

Psychological Distress as a Function of the Consequences of Drinking Behavior and as a Predictor of Readiness to Change

Michelle Hansten Ingalsbe¹, Dennis M. Donovan¹, Timothy I. Mueller², Jennifer L. Williams¹, Carolyn M. Cichanski¹

¹University of Washington and ²Southern Arizona Veterans Administration Health Care System

ABSTRACT

We examined the association of several measures of "alcohol involvement" with psychological distress at baseline in a sample of individuals seeking outpatient treatment in the COMBINE study. We also investigated the relationship between readiness to change and both psychological distress and alcohol involvement.

Results indicate that psychological distress was associated with negative consequences of drinking but not with drinking behavior itself. Results also suggest that psychological distress and negative drinking-related consequences are associated with clients' readiness to change, but not necessarily in a linear fashion.

HYPOTHESES

- More "alcohol involvement" in the 90-day or 360-day period prior to baseline will be associated with greater psychological distress
- Greater psychological distress will be associated with increased readiness to change among individuals entering outpatient treatment.

BACKGROUND

• The relationship between psychological distress and substance abuse is complex

• Those entering substance abuse treatment report more psychological distress at baseline than at later follow-up, but the reasons for this are not perfectly understood

• Psychological distress may be the cause or result of substance abuse itself, the result of withdrawal, and/or a consequence of the process of entering treatment

• Increased psychological distress, which may reflect increased adverse consequences of alcohol use prior to treatment entry, may serve to motivate people to seek treatment, reflected in their readiness to change drinking behaviors.

• Past studies have found that psychological distress is related to readiness to change, but not necessarily in a linear manner

METHODS

The sample consisted of individuals seeking outpatient treatment through the COMBINE study, a multisite trial evaluating the efficacy of combining two pharmacotherapies and two behavioral interventions.

Sample Characteristics

- N=1287 (888 male; 399 female)
- Gender: 69% male
- Age: M=44 years
- Ethnicity: 77% non-Hispanic White
- Marital Status: 42% married
- Employment: 72% working either part or full-time
- Prior treatment for alcohol problem: 49%
- Evaluated as alcohol-dependent based on Structured Clinical Interview for DSM-IV Disorders (SCID)

Baseline Battery

- Profile of Mood States (POMS)
- Perceived Stress Scale (PSS)
- Brief Symptom Inventory (BSI)
- University of Rhode Island Change Assessment (URICA)
- Form 90
- Alcohol Dependence Scale (ADS)
- Drinkers' Inventory of Consequences (DrInC)

Statistically Significant Associations between Alcohol Involvement and Psychological Distress

Variable	Drinks/ Drinking Day	% Days Drinking	Total Drinks	ADS Score	DrInC Score
POMS anger	–			+	+
POMS confusion			–	+	+
POMS depression			–	+	+
POMS Fatigue	–			+	+
POMS Tension				+	+
PSS			–	+	+
BSI Global Severity Index		–		+	+
Composite Psychological Stress score			–	+	+

Statistically Significant Associations between Psychological Distress and URICA Readiness to Change Scores

Variable	Pre-Contemplation	Contemplation	Action	Maintenance	Total Score
POMS anger				–	–
POMS confusion	+				
POMS depression					
POMS Fatigue					
POMS Tension	–				
POMS Vigor	–	+	+	+	+
BSI Global Severity Index	–	+		+	+
Composite Psych Distress score		+	–	+	

ANALYSES

- A multivariate index of psychological distress was derived from the Perceived Stress Scale (PSS), the Profile of Mood States (POMS), and the Brief Symptom Inventory (BSI).
- Regression analyses

SUMMARY OF RESULTS

Drinking Behavior and Psychological Distress

• Higher levels of drinking behavior within the 90 days prior to baseline (e.g., drinks per drinking day, percentage of days drinking, total number of drinks) were not associated with greater psychological distress at baseline

- Higher levels of drinking behavior prior to baseline were associated with lower levels of psychological distress on some measures at baseline
- Adverse consequences of alcohol use in the period prior to baseline (90 days for the DrInC; 360 days for the ADS) were associated with greater psychological distress at baseline

Psychological Distress and Readiness to Change

- Psychological distress was associated with participants' readiness to change but in a nonlinear fashion
- Precontemplators reported being more confused, less tense, and less vigorous than other groups; they also scored lower on the BSI global severity index (i.e., less severe psychological distress)
- Those in the Maintenance phase reported less anger than those in other stages
- Those in the Action phase reported less psychological distress (according to the Composite Psychological Distress measure) than those in other stages
- Those in the Maintenance phase scored higher on the BSI Global Severity Index and the Composite Psychological Distress Measure than those in the Action phase

CONCLUSIONS

- Heavy drinking may serve to decrease and/or mask some aspects of psychological distress
- Adverse consequences of heavy drinking are associated with greater psychological distress
- Pre-contemplators may be less psychologically distressed than those in the contemplation or maintenance stages of change
- Those in the action stage of change may feel less psychologically distressed because they are hopeful that changing their drinking behavior will positively affect their life
- Those in the maintenance stage may experience as much if not more psychological distress than those in other stages. Possible reasons for this include:
 - no longer self-medicating
 - realizing the struggle involved in maintaining behavior change
 - experiencing a major life transition involving losses

LIMITATIONS

- Selection bias based on inclusion/exclusion criteria for efficacy
- All data collected concurrently – no way to infer causality
- Differing time frames among study instruments (i.e., 7 days, 90 days, 360 days) for client self report

This research was supported in part by grant U10-AA11799 from the National Institute on Alcohol Abuse and Alcoholism