Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination

VOLUME A
Module 1

Screening and brief intervention using ASSIST

1. Rationale for screening and brief intervention
2. ASSIST screening basics
3. ASSIST brief intervention basics
4. Planning and implementation of ASSIST
Workshop 3

ASSIST Brief intervention basics
At the end of this workshop, you will be able to:

► Identify components of the ASSIST brief intervention
► Identify some principles of motivational interviewing
► Understand and identify the 5 stages of change
► Administer the ASSIST brief intervention
Studies show brief interventions (BIs) in primary care settings are beneficial for alcohol and other drug problems.

Brief advice (5 minutes) is cost effective (just as good as 20 minutes of counselling)*

BIs expand outreach to individuals who need treatment services.
What are the ingredients of successful brief interventions?

► Includes feedback of personal risk and advice to change

► Offers a menu of change options

► Places the responsibility to change on the patient

► Based on a motivational interviewing counseling style and typically incorporates the Stages of Change Model
Stages of change

Let’s reflect!

Change

Take some time to think about the most difficult change that you had to make in your life.

► How much time did it take you to move from considering that change to actually taking action?
Stages of change

- Recognising the need to change and understanding how to change takes time and patience.
- People often go through a series of “stages” as they begin to recognise that they have a problem and consider what to do about it.
Helping people change involves increasing their awareness of their need to change and helping them to start moving through the stages of change.

► Start “where the patient is”
► Try to see things from the patient’s point of view
► Positive approaches are more effective than confrontation – particularly in an outpatient setting
Motivational interviewing is the process of helping people move through the stages of change.
Motivational interviewing is founded on 4 basic principles:

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy
Principle 1: Express empathy

- The crucial attitude is one of acceptance
- Skilful reflective listening is fundamental
- Patient ambivalence is normal; the clinician should demonstrate an understanding of the patient’s perspective
Example of expressing empathy

1. I am so tired, but I cannot sleep...so I drink some wine.

2. I see.

3. When I wake up...I am already too late for work. Yesterday my boss fired me...

4. I understand, I am sorry about you job.

5. ...but I do not have a drinking problem!
Principle 2: Develop discrepancy

- Clarify important goals for the patient
- Explore the consequences or potential consequences of the patient’s current behaviours
- Create and amplify in the patient’s mind a discrepancy between their current behaviour and their goals
I enjoy having some drinks with my friends...that’s all. Drinking helps me relax and have fun...I think that I deserve that for a change...

So drinking has some good things for you...now tell me about the not-so-good things you have experienced because of drinking.

Well...as I said, I lost my job because of my drinking problem...and I often feel sick.
Principle 3: Roll with resistance

- Avoid resistance
- If it arises, stop and find another way to proceed
- Avoid confrontation
- Shift perceptions
- Invite, but do not impose, new perspectives
- Value the patient as a resource for finding solutions to problems
Principle 4: Support self-efficacy

- The patient’s belief in the ability to change is an important motivator
- The patient is responsible for choosing and carrying out personal change
- Remind the patient that changing behaviour changes life
Ask open-ended questions:

Tell me about your cigarette use on a typical day?

What are your thoughts about setting a quit date?

Would you like to set a quit date?
Motivational interviewing strategies

Affirmation

► “I think it is great that you want to do something positive for yourself.”

► “That must have been very difficult for you.”

► “That is a good suggestion.”

► “I appreciate that you are willing to talk with me about your substance use.”
Motivational interviewing strategies

Listen reflectively

► “It is really important to you to keep your relationship with your boyfriend.”

► “You are not comfortable talking about this.”

► “You are surprised that your score shows you are at risk for problems.”
Eliciting “change talk”

► “What would be some of the good things about cutting down on your substance use?”

► “What do you think would work for you if you decided to change?”

► “What worries you about your substance use?”
Summarize

“On the one hand, you enjoy using ecstasy at parties and you are not using any more than your friends. On the other hand, you have spent a lot more money than you can afford on drugs and that concerns you. You are finding it difficult to pay your bills and your credit cards have been cancelled.”
Learning to conduct the ASSIST brief intervention
Link ASSIST score to appropriate intervention

- **Low Risk**: Feedback and Information
- **Moderate Risk**: Feedback and BI
- **High Risk**: Feedback, BI and Referral
How is the ASSIST BI conducted?

- Feedback: use report card
- Advice
- Responsibility
- Concern about score
- Good things about using
- Not-so-good things about using
- Summarise
- Concern about not-so-good things
- Take-home information
Provide feedback

Use the report card to provide feedback to the patient

I’d like to share with you the results of the questionnaire you have just completed. These are your scores for each substance that we talked about. You scored a 14 for alcohol, which puts you in the moderate risk group for that substance. You scored in the low risk group for all other substances.

Show patient alcohol/drug information or feedback form.
Offer advice

“The best way to reduce your risk of alcohol-related harm is to cut back on your use, that is to move from this moderate risk category (point to report card) back to the low-risk category (point).”

Educate patient about sensible drinking limits based on NIAAA recommendations

► no more than 14 drinks/week for men (2/day)

► no more than 7 drinks/week for women and people 65+ yrs. (1/day)
Place responsibility for change on patient

What you do with the information is up to you. I am here to assist you if you would like help cutting back on your use.

See “How to Cut Down on Your Drinking” handout or visit the website: http://pubs.niaaa.nih.gov/publications/handout.htm
Elicit patient concern

What are your thoughts about your scores, particularly the one for alcohol?

- Take note of patient’s “change talk
Encourage the patient to weigh the benefits and costs of at-risk use

Ask your patient the following:

► What are some of the good things about using alcohol for you personally?
► What are some of the not-so-good things?
► What are some of your concerns about these not-so-good things?
Summarize by developing a discrepancy:

OK, so on the one hand, you have mentioned a lot of good things about getting drunk – you have a great time at parties, you are not so inhibited around your friends, everyone thinks you are the life of the party. But on the other hand, you have missed a lot of class time, your grades are suffering, and school is very important to you.
Offer self-help information and assistance in cutting back

This handout talks about cutting back on your drinking. I will give it to you to take home with you – some people find it useful. If you would like to make a plan for cutting back, I am here to help you.

If patient seems interested, walk through the self-help strategies handout with him/her.
Be prepared to make referrals for further assessment and treatment

► Giving a phone number is not enough

► Become familiar with local community resources

► Take a proactive role in learning about the availability of appointments or treatment slots, costs, and transportation. Also get names of contacts at the agencies.
Making referrals

Making contact with an assessment/treatment agency to set up an appointment may constitute a “patient-identifying disclosure.”

► Be aware of laws and regulations about communicating patient information
► Get written consent from patients
► Be aware of laws regarding minors
At follow-up visit:

► Encourage follow-up visits
► Inquire about use
► Review goals and progress
► Reinforce and motivate
► Review tips for progress
Let’s think!

ASSIST brief intervention in action

► Observe the ASSIST brief intervention in action
► Observe the time of administration
► What worked well?
► What did not work so well?
► Any questions?
Let’s practice!

ASSIST brief intervention

Practice ASSIST with a partner:
► Clinician uses blank ASSIST
► Patient uses copy with answers
Training materials for clinicians:
The WHO ASSIST package

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for Use in Primary Care

- Introduces the ASSIST
- Describes how to use it in health care settings
- Describes how to assess the health risks associated
Training materials for clinicians: The WHO ASSIST package

The Assist-linked Brief Intervention for Hazardous and Harmful Substance Use: A Manual for Use in Primary Care

► Explains the rational for providing brief interventions

► Describes how health care workers can conduct BI for clients whose substance use is putting their health at risk
Self-help Strategies for Cutting Down or Stopping Substance Use: A Guide

→ Assists patients who are at risk because of their substance use to weigh up their substance use behavior and to change it using self-help strategies
What are the components of the ASSIST brief intervention?

What are the principles of motivational interviewing?

What are the stages of change?

Why conduct brief intervention?

Why and how to conduct Brief intervention?
Thank you for your time!
End of workshop 3