

Putting Research to Work for Military Families



Focus:
Army

Personalized Drinking Feedback Intervention for Veterans of the Wars in Iraq and Afghanistan: A Randomized Controlled Trial

Martens, M. P., Cadigan, J. M., Rogers, R. E., & Osborn, Z. H. (2015). Personalized drinking feedback intervention for veterans of the wars in Iraq and Afghanistan: A randomized controlled trial. *Journal of Studies on Alcohol Drugs*, 76 (3), 355-359. doi:10.15288/jsad.2015.76.355

SUMMARY: The efficacy of personalized drinking feedback intervention among OEF/OIF/OND Veterans were examined on peak blood alcohol concentration, alcoholic drinks per week, and alcohol-related problems. Veterans were randomly enrolled in personalized intervention or education-only intervention and effects of interventions were examined. Findings included supportive trends of personalized intervention lowering the three conditions, but only lowering peak blood alcohol concentration was a significant result.

KEY FINDINGS:

- Personalized drinking feedback intervention showed significant results in lowering peak blood alcohol concentration for subsamples, “heavy drinkers” (men/women who consumed 5+/4+ drinks in one occasion) and “drinkers only” who consumed any alcohol at baseline, as well as the full study sample.
- The conditions of (1) drinks per week and (2) alcohol-related problems showed a trend of decreasing for the sample receiving the personalized intervention.
- Participants receiving the education-only intervention showed a decrease in both drinks per week and alcohol-related problems from baseline to 1-month, but an increase at 6-month, although not at significant levels.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Include a personalized feedback type of curriculum that discusses social norms, financial and caloric impacts of alcohol misuse, and outline potential alcohol-related problems to recognize
- Incorporate user-friendly technology to deliver curriculum, such as email, text, or mobile application
- Build into curriculum some of the participant’s current decisions or behaviors that support abstaining from alcohol use, such as journaling or reflection

IMPLICATIONS FOR POLICIES:

Policies could:

- Support the creation of an underlying consistent format for a personalized feedback type of curriculum to have tailored yet comparable information for wider dissemination for Service members and families
- Explore alternative development and delivery systems for alcohol curricula for Service members who misuse alcohol
- Consider integrating preventative interventions as necessary for Service members and families who may be at risk of misusing alcohol

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA’s National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.



Putting Research to Work for Military Families



METHODS

- Veterans were recruited through a letter noting the purpose of the study and contacted within a week of their appointment to discuss the study, answer questions, and gauge participation interest.
- Participants provided self-report data at baseline, 1-month, and 6-month follow-up intervals using a modified Daily Drinking Questionnaire, the Short Inventory of Problems, and demographic data.
- Participants at the clinic privately reviewing printed feedback which included social norms data comparing their level of drinking to national and Veteran norms along with other personalized data.

PARTICIPANTS

- Veterans of OED/OIF/OND who presented to the Seamless Transition Clinic at the Harry S. Truman Memorial Veterans' Hospital in Columbia, MO were eligible for participation.
- The sample size was 325 Veterans of which 93% were male, 82% White, and 75% served in the Army, with the average age of 32.20 years (SD = 8.18).
- The baseline, self-reported alcohol consumption from participants showed an average of 10.66 drinks per week (SD = 13.82), 6.55 drinks at peak drinking occasion over past 30 days (SD = 6.99), and 1.78 alcohol-related problems (SD = 2.69).

LIMITATIONS

- The only significant finding was regarding the effects of the personalized-only intervention on lowering peak blood alcohol concentration while other findings, while indicating trends, were not significant.
- The sample was homogenous and the study did not include long-term follow-up, not allowing for a clear understanding of what impact personalized-only intervention would have on a broader scale.
- As the intervention materials were reviewed privately by the participants, there were no fidelity checks in place to confirm the materials were actually read.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Include longer follow-up periods in the study after six months and follow-ups upon study completion
- Diversify the participants in the study by having more women, minorities, and other branches of the military in the study sample while including a civilian comparison group
- Assess the efficacy of the individual components of the personalized intervention to measure the impact of each component and further tailor the personalized nature of the intervention

ASSESSING RESEARCH THAT WORKS



For more information about the Assessing Research that Works rating scale visit:
<https://reachmilitaryfamilies.umn.edu/content/assessing-research-that-works>