Barriers to Alcohol Use Disorder Treatment Elicited during a Brief Intervention

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Background

- Alcohol use disorder (AUD) is prevalent and consequential (Grant et al., 2015).
- AUD treatment improves alcohol use outcomes (Trim, Schuckit, & Smith, 2013).
- Rates of treatment use are low with long lag between onset of AUD and treatment (median 18-20 years) (Blanco et al., 2015).
- One of the strongest predictors of seeking treatment is prior treatment (Blanco et al., 2015).
- These data underscore the importance of **initiation of treatment.**

Barriers to treatment

- Barriers to AUD treatment seeking have been the subject of several studies (e.g., Grant, 1997; Rapp et al., 2006; Saunders et al., 2006; Tucker et al., 2004).

- Person-related barriers:
  - Problem not serious enough to warrant treatment
  - Should be able to handle problem on their own
  - Stigma

- Treatment-related barriers:
  - Cost/affordability/insurance
  - Distance/bus route
  - Scheduling/lifestyle (conflicts with work, childcare)

Basis of Information on Barriers

- Data on barriers to AUD treatment initiation are primarily obtained using structured assessments (self-report measures, items) of individuals with AUD who have not sought care.

- Qualitative data on barriers are more limited and primarily based on focus groups or open-ended items about reasons for not seeking care.

- Another potential source that may provide novel or more in-depth information is that obtained during the course of a therapy intervention to promote AUD treatment seeking.

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Regular article

An intervention to increase alcohol treatment engagement: A pilot trial

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Abstract

Objectives: Previous research has documented the difficulty individuals with alcohol use disorders have initiating alcohol treatment. This study assessed the feasibility of a brief, cognitive–behavioral intervention designed to increase treatment initiation among individuals with alcohol use disorders. **Methods:** This randomized controlled trial included 196 participants who screened positive for a possible alcohol use

Methods

- Subjects recruited from the community through advertisements and flyers.
- Age 18-plus, ≥16 on AUDIT, never sought AUD treatment.
- Intervention arm subjects were administered a one-hour cognitive behavioral treatment (CBT) intervention by telephone to promote treatment seeking.
- Study therapists elicited up to three barriers identified by subjects as their main reason(s) for not seeking AUD treatment. These barriers became the focus of the CBT intervention.
- Detailed hand-written field notes on the sessions including these barrier(s) were recorded by the therapists.
- The field notes were categorized retrospectively.

Table 1
Characteristics of the sample ($N = 198$)

Characteristic	Control ($n = 99$)	Intervention ($n = 99$)	p
Age, *M*	38.5 (19-76)	41.5 (19-81)	.26
Gender (%)			
Male	58	51	.10
Female	41	49	
Race/ethnicity (%)			
African American	17	6	.01
Asian	1	0	
Caucasian	68	86	
Native American	0	3	
Latino/Latina	10	5	
Other	12	4	
Health insurance (%)			
Private	51	53	.83
Uninsured	28	27	
Medicare/Medicaid	12	11	
Travel distance to provider (%)			
0–30 minutes	65	65	.56
31–60 minutes	13	7	
60+ minutes	2	5	
No provider	16	17	
Mean audit score	26.1 (16–39)	25.6 (16–39)	.23
On psychotropic medication (%)	22	31	.01
Follow-up conducted (%)	88	81	.11

Most common beliefs that served as barriers

Most common beliefs	Percent endorsed	Example
Afraid of discomfort	35%	"It is hard to trust someone else." "I am concerned about withdrawal."
Don’t need help	18%	"I don't know that I have that big of a problem."
Can control drinking	17%	"I have the willpower to control this on my own."
Stigma	17%	"I'm embarrassed I'm dependent."
Treatment is ineffective	14%	“I would have to find the right therapist.”

With the exception of “afraid of discomfort”, the other barriers to treatment identified have been reported commonly in the literature.

Afraid of discomfort:

Emotional discomfort

-losing control of emotions in a therapy session

-reliving trauma

-bridging trust

Physical discomfort

-craving

-withdrawal

Anecdotally, the idea of discomfort associated with treatment was the most emotional and time consuming belief discussed during sessions.

Results suggest the importance of targeting such discomfort in interventions to promote AUD treatment seeking.

c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)*?	2 ☐ No
	(SHOW FLASHCARD 32)	
d.	**What were your reasons for not getting help?** **N2CQ4D** *(Check all that apply.)* **N2CQ4D(1-29)**	1 ☐ Wanted to go, but health insurance didn't cover 2 ☐ Didn't think anyone could help 3 ☐ Didn't know any place to go for help 4 ☐ Couldn't afford to pay the bill 5 ☐ Didn't have any way to get there 6 ☐ Didn't have time 7 ☐ Thought the problem would get better by itself 8 ☐ Was too embarrassed to discuss it with anyone 9 ☐ Was afraid of what my boss, friends, family, or others would think 10 ☐ Thought it was something I should be strong enough to handle alone 11 ☐ Was afraid they would put me into the hospital 12 ☐ Was afraid of the treatment they would give me 13 ☐ Hated answering personal questions 14 ☐ The hours were inconvenient 15 ☐ A member of my family objected 16 ☐ My family thought I should go but I didn't think it was necessary 17 ☐ Can't speak English very well 18 ☐ Was afraid I would lose my job 19 ☐ Couldn't arrange for child care 20 ☐ Had to wait too long to get into a program 21 ☐ Wanted to keep drinking or got drunk 22 ☐ Didn't think drinking problem was serious enough 23 ☐ Didn't want to go 24 ☐ Stopped drinking on my own 25 ☐ Friends or family helped me stop drinking 26 ☐ Tried getting help before and it didn't work 27 ☐ Was afraid my children would be taken away 28 ☐ My religious beliefs don't allow me to go for treatment 29 ☐ Other reason

CBT by Phone to Promote Use of Alcohol Related Care and Reduce Drinking

Conner, Stecker (MPI), R01 AA026815

RCT, N=450, 6-mo follow-up, CBT phone intervention vs. control, community recruitment

Aim 1: CBT phone intervention will lead to increased AUD treatment use

Aim 2: Intervention will lead to lower alcohol use

Aim 3: Determine if AUD treatment use mediates the intervention in reducing alcohol use

Results concerning barrierswill:

- Inform the training of our therapists
- Expand our assessment of “reasons” for not seeking care to include **discomfort (emotional, physical)** with AUD treatment