

SOCIAL COGNITIVE PREDICTORS OF TREATMENT OUTCOME: A PROSPECTIVE STUDY ON PATIENTS WITH ALCOHOL USE DISORDER

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Introduction and Aims:

Cognitive-behavioural therapy (CBT) is an effective treatment for alcohol use disorders (AUD). Pre-treatment factors predictive of CBT outcome remain largely unknown. Bandura's Social Cognitive Theory (SCT) offers an effective model for addictive behaviours. The key SCT constructs of outcome expectancies and self-efficacy, along with craving, serve as targets for CBT. These variables have not been jointly considered among treatment-seeking alcohol users. We hypothesised that drinking refusal self-efficacy (DRSE) would be the strongest predictor of treatment outcome, based on SCT.

Design and Method:

A database of 492 consecutively-treated patients undergoing a 12-week CBT abstinence program were analysed. Patients were assessed on DRSE, craving, and alcohol expectancies at baseline, with alcohol use recorded at each session. Data were analysed using multilevel modelling.

Results:

Both craving and opportunistic DRSE predicted probability of abstinence. Craving also predicted number of drinking days. However, positive alcohol expectancies, specifically tension reduction expectancies, was the only significant predictor of quantity consumed during lapse.

Discussion and Conclusions:

Pre-treatment social cognitive variables are important predictors of CBT outcome in alcohol dependence. Techniques that increase self-efficacy to resist alcohol in situations where there is opportunity to drink may be particularly effective. Craving management techniques may be effective for abstinence maintenance and returning to abstinence following lapse. Managing cravings and reducing positive expectancies, may be one approach to increasing self-efficacy. Future research should aim to identify whether session-by-session measurement of the variables improves outcome prediction further.

Implications for Practice or Policy:

Routine practice could include implementation of a brief questionnaire measuring self-efficacy and craving at baseline. This questionnaire could inform likely treatment outcomes based on initial DRSE and craving scores, helping guide clinicians to provide targeted treatment for AUD patients.

Implications for Translational Research:

We suggest the development of short forms to facilitate session-by-session measurement of craving and DRSE to identify the impact of specific intervention techniques on these factors.

Disclosure of Interest Statement:

None.