

ABSTRACTS

Poster Session: M. Marlyne Kilbey and Larry D. Byrd, chairs

Sunday, August 24, 3:00–4:30 p.m.

Exhibit Hall, Washington Hilton

REARREST FOLLOWING RESIDENTIAL TREATMENT FOR REPEAT OFFENDER DRUNKEN DRIVERS. Dennis McCarty, Milton Argeriou and David Mulligan. Alcohol and Health Research Services, Stoneham, MA.

Because multiple offenders are at high risk for continued drunken driving, the Massachusetts Legislature mandated that individuals convicted of a second driving under the influence of liquor (DUIL) offense either (a) be committed for a minimum of seven days in a house of correction or (b) enter a 14-day residential alcoholism treatment program for second offenders. The impact of the two sentencing options on subsequent drunken driving arrests was assessed during the two years following treatment or incarceration.

A randomly selected sample of 199 DUIL offenders who participated in the 14-day program was compared with 190 DUIL offenders who were incarcerated. Arrest records were searched for DUIL arrests that occurred within 749 days of either treatment or incarceration. Incarcerated subjects were slightly younger, had more DUIL charges per offender and exhibited greater criminality than treatment subjects. Offenders admitted to the 14-day program were significantly less likely to be arrested for drunken driving (10.8%) than those committed to a house of correction (19.5%). Type of sentence continued to affect rearrest rate significantly when group differences were controlled statistically. Although a two year follow-up is insufficient to assess accurately the ultimate impact of the 14-day program, the almost two-fold difference in rearrest rates suggests that mandated short-term residential treatment may provide an effective intervention among repeat offender drunken drivers.

MOTIVATING VOLUNTARY TREATMENT IN ALCOHOLICS HOSPITALIZED FOR TRAUMA. Susan J. Stockman. Alcoholism Treatment Services, Johns Hopkins University School of Medicine.

Studies estimate that 20% to 60% of medical and surgical patients are alcoholics, suggesting the importance of the general hospital as a site for identification of and intervention with alcoholics and problem drinkers. Health care professionals have the expertise to educate patients about alcohol abuse and its effect on health and general functioning and hospitals have the resources to make appropriate referrals. Descriptive reports of systematic intervention programs suggest they successfully engage alcoholics in treatment. However, little is known about the relative effectiveness of alternative strategies or their impact on other outcomes, e.g., use of health care services. This study compares the effectiveness of two intervention strategies typically used in the hospital setting on treatment entry, voluntary reduction of alcohol intake and post-intervention use of medical resources.

Subjects were 100 adult trauma patients admitted to surgical services in a metropolitan hospital who met research criteria for alcohol abuse/dependence. Subjects were randomly assigned to view a videotape about alcoholism or re-

ceive a consultation with a physician. All subjects, including a control group, received a diagnostic interview and were advised to seek professional help. Analyses are in progress. Preliminary results show that a larger proportion of subjects in videotape and physician conditions changed their intentions about future drinking and seeking help than subjects receiving only assessment and advice. Behavioral and medical record data is currently being collected via follow-up interviews and medical records review. Interventions effective in the hospital setting will be discussed.

ALCOHOLISM TREATMENT: INTERVENTIONS TO IMPROVE RETENTION. Mary E. McCaul. Dept. of Psychiatry, Johns Hopkins University School of Medicine.

This research examines interventions to improve client participation in outpatient treatment following discharge from a hospital-based residential unit. This emphasis on increasing client retention is different from the earlier emphasis on evaluation of different types of therapy; however, such research generally has failed to distinguish the efficacy of different therapeutic styles. In contrast, a positive relationship has been demonstrated between length of time in outpatient treatment and outcome. Thus, treatment outcome may be significantly improved by identifying interventions which increase client admission and retention independent of the particular treatment techniques in which they are enrolled.

In the first study, residential clients are assigned to either the same or a new counselor on entry into the outpatient program; this intervention assumes that an on-going relationship with a supportive counselor better motivates clients to continue treatment than a new relationship with an unfamiliar counselor. The second study provides clinic access to a concrete motivational incentive; specifically, bus tokens for travel to and from the program are distributed at each visit. Finally, the third study provides "sobriety awards" based on regular clinic attendance to motivate continued participation. Earlier studies have reported improved participation when clients earned small monetary incentives or clinic privileges based on attendance.

Preliminary analyses from Study 1 suggest that patient demographics are a better predictor of treatment retention than assignment to the same or a different counselor. However, initial results from Studies 2 and 3 suggest a positive impact on treatment retention of motivational incentives provided at the clinic. Specifically, those patients who receive bus tokens or sobriety awards remain in treatment longer than patients who do not receive these incentives.

ALCOHOLISM INTERVENTION IN THE WORKPLACE. Walter Reichman, Ed.D., Baruch College.

The presentation will describe the development and current status of programs to intervene with the alcoholic in the workplace. It will briefly describe the pioneering programs