A panel of two researchers each discussed a computer-based intervention for reducing substance use among women on the second day of the 2014 National Frontier and Rural ATTC Addiction Treatment Technology Summit.

- Women of child-bearing age are at risk for alcohol exposed pregnancies, as half of all pregnancies in the U.S. are unintended. Dr. Karen Ingersoll, Associate Professor of Psychiatry and Neurbehavioral Sciences at the University of Virginia, presented on a web-based intervention CARII, which was designed based on an evidence-based in-person intervention, CHOICES. CHOICES uses four sessions of motivational interviewing plus feedback and has seen a reduction in women at risk for alcohol exposed pregnancies from 100% to 34%. The program targets women aged 18 to 44 who drink at risky levels and are not using contraceptives in an effective and consistent manner. CARII aims to then reduce risky drinking and to increase effective and consistent contraception use. The program first takes an assessment of the user’s behavior and then personalizes the intervention based on their answers. The intervention has six chapters that meter out. Each chapter utilizes motivational interviewing components, such as eliciting reflections, feedback, and summaries on each chapter from the user. Each chapter has videos, infographics, interactive games, practice scenarios, diaries on drinking, sex, and contraception use, and gives affirmations for completing steps. Usability testing of the program has been completed, where women reported on look and feel, interaction and navigation, diary and diary charting, goal setting, and creating a change plan. Based on the usability testing, a number of changes have been made to improve design and clarity of program aspects and a pilot randomized control trial will be beginning shortly.

- Less than 10% of OB/GYNs use a validated alcohol screening tool with patients, with lack of time being one factor to blame for this. If providers performed all recommended screening and prevention activities on patients, it would take 4.4 hours per day. To reduce that burden, mHealth can be used in waiting rooms to deliver screenings and interventions to patients. Dr. Steve Ondersma, Associate Professor of Psychiatry at Wayne State University, described a computer-based brief intervention program which can address this. A pilot randomized control study using the program was delivered to a sample of pregnant women, mostly African American and low-income, who all had screened positive for risky drinking. The intervention used an avatar “Petey” to give the program a human component. Videos and feedback in the 20-minute brief intervention were tailored based on responses to the screening. Three one-page tailored mailings were sent to participants following the intervention as well. Follow-up questions were asked postpartum in the hospital, where alcohol use was significantly lower in the intervention group, with 26% of the control group reporting drinking in the last 90 days compared to 10% of the intervention group. Additionally, there tended to be less miscarriages, low birth weight babies, and NICU stays in the intervention group.

For more information on Dr. Ingersoll’s or Dr. Ondersma’s work, here is a list of some related articles:


