

Short-term outcomes for indicated prevention in a DUI population: Comparison of PRIME For Life with another non-confrontational program

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INTRODUCTION

- Alcohol-impaired driving remains a major cause of death, injuries, and suffering, despite decreases in occurrence in the past few decades.
- Mandated indicated prevention programs can strengthen effectiveness of legal sanctions.
- Programs designed to increase risk awareness and enhance internal motivation may lead to better outcomes.
- PRIME For Life (PFL), a program built on these evidence-based practices, shows promise, including reduction in recidivism.

PURPOSE

- Compare PRIME For Life (PFL) vs. Intervention as Usual (IAU) for pre- to post-intervention changes on key cognitive variables

DESIGN

- Design**
 - Nonrandomized, matched comparison design
 - Practitioners served in only one condition
- Participants**
 - Referred to an indicated prevention program (2007 to 2009) due to conviction for impaired driving or other alcohol- or drug-related offenses in North Carolina
- Sample**
 - N = 339 participants: n = 269 receiving PFL and n = 70 receiving IAU
- Hypothesis**
 - PFL participants will show greater improvements than IAU participants
- Analysis**
 - Multivariate analysis of variance (repeated measures or cross-sectional, as appropriate); logistic regression

INTERVENTIONS

- Both: 16 hours in length.
- PFL: Standardized curriculum focusing on relationship and content. It enhances participant awareness of risk, encourages self-assessment and builds internal motivation.
- IAU: included an instructor manual, and facilitators chose content to use. Practitioners were encouraged but not trained/supervised to use motivational interviewing concepts

MEASURES

- Pencil and paper assessments
- Completed before and immediately after the intervention program

FINDINGS

Changes from Pre- to Post-intervention: Summary and Selected Graphs

- PFL showed greater improvement than IAU on three sets of items (all $p < .001$):

- General beliefs about substance use
- Risk perceptions
- Self-assessments of drug/alcohol problems

- PFL and IAU both showed improvement on two sets of items (both $p < .001$):

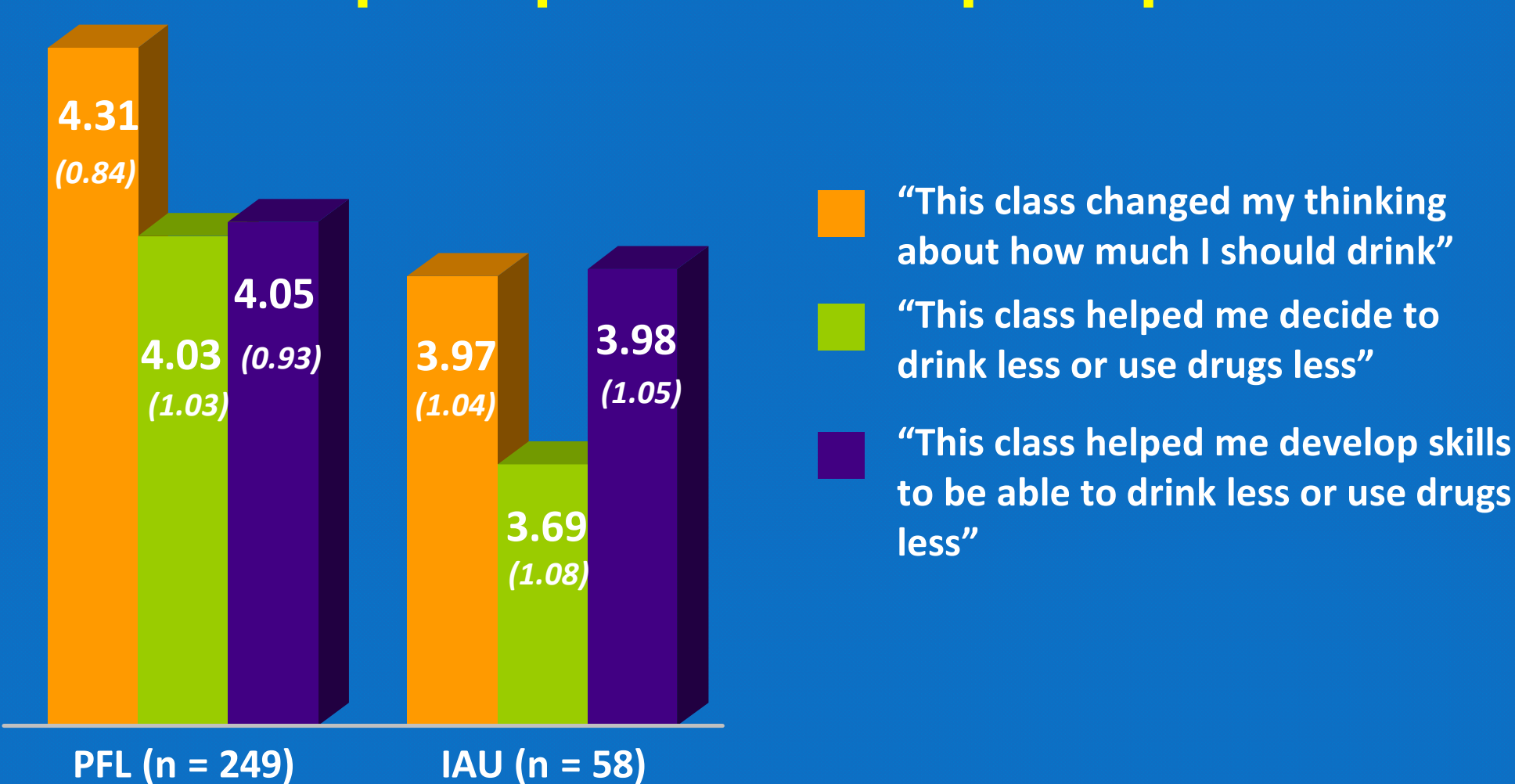
- Motivation for change
- Future substance use intentions

- IAU showed greater improvement than PFL on one individual risk perception item ($p < .05$)

Satisfaction at Post-intervention

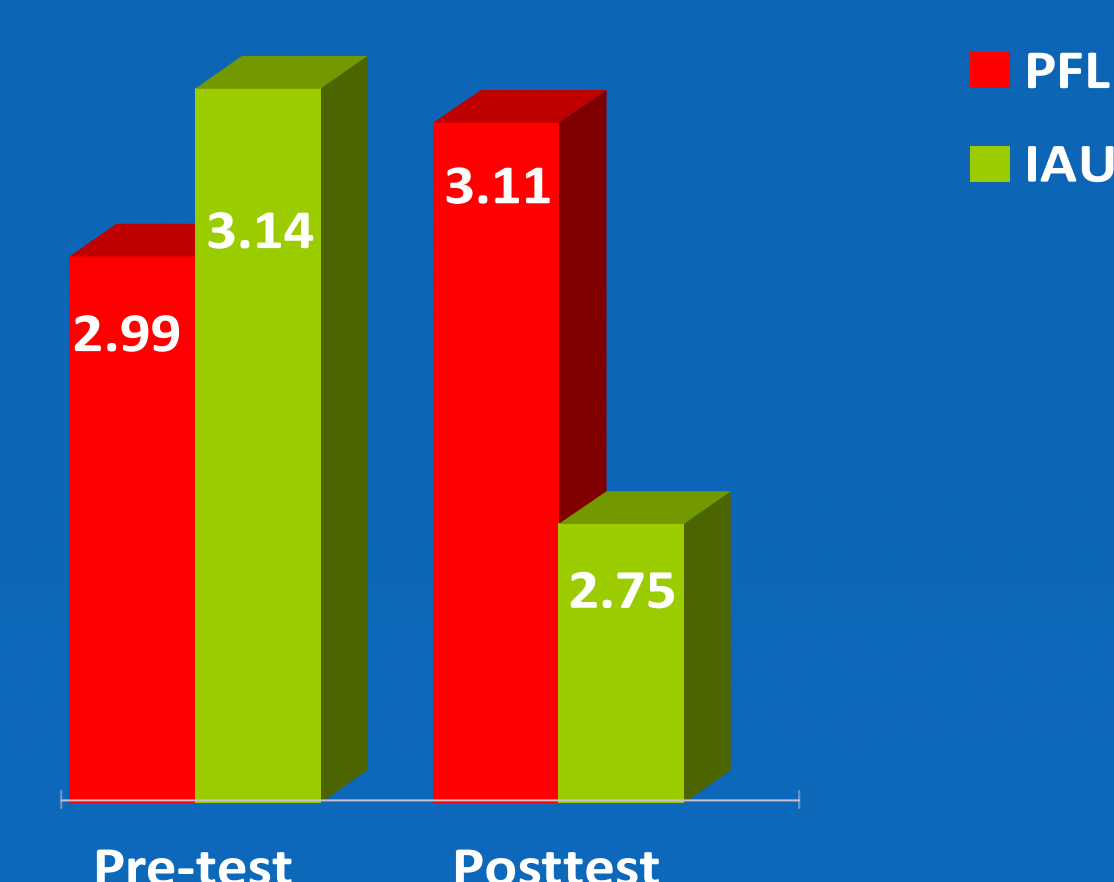
- PFL participants rated their intervention more positively than IAU participants ($p < .001$)

Greater satisfaction at post-intervention among PFL participants than IAU participants

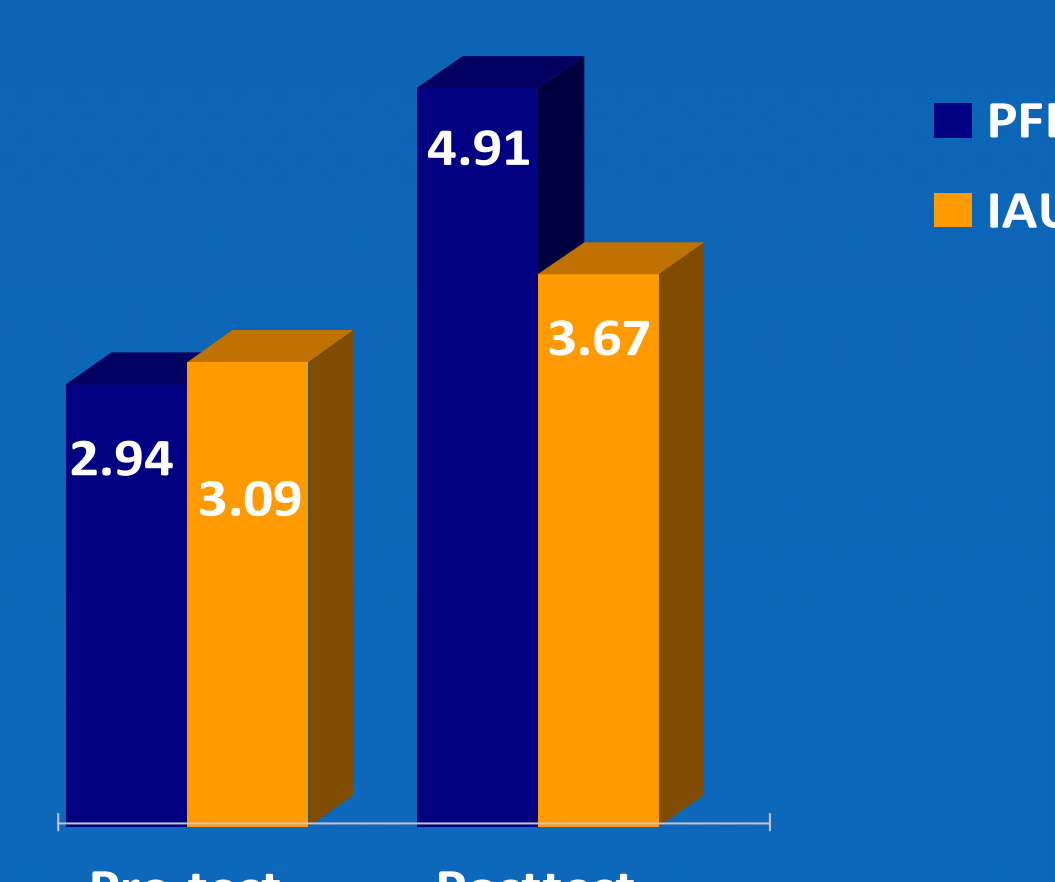


PFL participants perceived greater personal risk than IAU participants

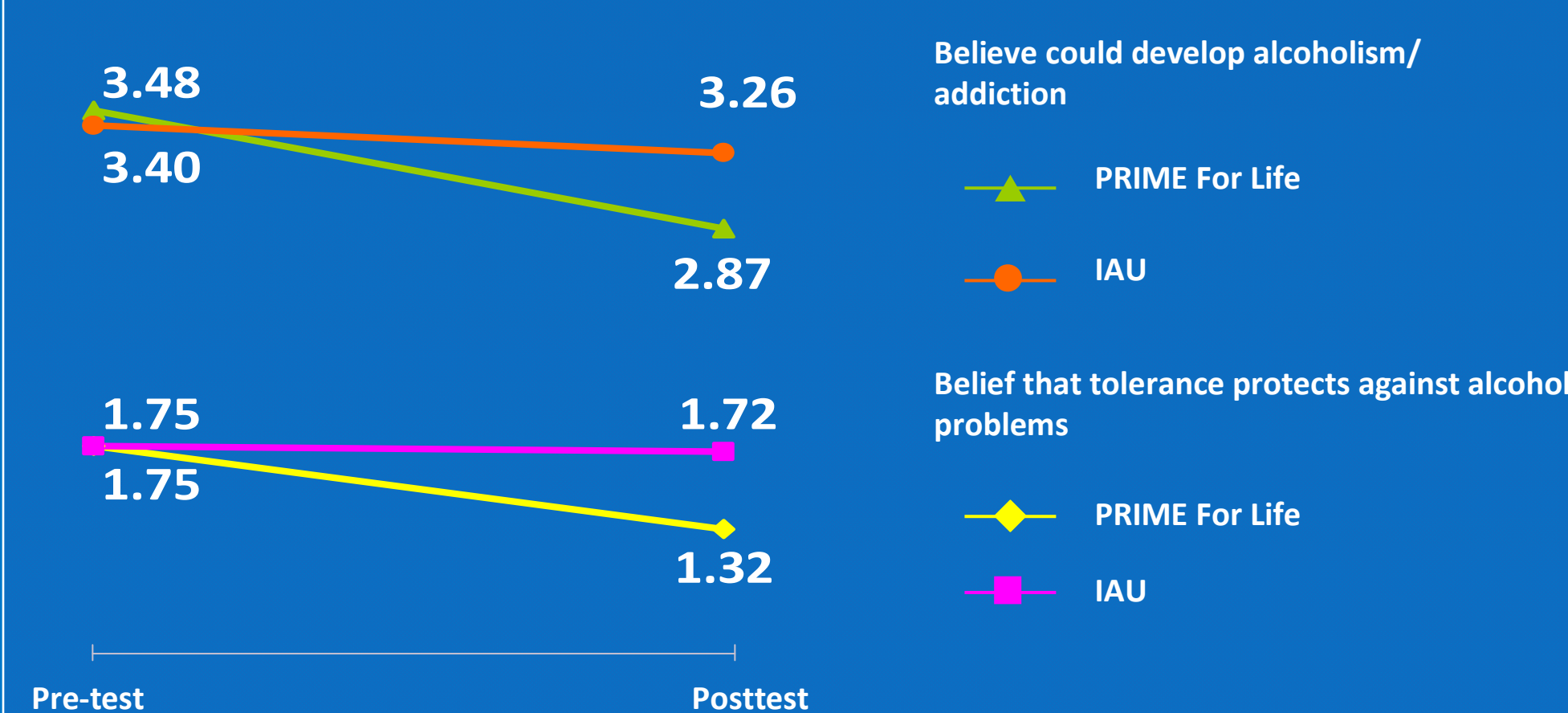
Risk perception from drinking scale (higher = greater perception of risk)



"If I keep drinking like I have...my risk for developing alcoholism will be" (Higher scores = agreement)

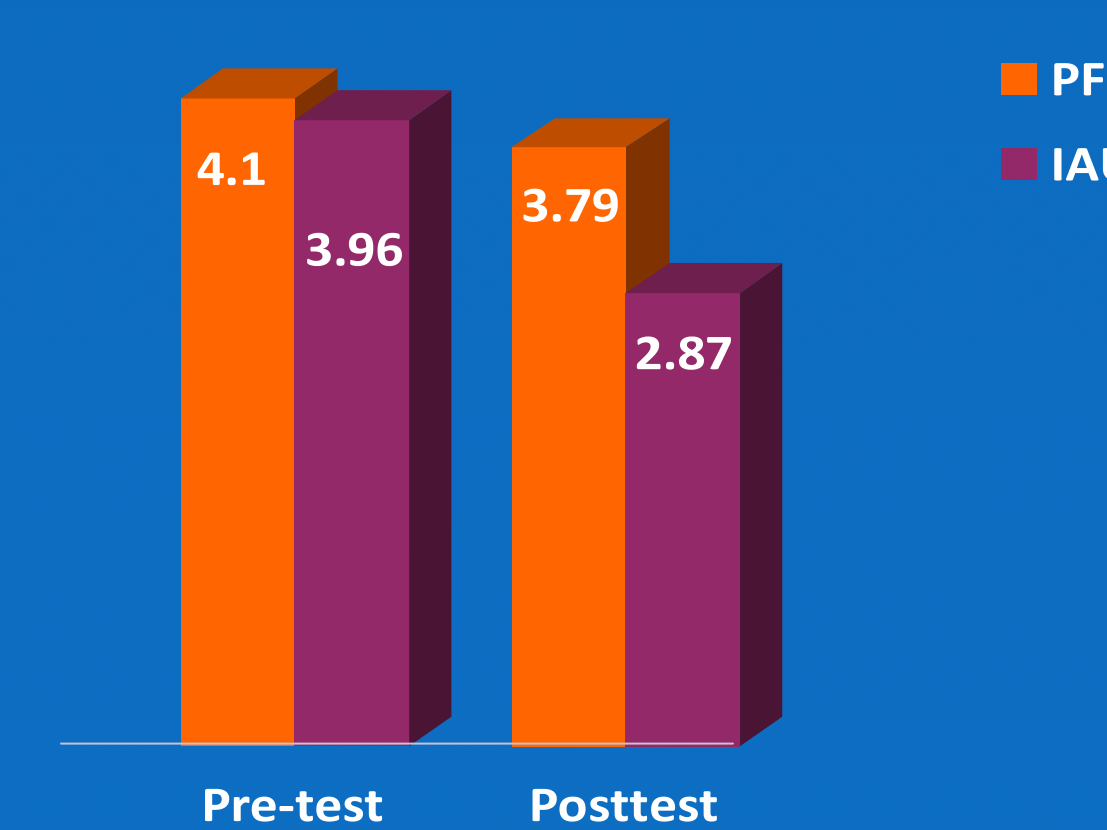


Greater number of PFL participants disagreed with risk-enhancing beliefs (low scores = disagreement)



IAU outperformed PFL on only one personal perception of risk item

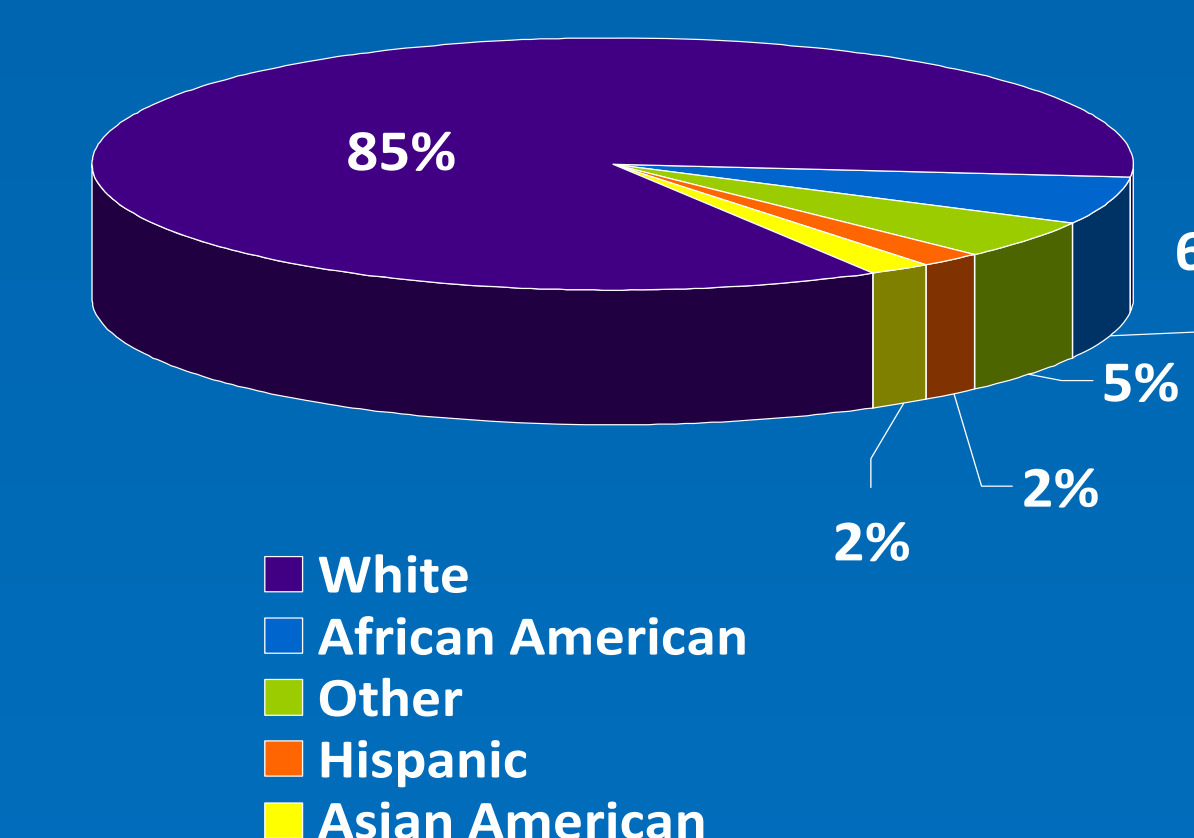
"How many drinks can you drink before you are too impaired to drive safely?"



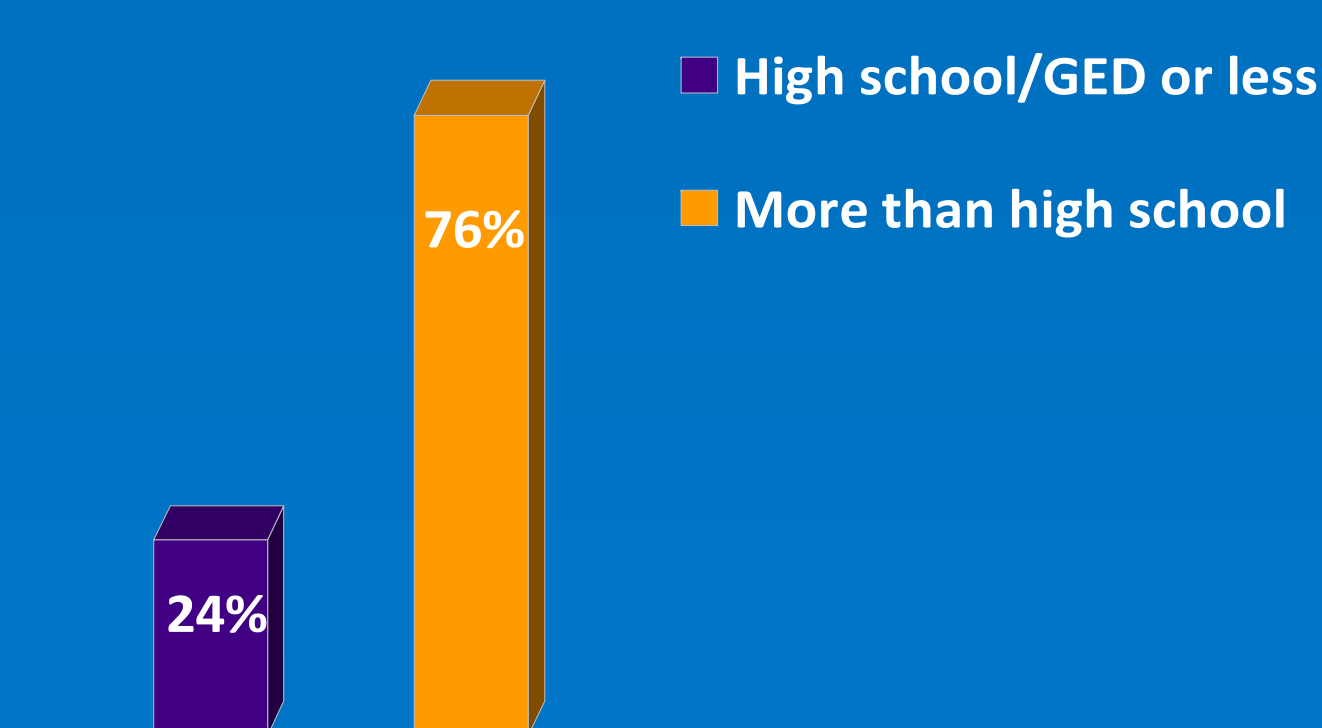
DEMOGRAPHICS

\bar{X} age of participants = 31.1 yrs (SD = 11.7)

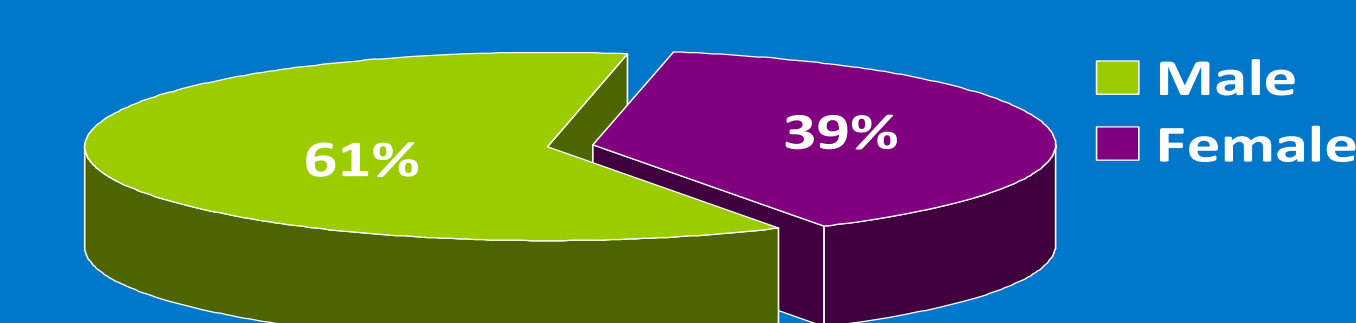
Race/Ethnicity



Education Level



Gender



SUMMARY AND IMPLICATIONS

- Main finding: PFL combined greater participant satisfaction with superior changes in thinking about drug and alcohol use.
- Of note: IAU participants showed some favorable change, but in many instances less than PFL, and on only one item better than PFL.
- Findings support PFL as having efficacy in producing short-term changes in risk-related thinking; future research should evaluate longer-term outcomes