Brief Counseling Interventions for High-Risk Behaviors

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Dear Morning Scott,

My back hurts because of inactivity, and I really think that the morning would be the best time to exercise. Please find time to do it this morning.

Sincerely,
Evening Scott

Dear Morning Scott,

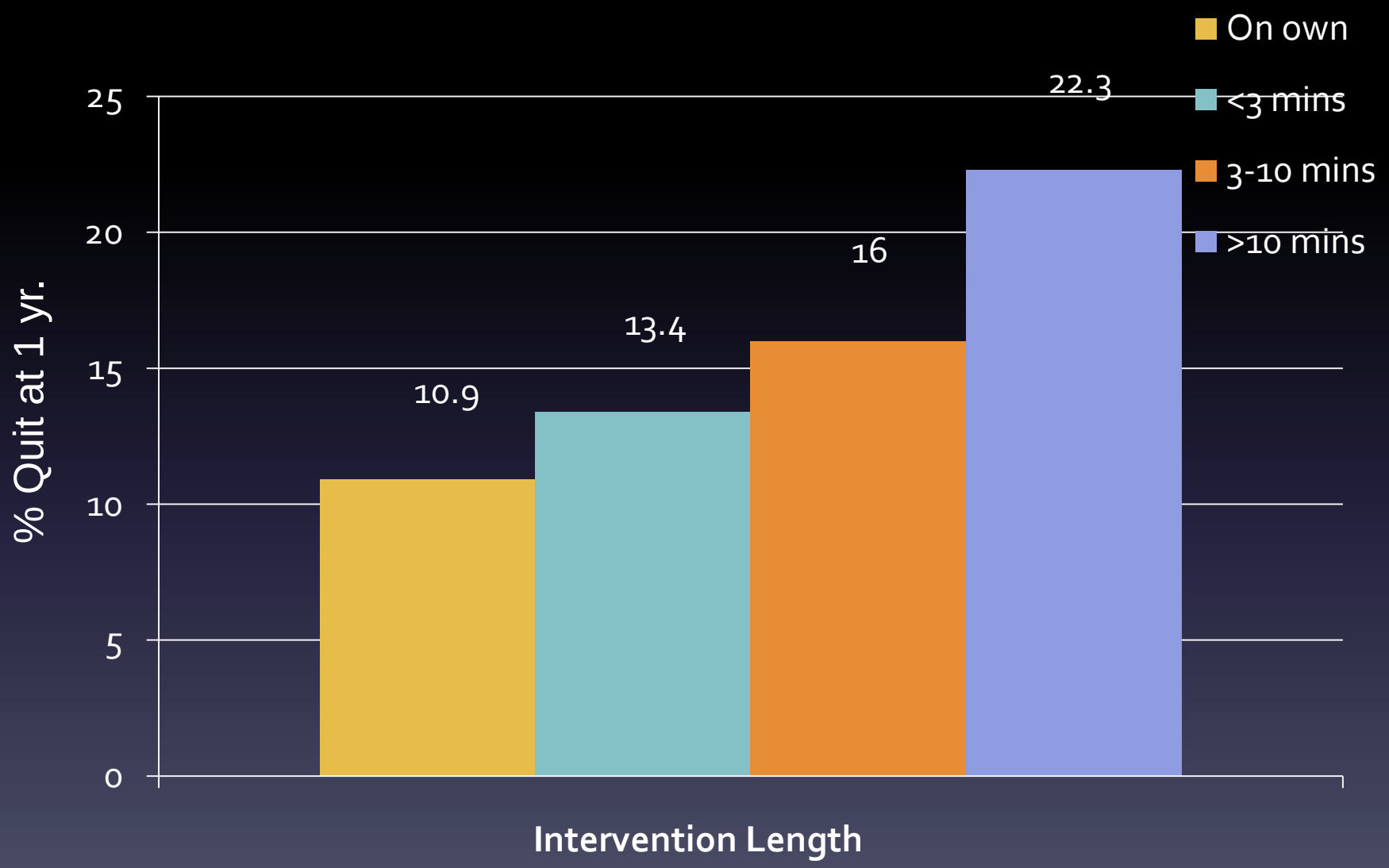
My back hurts because of inactivity, and I really think that the morning would be the best time to exercise. Please find time to do it this morning.

Sincerely,
Evening Scott

DEAR EVENING SCOTT I'M TIRED AND THE BABY IS CRYING !! EXERCISE ON YOUR OWN DAMN TIME

M.S.
XOXO

Brief Interventions for Tobacco



Commonalities of Effective Brief Interventions

- Feedback presented to patients (Lab tests, heart and liver indicators, cholesterol; Alcohol or drug screens--CAGE, AUDIT, B-MAST).
- Responsibility for change left with the patient. Ambivalence about change is normal.
- Advice, especially if solicited by the patient and not pushed by the provider.

Source: Miller & Rollnick (2002).

Commonalities of Effective Brief Interventions

- Menu of options, alternatives for what the patient would like to talk about or to address the behavior.
- Empathy may be THE most critical component of brief approaches. *In the absence of empathy, change rarely occurs.*
- Self-Efficacy supported. Belief in *ability* determines whether a person will change.

Source: Miller & Rollnick (2002).

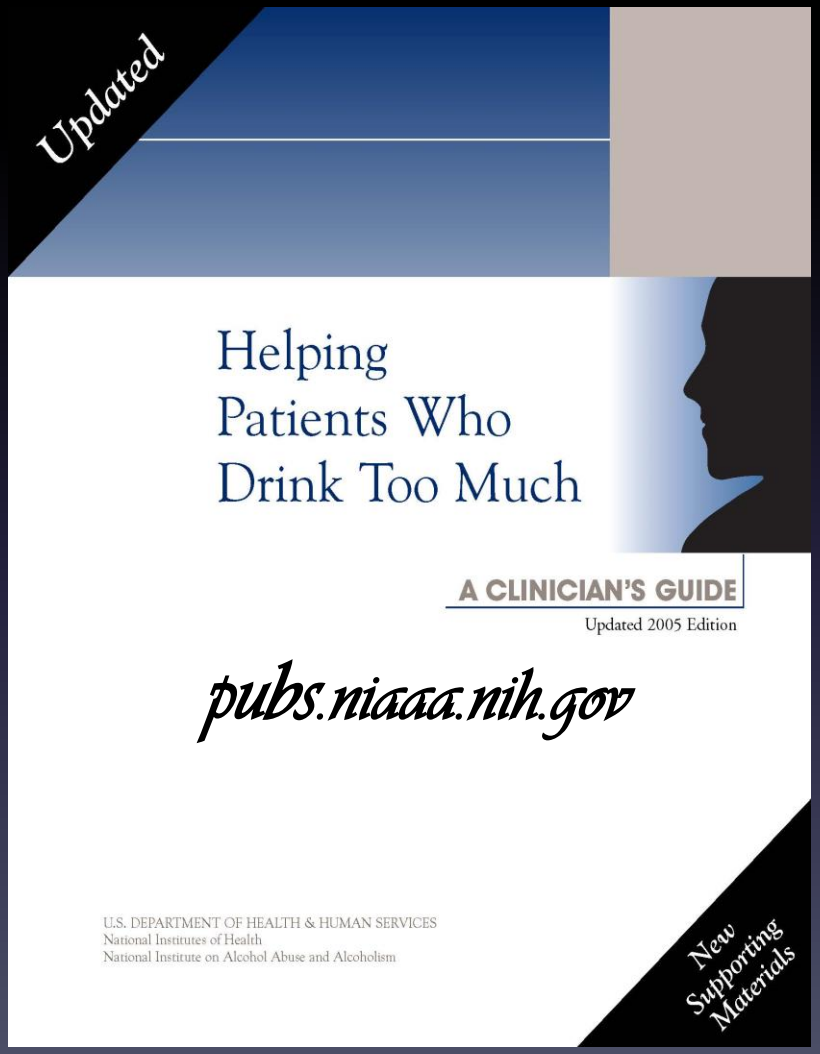
One Model: The “5 A’s”

- **ASK** about tobacco use.
- **ADVISE** to quit.
- **ASSESS** willingness to make a quit attempt.
- **ASSIST** in quit attempt.
- **ARRANGE** for follow-up.

Source: Fiore, et al., 2000

Another model

- Ask
- Assess
- Advise
- Assist



MI Key Processes

Engaging

Focusing

Evoking

Planning

One Example: 2-3 min intervention in a dental setting

- Rationale: Targets alcohol and tobacco risk.
- 11 community dental practices randomized to intervention or control group.
- Patients screened via phone prior to office visit.
- 2-3 minute intervention by dental hygienist around drinking and tobacco risk.
- At 6 months, heavy drinkers who received the intervention had twice the decrease as control (43% vs. 22%).

Source: Neff et al., 2013

Oral Health Profile
for
James Howlett

1. Your Current Preventive Oral Health Behaviors

During your interview you told us that you:	Reduces Risk of Tooth Loss by
✓ Brush your teeth once a day	59%
✓ Do not clean between your teeth using dental floss or other approaches regularly	0%
✓ See a dentist for cleaning at least twice a year	41%

Taken together, your oral health behaviors reduce your risk of losing teeth by 73%

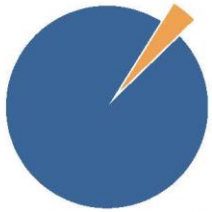
2. Your Risk Factors for Oral Cancer

During your interview you told us that you:

- ✓ Smoke 21-30 cigarettes per day
- ✓ On average drink 34 drinks per week
- ✓ Had 5 or more drinks at a sitting 8 times in the past 30 days

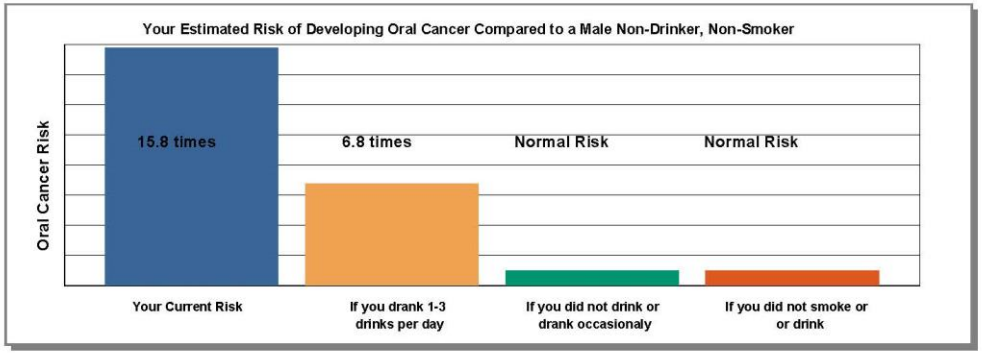
Most people know that smoking is strongly related to cancer risk, but few people know that smoking and drinking alcohol are the major causes of oral cancer.

How your drinking compares with other men your age



96% of men in your age group drink less than you.

3. How does your smoking and drinking affect your risk of developing oral cancer?



Compared to a non-drinker who does not smoke, you are 15.8 times more likely to develop oral cancer.

- ✓ If you drank 1 to 3 drinks per day, your risk would drop to being 6.8 times more likely.
- ✓ If you did not drink or drank only occasionally, your risk would drop to normal risk.
- ✓ If you did not drink or smoke, your risk would be almost identical to that of a non-drinker, non-smoker.

People who decide to make changes in their drinking do it in different ways. Some people decide to quit drinking entirely. Other people are able to cut back and keep their drinking at low levels. We encourage you to consider your feedback results and make the changes that are right for you.

If you decide to make changes in your drinking, the back of this sheet lists resources you may find helpful.

Another Example: 90 min intervention in a probation setting

- Rationale: Targets 3 related behaviors: criminal behavior, substance abuse, and HIV risk.
- 600 probation clients who report risky drug or alcohol use.
- Randomized to in-person, computer or control conditions.
- 2, 45-minute sessions.
- Participants followed to determine treatment initiation, probation progress, and HIV testing/care.

Source: Walters et al., in press

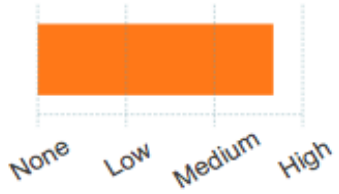
GETTING THROUGH PROBATION

This section shows your level of risk in different areas. The higher the risk, the harder that people sometimes have to work to do well on probation.

(Note: our assessment of risk may be different from your probation department. This is our opinion, but the probation department may have a different approach.)

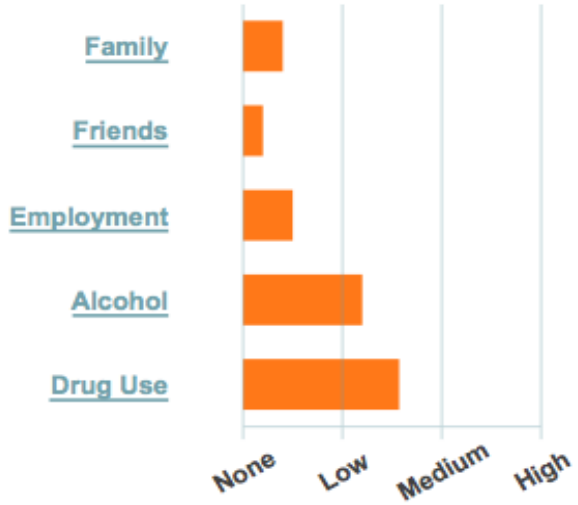
One part of your risk comes from your background--things that have happened to you in the past. This includes things like family history, age of first arrest, or number of current charges. **Looking only at your background, your risk is in the medium range.** This means that you are about in the middle range compared to other people on probation.

STATIC RISK



Another part of your risk comes from current behavior. This includes things like who you spend time with or whether you use alcohol or other substances. **In the chart below, your highest risk score right now is related to substance use.**

DYNAMIC RISK



- **Drugs:** When people have been using drugs, they can make bad decisions, which can result in social or legal problems. Some kinds of drug use can also increase risk for HIV and other sexually transmitted diseases.
- **Alcohol:** When people have been drinking, they can make bad decisions, which can result in social or legal problems.
- **Family:** This includes things like not having a lot of people in your life you can depend on, or being unhappy with current family relationships.
- **Employment:** People who are unemployed or have a history of unstable employment may be more tempted to make money through illegal means.
- **Friends:** This includes the number of friends who are criminally active or on probation.

This list might help you to identify things you can do to increase

DRUG & ALCOHOL USE

This section talks about different substances that you reported using in the past 90 days. It shows how you compare to others, and gives an estimate of your risk in different areas.

Alcohol

In terms of your alcohol use, you reported consuming an average of:

→ 14.0 drinks in a typical month

On your heaviest drinking day, you reported:

→ consuming 3.3 drinks

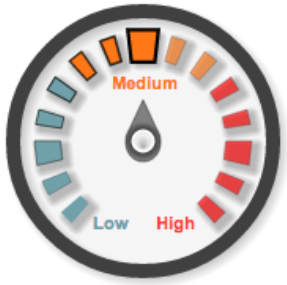
A "standard drink" is the amount of alcohol in one 12 oz beer, a 5 oz glass of wine, or one shot of liquor.

This amount of drinking puts you at the 65th percentile of American men. This means that about 65% of men drink less than you, or that 35% drink more than you. About 50% of Americans drink alcohol, but most people drink only moderately—about 1-5 drinks per week.

If you continue at this amount of drinking, your estimated risk of having health or social problems would be medium compared to others. Problems might include legal trouble, health consequences, or social problems. If you reduced or quit drinking, your risk would go down.

65TH PERCENTILE

HEALTH/SOCIAL PROBLEMS



Stimulants

In terms of your stimulant use, you reported using stimulants:

→ 13 days in the past 90 days

This amount of stimulants use puts you at the 99th percentile of American men. This means that about 99% use less than you, or 1% use more. Stimulants use is reported by only 1 percent of American men.

If you continue at this amount, your estimated risk of having health or social problems would be high compared to others. Problems might include legal trouble, health consequences, or social problems. If you reduced or quit using drugs, your risk would

99TH PERCENTILE

intoxicated. It can also include having to spend time in jail or prison because of drinking or drugs.

- **Relationship problems** include saying or doing mean things to friends or family. For some people, this can lead to damaged relationships that take a long time to repair.

HIV AND HEALTH

HIV is a disease that affects the immune system by making a person's body less able to fight off infections. Rates of HIV among people on probation are **about 3 times greater** than those of the general population.

Two main risk factors for contracting HIV are needle drug use and unprotected sex. For people who have either of these risk factors, the Centers for Disease Control recommends that they be tested for HIV **at least once a year.**

You said that you had unprotected sex and did use needle drugs during the past six months. This places you in the category where HIV testing would be recommended at least once a year.

The earlier a person is diagnosed, the more treatment options they have. People can be tested quickly with HIV/AIDS oral or finger stick tests.

You said that you:

→ had been tested for HIV, but it was more than one year ago

Based on your answers:

→ an HIV test is recommended

If you are HIV negative, you can take steps to stay that way, for instance using condoms and avoiding sharing needles. If you are HIV positive, there are still things you can do to protect yourself, like using condoms so that you don't contract other strains of HIV that might be treatment resistent.

If you want to see other testing options that aren't on this list, you can visit www.hivtest.org or call 1-800-CDC-INFO.

YOUR PLAN

Here are a few things that people sometimes do to help with their <u>overall probation progress:</u>

- ☐ Look over my probation documents to make sure I know what I have to do.
- ☐ Arrange transportation and time off from work for my first probation meeting.
- ☐ Attend the first meeting with my probation officer.
  Date: ___/ ___/ ___ Time: _____ am/pm
- ☐ Make sure I complete any UA's that are required.
  My questions: _____
- ☐ Ask a friend to check in with me about my probation progress.
- ☐ Other goal: _____

Here are a few things that people sometimes do to help with their <u>treatment progress:</u>

- ☐ Find out the location and hours of different treatment services.
- ☐ Find out the cost of different services.
- ☐ Make an appointment for an initial substance abuse screening.
- ☐ Make a list of things I will do to help me stay clean.
  My questions and concerns: _____
- ☐ Ask a friend to help me stay clean.
  People I could talk to: _____
- ☐ Visit an AA or NA meeting.
- ☐ Other goal: _____

Thanks again for taking part in the MAPIT program. We hope that this information helps you to make the changes that are

What about treatment matching?

Are different approaches needed for different populations?

Are Special Treatments Needed for Special Populations?

William R. Miller, PhD
Michael Villanueva, PhD
J. Scott Tonigan, PhD
Ivette Cuzmar, MSW

ABSTRACT. Although the efficacy of evidence-based treatments (EBTs) cannot be assumed to generalize beyond the populations in which they have been tested, EBTs nevertheless represent a good starting point in developing services for understudied groups. With a few exceptions, responses to treatment in general and to specific treatments have not been substantially different for men and women, or for various ethnic-cultural groups. Issues of differential access to care need to be addressed, and these differences are masked in clinical trials of EBTs. Five types of research are outlined that could advance knowledge of optimal approaches for treating understudied populations. doi:10.1300/J020v25n04_05

William R. Miller, Michael Villanueva, and J. Scott Tonigan are affiliated with the

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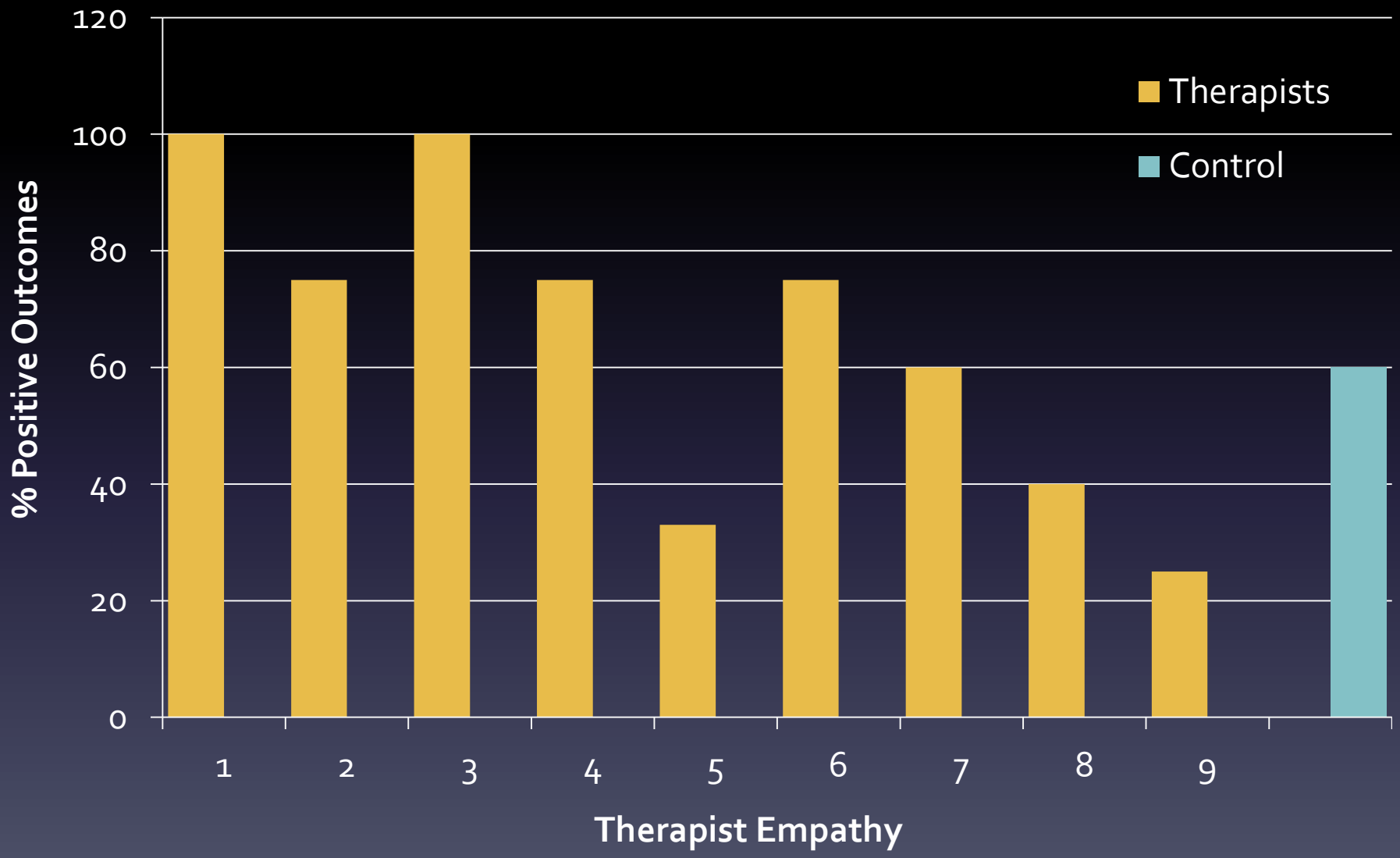
Source: Miller et al. (2007)

Miller, Taylor, & West, 1980



Psychology of Addictive Behaviors

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BRIEF REPORT

Is Low Therapist Empathy Toxic?

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The University of New Mexico

One of the largest determinants of client outcomes is the counselor who provides treatment. Therapists often vary widely in effectiveness, even when delivering standardized manual-guided treatment. In particular, the therapeutic skill of accurate empathy originally described by Carl Rogers has been found to account for a meaningful proportion of variance in therapeutic alliance and in addiction treatment outcomes. High-empathy counselors appear to have higher success rates regardless of theoretical orientation. Low-empathy and confrontational counseling, in contrast, has been associated with higher drop-out and relapse rates, weaker therapeutic alliance, and less client change. The authors propose emphasis on empathic listening skills as an evidence-based practice in the hiring and training of counselors to improve outcomes and prevent harm in addiction treatment.

Keywords: empathy, therapist effects, listening skills, training

In discussions regarding the merits of evidence-based addiction treatment, prominent attention has focused on the effect of therapist variables on behavior change (Imel, Wampold, & Miller, 2008; Morgenstern & McKay, 2007). Indeed, it appears that one of the strongest determinants of clients' outcomes in addiction treatment in particular is the counselor to whom they happen to be assigned (Luborsky, McLellan, Diguer, Woody, & Seligman, 1997; Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985; Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011; McLellan, Woody, Luborsky, & Goehl, 1988; Miller, Taylor, & West, 1980; Valle, 1981). Research consistently shows that differences among therapists account for between 5% and 12% of the unusually adverse or particularly good client outcomes (Okiishi, Lambert, Nielsen, & Ogles, 2003; Shapiro, Firth-Cozens, & Stiles, 1989; Wampold & Bolt, 2006). In the area of substance abuse treatment more particularly, at least four studies have reported therapists with unusually poor client outcomes. In a multisite clinical trial (Project MATCH Research Group, 1998), therapist differences were no longer significant after removing one or two outliers in each treatment condition whose clients showed particularly poor drinking outcomes. In a naturalistic experiment following the resignation of two drug counselors, McLellan and colleagues (1988) randomly reassigned their 62 cases to four other

...providing accurate empathy in addiction treatment is an evidence-based practice regardless of theoretical orientation...

Source: Moyers & Miller (2012)

…"pre-employment screening" empathy ratings were a significant predictor of clinician empathy in later therapy sessions.

Source: Moyers & Miller (2012)


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Further Reading

- Miller WR, Rollnick S. (2012). *Motivational interviewing: Helping people change.* New York: Guilford.
- Rollnick S, Miller, WR, Butler C. (2008). *Motivational interviewing in health care.* New York: Guilford.
- Stuart M, Lieberman J. (2002). *The fifteen minute hour: Practical therapeutic interventions in primary care.* New York: Saunders.

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