

Literature Review: Cognitive Behavior Therapy for People with Alcohol Abuse

Jainal Ilmi
 University of Muhammadiyah Malang
 jainalilmi94@gmail.com

Abstract: *Scientifically, many studies confirmed the effectiveness of Cognitive Behavior Therapy, especially for people with alcohol abuse. This study presents a literature review that examines 10 international journals published between 2000 and 2018. The purpose of this study is to examine more deeply the research subject, comorbidity of alcohol use disorders, treatment goals, research designs, treatment settings, and the development of cognitive-behavioral therapy in industry 4.0. Based on reviews that have been done, the age of alcohol abusers varies greatly, ranging from 18 to 53 years old. It was also found that alcohol abuse is commonly comorbid with insomnia, post-traumatic stress disorder, and social anxiety disorder. The treatment goals and settings also vary. In terms of research design, experimental research was mostly used to examine this issue. In this technological and digital era today, internet-based Cognitive Behavior Therapy has proven to be effective in reducing the severity or intensity of drinking alcohol. This has become a separate recommendation for developing countries.*

Keywords: *CBT, digital, alcohol, disorder*

Introduction

There are many obstacles when developing human resources. One of the obstacles is caused by alcohol. Alcohol abuse becomes the world's concern today as well as the third risk factor for many diseases, after smoking and high blood pressure (Lim et al., 2012). Alcohol abuse can cause various adverse effects on different aspects of life. In terms of health, alcohol abuse is associated with more than 60 types of diseases, such as liver disease, cardiovascular disease, and various cancers (Connor et al., 2016). Besides, alcohol has many other negative effects, such as the financial burden to pay the treatment costs, crimes, and low productivity (Babor et al., 2010). Excessive use of alcohol can even lead to domestic violence (Quigley & Leonard, 2000). Indeed, a severe addiction to alcohol has a detrimental effect; it can cause insomnia, which can be a long-term consequence even during the recovery process (Brower et al., 2001)

Although alcohol abuse inhibits the growth of human resources in the world, not all alcohol abusers receive proper treatment. In fact, only 15% receive the right treatment (Cohen et al., 2007). It means that 85% of them do not get professional treatment. This is caused by a variety of things, including feeling ashamed, willing to reduce the drinking level in one's own way, believing that nothing can help (Schuler et al., 2015), and being burdened by medical costs (Saunders et al., 2006).

Over the past few years, Cognitive Behavior Psychological therapy has been successful in helping alcohol abusers recover from their addiction, especially when combined with pharmacotherapy (Anton et al. 2006; Farren et al. 2009) or with the addition of naltrexone (Anton et al., 2005; Feeney et al., 2006;

Walters et al., 2009). Combining Cognitive Behavior Therapy and anti-depressants has proven effective in helping adolescents and adults who are addicted to alcohol or other substances (Riggs et al., 2007). In fact, the combination of Cognitive Behavior Therapy and other types of therapy can help patients with alcohol abuse and various other comorbid disorders. The combination of Cognitive Behavior Therapy, motivation enhancement therapy, and comprehensive medical treatment can increase the ability to quit alcohol and prolong abstinence in patients with alcohol use disorder and chronic liver disease (Khan et al., 2016). A meta-analysis explains the combination of Cognitive Behavior Therapy and motivational interviews to help patients with alcohol use disorders and comorbid major depression disorders (Riper et al., 2014). Other studies examined alcohol use disorders with comorbid post-traumatic stress disorder (Sannibale, 2013). However, there are different findings from other studies. It turns out that people with alcohol dependence who undergo Cognitive Behavior Therapy can also get out of treatment or even relapse during the first few months after treatment (Ilgen & Moos, 2005)

Therefore, a review of the Cognitive Behavior Therapy literature is needed for people with alcohol abuse. This review aims to provide an overview of 10 studies that have been published in international journals from 2000 to 2018. The results of this review include research subjects, comorbid disorders, cognitive behavioral therapy development, treatment goals, research designs, and treatment settings. This research is expected to provide encouragement and contribute to the development of Cognitive Behavior Therapy for alcohol

abusers so that more psychological therapies can keep up with the technological and digital era.

Research Subjects and Comorbid Disorders

From 10 studies that were reviewed, the researcher found a variety of subject selection criteria, variety of age, the number of different subjects, and various types of disorder. To determine whether someone belongs to the category of an alcohol abuser, structured clinical interview based on Axis I disorders on DSM-IV was carried out (Farren et al., 2015), or using The AUDIT (The Alcohol Use Disorders Identification Test). The age of the subjects involved in various studies varied, starting from 18 years old (Farren et al., 2015). For example, Alan (51), Julie (49), Caroline (34), and Karl (53) were respondents in a Qualitative Study conducted by Besenius et al., (2013). It confirms the statement that Alcohol Use Disorder can happen to people of various ages (DSM V, 2013), which means that at all stages of human development, there is a possibility for alcohol abuse to happen.

The number of subjects involved in the intervention of Cognitive Behavior Therapy varied among the studies. For example, 55 people (Farren et al., 2015), 4 people (Besenius et al., 2013), 17 people (Arnedt et al., 2011), and 155 people (Epstein, 2018). Other varieties can be seen in other studies. For instance, 34 research participants were treated with Cognitive Behavior Therapy then compared to 30 others who were treated with Behavioral Couple Therapy (Vedel et al., 2008), 10 people consisting of 3 women and 7 men (Spada & Wells, 2006), 62 adults (Sannibale et al., 2013), 60 people (Currie et al., 2004), 8 people (Zhabenko et al., 2016), 53 people given Cognitive Face-to-face Behavior Therapy compared to 50 people doing Cognitive Behavior Therapy by telephone (Kalapatapu et al., 2014), or even only 1 person involved in the case study of Buckner et al. (2008). Also, various studies also found that Alcohol Use Disorder had the potential to be comorbid with other disorders, such as insomnia disorders (Arnedt et al., 2011), post-traumatic stress disorder (Sannibale et al., 2013), and Social Anxiety Disorders (Buckner et al., 2008).

Development of Cognitive Behavior Therapy and Treatment Targets

In this development era, most of our activities are connected to technology and digital device. The activities of Cognitive Behavior Therapy is not an exception. For instance, to reduce the severity or intensity of drinking alcohol, the therapy uses computer-based Cognitive Behavior Therapy (Farren et al., 2015) and online-based Cognitive Behavior Therapy (Zhabenko et al., 2016). It is a reminder that there is a need for the development of more modern psychological intervention models. Compared to the previous years, the Internet Cognitive

Behavior Therapy program has developed considerably, especially throughout North America (Beaulac et al., 2015; Gosling, 2014; Van Straten, 2014).

Several studies were conducted to test the effectiveness of cognitive-behavioral therapy in people with alcohol abuse by comparing behavioral couple therapy to cognitive therapy (Vedel et al., 2008) or combining cognitive behavior and motivational enhancement therapy (Buckner et al., 2008). Another use of Cognitive Behavior Therapy is to restore alcoholics with insomnia in order to achieve better sleep (Currie et al., 2004)

Research Design

The majority of the studies used a research design by comparing 2 groups, namely the experimental and control groups. For example, the experimental group was given treatment in the form of computer-based cognitive therapy for 5 hours, inpatient rehabilitation care for 4 weeks, and a follow-up for 3 months, while the control group did not get treatment like the experimental group (Farren et al., 2015). Besides, one group was given Female-Specific Cognitive Behavioral Therapy (G FS-CBT) while the other group was given individual Female-Specific Cognitive Behavioral Therapy (I-FS-CBT) (Epstein et al., 2018), or the group given Behavior Couple Therapy was compared to groups given Individual Cognitive Behavior Therapy (Vedel et al., 2008), and the group given Cognitive Behavior Therapy was compared to the group with Cognitive Behavior Therapy plus Supportive Counseling (Sannibale et al., 2013),

Other studies on Cognitive Behavior Therapy for alcohol abusers used practitioner reports (Spada & Wells, 2006), qualitative studies (Besenius et al., 2013), case studies (Buckner et al., 2008), and longitudinal studies (Zhabenko et al., 2016)

Treatment Settings

Studies on Cognitive Behavior Therapy given to people with alcohol abuse has been carried out in a variety of settings, including patients at St Patrick Dublin University Hospital in Ireland (Farren et al., 2015), patients who were referred to the National Health Service in the West Midlands, England (Besenius et al., 2013), outpatient and community clinics receiving advertisements in Michigan, United States (Arnedt et al., 2011), men and women in alcoholic community care centers in the Netherlands (Vedel et al., 2008), women recruited through advertisements, referrals, leaflets, and media in New Brunswick, Canada (Epstein et al., 2018), patients who were referred to City and Hackney Alcohol Service, United Kingdom (Spada & Wells, 2006), various services in the metropolitan city of Sydney, Australia (Sannibale et al., 2013), a non-Hispanic white man in the United States (Buckner et al., 2008) and

people recruited through advertisements, leaflets at the meeting place of Alcoholics Anonymous (AA), newspapers, personal emails for professionals, doctor referrals, Google groups "young Ukrainian psychiatrists," Google groups and social media like Facebook, Odnoklassniki, Vkontakte in Ukraine (Zhabenko et al., 2016).

Conclusion

It can be concluded that the age of alcohol abusers varies greatly. However, from the studies that have been reviewed, it was found that the age ranges from 18 to 53 years old. It was also revealed that alcohol abuse disorders are usually comorbid with insomnia, post-traumatic stress disorder, and social anxiety disorder. The purpose of Cognitive Behavior Therapy also varies. In terms of research design, the experimental design was mostly used compared to other research designs. Nowadays, in this technology and digital era, internet-based Cognitive Behavior Therapy has been proven effective in reducing the severity or intensity of drinking alcohol. Hence, this becomes a recommendation for the development of modern psychological interventions to keep up to date with the advancement of technology.

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