

Brief Intervention

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Introduction

- Professionals are more comfortable in dealing with dependent users (3 to 5 % *)
- Range of treatment modalities available).
- “Hazardous” and “harmful” users (10 to 15 %*).
- Very few interventions for them .
- One of the strategies to manage this group is the wide range of interventions collectively called as “ Brief Interventions ” .

(*NHS, Ray et al 2004)

Male 12 to 60 years

Brief Intervention

- A brief counseling which aims at changing the specific behavior.
- 5 minutes of brief advice to 15-30 minutes of brief Counseling.
- Brief interventions typically consist of one to four short counselling sessions with a trained interventionist.(e.g., physician, psychologist, social worker, nurse, health worker)

Goal

- Not always abstinence.
- Short term and immediate concerns.
- Addresses specific Issues/concern.

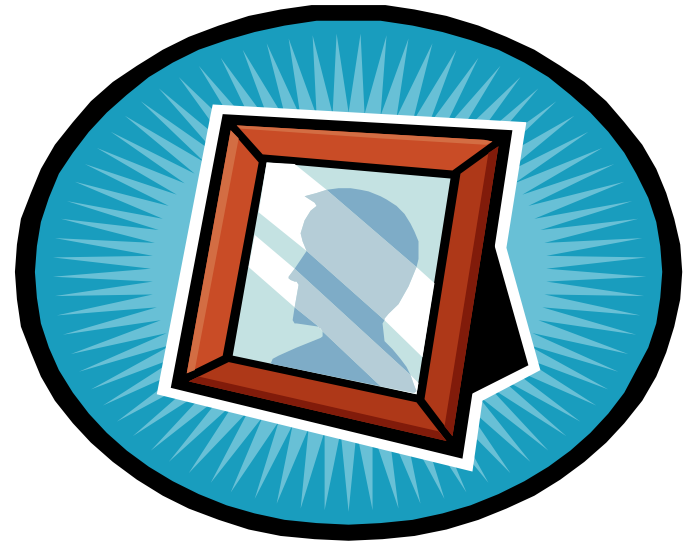
Motivational Interviewing : 5 Key Principles

- Express empathy
- Reduce ambivalence & develop discrepancy
- Facilitate self-motivational statements
- Avoid or roll with resistance
- Use counselling skills to elicit talk about change
 - Open ended questions
 - Affirmations
 - Reflective listening
 - Summarising

BI structure – FRAMES

- **F**eedback (personalised)
- **R**esponsibility (with patient)
- **A**dvice (clear, practical)
- **M**enu (variety of options)
- **E**mpathy (warm, reflective)
- **S**elf-efficacy (boosts confidence)

(Miller & Sanchez m 1994)



Reflective Listing

The Brief Intervention

9 simple Steps

1. FEEDBACK : based on screening
2. ADVICE
3. RESPONSIBILITY
4. CONCERN about score
5. GOOD THINGS ABOUT USING
6. LESS GOOD THINGS ABOUT USING
7. SUMMARISE
8. CONCERN about less good things
9. TAKE-HOME INFORMATION

The aim of the intervention is to help the client understand that their substance use is putting them at risk which may serve as a motivation for them to reduce or cease their substance use.

9-Steps of the ASSIST BI

Would you like to see how you scored on the questionnaire you just did...?

1. Feedback – use card
2. Advice
3. Responsibility
4. Concern about ASSIST score
5. Good things about using
6. Less good things about using
7. Summarise
8. Concern about less good things
9. Take home information & booklet

- *The aim of the intervention is to help the client understand that their substance use is putting them at risk which may serve as a motivation for them to reduce or cease their substance use.*

Would you like to see how you scored on the questionnaire you just did...?

- This question is clinician's entrance into delivering a brief intervention
- Most clients are interested in their scores
- Gives client a choice about what happens next and immediately reduces resistance
- Gives clinician permission to provide personally relevant information to client about their scores and associated risk, and risk reduction

1. Feedback

- Feed back of screening scores or Problems reported by the client.

1. Feedback

- Go through each substance score (HO8) and state whether at low, moderate or high risk from their use of that substance
- Explain (read) what moderate risk means (at bottom of page)
 - explain high risk if relevant
- Hold card so client can see. Not hard – all you need to be able to do is read up-side down....

Demonstration eg.

15/03/2010

H08

Specific Substance Involvement Scores

Substance	Score	Risk Level	
a. Tobacco products	21	0-3 4-26 27+	Low Moderate High
b. Alcoholic Beverages	8	0-10 11-26 27+	Low Moderate High
c. Cannabis	6	0-3 4-26 27+	Low Moderate High
d. Cocaine	0	0-3 4-26 27+	Low Moderate High
e. Amphetamine type stimulants	14	0-3 4-26 27+	Low Moderate High
f. Inhalants	0	0-3 4-26 27+	Low Moderate High
g. Sedatives or Sleeping Pills	0	0-3 4-26 27+	Low Moderate High
h. Hallucinogens	3	0-3 4-26 27+	Low Moderate High
i. Opioids	0	0-3 4-26 27+	Low Moderate High
j. Other - specify	0	0-3 4-26 27+	Low Moderate High

1. Feedback cond.

- Say something like:

"Because you're in the moderate risk range for your use of (drug) the kinds of things associated with your current pattern of (drug) use are....."

(read out risks ranging from least to most severe)

e. amphetamine type stimulants	Your risk of experiencing these harms is:..... Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High <input type="checkbox"/> (tick one)
	<p>Regular use of amphetamine type stimulants is associated with:</p> <ul style="list-style-type: none"> Difficulty sleeping, loss of appetite and weight loss, dehydration jaw clenching, headaches, muscle pain Mood swings –anxiety, depression, agitation, mania, panic, paranoia Tremors, irregular heartbeat, shortness of breath Aggressive and violent behaviour Psychosis after repeated use of high doses Permanent damage to brain cells Liver damage, brain haemorrhage, sudden death (ecstasy) in rare situations

2. Advice

- *is about* creating a link between reduction of drug use and reduction of harms
- Advice is about telling clients that cutting down or stopping substance use will reduce the risk of problems both now and in the future
- Clients often unaware of the relationship between their substance use & existing or potential problems
- Advice is not:
 - *“you really need to do something about your drug use...”*
 - *“I am concerned about your cannabis use”*

2. Advice – giving advice is as simple as saying.....

"The best way you can reduce your risk of these things (harms) happening to you is to either cut down or stop using (drug)."

3. Responsibility

- Maintaining personal control is an important motivating factor in change
- Client is responsible for their own decisions – clinicians need to accept and respect that
- Say something like:
“what you do with this information about your drug use is up to you.....I’m just letting you know the kinds of harms associated with your current pattern of use.”

4. Concern about ASSIST Score

- Open ended question – gets client thinking about & verbalising concerns
- May be first time client has verbalised concerns
- Verbalising concerns leads to change in beliefs and behaviour
 - We believe what we hear ourselves say
- Turn back to front page (HO8) and say something like:

“How concerned are you by your score for (drug)?”

5. & 6. 'Good things' vs. 'less good things' about using

- *Is about* developing discrepancy (or creating cognitive conflict) between what they do and where they would like to be
- Gets client to start weighing up pros and cons of their drug use – first step to changing behaviour
- May be first time client has considered & verbalised, pros and cons of use

5. & 6. 'Good things' vs. 'less good things' about using

- Ask about positive aspects of drug use. Say something like:
 - *"What are the things you like about using (drug).....?"*
- After client has finishing talking about all the good things, ask about less positive aspects of drug use. Say something like:
 - *"What are some of the less good things about using (drug) for you.....?"*

Negative effects - Prompts

- If client has difficulty verbalising less good things you could prompt with:
 - Health – physical and mental
 - Social – relationships with partner, family, friends, work colleagues
 - Legal – DUI's, accidents, contact with law.
 - Financial – impact on personal budget
 - Occupational – difficulty with work, study
 - Spiritual – self worth, guilt, wholeness

7. Summarise & reflective listening

- Shows the client that you understand what is being said (& can empathise)
- Used actively to highlight client's cognitive conflicts
- Steer the conversation towards less good things
- Allows you to ask **open-ended** question after reflecting back or summarising

7. Summarise & reflective listening

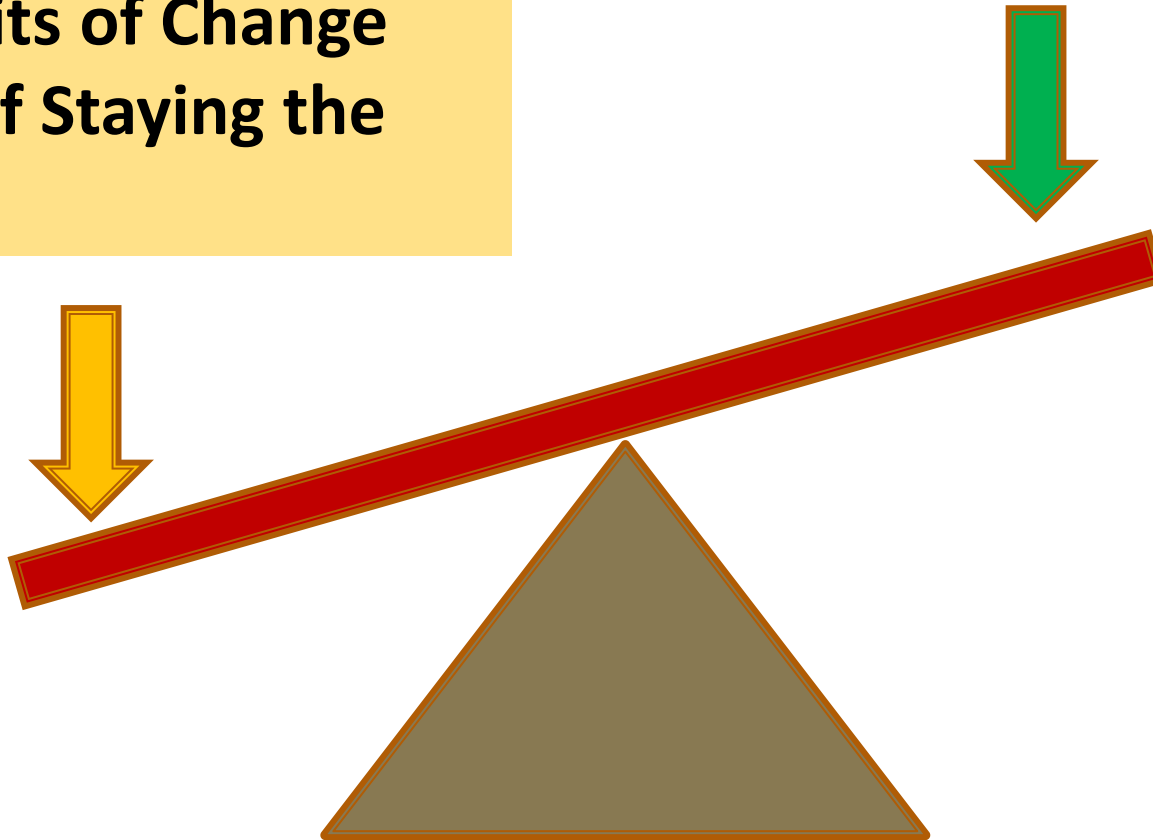
For example, say something like:

"So on one hand you really enjoy using Ecstasy at raves with your friends and it makes you feel confident and happy....

.....BUT on the other hand, you're spending more money than you can afford and that concerns you. You've also noticed that you're getting angry and irritable after using and those feelings are more intense than when you first started using Ecstasy."

- Benefits of Staying the Same
- Cost of Change

- Benefits of Change
- Cost of Staying the Same



8. Concern about their drug use

- On a scale from 1-10, how **concerned** are they about their drug use?
- On a scale from 1-10, how **committed** to change are they?
- On a scale from 1-10, how **confident** are they can change?

9. Take home information

- Reinforces and consolidates the brief intervention
- 3-4 things to take home:
 - Drug information pamphlets
 - *"Self-Help Strategies for Cutting Down or Stopping Substance Use: Self-Help Guide"* booklet
 - Risks of Injecting card .
 - Also give safer injecting information to prevent HIV

9. Take home information...

- Still using respectful and neutral language with client (use third person)
- Say something like:

"People find this booklet handy if they're thinking about whether or not they want to cut down on their substance use, and if they do want to cut down, then it provides them with some useful strategies for helping them to cut down or stop"

RECOGNIZE RESISTANCE

When patients:

- argue
- interrupt
- fail to link (problems to use)
- ignore problems
- fail to engage

REDUCE RESISTANCE

- Rolling with resistance
- Shift the focus
- Reframe
- Emphasize personal choice and control
- Stop providing solutions

IF NO COMMITMENT TO CHANGE

- Accept it
- Empathise that change can be difficult
- Ask if they can manage the consequences of not making a decision
- Ask if there is anything else that will help with the decision (i.e. having more time or information...etc)

REMEMBER

Leave the door open.....

'In summary, it seems that at the moment you don't

want to change this behavior, but if you want to talk

about it further at some stage or do decide that it starts to cause you problems, please feel free to come and see me again and we can discuss this further...'