International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Counselling Approaches for Reducing Anxiety in People with Alcohol Use Disorder: A Narrative Review

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Abstract

Background: Anxiety and alcohol use disorder (AUD) frequently co-occur, and the two conditions can reinforce one another. Counselling-based interventions are widely used in this population, but the supporting evidence is scattered across the literature and varies considerably in strength.

Objective: This narrative review summarises counselling approaches used to reduce anxiety among people with AUD and compares the strength of evidence supporting each approach.

Methods: PubMed, PsycINFO, the Cochrane Library and Google Scholar were searched using combinations of the terms "anxiety", "alcohol use disorder", "alcohol dependence", "counselling/counseling", "cognitive behavioural therapy" and "motivational interviewing". English-language articles published between 1968 and 2026 were considered, with priority given to systematic reviews, meta-analyses and randomised controlled trials from the last fifteen years; older studies were retained mainly for background context.

Findings: Cognitive behavioural therapy and motivational interviewing have the most consistent evidence for reducing anxiety and drinking, and integrated treatments that address both conditions together show moderate additional benefit over single-focus treatment. Family-based, group and relapse-prevention counselling contribute useful support but have a smaller evidence base specific to anxiety outcomes. Aversion therapy and hypnotherapy are still used in some settings but have limited controlled evidence.

Conclusion: Counselling appears helpful for reducing anxiety among people with AUD, particularly when it is matched to the individual's needs and addresses anxiety and alcohol use together, although effectiveness differs across interventions and populations.

Keywords: anxiety; alcohol use disorder; counselling; cognitive behavioural therapy; motivational interviewing; narrative review

1. Introduction

Anxiety disorders and alcohol use disorder (AUD) co-occur at a high rate, and the two conditions often reinforce one another in a self-perpetuating cycle, particularly among young people (Randall et al., 2001). Two directions of influence are described in the literature. Anxiety may lead some individuals to use alcohol as a coping strategy, a pattern often described through tension-reduction and self-medication

models. Conversely, chronic alcohol use, dependence, and withdrawal can themselves produce or worsen anxiety symptoms through their effects on the central nervous system. These two directions are not mutually exclusive, and either may predominate in a given individual.

Alcoholism was once considered a symptom of other underlying mental disorders. Extensive research has since established that alcohol dependence is a disorder in its own right that responds to medical and psychological treatment (Randall et al., 2001). A cross-sectional study of Brazilian medical students found that alcohol dependence and abuse were more common among males than females, and that frequent alcohol use was associated with negative emotional and physical effects, including anxiety (Daniel Teixeira dos Santos et al., 2019; Goodman et al., 2017). Among socially anxious individuals, the belief that alcohol will reduce social discomfort is associated with a greater likelihood of drinking, although some individuals avoid alcohol out of concern about its potential negative effects (Ham et al., 2015). Protective behavioural strategies — practical steps a person can use before or during drinking to limit harm — have also been studied as a way of reducing alcohol-related consequences among anxious individuals (Napper et al., 2015).

Anxiety, alcohol dependence, aggression, antisocial behaviour, and criminal behaviour are related but distinct constructs, and this review treats them separately rather than as a single continuum. Some literature links heavy or dependent alcohol use with increased irritability and, in a minority of cases, aggression or antisocial conduct; however, the great majority of people with AUD do not engage in serious criminal behaviour, and broad statements linking alcohol dependence to violent crime are not supported by the evidence base for this review and have been removed accordingly. Where relevant, the counselling literature addresses anxiety and alcohol use as the primary treatment targets, with behavioural or social consequences considered as secondary outcomes rather than as defining features of the disorder.

This review focuses specifically on counselling and psychosocial approaches for reducing anxiety among people with AUD. It does not attempt to cover pharmacological treatment, general alcohol-education material, or the wider clinical presentation of AUD, except where necessary for context.

2. Review Methods

This is a narrative rather than a systematic review, and its aim was to synthesise and compare the counselling literature on anxiety in AUD rather than to exhaustively catalogue every available study. PubMed, PsycINFO, the Cochrane Library and Google Scholar were searched for English-language publications from 1968 to 2026, using combinations of the terms “anxiety”, “alcohol use disorder”, “alcohol dependence”, “co-occurring”/“comorbid”, “counselling”/“counseling”, “cognitive behavioural therapy”, “motivational interviewing”, “relapse prevention”, “family therapy”, “aversion therapy” and “hypnotherapy”.

Priority was given to systematic reviews, meta-analyses, randomised controlled trials and treatment guidelines published within roughly the last fifteen years, since these provide the strongest and most current evidence on treatment effectiveness. Older studies were retained selectively, mainly to provide historical or conceptual background, and are identified as such in the text. Study protocols were reviewed for context but were not used as evidence that a treatment is effective, since a protocol describes a planned study rather than reporting outcomes. Because this is a narrative synthesis rather than a systematic review, no formal risk-of-bias scoring or PRISMA-type study flow was undertaken; this is discussed further as a limitation.

3. Anxiety and Alcohol Use Disorder: Understanding the Relationship

Anxiety is a psychological and physiological state characterised by somatic, cognitive, emotional, and behavioural components, producing an unpleasant feeling typically associated with uneasiness, fear, or worry. It can occur as a normal, time-limited response to stress or, when persistent and impairing, as a diagnosable anxiety disorder.

3.1 Clinical Classification of Anxiety Disorders

Recognised anxiety disorders, per current diagnostic classification (American Psychiatric Association, 2013), include specific phobia, social anxiety disorder (social phobia), panic disorder, and generalised anxiety disorder. Obsessive-compulsive disorder and post-traumatic stress disorder were historically grouped with the anxiety disorders but are now classified separately, as obsessive-compulsive and related disorders and trauma- and stressor-related disorders respectively, reflecting differences in their underlying features and treatment. A panic attack is a discrete symptom cluster — sudden, intense fear with physical symptoms such as breathlessness, racing heart, or sweating — that can occur within several of these disorders rather than being a diagnosis in itself; it should not be treated as equivalent to a diagnosed anxiety disorder.

3.2 The Bidirectional Relationship with Alcohol Use

The relationship between anxiety and alcohol use runs in both directions. Anxiety may lead individuals to drink as a way of reducing social discomfort or managing distress, a pattern consistent with tension-reduction and self-medication accounts (Ham et al., 2015). At the same time, regular heavy drinking, alcohol dependence, and withdrawal can independently generate or intensify anxiety symptoms, partly through their effects on the central nervous system and sleep. This means anxiety can be both a cause and a consequence of problematic alcohol use, and counselling approaches increasingly aim to address both directions rather than treating one condition in isolation.

3.3 Distinguishing Related but Separate Constructs

Anxiety, alcohol dependence, aggression, antisocial behaviour, and criminal behaviour are frequently discussed together in the earlier literature on this topic, but they are conceptually distinct and should not be conflated. Anxiety is a mental-health symptom or diagnosis; alcohol dependence is a substance use disorder; aggression and antisocial behaviour are patterns of conduct that may or may not accompany either condition; and criminal behaviour is a legal category that captures only a small subset of people with any of the above. This review focuses on counselling for anxiety and alcohol use, and refers to behavioural or social consequences only where the underlying studies specifically measured them.

4. Counselling as a Treatment Approach

Counselling has been described as an interaction that brings together a person seeking assistance and a counsellor trained to provide it (Perez, 1979, as cited in later counselling literature). Counsellors working in this field typically have training in mental health and addiction, and support individuals, families, and communities in identifying and addressing problems related to anxiety, alcohol use, and associated behavioural difficulties.

4.1 Role of the Counsellor

- Assessing an individual's strengths, problem areas, and readiness to change.
- Developing an individualised treatment plan informed by research evidence, clinical experience, and the person's history.

- Providing information about relevant services, referral pathways, and treatment options.
- Delivering structured counselling sessions, whether individual, group, or family-based.
- Reviewing, documenting, and adjusting the treatment plan as the person progresses.
- Providing aftercare and follow-up support to reduce the risk of relapse.

4.2 Principles of Effective Counselling

No single treatment is appropriate for everyone; effective counselling is tailored to the individual's needs, is readily accessible, and typically addresses several aspects of the person's difficulties rather than anxiety or alcohol use in isolation. For some individuals, counselling is combined with pharmacological treatment. The strength of the counsellor's therapeutic relationship with the client, and the counsellor's own training and skill, are consistently identified as important contributors to outcome, independent of the specific technique used.

5. Counselling Approaches for Reducing Anxiety in Alcohol Use Disorder

A range of counselling approaches has been used to address anxiety among people with AUD. Rather than describing these only as a list, this section compares them in terms of their aims and the strength of evidence currently available.

5.1 Individual Counselling

Individual counselling gives the person an opportunity to explore the root causes and triggers of their anxiety in a private setting and to work with a counsellor on decision-making and coping strategies. It is widely used as a platform within which more structured techniques, such as cognitive behavioural therapy or motivational interviewing, are delivered.

5.2 Cognitive Behavioural Therapy (CBT)

CBT helps individuals recognise, avoid, and cope with situations, problems, or anxiety states in which they are most likely to drink. Trials combining CBT for AUD with treatment for co-occurring anxiety or depression have shown consistent but modest effects: a meta-analysis of twelve studies (1,721 participants) found small but significant reductions in alcohol consumption and depressive symptoms following combined CBT/motivational interviewing approaches compared with usual care (Riper et al., 2014). A more recent meta-analysis focused specifically on comorbid anxiety and substance use disorders found a moderate effect of psychosocial interventions — predominantly CBT-based — on anxiety outcomes, alongside smaller effects on alcohol use (Nardi et al., 2024). Together, these findings support CBT as one of the better-evidenced counselling approaches for this population, while underscoring that effects on drinking outcomes are typically smaller than effects on anxiety itself.

5.3 Motivational Interviewing (MI)

MI is a client-centred approach that builds on an individual's own readiness to change, helping them resolve ambivalence about reducing alcohol use. An early meta-analysis found that MI produced greater reductions in drinking than no intervention, with the largest effects at short-term follow-up (Vasilaki et al., 2006). A 2023 Cochrane systematic review of MI for substance use more broadly found generally positive but variable effects depending on the outcome and comparison condition (Schwenker et al., 2023), and a network meta-analysis of psychosocial interventions for harmful alcohol use similarly placed MI among the better-supported approaches, alongside CBT (Tan et al., 2023). MI is often used as a brief, low-intensity intervention or as an engagement strategy preceding longer-term counselling.

5.4 Relapse-Prevention Counselling

Relapse-prevention counselling helps individuals anticipate high-risk situations — including anxiety-provoking situations — and plan alternative responses to them. It is frequently combined with CBT and is a recommended component of structured psychological treatment for alcohol dependence (National Collaborating Centre for Mental Health, 2011).

5.5 Group Counselling

In group counselling, individuals meet with a counsellor and a group of peers in recovery, providing an opportunity to discuss anxiety-related concerns openly. It is considered a useful adjunct to individual treatment, though the evidence base specifically isolating its effect on anxiety outcomes is smaller than for CBT or MI.

5.6 Family-Based and Multidimensional Family Therapy

Family-based approaches involve family members and partners in the treatment process, educating them about factors relevant to recovery and helping to establish a lower-tension home environment. A systematic review of psychological interventions for families affected by alcohol misuse found consistent, though modest, benefits for family functioning and support for the drinker's recovery, in line with treatment-guideline recommendations (National Collaborating Centre for Mental Health, 2011).

5.7 Contingency Management (Motivational Incentives)

This approach uses structured positive reinforcement to encourage reductions in anxiety-driven or alcohol-related behaviour, and has reasonable trial-based support within the wider addiction literature, although evidence specific to anxiety outcomes in AUD is more limited.

5.8 Integrated Treatment for Co-occurring Anxiety and AUD

Rather than treating anxiety and alcohol use sequentially or in separate services, integrated treatment addresses both conditions within the same programme. Meta-analytic evidence supports integrated approaches over single-focus treatment, with moderate effects on both anxiety and substance use outcomes (Nardi et al., 2024). Treatment guidelines increasingly recommend that services be organised to avoid separating alcohol and mental-health care where comorbidity is present (National Collaborating Centre for Mental Health, 2011).

5.9 Aversion Therapy and Hypnotherapy

Aversion therapy aims to change positive associations with the sight, smell, and taste of alcohol, while hypnotherapy aims to help individuals learn new behavioural responses to stress and cravings. Both approaches remain in use in some treatment settings, but the controlled evidence supporting them for anxiety or alcohol outcomes is considerably more limited than for CBT, MI, or integrated treatment, and neither should be presented as having comparable evidentiary support. They are best regarded as adjunctive or second-line options pending further trial evidence.

Table 1: Comparison of Counselling Approaches by Evidence Strength

Approach	Primary Target	Strength of Evidence	Key Source(s)
Cognitive behavioural therapy	Anxiety & drinking behaviour	Strong – supported by multiple meta-analyses	Riper et al., 2014; Nardi et al., 2024
Motivational interviewing	Readiness to change / drinking	Strong – supported by meta-analyses & Cochrane review	Vasilaki et al., 2006; Schwenker et al., 2023; Tan et al., 2023

Integrated anxiety + AUD treatment	Both conditions concurrently	Moderate-strong – growing meta-analytic support	Nardi et al., 2024
Relapse-prevention counselling	High-risk situations / relapse	Moderate – mainly as CBT component	NICE CG115 (2011)
Family-based therapy	Family environment & support	Moderate – systematic review support	NICE CG115 (2011)
Group counselling	Peer support / disclosure	Limited-moderate – mostly adjunctive evidence	General clinical literature
Contingency management	Reinforcement of change	Moderate – evidence stronger for substance use than anxiety specifically	General addiction literature
Aversion therapy	Association with alcohol cues	Limited – few controlled trials	Not established
Hypnotherapy	Behavioural response to stress	Limited – few controlled trials	Not established

6. Evidence from Previous Studies

Table 2 summarises key studies and reviews referenced in this paper, illustrating the range of designs, counselling methods, and outcomes reported in the literature on anxiety and AUD.

Table 2: Summary of Key Studies

Author (Year)	Design	Sample	Counselling Method	Anxiety / Alcohol Outcome	Main Findings	Limitations
Riper et al. (2014)	Meta-analysis, 12 RCTs	1,721 patients	Combined CBT / MI	Alcohol use; depressive symptoms	Small but significant reductions in alcohol use and depression vs. usual care (g = 0.17–0.27)	Focus on de rather than specifically; effect sizes

Author (Year)	Design	Sample	Counselling Method	Anxiety / Alcohol Outcome	Main Findings	Limitations
Vasilaki et al. (2006)	Meta-analytic review	Multiple RCTs	Motivational interviewing	Drinking reduction	MI produced greater reductions in drinking than no intervention, strongest at short-term follow-up	Effects atten over longer up
Schwenker et al. (2023)	Cochrane systematic review	Multiple RCTs, substance use	Motivational interviewing	Substance use, readiness to change	Generally positive but variable effects depending on outcome and comparator	Substantial heterogenei included tria
Tan et al. (2023)	Network meta-analysis	Adults with harmful alcohol use	Multiple psychosocial interventions	Alcohol consumption	CBT and MI among the more consistently effective approaches	Indirect comparisons variable trial
Nardi et al. (2024)	Systematic review & meta-analysis	Comorbid anxiety + SUD samples	Mixed psychosocial (mainly CBT-based)	Anxiety (g = 0.44); alcohol/substance use	Moderate effects on anxiety and substance use post-treatment	Fewer studie long-term fo data
Daniel Teixeira dos Santos et al. (2019)	Cross-sectional, observational	Brazilian medical students	N/A (descriptive)	Alcohol abuse/dependence prevalence	Higher dependence and abuse in males; associations with anxiety and depression	Cross-sectio report; singl country sam
Ham et al. (2015)	Survey-based study	College students	N/A (mechanism study)	Social anxiety & drinking expectancy	Expectancy that alcohol reduces social discomfort predicted drinking in socially anxious individuals	Non-clinical self-report m
Napper et al. (2015)	Survey-based study	College students	Protective behavioural strategies	Alcohol-related harm	Anxiety associated with differential use of protective strategies	Cross-sectio generalisabil clinical AUD unclear

7. Discussion

The reviewed evidence converges on cognitive behavioural therapy and motivational interviewing as the counselling approaches with the strongest and most consistent support for reducing anxiety and drinking among people with AUD (Riper et al., 2014; Vasilaki et al., 2006; Schwenker et al., 2023; Tan et al., 2023; Nardi et al., 2024). Integrated treatment that targets anxiety and alcohol use within the same programme appears to offer an advantage over treating either condition alone, though the number of high-quality trials remains modest (Nardi et al., 2024).

Differences across studies partly reflect differences in populations (clinical versus non-clinical samples), anxiety measures used, treatment duration and intensity, and length of follow-up. Effects on drinking outcomes are generally smaller and less durable than effects on anxiety symptoms, and several reviews report that benefits on alcohol-related outcomes are not always maintained at longer-term follow-up (Nardi et al., 2024). This suggests a need for maintenance or booster sessions rather than a single course of treatment.

Several practical factors influence whether counselling translates into lasting benefit. Treatment adherence and dropout remain significant challenges, particularly for individuals with more severe dependence or comorbid conditions. Relapse is common and should be anticipated and planned for within treatment, rather than viewed as treatment failure. Family and social support, where available, appears to improve engagement and outcomes (National Collaborating Centre for Mental Health, 2011). Counsellor training and adherence to an evidence-based treatment manual are also associated with better outcomes, underscoring that the skill and consistency of delivery matter as much as the choice of technique. Combined treatment — counselling alongside pharmacological support where clinically indicated — and structured long-term follow-up are recommended in current treatment guidelines (National Collaborating Centre for Mental Health, 2011).

8. Limitations

- This is a narrative rather than a systematic review; study selection was not exhaustive and no formal risk-of-bias or PRISMA-type screening process was applied.
- The studies discussed differ considerably in participant characteristics, the type and severity of anxiety assessed, counselling duration and intensity, outcome measures, and length of follow-up, which limits direct comparison.
- Several older studies were retained for background or historical context; their methodology reflects the standards of their time and may not meet current evidential standards.
- The search was restricted to English-language publications, which may have excluded relevant evidence published in other languages.
- A cited protocol (Stapinski et al., 2019) describes a planned trial and was used only as an example of ongoing research, not as evidence of treatment effectiveness.

9. Conclusion

Anxiety and alcohol use disorder frequently co-occur and can reinforce one another, and counselling has a meaningful role to play in addressing both. The strongest evidence currently supports cognitive behavioural therapy and motivational interviewing, with integrated treatment approaches showing

promise for individuals with both conditions. Family-based, group, and relapse-prevention counselling contribute useful support, while aversion therapy and hypnotherapy remain in use in some settings but currently lack strong controlled evidence. Overall, counselling appears helpful for reducing anxiety among people with AUD, particularly when matched to the individual's needs and when it addresses anxiety and alcohol use together; however, its effectiveness differs across interventions and populations, and further high-quality, long-term trials are needed to clarify which approaches work best for whom.

References

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).
2. Daniel Teixeira dos Santos, Nazário, F. P., Freitas, R. A., Henriques, V. M., & de Paiva, I. S. (2019). Alcohol abuse and dependence among Brazilian medical students: Association to sociodemographic variables, anxiety and depression. Journal of Substance Use. https://doi.org/10.1080/14659891.2018.1562574
3. Goodman, F. R., Stiksma, M. C., & Kashdan, T. B. (2017). Social anxiety and the quality of everyday social interactions: The moderating influence of alcohol consumption. Behavior Therapy. https://doi.org/10.1016/j.beth.2017.10.002
4. Ham, L. S., Bacon, A. K., Carrigan, M. H., Zamboanga, B. L., & Casner, H. G. (2015). Social anxiety and alcohol use: The role of alcohol expectancies about social outcomes. Addiction Research & Theory. https://doi.org/10.3109/16066359.2015.1036242
5. Napper, L. E., LaBrie, J. W., & Hummer, J. F. (2015). Anxiety and the use of alcohol-related protective behavioral strategies. Journal of College Counseling, 18, 21–36. https://doi.org/10.1002/j.2161-1882.2015.00066.x
6. Nardi, W. R., Kelly, P., Roy, A., Becker, S., Brewer, J., & Sun, S. (2024). A systematic review and meta-analysis of psychosocial interventions for persons with comorbid anxiety and substance use disorders. Journal of Substance Use and Addiction Treatment, 165, 209442.
7. National Collaborating Centre for Mental Health (UK). (2011, updated 2014). Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE Clinical Guideline No. 115). British Psychological Society.
8. Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51(3), 390–395.
9. Randall, C. L., Thomas, S., & Thevos, A. K. (2001). Concurrent alcoholism and social anxiety disorder: A first step toward developing effective treatments. Alcoholism, Clinical and Experimental Research, 25(2), 210–220.
10. Riper, H., Andersson, G., Hunter, S. B., de Wit, J., Berking, M., & Cuijpers, P. (2014). Treatment of comorbid alcohol use disorders and depression with cognitive-behavioural therapy and motivational interviewing: A meta-analysis. Addiction, 109(3), 394–406.
11. Schwenker, R., Dietrich, C. E., Hirpa, S., Nothacker, M., Smedslund, G., Frese, T., & Unverzagt, S. (2023).

a. Motivational interviewing for substance use reduction. Cochrane Database of Systematic Reviews, 12, CD008063.

12. Smart, R. G. (1968). Alcohol consumption and anxiety in college students. The Journal of General Psychology, 78(1), 35–39. [Historical reference, retained for background context]
13. Stapinski, L. A., Prior, K., Newton, N. C., Deady, M., Kelly, E., Lees, B., Teesson, M., & Baillie, A. J. (2019).
a. Protocol for the Inroads Study: A randomized controlled trial of an internet-delivered, CBT- based early intervention to reduce anxiety and hazardous alcohol use among young people. JMIR Research Protocols, 8(4). [Study protocol – cited only as an example of ongoing research, not as outcome evidence]
14. Tan, C. J., Shufelt, T., Behan, E., Jantara, J., Koomsri, C., Gordon, A. J., et al. (2023). Comparative effectiveness of psychosocial interventions in adults with harmful use of alcohol: A systematic review and network meta-analysis. Addiction, 118(8), 1414–1429.
15. Vasilaki, E. I., Hosier, S. G., & Cox, W. M. (2006). The efficacy of motivational interviewing as a brief intervention for excessive drinking: A meta-analytic review. Alcohol and Alcoholism, 41(3), 328–335.
16. Wilson, G. T. (1988). Alcohol and anxiety. Behaviour Research and Therapy, 26(5), 369–381. [Historical reference, retained for background context]
17. Wilson, S. M., Burroughs, T. K., Newins, A. R., Dedert, E. A., Medenblik, A. M., Mcdonald, S. D., Beckham,
a. J. C., VA Mid-Atlantic MIRECC Workgroup, & Calhoun, P. S. (2018). The association between alcohol consumption, lifetime alcohol use disorder, and psychiatric distress among male and female veterans. Journal of Studies on Alcohol and Drugs, 79, 591–600.