal) × 2 (group) ANOVA indicated that there was an effect of

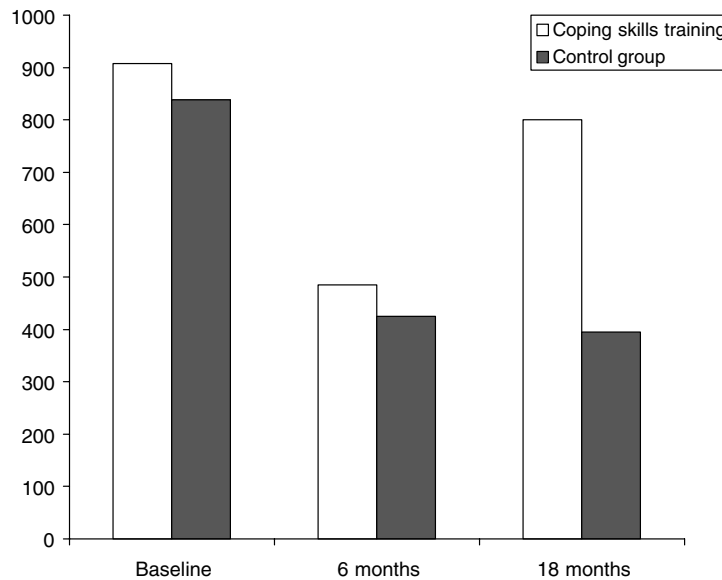


Figure 1. Gram alcohol consumed per week during baselines, and after 6 and 18 months ($n_{\text{baseline}} = 72$; $n_{\text{6 months}} = 47$; $n_{\text{18 months}} = 48$).



treatment [$F(1,42) = 5.869$, $p = 0.021$] in favor of the control group. The control group reported drinking 395 grams/week and the coping skills training group 799 grams/week (Fig. 1). A treatment group by goal interaction effect [$F(1,42) = 9.2$, $p = 0.004$] implies that respondents in the control group who wanted to quit reported a slightly greater average consumption ($M = 433$ gram/week, $SD = 531$) than respondents who merely wanted to control their drinking ($M = 372$ gram/week, $SD = 253$). In the coping skills treatment group, the “quitters” reported a high average consumption ($M = 1330$ gram/week, $SD = 952$) while those who wanted to control drinking reported a much lower average consumption ($M = 420$ gram/week, $SD = 526$). Even when using a 2 (gender) \times 2 (group) \times 2 (goal) analysis of covariance (ANCOVA) with the initial alcohol consumption in grams as a covariate, those effects and interactions remained.

DISCUSSION

Although there was no significant difference between the treatment groups at baseline, at 18 months after the intervention, the control group drank significantly less alcohol in a typical week than the coping skills training group. Ordinary supportive discussions seemed to be at least as effective as coping skill training, independent of goal and self-efficacy expectations. This may support the statement by Peele (1990) that more individuals quit addiction on their own than by any form of treatment, because of its failure to influence individual intentions and values.

The main limitation of the present study is the large dropout between treatment and followup. Dropout is common when conducting a study in a naturalistic setting and it complicates the interpretation of the results. Nevertheless, the results indicate that the positive effects of copings skills training on alcohol consumption should not be taken for granted and that the positive effects of such treatment needs further corroboration.

ACKNOWLEDGMENTS

The Swedish Council for planning and Coordination of Research (FRN) supported this study. Viktor Samsonowitz participated in the planning and data collection of this study. Hedvig Söderlund and Dr. Eduardo Fontes translated the abstracts.



REFERENCES

- Brown, S. A., Vik, P. W., Pattersson, T. L., Grant, I., Schuckit, M. A. (1995). Stress, vulnerability and adult alcohol relapse. *J. Stud. Alcohol* 56:538–545.
- Chaney, E. F., O’Leary, M. R., Marlatt, G. A. (1978). Skill training with alcoholics. *J. Counseling Clin. Psychol.* 46:1092–1104.
- Getter, H., Litt, M. D., Kadden, R. M., Cooney, N. L. (1992). Measuring treatment process in coping skills and interactional group therapies for alcoholism. *Int. J. Group. Psychotherapy* 42:419–430.
- Jones, S. L., Lanyon, R. L. (1981). Relationship between adaptive skills and outcome of alcoholism treatment. *J. Stud. Alcohol* 42:521–525.
- Marlatt, G. A., Blume, A. W., Parks, G. A. (2001). Integrating Harm Reduction Therapy and traditional substance abuse treatment. *Journal of Psychoactive Drugs* 33:13–21.
- Marlatt, G. A., Gordon, J. R. (1980). Determinants of relapse: Implications for the maintenance of behavior change. In: Davidson, P. O., Davidson, S. M. eds. Behavioral medicine: changing health lifestyles. New York: Brunner-Hazel, pp. 410–452.
- Marlatt, G. A., Gordon, J. R. (Eds.) (1985). *Relapse prevention. Maintenance strategies in the treatment of addictive behaviors.* New York: Guilford Press.
- Monti, P. M., Gulliver, S. B., Myers, M. G. (1994). Social skills training for alcoholics: assessment and treatment. *Alcohol & Alcoholism* 29:627–637.
- O’Malley, S. S. (1995). Current strategies for the treatment of alcohol dependence in the United States. *Drug Alcohol Depend* 39, Suppl. 1.
- Oei, T. P. S., Jackson, P. R. (1982). Social skills and cognitive behavioral approaches to the treatment of problem drinking. *J. Stud. Alcohol* 43:532–547.
- Peele, S. (1990). What works in addiction treatment and what doesn’t: is the best therapy no therapy? *Int. J. Addictions* 1990–1991, 25(2A):1409–1419.
- Strowig, A. B. (2000). Relapse determinants reported by men treated for alcohol addiction. The prominence of depressed mood. *J. Subst. Abuse Treat* 19:469–474.
- Watson, L. (1991). Paradigms of recovery: Theoretical implications for relapse prevention in alcoholics. *J. Drug Issues* 21:839–858.



RESUMEN

Este estudio apunta a la evaluación de una técnica de prevención relapsa donde los sujetos, setenta y dos bebedores suecos, deseaban disminuir o completamente terminar con su consumo de alcohol. Los sujetos, que fueron reclutados por medio de anuncios en diarios nacionales suecos, se dividieron en forma aleatoria en dos grupos, un grupo de control y un grupo de tratamiento en estrategias de resistencia. Los datos del estudio fueron recolectados entre 1989 a 1991. Los sujetos del grupo de entrenamiento fueron instruidos en métodos para enfrentar el ansia por el alcohol, mientras que el grupo de control estaban sujetos a tratamiento convencional involucrando discusiones sobre sus problemas y sus futuro. Todos lo participantes tenían que definir un objetivo que debía de ser cumplido al final del tratamiento. Los dos grupos fueron interrogados sobre su consumo y dependencia de alcohol y otras conductas con relación a el alcohol, antes y después de los seis meses de tratamiento, y después de dieciocho meses de tratamiento. El tratamiento en estrategias de resistencia no ha probado de ser mas eficaz que el tratamiento no especifico recibido por el grupo de control. En cambio, la consumición de alcohol disminuyo como consecuencia del objetivo original del sujeto, independientemente del tratamiento. También, el deseo de disminuir el consumo de alcohol pareció ser mas eficaz que el tratar de definitivamente dejar de beber.

RÉSUMÉ

Le but de cette étude était d'évaluer une technique de prévention de rechute. Les sujets (n=72) étaient surtout des suédois qui étaient des consommateurs sociaux graves d'alcool, qui voulaient boire moins ou arrêter complètement de boire. Ils étaient recrutés par annonce dans des journaux nationaux suédois, et ils étaient assignés au hasard à un groupe contrôle, et à un groupe d'entraînement en coping (groupe de traitement). Les données étaient recueillies pendant la période 1989–1991. Les sujets dans le groupe d'entraînement en coping étaient enseignés des méthodes pour supporter le désir (craving) d'alcool, et les sujets dans le groupe contrôle avaient une discussion conventionnelle sur leurs problèmes et leur avenir. En plus, tous les sujets devaient fixer un but à atteindre après le traitement. Les sujets étaient interrogés sur leur consommation d'alcool et leur dépendance d'alcool et de comportements liés à l'alcool; avant, 6 mois après et 8 mois après le traitement. L'entraînement en coping ne se montrait pas plus efficace que le



Coping Strategies and Alcohol Consumption

903

traitement non-spécifique reçu dans le groupe contrôle. La consommation d'alcool a plutôt baissé en fonction des buts initiaux des sujets, indépendamment de traitement. Le souhait de contrôler sa consommation paraissait plus efficace que d'essayer d'arrêter de boire complètement.

THE AUTHORS

Håkan Källmén, Ph.D. in Psychology, has a background in experimental psychology and has done research on the effects of alcohol on cognitive processes.

Lennart Sjöberg, professor of Psychology, has been doing research on addictive behaviors and risk perception and risk taking.

Peter Wennberg, Ph.D. in Psychology, has been doing research on personality and addictive behaviors.



MARCEL DEKKER, INC. • 270 MADISON AVENUE • NEW YORK, NY 10016

©2003 Marcel Dekker, Inc. All rights reserved. This material may not be used or reproduced in any form without the express written permission of Marcel Dekker, Inc.

Copyright of Substance Use & Misuse is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.