

Developing a brief motivational intervention for young adults intoxicated in the ED

Results from an iterative qualitative design

Jacques Gaume,
Véronique Grazioli, Cristiana Fortini,
Sophie Paroz, Nicolas Bertholet,
Jean-Bernard Daeppen

Lausanne University Hospital,
Department of Community Health and Medicine,
Alcohol Treatment Center,
Switzerland

Background

- Young adults (18-30) admitted in this ER with alcohol intoxication - 6 year after :
 - 1/2 were readmitted (1/4 for a new alcohol intoxication episode)
 - 36.8% were unemployed
 - 56.9% reported alcohol problems
 - 15.1% alcohol dependence
 - 18.6% depression
 - 15.4% anxiety disorder
 - 80.2% smoke tobacco during last year
 - 53.1% used cannabis during last year
 - 22.6% used cocaine during last year

BMI efficacy for young adults in the ER

- Systematic reviews addressing the efficacy of BMI in the ER for young adults found mixed findings

❖ Newton et al. 2013; Taggart et al. 2013;
Tanner-Smith & Lipsey 2014

- Few studies on the efficacy of interventions among patients admitted in the ER while intoxicated

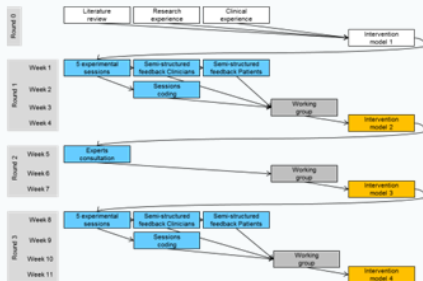
- 8 studies, 4 studies among young adults
- 3 over the 4 showed results favoring BMI

❖ Wicki et al. 2014

Project PREMMIER

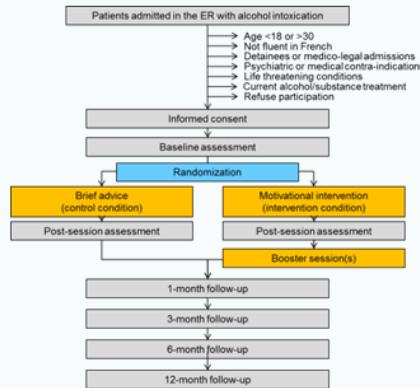
(A Process study and Randomized controlled trial examining the Efficacy and Mechanisms of Motivational interviewing for alcohol Intoxicated young adults admitted to the Emergency Room)

Phase 1 Development



Iterative development and pre-test process

Phase 2 Efficacy



Randomized controlled trial

Phase 3 Mechanisms

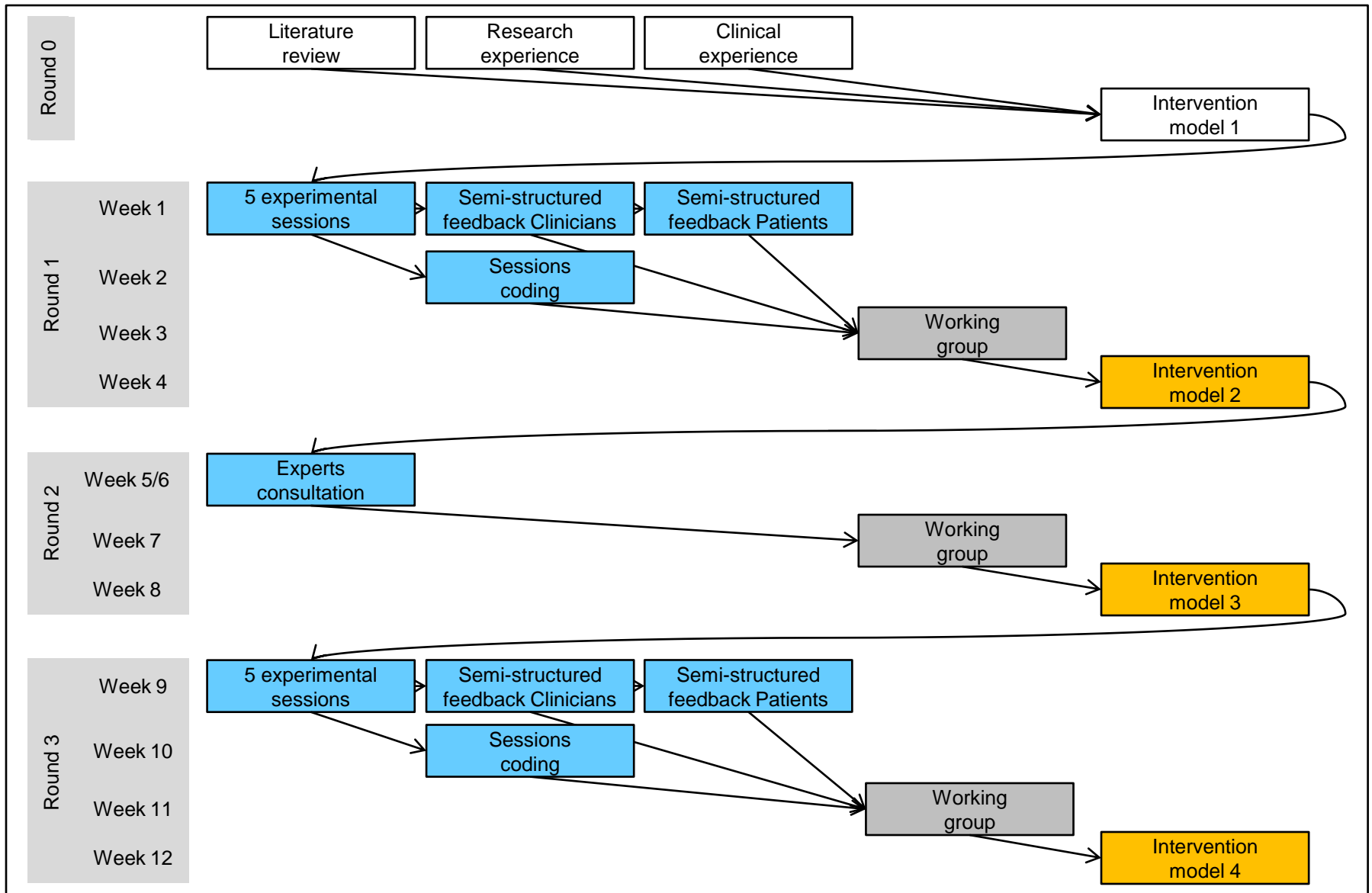


Psycholinguistic coding and qualitative analyses

Phase 4

Model finalization and dissemination

Phase 1 - Development



Round 0 - Review of hypothesized mechanisms

- Relational factors
(empathy, acceptance, alliance/collaboration, no confrontation)
- Personalized feedback
- Enhance discrepancy
- Evoke change talk/ Soften sustain talk
- Change plan
- Take time
(longer intervention, booster interventions)

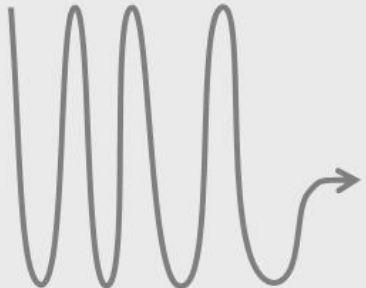

❖ Gaume et al. 2014; Magill et al. 2014, Apodaca & Longabaugh 2009; Miller & Moyers 2015; Wampold 2015; Norcross 2011

Intervention outline #1

2 HORIZONTAL STRATEGIES

- **Taking time to build a significant relationship (relational factors)**
 - Empathy / Reflective listening / Curiosity
 - Acceptance / Avoid confrontation / Unconditional positive regard
 - Collaboration / Alliance
- **Change talk**
 - Elicit change talk
 - Soften sustain talk over the session
(accepting ST when it appears but using MI techniques to lower it)
 - Reinforce Ability and Commitment talk

3 STEPS (length will depend on participant's Readiness to change and Willingness to talk)

	I Exploration		II Evoke change (look to the future)		III Planning	
Introduce oneself Ask permission to talk	<p>Current situation</p>  <p>Important things in life, Values, Meaning</p>	Summarize (ambivalence/discrepancy)	<p>Discrepancy Situation vs. Important things/values</p>  <p>A different situation, change (hypothetical)</p>	Summarize (discrepancy + potential change)	<p>Next steps? Make it concrete</p> <ul style="list-style-type: none"> ➔ Commitment ➔ Ability / Self-efficacy 	<p>Summarize Thank - Affirm Propose to call back - Announce feedback letter</p>

Round 1 - experimental sessions

- 4 BMI pre-tests in the ER in July-August 2016
- Followed by individual semi-structured interviews
 - with participant
 - with clinician

Intervention overall

Participants feedback

- Appreciated intervention
- Felt free to speak
- Thought that clinicians were attentive, kind, soothing, sincere, non-judging
- 1 thought that the clinician was too neutral and regretted that she did not **give her opinion**.
- Most appreciated evoking change.

Clinicians feedback

- Had good experiences
- Hectic context → sometimes stressful, auto-pressure to conclude
- Model feasible, 3 steps make sense.
- 1 did not apply the steps chronologically
- **Step 3 less easy** with contemplative participants.

Provide information

Participants feedback

- **Half** of the participants were interested in receiving information
- + Comparing oneself to ones' peers
- - Prefer an open-ended discussion

Clinicians feedback

- Estimated that providing some kind of information (e.g., normative feedback, protective strategies) would have been useful in most interviews
- **Insecure regarding when and how** to provide information during the intervention

Round 2 - Experts consultation

- 22 sept. 2016
- 4 hours
- 9 experts
 - Gail D'Onofrio, Yale University
 - Craig Fields, University of Texas at El Paso
 - Jennis Freyer-Adam, University of Greifswald
 - Nick Heather, Northumbria University
 - Molly Magill, Brown University
 - Jim McCambridge, University of York
 - Peter Monti, Brown University
 - Stephen Rollnick, Cardiff University
 - Richard Saitz, Boston University
- Nominal group technique (generate and rank propositions)

Results

- Generated about 30 propositions on 3 topics
- Sometimes contradictory or not feasible...
- Consensus :
 - The intervention model in 3 steps and horizontal strategies make sense
 - Provide structured information
 - Propose booster interventions adapted to young adults (e.g. using email, mobile phone, whatsapp, link websites and smartphone apps)

Round 3 - Experimental sessions

- Updated BMI model
- 6 BMI pre-tests in the ER in October 2016
- Followed by individual semi-structured interviews
 - with participant
 - with clinician

Results

- BMI still very well accepted
- Useful (“good time for thinking”)
- Mixed consideration regarding structured information
 - Useful to some
 - Already known for other (“cute”)
 - Might lower the collaboration being built
- Phone booster at 1 week well accepted and found useful

3 HORIZONTAL STRATEGIES

❑ Taking time to build a significant relationship (relational factors)

- Empathy / Reflective listening / Curiosity
- Acceptance / Avoid confrontation / Unconditional positive regard
- Collaboration / Alliance

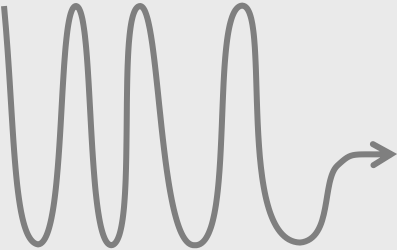

❑ Change talk

- Elicit change talk
- Soften sustain talk over the session (accepting ST when it appears but using MI techniques to lower it)
- Reinforce Ability and Commitment talk

❑ Give information and advice

- Causal attribution of ER admission to alcohol use
- Adjust distorted perceptions, banalization, and misbeliefs
- Suggest change options if necessary
- ✓ Motivational method: Elicit – Ask permission – Provide – Elicit

3 STEPS (length will depend on participant's Readiness to change and willingness to talk)

	<p>I</p> <p>Exploration</p>		<p>II</p> <p>Evoke change (look to the future)</p>		<p>III</p> <p>Planning</p>	
<p>Introduce oneself Ask permission to talk</p>	<p>Current situation</p>  <p>Important things in life, Values, Meaning</p>	<p>Summarize (ambivalence/discrepancy)</p>	<p>Discrepancy Situation vs. Important things/values</p>  <p>A different situation, change (hypothetical)</p>	<p>Summarize (discrepancy + potential change)</p>	<p>Next steps? Make it concrete</p> <ul style="list-style-type: none"> ➔ Commitment ➔ Ability / Self-efficacy 	<p>Summarize Thank - Affirm Propose to call back / Announce feedback letter</p>

Intervention outline #3 (final)

- “Stepped care”
 - Adapt content and propositions to situation
- Menu of follow-up options
 - Feedback letter
 - Links to alcohol websites
 - Phone boosters (1 week, 1-month, 3-month)
 - Accompany to specialized treatment
 - Smartphone app

Thank you for your attention!!!

contact :
jacques.gaume@chuv.ch