

BMI

Brief
Motivational
Intervention



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Brief Motivational Intervention

An Intervention by Healthcare Workers in Sub-Saharan Africa

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Collaborating Agencies & Hosts

SAMHSA/CSAT

USAID/PEPFAR

Botswana

CDC Botswana (BOTUSA)

Ministry of Health

Namibia

CDC Namibia

Ministry of Health

Catholic Health Services

Tanzania

CDC Tanzania

Ministry of Health and Social Welfare

Other Tanzania Agencies

Key Collaborators

Mary Velasquez, University of Texas at Austin
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H. Westley Clark, Center for Substance Abuse Treatment
Tom Kresina, Center for Substance Abuse Treatment
Jacki Hecht, Butler Hospital
Mary Glenshaw, CDC Namibia
Marian Carter, CDC Botswana

Lead Agency

University of Texas at Austin
School of Social Work
Addiction Research Institute
Gulf Coast Addiction Technology Transfer Center

Need: to address heavy alcohol use as a risk factor for HIV infection and transmission.

No treatment available.

AA chapters rare

Media campaigns

Adaptation of SBI Needed for use by Public Healthcare Workers

Local Conditions

HCW perceptions

Organizational Issues

Social Environment infused with Alcohol

General Social Acceptance of Heavy Drinking

Local Beer is regarded as an essential, inexpensive source of nourishment.

Neighborhood production and consumption of beer is an endemic social fixture

however there are also:

Churches and Faith Based Groups:

Significant proportion of the population tends to be abstinent

Languages

Tanzania

National Language: Swahili (English in higher ed.)

Local Languages: (Numerous)

Botswana

National Language: English

Local Languages: Setswana and others

Namibia

National Language: English

Local Languages: Oshiwambo Afrikaans, and others

The Intervention

1. Screening, Feedback & Brief Advice:

- Ask Amount & frequency of drinking
- Give Feedback and education
- Give Direct Advice to reduce drinking (if indicated)

2. Motivational Intervention:

- Assess readiness to reduce alcohol use.
- Engage in Change Talk (as appropriate to stage)
- If ready, set realistic goals with the patient

Brief Motivational Intervention (BMI)

Screening

- **Do you ever drink alcohol?**
- **When was the last time you had more than X drinks in one day?** (X = 4 for men, 3 for women)



---- if three months ago or less, continue ----

- On how many days a week do you drink? _____
- When you drink, how many drinks do you usually have? _____

(calculate weekly total) _____

Maximum Drinking Limits are:

For healthy men:

no more than 4 drinks a day, AND 14 per week

For healthy women:

no more than 3 drinks a day, AND 7 per week

Any Alcohol use carries high risk if these apply to you:

- ✓ HIV positive
- ✓ ARV medications
- ✓ Pregnant or likely to become pregnant
- ✓ Loss of memory or control when drinking

“Your drinking is greater than is medically safe. As your healthcare provider, I recommend that you cut back to a level that is within the maximum drinking limits.”

“What do you think about the idea of cutting back your drinking? How important do you think it is for you to do that?”



Importance Ruler



- **How important** would you say it is to cut back within drinking limits?

- Why did you pick a ___ and not a (lower number)?
- What concerns do you have about your drinking?

Confidence Ruler



- If you were to decide right now to cut back, **how confident** are you that you could succeed?

- Why did you pick a ___ and not a (lower number)?
- What would help you to have a higher number?

Readiness



“**How ready** are you right now, to cut back within drinking limits?”

- If Not Ready,

I encourage you to keep in mind how your drinking may be affecting you and others. Be alert for problem signs.

OR • If Thinking about it, Why are you thinking about cutting back? What are some good things about your drinking? What are some not so good things about your drinking?

OR • If Planning or working on it, What goals would be right for you? My goal is to cut back to ___ drinks per week and no more than ___ on any one day.

One step I will take is : _____

Starting the Conversation

It was difficult for some HCWS to initiate the script. There were two reasons for their hesitance:

1. Cultural norms about respect and intrusiveness

Healthcare workers typically do not typically give advice about drinking, other than regarding medication interactions or specific health conditions. HCWs needed coaching and practice to *use their health worker role* in advising patients to stay within risky drinking limits. The motivational rulers fit well with a respectful, non-directive approach.

2. Skepticism that cutting back or quitting was possible in the social environment.

HCWs were initially skeptical about using the BMI because they were ambivalent about its feasibility, and had low confidence in its possible effectiveness. We gave them time to give full expression of these perceptions and to explore the possibility of change. Several techniques were used: directed debates about pros and cons, exploring alternate views, discussing known exceptions to these patterns.

Standard Drink

To ask about number of drinks, patients need to understand the definition of a “drink”. Adjust for local language, and prevalent brews and containers



Beer
(**Chibuku**)

=



Wine
(**Khadi**)

=



Liquor
(**Mokoko o
Nchebile**)

What is a standard 'unit' of alcohol?

Eyalulo lyopandjele liikolitha oshike?

Wat is 'n standaard 'eenheid' alkohol?

Traditional Home Brews

Omalovu ga dhungwa megumbo

Tradisionele tuisbrouersels



1 liter

=

3

Standard unit
Omayalulo gopandjele
Standaard eenhede

Beer

Ombiila

Bier



750 ml

=

2

Standard unit
Omayalulo gopandjele
Standaard eenhede



340 ml

=

1

Standard unit
Omayalulo gopandjele
Standaard eenhede

Wine

Omavinu

Wyn



120 ml

=

1

Standard unit
Omayalulo gopandjele
Standaard eenhede

Spirits

Omalovu omalulu

Spiritus



25 ml

=

1

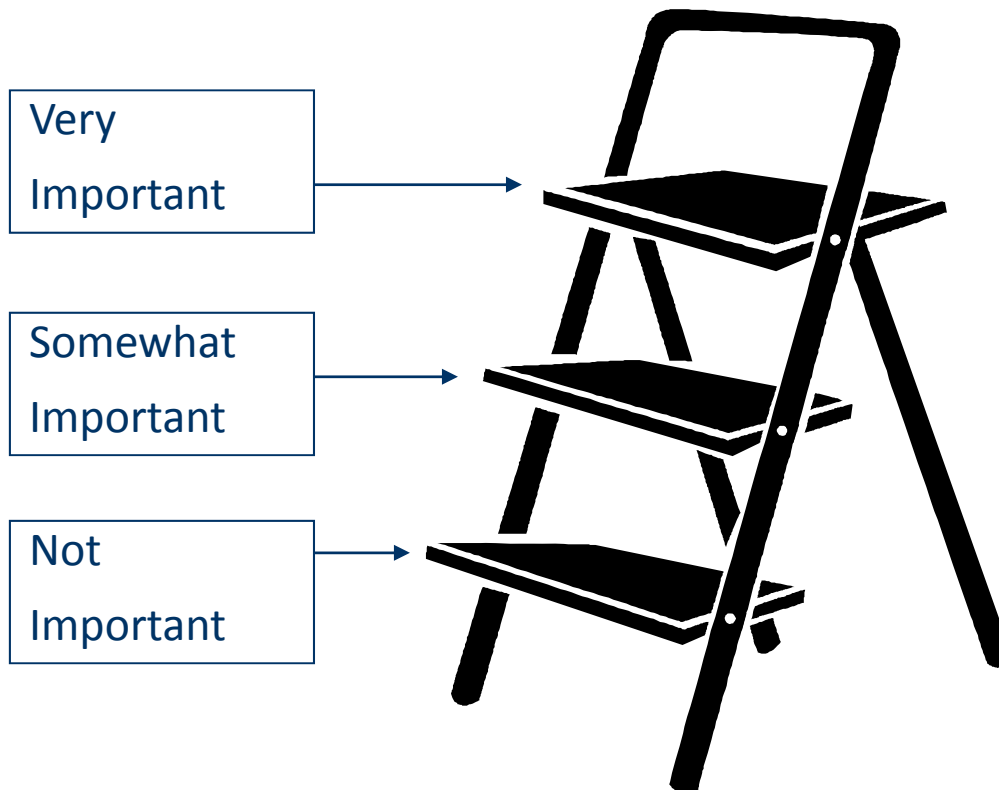
Standard unit
Omayalulo gopandjele
Standaard eenhede



Alternate Readiness Measurement Tools ~



HOW IMPORTANT IS IT TO YOU TO CUT BACK ON YOUR DRINKING?

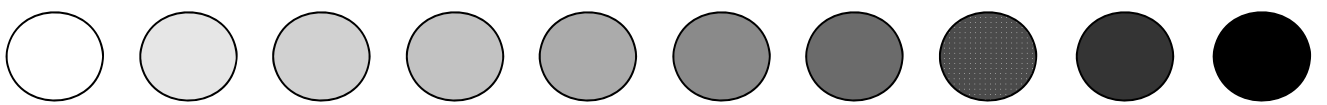


HOW CONFIDENT ARE YOU THAT YOU CAN CUT BACK YOUR DRINKING?



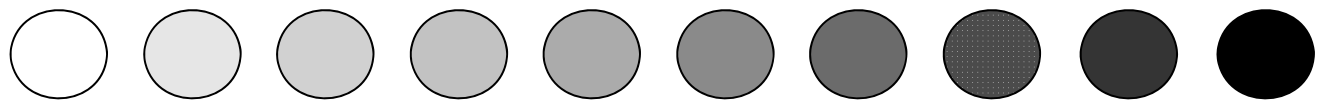
Readiness “Rulers” for Patients Who Drink Too Much

Importance



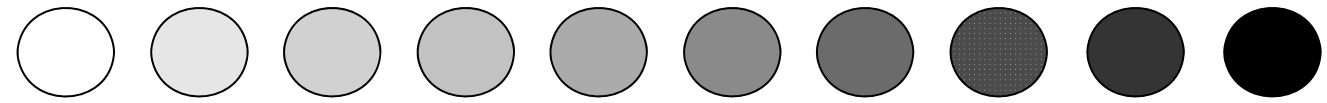
Not **Important** at all Extremely **Important**

Confidence



Not **Confident** at all Extremely **Confident**

Readiness



Not at all **Ready** **Thinking About it** **Planning & Making a commitment** **Actively Working on it** **Already made the change, Maintaining**

- If Not Ready, or Thinking about it,
I encourage you to keep in mind how your drinking may be affecting you and others. Be alert for problem signs.
- If Planning,
My goal is to cut back to ____ drinks, ____ times a week.
To prepare for this I will _____
- If Actively working or Already made the change,
Congratulations on your change, keep up the good work!

Results

Utilization

Organizational Methods

Future Needs

HCW Confidence Levels pre and post training:

Topic	Namibia			Tanzania			Botswana		
	Pre	Post		Pre	Post		Pre	Post	
Talk to patients about alcohol usage	74%	96%		85%	100%		65%	100%	*
Assess how heavily patients use alcohol	74%	88%		80%	95%		47%	100%	*
Tell patients about risky drinking limits	96%	96%		65%	95%		53%	95%	*
Give advice to patients to cut back	82%	96%		90%	95%		65%	95%	
Assess pt readiness to reduce drinking	75%	96%		85%	95%		65%	100%	*
Help develop goals for reduced usage	71%	96%		90%	100%		59%	100%	*

Patients receiving BMI services from Health Care Workers 60 Days following the Training.

Namibia				Tanzania			
HCW	Pct	#		HCW	Pct	#	
1	20%	126		1	20%	25	
2	40%	20		2	25%	120	
3	20%	10		3	60%	32	
4	7%	40		4	50%	31	
5	100%	100		5	20%	3	
6	50%	50		6	10%	8	
7	10%	20		7	2%	5	
8	20%	40		8	10%	6	
9	1%	7		Total		230	
10	1%	4		Pct	25%		
11	70%	7					
Total		424					
Pct	31%						

TANZANIA

Organizations Networking on BMI Implementation

1. IntraHealth PITC Project
2. Walter Reed Tanzania Program
3. KIHUMBE
4. Tanzania Youth Alliance
5. Muhimbili National Hospital Psychiatric Unit
6. Tameke Hospital
7. Balm in Gilead
8. Family Health International
9. Mwananyamala Hospital

Periodic network meetings to report on implementation and work on solutions: (translation of materials, training, record-keeping, supervision)

Facilitating Organizations:

- Tanzania Ministry of Health and Social Welfare
- International Training and Education Center on HIV
- Centers for Disease Control, Tanzania office, USAID

Follow-up networking and support meetings have been held in each country, sponsored by the Ministries of Health as well as the in-country CDC office.

Barriers Identified in follow-up meetings:

- Time required to conduct the BMI
(Even 10 minutes takes time away from other duties)
- Inadequate Financial and Staff Resources. Big caseloads and waiting lists make it hard to add anything new to their workload.
- Material translations needed for local languages.

Organizational Strategies for Implementation

Recommendations for organizational support based on implementation efforts in these three countries:

- 1. Officially adopt and promote use of the intervention**
- 2. Train and Support Supervisors and Trainers**
- 3. Monitor and Provide Feedback**
- 4. Form an Implementation Network among Agencies**
- 5. Recognition**