



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# FIVE MINUTE STRATEGIES FOR ALCOHOL USE DISORDER

HOW DO I EFFECTIVELY TALK TO MY PATIENTS/CLIENTS  
ABOUT THEIR DRINKING?

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# GENERAL DISCLOSURES

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# SPEAKER DISCLOSURES

✓ No conflicts of interest to disclose

# PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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# OBJECTIVES

1. Identify main differences and similarities between brief interventions and psychotherapies for alcohol use disorder
2. Define components of effective brief interventions
3. Summarize evidence base for brief interventions
4. Identify psychotherapy techniques that can be done in about 5 minutes

# CASE

Ms. C, a 32 year old woman who is engaged and employed as a palliative care social worker at a local hospital, presents for evaluation of depression. She has been in treatment on and off since college. Recently, her job has gotten more stressful – leadership changes, another social worker on her team quit, several young patients passed away. She complains of worsening mood, anhedonia, insomnia, and low energy for the past month.

# CASE CONTINUED

She also reports that she has been drinking  $\frac{1}{2}$  a bottle of wine every night, “sometimes more...” Occasionally she finds herself thinking about how much she is looking forward to a glass of wine when she is at work. She tried drinking only on weekends but was not successful, “work is too much right now.” She denies any blackouts or history of withdrawal. She is a little defensive when talking about this. When discussing medications, she mentions that she plans to start trying to have a baby as soon as she gets married and is inquiring about safety of medications in pregnancy.



# SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

- Evidence-based practice designed to identify, reduce and/or prevent problematic substance use
- Developed in the context of Institute of Medicine recommendation to increase community-based screening for risky health behaviors
- Screening – patient/client is screened for risky substance use using standardized tools (AUDIT, CRAFFT, CAGE, etc.) – can occur in any healthcare setting
- Brief Intervention – a healthcare professional engages a patient/client exhibiting risky behaviors in a short conversation, provides feedback and advice
- Treatment – if necessary, patient/client is referred for additional treatment

# BRIEF INTERVENTIONS VS PSYCHOTHERAPIES

## BRIEF INTERVENTIONS

- Aim to motivate a client toward a specific action (such as enter treatment)
- Typically short conversations
- Can be done in most healthcare settings by most professionals

- Share the goal of reducing harm associated with continued use of substance
- Exist on a continuum
- In real world practice, there may be overlap

## PSYCHOTHERAPIES

- Aim to change attitudes, patterns of behavior, etc.
- Typically more extensive therapy sessions (30 mins – 1 hour)
- Usually as part of a substance abuse treatment program, done by professionals with specific training

Figure 1-1

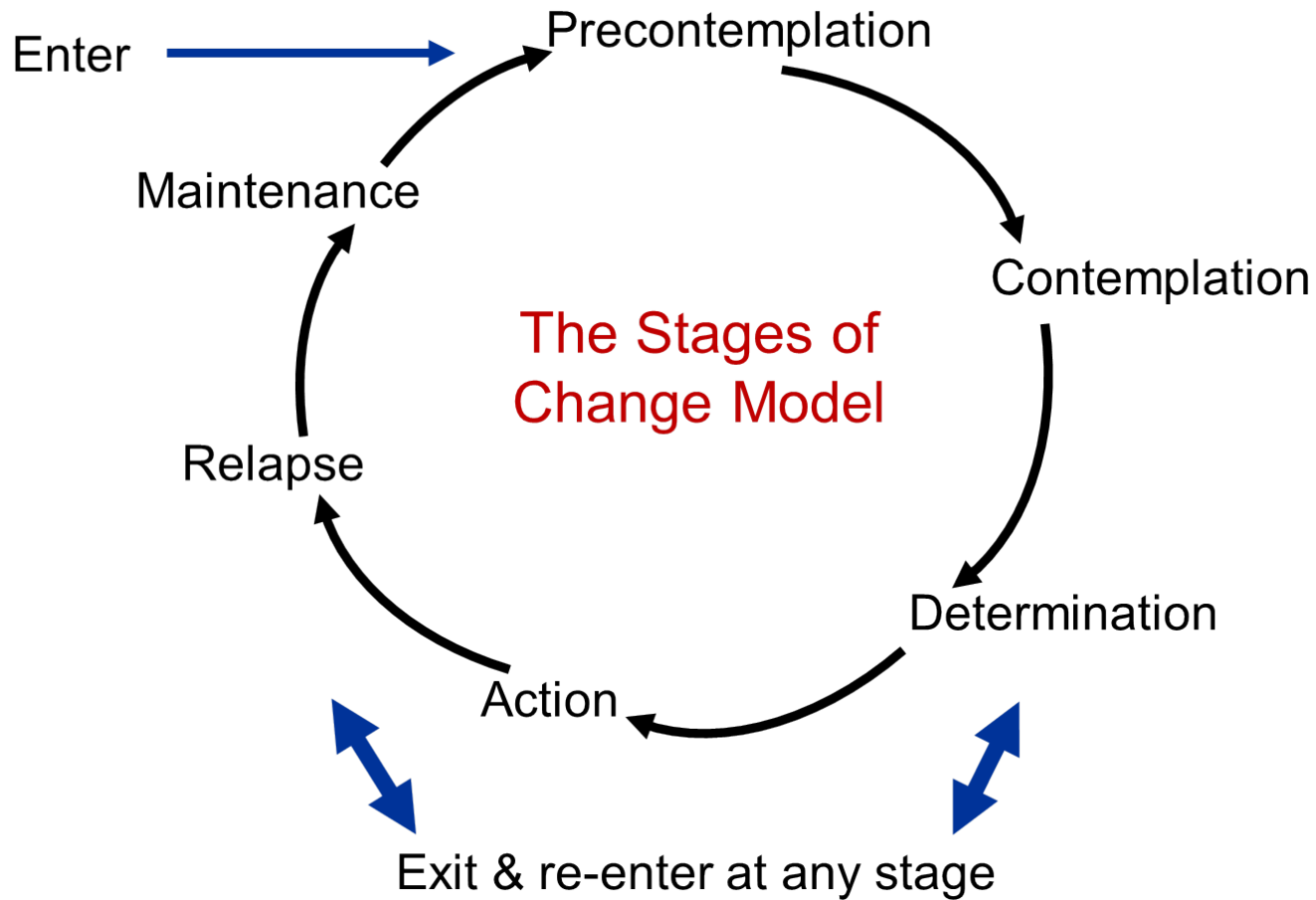
Substance Abuse Severity and Level of Care



The triangle represents the population of the United States with the range of problems experienced by the population shown along the upper side. A spectrum of responses to these substance abuse problems is shown along the lower side (based on Skinner, 1988). In general, specialized treatment is indicated for persons with substantial or severe problems, brief intervention is indicated for persons with mild or moderate problems, and primary prevention is indicated for persons who have not had problems but who are at risk of developing them. The dotted lines extending the arrows suggest that both primary prevention and brief intervention may have effects beyond their principal target populations. The prevalence of substance abuse problems in the population is represented by the area of the triangle occupied; most people have no substance abuse problems, many people have a few substance abuse problems, and some people have many substance abuse problems.

Source: Adapted with permission from the Institute of Medicine, 1990.

# STAGES OF CHANGE



# WHAT MAKES BRIEF INTERVENTIONS EFFECTIVE?

- **F**eedback of personal risk based on current drinking pattern
- **R**esponsibility is placed on the patient
- **A**dvice to change is given by professional
- **M**enu of self-help or treatment options is offered
- **E**mpathic counseling style
- **S**elf-efficacy and optimism about ability to change

# STEPS OF A BRIEF INTERVENTION

1. Introduce the Issue
2. Evaluate/Assess
3. Provide Feedback
4. Talk about change and set goals
5. Summarize

Use your OARS!

- Open-ended questions, affirmations, reflective listening, summarizing, eliciting change talk

# DO BRIEF INTERVENTIONS WORK?

- Better than no intervention
  - Reduction in average number of drinks in the past week and episodes of binge drinking in the past month in problem drinkers 12 months after intervention (two brief counseling sessions with physician)<sup>1</sup>
  - Significant GGT decrease in men 1 year after intervention (short interview by general practitioner and advice on how to reduce drinking) compared to no intervention (but no significant difference in women or both sexes combined)<sup>2</sup>

1. Fleming MF, Barry KL, Manwell LB, Johnson K, London R. Brief Physician Advice for Problem Alcohol Drinkers: A Randomized Controlled Trial in Community-Based Primary Care Practices. *JAMA*. 1997;277(13):1039–1045.

2. Wallace, P.; Cutler, S.; and Haines, A. Randomised controlled trial of general practitioner intervention in patients with excessive alcohol consumption. *British Medical Journal* 297(6649):663-668, 1988.

# DO BRIEF INTERVENTIONS WORK?

- Likely more effective for those with less severe alcohol use disorder
  - In one study, patients with less severe problems were more likely to report improvement if they received brief intervention than if they received intensive treatment. Patients with more severe problems were more likely to report improvement if they received intensive treatment<sup>1</sup>

1. Orford, J.; Oppenheimer, E.; and Edwards, G. Abstinence or control: The outcome for excessive drinkers two years after consultation. *Behavior Research and Therapy* 14:409-418, 1976



# CASE CONTINUED

- Ms. C comes back for her third appointment. She is doing better on Venlafaxine. She says that after giving more thought to your previous conversation, she wants to work on decreasing her alcohol use. She is not interested in a referral to substance abuse treatment or MAT, “I’m not that bad, am I?!” but would like to devote some time in appointments focusing on ways to decrease her drinking. She is not sure where to start.

# CBT TECHNIQUES IN 5 MINUTES OR LESS

- Use Diary/Functional Analysis

<b>Situation</b> When? Where? With whom?	<b>Thoughts</b>	<b>Feelings</b>	<b>Behavior</b> How much? For how long?	<b>Positive Consequences</b>	<b>Negative Consequences</b>

# CBT TECHNIQUES IN 5 MINUTES OR LESS

- Goal Setting
  - Be specific! How much? How often? Over what period of time? What if successful? What if not? When should we check in?
- Contingency Management
  - Rewards for meeting goals

# CBT TECHNIQUES IN 5 MINUTES OR LESS

- Alternatives to Drinking
  - Add 3 of your own
  - Pick 5 to try
- Have a non-alcoholic beverage
- Go for a walk/run
- Nap
- Make a snack
- Clean
- Do an errand you've been putting off
- Do a short meditation
- Talk to someone
- Listen to your favorite song
- Take a shower or bath
- Read a book
- Watch a funny/cute video

# CBT TECHNIQUES IN 5 MINUTES OR LESS

- More Coping Skills
  - Relaxation techniques – demonstrate! Progressive muscle relaxation, mindful breathing
    - <https://www.therapistaid.com/worksheets/progressive-muscle-relaxation-script.pdf>
    - [https://ggia.berkeley.edu/practice/mindful\\_breathing](https://ggia.berkeley.edu/practice/mindful_breathing)
  - “Surfing” the craving
    - Riptide, waterfall analogies

# CBT TECHNIQUES IN 5 MINUTES OR LESS

- Assertiveness Training
  - Practice refusing drinks – role play with patient
    - Be honest
    - Keep it brief
    - Don't apologize
    - Suggest alternatives
- Relapse prevention
  - Plan for high risk situation that would normally result in drinking (or drinking excessively)
  - Write it down

# LET'S COME BACK TO MS. C...

- What should we tell her? Where should she start?