

Internet-based psychological interventions for alcohol use disorder

Treating addiction and supporting concerned significant others

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Avhandlingen för avläggande av filosofie doktorexamen i psykologi, som med vederbörligt tillstånd av samhällsvetenskapliga fakultetsstyrelsen vid Göteborgs universitet kommer att offentligen försvaras fredag den 29 april 2022, klockan 13.00 i sal F1, Psykologiska institutionen, Haraldsgatan 1, Göteborg.

Fakultetsopponent: Professor Katie Witkiewitz, Department of Psychology, University of New Mexico

Föreliggande uppsats grundar sig på följande artiklar:

- I. Sundström C., Eék N., Kraepelien M., Fahlke C., Gajecki M., Jakobson M., Beckman M., Kaldo V., Berman A.H. (2020) High- versus low-intensity internet interventions for alcohol use disorders: Results of a three-armed randomized controlled superiority trial. *Addiction* **115**: 863–874.
- II. Eék N., Sundström C., Kraepelien M., Lundgren J., Kaldo V., Berman A.H. High- versus low-intensity internet interventions for alcohol use disorders (AUDs): A 2-year follow-up of a single-blind randomized controlled trial. (Submitted)
- III. Eék N., Romberg K., Siljeholm O., Johansson M., Andreasson S., Lundgren T., Fahlke C., Ingesson S., Bäckman L., Hammarberg A. (2020) Efficacy of an internet-based Community Reinforcement and Family Training program to increase treatment engagement for AUD and to improve psychiatric health for CSOs: A randomized controlled trial. *Alcohol and Alcoholism* **55**: 187–195.



Abstract

Niels Eék (2022). *Internet-based psychological interventions for alcohol use disorder – treating addiction and supporting concerned significant others*. Department of Psychology, University of Gothenburg, PO Box 500, SE-405 30 Gothenburg, Sweden.

The aim of this doctoral thesis was to investigate the efficacy of three internet interventions for alcohol problems: (1) *high-intensity internet treatment (ePlus)* compared to (2) an *unguided low-intensity internet treatment (eChange)* and waiting list (WL) conditions, for people with AUD (**Study I**, with a long-term follow-up in **Study II**), and (3) an *internet-based version of CRAFT* for concerned significant others (CSOs) to individuals with alcohol use disorder (AUD) (**Study III**). The primary outcomes in **Study I** and **Study II** were two measures of the participants' alcohol consumption: number of standard drinks per week and number of heavy drinking days (HDDs) per week. The primary outcome in **Study III** was treatment engagement, as expressed in the IPs' initiative to seek treatment. In **Study I** (N = 166), a significant reduction was seen in number of standard drinks as well as HDDs for both the ePlus and the eChange group compared to the WL group. The reduction in standard drinks per week was maintained after 6 months for both intervention groups. There was no statistically significant difference between ePlus and eChange in number of standard drinks, but participants in the ePlus program had significantly fewer HDDs compared to participants in the eChange program at post-treatment, but this difference was no longer seen at 6-month follow-up. Participants in the ePlus program displayed greater treatment satisfaction than did participants in the eChange program. The results in **Study II** (N = 143) showed that, compared to pre-treatment, both treatment groups had lower alcohol consumption at both long-term follow-ups (12 and 24 months). Compared to post-treatment, there was increased alcohol consumption in the ePlus group on both follow-up occasions, but lower alcohol consumption in the eChange group. Although one group had increased and the other group had decreased consumption at the 12-month follow-up compared to the end of treatment, comparisons of the two groups at both long-term follow-ups showed no statistically significant differences between them. In **Study III** (N = 94), the results showed that although twice as many CSOs in the iCRAFT condition reported IP treatment engagement, this difference was not statistically significant. The rate of treatment seeking reported for CSOs in the iCRAFT group was lower compared with previous studies. In summary, the results indicate that both ePlus and eChange is effective in reducing alcohol consumption in both short and long term, and ePlus is more effective in reducing HDDs immediately after treatment. In the long term, there were no significant differences between the two treatments. Both interventions may have potential as alternatives to traditional treatment forms, and their different structures (long vs. short, human guidance vs. no human guidance) open up for possibilities for clinics and patients to choose what suits them best. Results on iCRAFT were unexpected, as previous research on CRAFT using a face-to-face approach has shown substantial effects, which points to a need to further develop iCRAFT. *Keywords:* alcohol use disorder, internet-based treatment, Cognitive Behavioral Therapy, relapse prevention, Community Reinforcement and Family Training

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