

Brief Intervention in Substance Abuse

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Summary: *Brief or time limited intervention is an effective intervention approach with harmful or hazardous substance users. It can be used in a specialized substance abuse treatment setting as well as other opportunistic settings like primary health care emergency departments and trauma centers. Brief intervention has emerged as an effective alternative in settings having constraints of time or trained manpower. Brief intervention is goal specific and the goals may vary across the situations, settings and individuals. The essential components of brief intervention are providing education and feedback regarding the substance use, enabling the individual to make decision to modify or change his substance use behavior and supporting his self efficacy. Research indicates that brief intervention is an appropriate response to individuals presenting at general health or community setting and who are likely to need, seek or attend specialist treatment. Efficacy of brief intervention has been extensively documented and been found to be as effective as intensive psychosocial intervention. The main attraction of brief intervention is that it can be carried out by a primary health care physician, psychologist, social worker or nursing professional. This requires minimal time and training and is cost effective.*

Introduction

The professionals working in the field of substance use are most comfortable in dealing with individuals who are defined as 'dependent' and the research is replete with modalities to handle them. They constitute about 4-5% of the

general population. The much larger number, however, is the group of users of alcohol and other substances who have been recently recognized as "hazardous" and "harmful" users. This recognition has led to a shift in focus and importance is being given to the management of these cases also. Brief intervention is one such

strategy. It is popular because of its effectiveness coupled with the fact that it is less time consuming and can be carried out by a multitude of health workers. Generally, brief intervention is not intended to treat people with severe substance dependence. However, they are a valuable tool for treatment of problematic or risky substance use. Brief intervention can also be used to motivate those with more serious dependence to accept intensive treatment within the primary care setting, or referral to a specialized alcohol and drug treatment agency. The aim of the intervention is to help the patient understand that their substance use is putting them at risk, and to encourage them to reduce or give up their substance use.

Unlike traditional substance use treatment, which focuses on helping people who are dependent on alcohol and other substances, brief interventions—or short, one-on-one counseling sessions—are ideally suited for people who use substances in ways that are harmful or hazardous. Unlike traditional substance use treatment, which lasts many weeks or months, brief interventions can be given in a matter of minutes, and they require minimal follow-up.

Brief interventions are particularly valuable:

- when more extensive treatments are unavailable.
- An individual is resistant to such treatment.
- With individuals experiencing few problems with their substance use.
- With individuals with low levels of dependence.
- With individuals having a short history of substance use.
- When individual is unsure or ambivalent about changing his substance use.

A brief intervention is a short counseling session

focused on helping an individual change a specific behavior. Brief interventions for substance abuse problems have been used for many years by alcohol and drug counselors, social workers, psychologists, physicians, and nurses, and by social service agencies, hospital emergency departments, and vocational rehabilitation programs. Primary care providers find many brief intervention techniques effective in addressing the substance abuse issues of individuals who are unable or unwilling to access specialty care. They can be used in a variety of settings including opportunistic settings (e.g., primary care, home health care) and specialized substance abuse treatment settings (inpatient and outpatient).

There has been an increasing emphasis on reducing the cost of treatment and saving the time of the specialist, and acceptance of Brief Intervention as an intervention approach, is partly attributable to these changes in the health care delivery system. Though Brief Intervention can be used for a variety of substance abuse problems from at-risk use to dependence, it has been proven to be more effective with individuals with hazardous and harmful drug or alcohol use, and acts as a bridge between prevention efforts and more intensive and specialized treatment. Brief intervention is also considered to be a valuable tool to facilitate referral for individuals in need for specialized treatment for substance use disorder.

Goals of Brief Intervention

The basic goal for an individual in any substance abuse treatment setting is to reduce the risk of harm from continued use of substances. The greatest degree of harm reduction would obviously result from abstinence. However, the specific goal for each individual patient is

determined by his consumption pattern, the consequences of his use, and the setting in which the brief intervention is delivered. In specialized treatment, intermediate goals might include quitting one substance, decreasing frequency of use, attending the next meeting, or doing the next homework assignment. Immediate successes are important to keep the patient motivated. The key to a successful brief intervention is to extract a single, measurable behavioral change from the broad process of recovery that will allow the patient to experience a small, incremental success. Patients who succeed at making small changes generally return for more successes. The goal of brief intervention thus could be making a decision to totally quit the substance use, taking decision to attend specialized treatment for substance use problem, reducing the quantity and frequency of substance use or decision to not to drive or operate machinery under the influence of any substance. In brief intervention objectives vary according to the stage of recovery and readiness to change, but brief interventions can be useful at any stage of recovery.

Screening

This is the first step of brief intervention and helps identify people in whom brief intervention can be carried out. This also helps the therapist develop a plan for intervention. Additionally it provides some degree of feedback to the patient about their substance use and consequent problems. This may act as a motivating factor for them to consider changing the substance use behavior.

Screening is conveniently carried out by using standardized, validated instruments which do not take too long to administer. Alcohol users can be screened using the Alcohol Use Disorders Identification Test (AUDIT) and other substance users by Drug Abuse Screening Test (DAST).

Based on the scores obtained one can match the patient to an appropriate intervention and arrive at a consensus on what substance/behavior should be the focus of intervention. Attempting to change too many things at one time may be difficult and tends to discourage the patient.

Process of Change

Change in any behavior is a long term process. The work of Prochaska and DiClemente and their "stages-of-change" model help clinicians tailor brief interventions to patient's needs. They devised a model consisting of six stages of change that seemed to best represent the process people go through when thinking about, beginning, and trying to maintain new behavior. Patients need motivational support appropriate to their stage of change.

Stages of change

- Pre-contemplation.
- Contemplation.
- Determination/preparation.
- Action.
- Maintenance.
- Termination or relapse.

This process describes change as a continuous process in which pre-contemplation is the initial stage wherein the individual has not even considered the need to change the particular behavior. From there he moves forward to the second stage which is marked by the ambivalence and dilemma associated about the need to change. Then follows the decision and determination to change the behavior, taking measures to make the change happen and maintaining the new behavior. The patient in this change process can move in any direction. It is

possible that after maintaining the change for variable period of time he slips back to the same old behavior.

If the clinician does not use strategies appropriate to the stage the patient is in, treatment resistance or noncompliance could result. To consider change, patients in the pre-contemplation stage, must have their awareness raised. To resolve their ambivalence, patients in the contemplation stage must be helped to choose positive change over their current circumstances. The patients in the preparation stage need help in identifying potential change strategies and choosing the most appropriate ones. Patients in the action stage need help to carry out and comply with the change strategies. The treating therapist/clinician/nurse can use brief interventions to motivate particular behavioral changes at each stage of this process. For example, in the contemplation stage, a brief intervention could help the client weigh the costs and benefits of change. In the preparation stage, a similar brief intervention could address the costs and benefits of various change strategies (e.g., self-change, brief treatment, intensive treatment, self-help group attendance). In the action stage, brief interventions can help maintain motivation to continue on the course of change by reinforcing personal decisions made at earlier stages.

Understanding these stages helps the treating therapist to be patient, to accept the patient's current position, to avoid "getting too far ahead" of the patient and thereby provoking resistance, and, most important, to apply the correct counseling strategy for each stage of readiness. Effective brief interventionists quickly assess the patient's stage of readiness, plan a corresponding strategy to assist him/her in progressing to the next stage, and implement that strategy without succumbing to distraction.

Regardless of the stage of readiness, brief interventions can help initiate change, continue it, accelerate it, and prevent relapse.

Motivational interviewing

Motivational interviewing is used extensively for carrying out a brief intervention for problematic substance use. It is an empathic directive counseling process to enable patient to make amendments in undesired behavior. It is a patient centered style of interaction aimed at helping people to explore and resolve their ambivalence about their substance use and move through the stage of change. It is an effective strategy to promote treatment retention, enhance compliance and enables the individual to enhance their ability to change substance use behavior. The motivational interviewing revolves around the belief of patient's autonomy, removing ambivalence and intrinsic ability to change the undesired behavior. It is unlike confrontational approach where the therapist directs and dictates. Here the patient is provided with the alternatives regarding changes and is enabled to decide amongst the various choices available to him. Motivational interviewing attaches paramount importance to the empathic relationship with treating therapist. Style and spirit of the interview is important to determine the outcome of the interview.

Patients are more likely to change behavior when the motivation comes from within. Intrinsic motivation, driven by person's own desire, goals and needs is more effective in achieving change than extrinsic motivation, such as coercion from family or circumstances. When a person believes that the task of change is relevant, he is more likely to succeed. Some patients may clearly understand the relevance of changing substance use behavior but have no confidence that change

is an achievable goal. A person's confidence in his ability to change the particular behavior is of paramount in determining the amount of effort he is likely to make. Motivational interviewing therefore aims at enhancing patient's self-efficacy. This may be achieved by giving patient feedback of reported success, no matter how small. The essential elements of motivational interviewing as developed by Miller and Rollnick are:

- ◆ **Developing Discrepancy:**

Individuals with problematic substance use can be enabled to modify their behavior when they see a difference between their current lifestyle consequent to substance use and the way they want their lives to be in future. The wider the gap between the kind of life they are leading and the kind of life they had wished to lead, the more likely is the chance of his modifying his substance use behavior. Motivational counseling aims at helping the patient to realize and accept this discrepancy.

- ◆ **Deal with Resistance (avoid argument):**

While conducting the intervention, the therapist should avoid arguing with the patient in favor of change as this most often results in counter argument from the patient. This acts as a barrier in establishing a therapeutic relationship and may even result in termination of the intervention. Denial, resistance, minimization and resistance on the part of patient are normal and therefore should be accepted by the therapist. The best way to handle these is to refrain it or reflect on it rather than oppose it.

- ◆ **Express Empathy**

A consistent component of effective brief intervention is a warm, reflective, empathic and understanding approach by the person

delivering the intervention. The patient seeking help for problematic substance use should feel that he is being taken care off. The best way to express it is to accept him as he is and believe in his integrity and dignity without being judgmental. It is especially important to avoid confrontation, blaming or criticism of the patient. Skillful reflective listening, clarifies and amplifies the persons own experience and is a fundamental part of expressing empathy.

- ◆ **Support Self-efficacy (instilling hope)**

The core of effective motivational interviewing is to encourage the patient to make changes in their substance use behavior and express confidence in his ability to do so. People who believe that they are likely to make changes are much more likely to do so than those who feel powerless or helpless to change their behavior. Eliciting self-efficacy statements from patients are particularly helpful, as they are likely to believe what they hear themselves say.

- ◆ **Reflective listening:**

It is important to reflect back the underlying meaning and feelings the patient has expressed as well as the words they have used. Using reflective listening is like being a mirror for the person so that they can hear the therapist say what they have communicated. Reflective listening shows the patient that the therapist understands what is being said or can be used to clarify what the patient means. It encourages the patient to keep talking and the therapist should allow enough time for that to happen.

- ◆ **Eliciting Change Talk**

Eliciting change talk is a strategy for helping the patient to resolve ambivalence and is aimed at enabling the patient to present the arguments for change. There are four main categories of change talk:

- Recognising the disadvantages of staying the same.
- Recognising the advantages of change.
- Expressing optimism about change.
- Expressing an intention to change.

There are a number of ways of drawing out change talk from the patient.

Asking direct open questions; eg:

What worries you about your substance use?

What do you think will happen if you don't make any changes?

What would be the good thing about cutting down your substance use?

How confident are you that you can make this change?

How important is it to you to cut down your substance use?

Components of Brief Interventions

Common ingredients of brief intervention have been summarised and expressed by Miller and Sanchez (1993) through the acronym **FRAMES**.

The letters of **FRAMES** refer to the way of **Feedback**

Responsibility for change lying with the individual

Advice-giving

Menu of change options

Empathic counselling style, and the enhancement of

Self-efficacy.

● **Providing Feedback**

This component highlights certain aspects of the patient's behavior using information gathered during screening and assessment. It involves an interactive dialogue for discussing the assessment findings with patient. Feedback should be given in small amounts. Sometimes the feedback is a brief, single sentence; at other times it could last an hour or more.

● **Responsibility**

In Brief intervention changing substance use behavior is considered as the responsibility of the patient. Intervention is carried out with the belief that the patient is responsible for his own behavior and that he can make choices about his substance use. The message that "what you do about your substance use is up to you" and that "nobody can make you change or decide for you" enables the patient to retain personal control over their behavior and its consequences.

● **Advice**

Clear and explicit advice regarding the harm associated with continued use/abuse is the main characteristic of brief intervention. Providing advice that cutting down or stopping substance use will reduce their risk of future problems will increase their awareness of their personal risk and provide reasons to consider changing their behavior.

• **Menu of alternative change options**

Providing the alternative strategies to change or modify substance use behavior, and letting the patient choose the strategy most appropriate for him is the crux of conducting brief intervention. Providing choices reinforces the sense of personal control and responsibility for making change and can help to strengthen the patient's motivation to change.

• **Empathy**

A core component of brief intervention is the empathic and understanding approach by the person delivering the intervention. It helps in establishing the patient-therapist relationship and determines the patient's response to treatment.

• **Self-efficacy**

Finally it is the primary responsibility of the therapist to enhance patient's confidence in his ability to make the desired changes in his behavior. Belief that the goal is achievable is likely to motivate the patient to act on the goal.

Role of nurse in brief intervention

Health promotion is a core element of nursing and they have to be skilled specialists in promoting health of the community. The nurse can play a vital role in providing brief intervention therapy to the substance users to help them make a decision to modify or change his substance use behavior and support their self-motivation for treatment. Scope for brief intervention for nurse is much broader in the community setting. The community health nurse can conduct a survey of the population at risk and identify the users. She can provide a short-term one-to-one

counseling, i.e. to provide information and motivate substance users for initiating treatment. Research has shown that nurses have successfully led brief interventions in the primary care setting. She needs to be aware about the steps of Brief Intervention (BI) and how to approach the substance users.

- Identify the target population suitable for brief intervention.
- Establish therapeutic relationship with the patients and their family members
- Assess the level of motivation, provide feedback on his current behavior and educate about the harmful effects, offer choices and help the patient to choose from the possible alternatives
- Convey warmth and empathy towards the patients.
- Support patients in their effort for improvement / seeking treatment.

This can enhance the patients self-motivation for treatment and patient themselves will find the importance of seeking treatment and compliance. It hastens the initiation of treatment process and ensures appropriate recovery process. It is highly recommended to train all nurses in doing brief interventions.

Conclusion

Substance use disorders are best understood with a bio-psycho-social perspective. Consequently biologically oriented interventions may not be enough and a comprehensive management should include psychosocial interventions such as brief intervention therapy. Efficacy of brief intervention has been widely researched across various cultures and settings and has been found to be effective. Brief

Interventions can be tailored to different populations, and many options are available to augment interventions and treatments, such as AA, NA, and medications. It should be noted, however, that brief interventions are not a substitute for specialized care for patients with a high level of dependency. They can be used to

engage patients in specific aspects of treatment programs, such as attending group and AA or NA meetings. Nurses can assist potential patients move toward seeking treatment and can serve as a temporary measure for patients on waiting lists for treatment programs by using brief interventions.

Suggested readings/articles:

1. Pal, H.R., Yadav, D & Jha, A.K. (2006) *Brief Intervention: A manual for practice*. National drug dependence treatment centre, All India Institute of medical sciences.
2. Barber, T.P & Higgins Biddle, J.C (2001) : *Brief Intervention for hazardous and harmful drinking: A manual for use in primary Care*. World Health Organisation, document No. WHO/MSD/SST/01.6b.
3. Who Brief Intervention Study Group (2002): *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, reliability and Feasibility*. *Addiction*, 97, 1183-1194.
4. Miller W. (1983): *Motivational interviewing with problem drinkers*. *Behavioral Psychotherapy*.11:147-172.
5. 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): 668-668, 1988. (19)
6. Blum, T.H., Miller, W.R., and Tonigan, J.S. *Brief intervention for alcohol problems: A review*. *Addiction* 88(3): 315-336, 1993.

Suggested slide material:

Slide 1

Definition Brief Intervention

- A time limited, Patient centered counseling strategy that focuses on changing patients behavior and increasing patients compliance with therapy or
- A brief counseling which aims at changing the specific behavior

Slide 2

Process Of Change, Prochaska and DiClemente (1983)

- Pre Contemplation
- Contemplation
- Determination
- Action
- Maintenance
- Relapse

Slide 3

FRAMES

Miller and Sanchez (1994),

- Feedback : personalise
- Responsibility: to change is on the patient. Therapist motivates or enables.
- Advice: Clear and simple.
- Menu of options. Stage specific.
- Empathetic relationship.
- Self efficacy.

Slide 4

Key Issues of motivational interviewing

- Developing discrepancy. What he wants and what he is getting.
- Avoid Arguments.
- Roll with resistance.
- Express empathy.
- Support self efficacy.

Slide 5

Efficacy of BI:

As effective as intensive treatment and definitely more effective than no intervention.

- BI vs Intensive treatment. Same outcomes
 - WHO : Harmful users were divided into 3 groups and given
 - No treatment
 - BI for 3 minutes.
 - BI for 15 minutes.
- After 9 months group receiving any intervention had reduced consumption by one third compared to the control group.

Slide 6

Efficacy (contd.)

- At six months follow up men and women in the BI group decreased alcohol use by 41% to 46% compared to 24% and 26% of control group
- Drinkers receiving BI were twice as likely to reduce drinking over 6 months and 13 months than no treatment

Slide 7

Role of nurse in Brief Intervention (BI)

- Steps and process of BI is same for all professionals.
- Scope for BI in their day to day clinical practice
- Practice brief intervention extensively in community setting.
- Use therapeutic communication skill - warmth and empathy to the users in Brief intervention.
- All nurses should be trained in Brief intervention.