





**Unhealthy Alcohol and Other Drug Use** 

Jeffrey H. Samet, MD, MA, MPH

Chief, Section General Internal Medicine Boston Medical Center Professor of Medicine and Public Health Boston University Schools of Medicine and Public Health

# **Brief Intervention**

- 5-15 minutes of counseling
- Components
  - Feedback: Provide personalized feedback and state your concern
  - Advice: Make explicit recommendation for change in behavior
  - Goal setting: Discuss patient's reaction and negotiate plan

## **Best Advice**

- Abstinence
  - Failed attempts at cutting down
  - Dependence
  - Pregnancy/preconception
  - Contraindicated medical condition or medication
- Cutting down
  - Risky or problem use

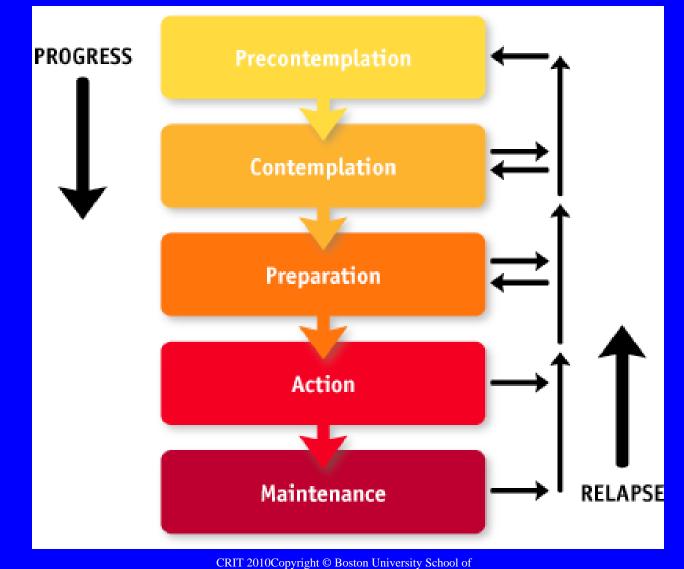
## "Beyond CAGE"

- Determine the patient's perception of his/her use, both the need and perceived ability to change behavior
  - Example: "Do you think your drug use is a problem?"
- Assess the patient's stage of readiness to change behavior

Samet, JH, Rollnick S, Barnes H. Arch Intern Med. 1996;156:2287-93.

CRIT 2010Copyright © Boston University School of Medicine CARE Unit

## **Readiness to Change Model**



Prochaska JO, et al. *Am Psychol.* 1992;47:1102-4.

### Precontemplation

- →Goal is to raise doubt, increase perception/ consciousness of problem
  →express concern
  →state the problem non-judgmentally
  →agree to disagree
  →advise a trial of abstinence or cutting down
  →importance of follow-up (even if using)
  - $\rightarrow$ less intensity is better

Samet, JH, Rollnick S, Barnes H. Arch Intern Med. 1996;156:2287-93.

CRIT 2010Copyright © Boston University School of Medicine CARE Unit

# Contemplation

- →Goal is to tip the balance
  →elicit positive and negative aspects of drinking
  →elicit positive and negative aspects of not drinking
  →summarize (patient could write these down)
  →demonstrate discrepancies between values and
  - actions
  - $\rightarrow$  advise a trial of abstinence or cutting down

## Determination

- →Goal is to help determine the best course of action
  - $\rightarrow$  working on motivation is not helpful
  - $\rightarrow$  supporting self-efficacy is (remind of strengths-
    - i.e. period of sobriety, coming to doctor)
  - $\rightarrow$ help decide on achievable goals
  - $\rightarrow$  caution re: difficult road ahead
  - →relapse won't disrupt relationship

#### Action

→Goal is to help patient take steps to change
→support and encouragement
→acknowledge discomfort (losses, withdrawal)
→reinforce importance of recovery

### Maintenance

→Goal is to help prevent relapse
→anticipate difficult situations (triggers)
→recognize the ongoing struggle
→support the patient's resolve
→reiterate that relapse won't disrupt your relationship

### Relapse

→Goal is to renew the process of contemplation
→explore what can be learned from the relapse
→express concern
→emphasize the positive aspects of prior abstinence and of current efforts to seek care
→support self-efficacy

**Ingredients of Effective Brief Interventions (FRAMES)** 

→FEEDBACK of personal risk or impairment

→i.e. GGT, concern, drinking diary, state consequences or risks

→emphasis on personal RESPONSIBILITY for change

 $\rightarrow$  "... it's up to you to decide..."

 $\rightarrow$  clear ADVICE to change

→identify the problem, explain why change is important, advocate specific change

CRIT 2010Copyright © Boston University School of Medicine CARE Unit

# **Ingredients of Effective Brief Interventions (FRAMES)**

→a MENU of alternatives
→a range of options
→EMPATHIC counseling style
→by understanding and reflecting this understanding
→enhancement of SELF-EFFICACY
→reinforce it, state your belief they can do it

# **Brief Counseling Interventions Summary**

- Assess to determine best advice
- Assess readiness to change
- Counsel including known effective elements of brief intervention
  - Feedback, advice, goal setting