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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

BRIEF INTERVENTION AND MOTIVATIONAL INTERVIEWING

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EDUCATIONAL OBJECTIVES

At the conclusion of this session, participants should be able to:

- ✓ Define doctor-based screening.
- ✓ Discuss at-risk advice.
- ✓ Review Motivational Interviewing.
- ✓ Discuss self-identification of problems and solutions.
- ✓ Determine how to focus on interaction.

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TWO MAIN MODELS: FOR BRIEF INTERVENTIONS

- Doctor based-screening and at-risk advice (Fleming et al- NIAAA)
  - Based on standards of drinking and risk
  - Prescriptive
  - Focus on information
- Psychologist based- (Miller et al)
  - Motivational interviewing
  - Self identification of problems and solutions
  - Focus on interaction

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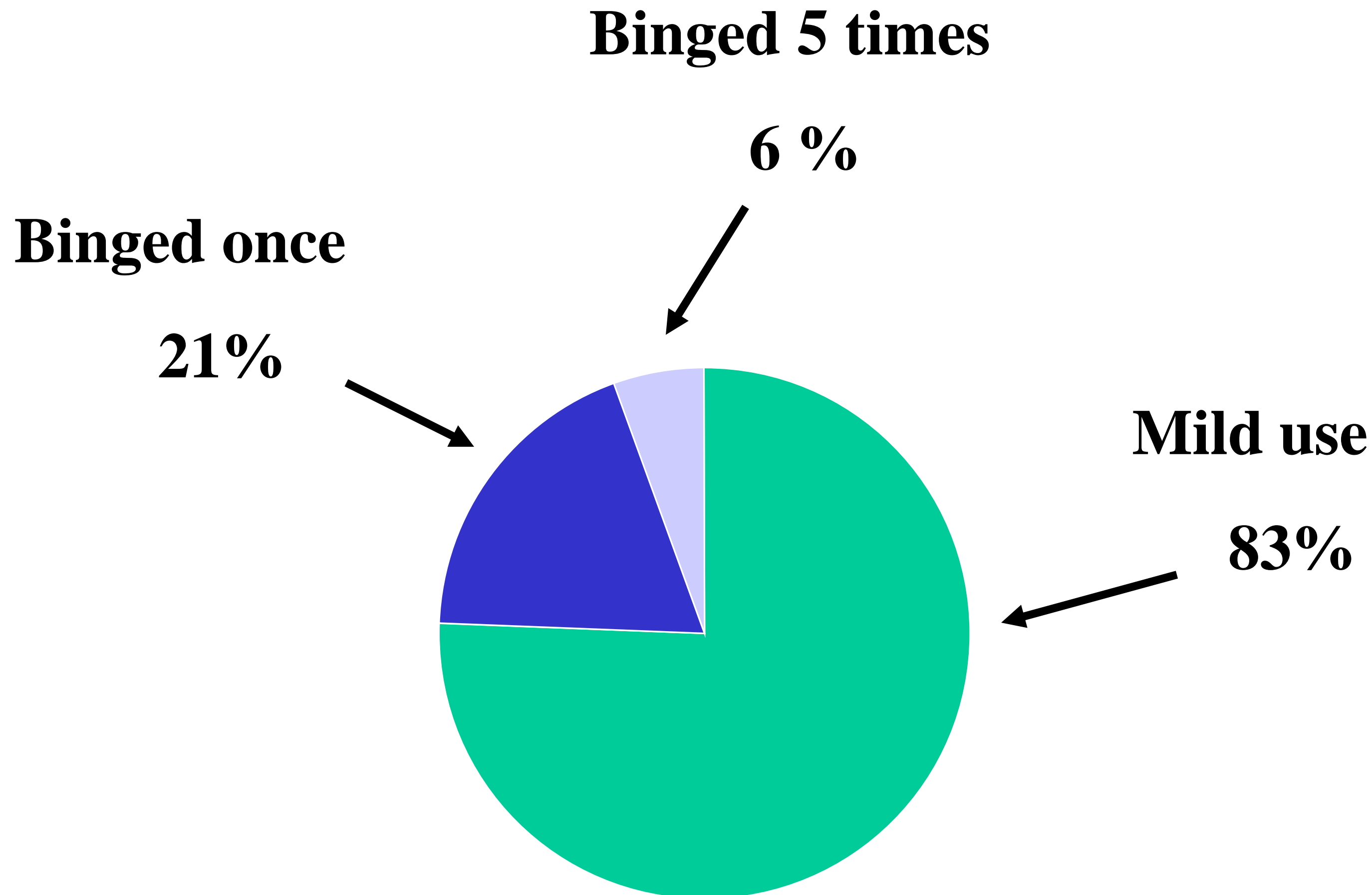
LAST MONTH, HOW MANY AMERICANS DRANK ≥ 5 DRINKS PER OCCASION?



104 M people ≥ 12 years old

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JAMA. 1997 Apr 2;277(13):1039-45.

Brief physician advice for problem alcohol drinkers. A randomized controlled trial in community-based primary care practices.

Fleming MF, Barry KL,

482 men and 292 women met inclusion criteria and were randomized into a control (n=382) or an experimental (n=392) group. A total of 723 subjects (93%) participated in the 12-month follow-up procedures.

INTERVENTION:

The intervention consisted of two 10- to 15-minute counseling visits delivered by physicians using a scripted workbook that included advice, education, and contracting information.

RESULTS:

12-month follow-up reductions =

7-day alcohol use (P<.001),

episodes of binge drinking (P<.001)

frequency of excessive drinking (P<.001).

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MILLER ET AL., 1993

JOURNAL OF CONSULTING & CLINICAL PSYCHOLOGY, 61:455-461

• Design	Randomized clinical trial
• Population	Self-referred problem drinkers
• Nation	US (Albuquerque, NM)
• N	42 problem drinkers
• MI	Assessment + 1 MET session
• Comparison	Confrontational counseling
	Waiting list (6 weeks)
• Follow-up	12 months

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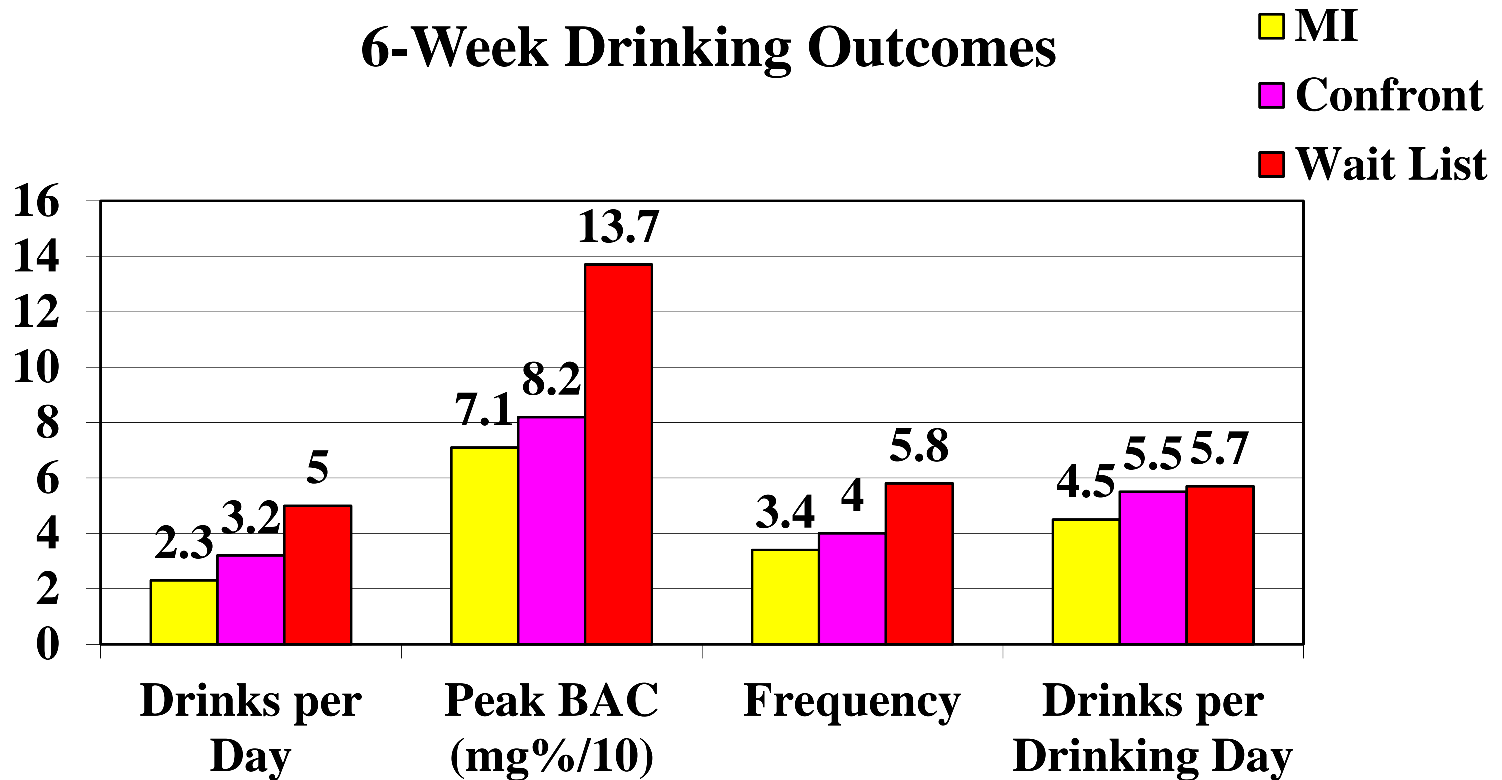
MILLER ET AL., 1993



p<.02 relative to waiting list control

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COMPONENTS OF SUCCESSFUL BRIEF INTERVENTIONS - FRAMES

- **Content**
  - **Feedback** on status or personal risk
    - based on personal assessment
  - **Information** about problem area
  - **Advice** and **Options** for change
  - **Empathic** and **Encouraging** counseling style

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EMPATHIC STYLE AND BRIEF INTERVENTIONS

- The key element in brief interventions
- Research on empathy and clinical outcomes:
  - Strongest predictor of outcomes
  - Not accounted for by demographics
  - Not accounted for by treatment type

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MI DEFINED

- *“ client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence*” (Miller and Rollnick, 2002)
- *“… a collaborative, person-centered form of guiding to elicit and strengthen motivation for change”* (Miller and Rollnick, 2009)
- A clinical “*style*”; a “*way of being with people*” (Miller and Rollnick, 2002; Rollnick and Miller, 1995)

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STAGES OF CHANGE SIMPLIFIED:

Not Ready

(raise doubt)

Unsure

(explore idea of change)

Ready

(plan)

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MI BI INITIAL GOALS

- Establish rapport (joining, empathy)
- Elicit patient's reasons for change (elicit)
- Explore, don't extinguish ambivalence
- Explore multiple options (not only one)

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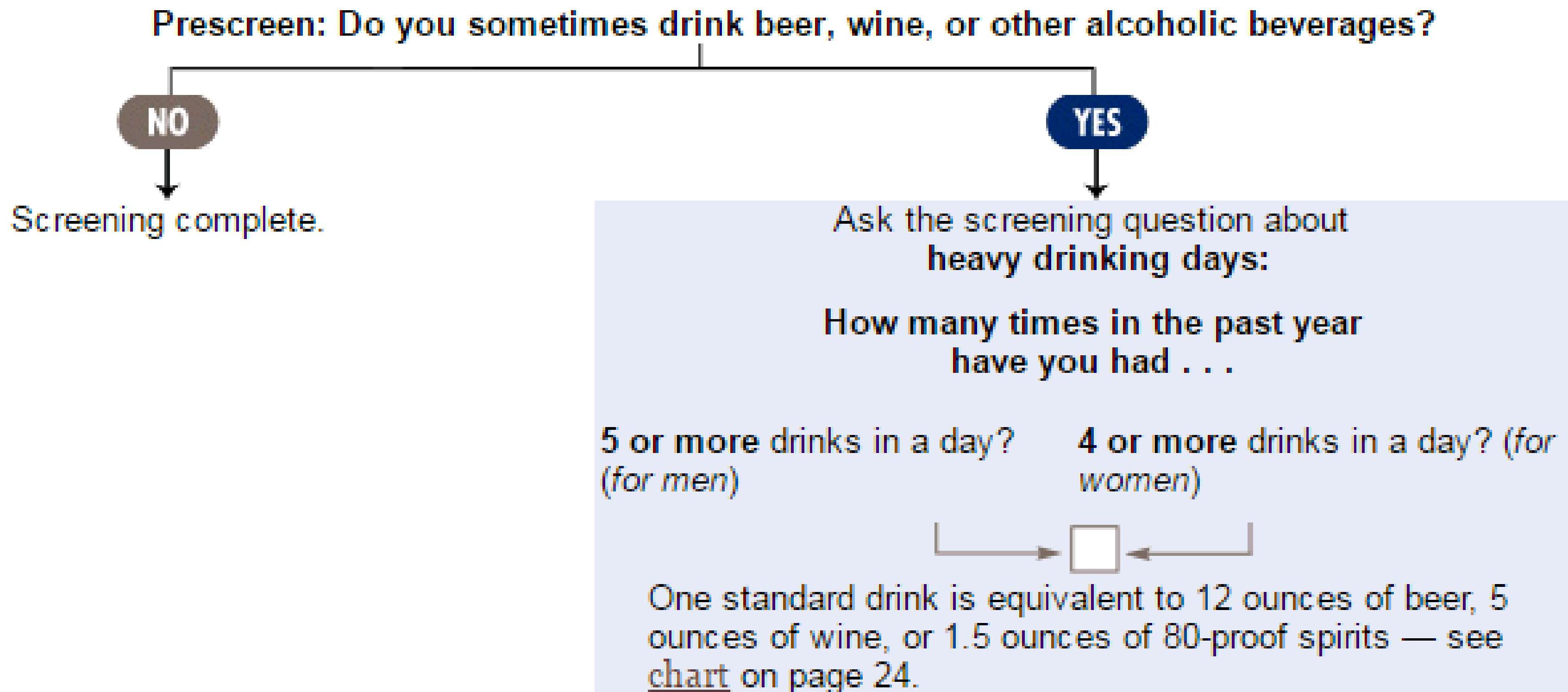
THE NIAAA SBIRT MODEL:



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HOW TO HELP PATIENTS: A CLINICAL APPROACH

http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/helping-patients-who-drink-too-much-clinicians-guide

STEP 1: Is the Screening Positive?

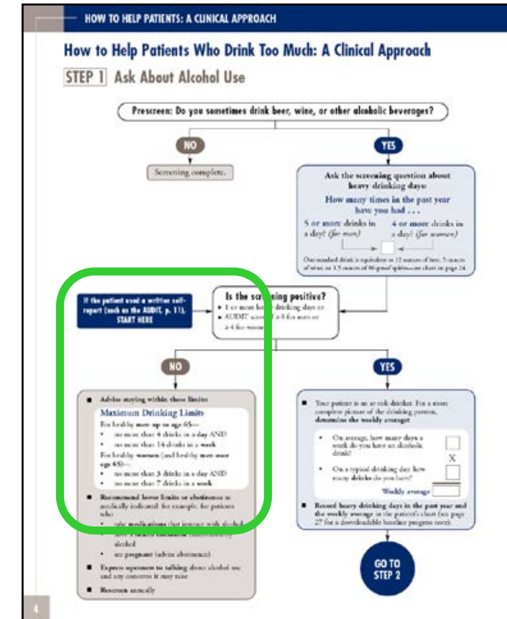
If NO then…

- Advise staying within these limits:

Maximum Drinking Limits

For healthy men up to age 65—
- no more than 4 drinks in a day AND
- no more than 14 drinks in a week

For healthy women (and healthy men over age 65)—
- no more than 3 drinks in a day AND
- no more than 7 drinks in a week



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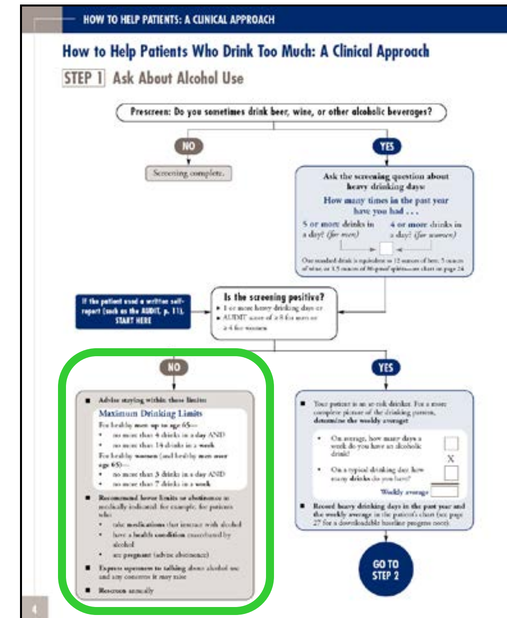
HOW TO HELP PATIENTS: A CLINICAL APPROACH

STEP 1: Is the Screening Positive?

If NO then…

In addition…

- Recommend lower limits or abstinence as medically indicated for patients who…
  - take medications that interact with alcohol
  - have health conditions exacerbated by alcohol
  - are pregnant (advise abstinence)
- Express openness to talking about alcohol use and any concerns it may raise
- Rescreen annually



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Drug Alcohol Rev. 2010 Nov;29(6):631-40. doi: 10.1111/j.1465-3362.2010.00217.x.

Alcohol Screening and Brief Intervention in primary care: Absence of evidence for efficacy in people with dependence or very heavy drinking.

Saitz R.

KEY FINDINGS:
Sixteen RCTs, including 6839 patients, met the inclusion criteria.

CONCLUSION AND IMPLICATIONS:

Alcohol screening and BI has efficacy in primary care for patients with unhealthy alcohol use, but

there is no evidence for efficacy among those with very heavy use or dependence.

As alcohol screening identifies both dependent and non-dependent unhealthy use, the absence of evidence for the efficacy of BI among primary-care patients with screening-identified alcohol dependence raises questions regarding the efficiency of screening and BI, particularly in settings where dependence is common.

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Cochrane Database Syst Rev. 2011 Aug 10;(8):CD005191.

Brief Interventions for heavy alcohol users admitted to general hospital wards.

McQueen J, Howe TE, Allan L, Mains D, Hardy V.

MAIN RESULTS:

Fourteen studies involving 4041 mainly male participants were included. Our results demonstrate that patients receiving brief interventions have a

Greater reduction in alcohol consumption at six month, and nine months follow up

----but this is not maintained at one year.

Fewer deaths at 6 months, RR 0.42 and one year RR 0.60

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JAMA. 2014 Aug 6;312(5):492-501. doi: 10.1001/jama.2014.7860.

Brief Intervention for Problem Drug use in safety-net primary care settings: a randomized clinical trial.

Roy-Byrne P[1], Bumgardner K[1], Krupski A[1], Dunn C[1], Ries R[1], Donovan D[1], West II[1], Maynard C[2], Atkins DC[1], Graves MC[1], Joesch JM[3], Zarkin GA[4].

Method: 868 prim care pts consented and were randomized TAU vs SBI
Follow-up >87% at all points.

RESULTS:
Mean Days Used and Mean ASI Drug Use composite score showed **no differences at 3, 6 and 9 mos**

No significant differences were found for secondary outcomes (health, costs etc).

CONCLUSIONS AND RELEVANCE:
A one-time brief intervention with attempted telephone booster had no effect on drug use in patients seen in safety-net primary care settings.

* Another study in same issue by Saitz et al, showed same results

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Med Care. 2011 Mar;49(3):287-94.

A Systematic Review and Meta-analysis of Health Care utilization outcomes in Alcohol Screening and Brief Intervention trials.

Bray JW, Cowell AJ, Hinde JM.

OBJECTIVE:
This systematic review and meta-analysis examines the effect of screening and brief intervention (SBI) on outpatient, emergency department (ED), and inpatient health care utilization outcomes. Much of the current literature speculates that SBI provides cost savings through reduced health care utilization, but no systematic review or meta-analysis examines this assertion.

RESULTS:

Systematic review results suggest that

1. SBI has little to no effect on inpatient or outpatient health care utilization,

2. But it may have a small, negative effect on ED utilization.

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What about Systemic Implementation of SBIRT ?

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Addict Sci Clin Pract. 2015 Nov 19;10:26. doi: 10.1186/s13722-015-0047-0.

Physician versus non-physician delivery of alcohol screening, brief intervention and referral to treatment in adult primary care: the ADVISe cluster randomized controlled implementation trial.

Mertens JR[1], Chi FW[2], Weisner CM[3,4], Satre DD[5,6], Ross TB[7], Allen S[8], Pating D[9], Campbell CI[10], Lu YW[11], Sterling SA[12].
Author information

METHODS:
54 adult primary care clinics were stratified by medical center and randomly assigned in blocked groups to SBIRT by physicians (PCP arm) versus non-physician providers and medical assistants (NPP and MA arm), versus usual care (Control arm). NIH-recommended screening questions were added to the electronic health record (EHR) to facilitate SBIRT.

Screening rates were
> highest in the NPP and MA arm (51 %); ***(ie Low- even with MA + EMR- Ries)***
> followed by the PCP arm (9 %)
> and the Control arm (3.5 %).

Screening increased over the 12 months after training in the NPP and MA arm but remained stable in the PCP arm.

The PCP arm had higher brief intervention and referral rates (44 %) among patients screening positive than either the NPP and MA arm (3.4 %) or the Control arm (2.7 %).

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CASE STUDY

- Sandy is a 32 yo w female who complains to her primary care doctor about recurring gastritis and problems with fatigue, but says, and chart history confirms, she is otherwise healthy. There were no physical findings other than borderline hypertension (140/86) and screening labs were normal. Her doctor decides he should ask her about drinking.

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SANDY CASE QUESTIONS 1

1. NIAAA suggests the first question should be
   - A. How many drinks do you usually have on a given day?
   - B. How much do you drink on average?
   - C. Do you sometimes drink beer, wine or hard spirits?
   - D. Do you drink alcohol excessively?
   - E. Have you ever had a DUI or other alcohol related accident?

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SANDY CASE QUESTIONS 2

- 2. She says: “yes I drink alcohol, a little wine with dinner”—
  - The next NIAAA suggested question for screening is:
  - A. ……Just how much wine with dinner?
  - B. ….. Have you ever attempted to cut down?
  - C ….. What do you think about St Michele Vineyard Chardonnay?
  - D. ….How often do you drink wine in a week?
  - E. How often in the last year have you had 4 standard glasses of wine on one occasion (5 oz glass)

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SANDY CASE QUESTIONS 3

- Sandy reports she drinks fairly large wine glasses of alcohol and thinks they might be more like 10 or 12 oz goblets, but says she never drinks more than 2 on one occasion and doesn't fill them all the way up.
-
  - The next issue to utilize in screening per NIAAA is
    - A. Ask if she has ever tried to cut down
    - B. Ask if she has a blood relative with alcohol problems
    - C. Ask about how often she has those 2 glasses of wine (to get a weekly average)
    - D.Ask if her insurance covers out-pt alcohol treatment
    - E.Ask if she would like to try Naltrexone

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SANDY CASE QUESTION 4

- Sandy Scenario A- Sandy reports she drinks 1 to 2 glasses large glasses of wine like this (10 oz) , most days of the week, and sometimes at lunch on the weekends—

- The next step in NIAAA screening and BI is
  - A. Ask if she has ever had a DUI
  - B. Ask if she has a blood relative with alcohol problems
  - C. Tell her that her drinking is above average for female US norms and this level of drinking may be risky and may well contribute to her fatigue and gastritis symptoms, then ask what she thinks of this
  - D, Ask if her insurance covers out-pt alcohol treatment
  - E. Ask if she would like to try Naltrexone

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ANSWERS

- 1. C. Do you sometimes drink beer, wine or hard spirits?
- 2. E. How often in the last year have you had 4 standard glasses of wine on one occasion (5 oz glass)
- 3. C. Ask about how often she has those 2 glasses of wine (to get a weekly average)
- 4. C. Tell her that her drinking is above average for female US norms and this level of drinking may be risky and may well contribute to her fatigue and gastritis symptoms, then ask what she thinks of this.

- *Comment- many of you will be asked to develop SBIRT programs and the NIAAA method is well worked out, has training videos, handouts etc. It later proceeds to MAT etc.*

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REFERENCES

- NIAAA Clinicians Guide

http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/helping-patients-who-drink-too-much-clinicians-guide

- TIP 24: A Guide to Substance Abuse Services for Primary Care Clinicians

http://www.ncbi.nlm.nih.gov/books/NBK64827/

- TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment

http://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Abuse-Treatment/SMA13-4212

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