Problem framing amongst harmful drinkers: effects on behaviour change and ‘early recovery’

James Morris, PhD candidate, London South Bank University
‘Early recovery’?

• ‘Recovery’ from a non-severe alcohol problem i.e. low severity dependence or harmful drinking:
  – 16+ on the AUDIT (NICE CG115)
  – Drinking 35+ (women) or 50+ units (men) per week (DoH 2009)
  – Experiencing negative effects, either health or wellbeing, but often unaware

• But… not “recovery” as harmful drinkers are unlikely to describe their drinking as problematic (Garnett et al., 2015) and unlikely to seek treatment (Khadjasari et al., 2015)

• However ‘natural recovery’ is common and under-promoted (Klingemann, Sobell, & Sobell, 2009)

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Problem framing

• How a drinker articulates what constitutes alcohol misuse / problem drinking e.g. as a disease or disorder

• Important because most harmful drinkers do not identify their drinking as problematic:
  – ‘Denial’? (Pickard, 2016)
  – Normative misperception (Shiner & Winstock 2015)
  – Fear of stigma/labelling (Schomerus et al., 2011)
  – Lack of an available language/framework to describe their drinking…?
What interventions do harmful drinkers actually receive?

- % with mild dependence receiving specialist treatment estimated at 1.13% (NICE) – Few models of extended brief interventions (EBI)

NICE alcohol guidance: CG115

Become what you want to be
Should there be a word for an 'almost alcoholic'?

By Olivia Sorrel-Dejerine
BBC News Magazine

8 January 2014 | Magazine
Problem framing: binary vs. continuum?

- Problem framing can have significant implications for recovery e.g. binary (disease model) vs. continuum (psychosocial model):
  - Agency / self-efficacy undermined by binary beliefs in harmful drinkers (Wiens & Walker, 2015)
  - Binary beliefs weakened agency in mental health (Corrigan et al., 2016)
  - Binary beliefs associated with increased stigma and shame in mental health (Corrigan et al., 2016), alcohol dependence (Schomerus et al., 2011) and other drugs (Dingel et al., 2011)
  - But disburdening potential of binary disease model for blaming (Lebowitz et al., 2017)?

- But we don’t know how framing affects likelihood of problem identification and other behaviour change processes?

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Self-affirmation theory: enhancing problem identification?

- People are strongly motivated to protect their sense of self-adequacy and moral value; i.e., to view themselves as “adaptively and morally adequate” (Steele, 1988 p.262)

- This can result in defensive processing of psychological threats

- E.g. alcohol health messages may be rejected because the person is protecting the self from negative affective responses (e.g. shame of having an alcohol problem)

- Self-affirmation can attenuate defensive processing e.g. writing about one’s values or cherished attributes before receiving non-related threatening health information
Extended Parallel Process Model (EPPM) (Witte 1992)

- EPPM suggest two key responses to threatening information:
  - Fear control e.g. defensiveness or ‘denial’ of threat
  - Danger control e.g. take action to address the threat
- EPPM suggests response depends on level of fear AND crucially belief that response will work (efficacy)
Hypotheses?

- Problem framing (i.e. binary vs. continuum) influences the perceived threat of ‘problem drinking’ messages/self-identification
- Problem framing also influences efficacy thus EPPM relevant
- Binary framing (e.g. disease model) increases perceived threat, potentially due to an explanatory vacuum of drinking between ‘normal drinkers’ and ‘alcoholics’
- Self-affirmation decreases perceived threat and promotes problem identification amongst harmful drinkers
- Self-affirmation + continuum framing has additive benefits
Next steps

• Initial study to manipulate problem framing and measure defensive processing/efficacy following an alcohol health message
• E-questionnaire responses..
Contact

- morrij17@lsbu.ac.uk
- Twitter @jamesmorris24

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References