The impact of intervention with relatives of treatment resistant drinkers: changes in relatives' psychological functioning and drinkers' behaviour.

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THE IMPACT OF INTERVENTION WITH RELATIVES OF TREATMENT RESISTANT DRINKERS: CHANGES IN RELATIVES’ PSYCHOLOGICAL FUNCTIONING AND DRINKERS’ BEHAVIOUR

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by

JANIS FAIRBAIRN
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2002
I, Janis A Fairbairn, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy, in the Department of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Janis A Fairbairn
March 21 2002
ABSTRACT

Forty three research participants (40 female, 3 male) who were in ongoing contact with treatment resistant dependent drinkers, completed the 10 session FOCUS intervention at the Australian Institute of Alcohol and Addictions (Holyoake) in Perth, Western Australia. This Holyoake intervention focussed exclusively on the needs of relatives of excessive drinkers and did not teach relatives how to encourage their drinkers into treatment. The intervention aimed to minimise the harm experienced by relatives by improving their well being and coping, and assisting them to recognise behaviours which may unwittingly enable their drinkers’ excessive consumption to continue.

Participants were allocated to one of 2 groups; viz. Immediate Entry to treatment or Waitlist. The Waitlist group commenced treatment at the completion of the waitlist period. Data were analysed quantitatively and qualitatively and there was a high level of consistency between the two analyses. The quantitative data were analysed by repeated measures MANOVA with treatment and time (pre, mid, end treatment and 3 months and 6 months post treatment) as the independent variables.

Given the quasi-experimental design, the results need to be viewed cautiously.

It appeared that the Holyoake intervention produced significant improvements in participants’ mental health, coping, and relationship status which were sustained through 6 months post treatment. Moreover, as a “spin off” of treatment (according to participants’ observations), a significant, sustained reduction in the amount of alcohol their drinkers consumed on any given drinking day was identified.

Twenty five participants did not complete the intervention and 13 of these (the Late Dropout group) were available for follow up 5 weeks after completing 5 treatment sessions. Despite the small sample size, a pattern of significant effect similar to the Full Treatment group was evident on participants’ mental health and coping status. Moreover, it seemed that the “spin off” effect of treatment on drinkers’ abusive behaviour and consumption patterns was more pervasive for the Late Dropout group. These data suggested that the Late Dropout group may have decided to terminate treatment because their situations had improved.

Participants’ raw data (n=68), which included all participants who had commenced treatment, revealed that whilst 69% of their drinkers had either sought help
(n=13) or reduced their consumption to some degree, 50% had made substantial change. Given data was analysed wherever possible by the intention to treat principle, these figures were also expressed in terms of all participants who had been allocated to treatment (n=83). Thus, the least favourable “spin off” effect on drinkers’ behaviour appeared to be that whilst 57% had made some degree of positive change, 41% had made substantial change.

Content analyses of the Full Treatment group’s qualitative interviews (n=43) revealed that only 16% of participants predominantly used assertive coping strategies to deal with difficult situations with their drinkers prior to the Holyoake intervention. However, by the end of the intervention, participants’ use of assertive behaviours had increased dramatically to 81%; e.g. clear messages, emotional control and confidence, improved boundaries and communication, and assertive confrontation. Sixty seven percent of participants identified their own personal empowerment (i.e. self responsibility and self efficacy) as the most important factor which had helped them deal more effectively with their situations.

This research in no way suggested that participants were in any way responsible for their drinkers’ behaviour. It has merely highlighted the considerable influence one family member has on another. Therefore, this research seemed to debunk the widely held belief that dependent, treatment resistant drinkers cannot be helped until they admit their problem, and actively seek help.
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