

Screening & Brief Intervention

for

Problem Alcohol & Substance Use

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SAOR Model

- Model for Screening & Brief Intervention for problem alcohol & substance developed in 2009
- Emerged from work in acute hospital settings
- Incorporates all the key elements of evidence based practice in Screening and Brief Intervention
- Disseminated nationally through national Social Inclusion office in diverse settings over past 7 years
- Now utilised in broad range of settings



Key Elements of SAOR Model

- SAOR = Irish word for "free" used as acronym to remember key elements
 - S = Support
 - A = Ask & Assess
 - O = Offer Assistance
 - R = Refer



Background & Training

- One of the aims of HSE Social Inclusion is to contribute to the achievement of improved health outcomes for persons experiencing substance misuse.
- SAOR Brief Intervention integral part of this aim
- Training on SAOR led nationally by Ruth Armstrong Project Manager Alcohol
- National panel of trainers established delivering training across 7 CHO areas
- SAOR accepted as part of European Union Reducing Alcohol Related Harm (RARHA) Project Good Practice Toolkit;



Based Upon Evidence & Emerging From Practice

- SAOR incorporates key aspects of models SBI proposed by;
 - FRAMES (World Health Organisation, 2003)
 - **5 A's Model** (see Anczac and Nolger ,2003)
 - WHO Brief Intervention Manual (Babor & Higgins Biddle, 2001)
 - U.S. Department of Health and Human Services (NIAAA, 2005)
 - Irish College of General Practitioners (ICGP, 2014, ICGP, 2006)
 - SAOR 1st edition (O'Shea & Goff,2009)



Rationale

- SAOR model:
 - Accentuates the support/relationship building aspect of SBI
 - Sequences the intervention in a logical & user friendly manner
 - Provides practitioners with a step by step guide to SBI
 - Offers culturally appropriate model in Irish context



Rationale (ii)

Includes all the key steps of:

- Building the therapeutic relationship
- Offering advice and feedback
- Offering assistance
- Ensuring appropriate referral & follow up



Screening

- Targets members of defined population to identify those:
 - At risk of problem alcohol/substance use
 - likely to benefit from intervention.
- Identifies those who:
 - Drink or use substances at harmful levels
 - Are beginning to experience problems
 - Are showing signs of dependence



Screening & Brief Intervention (SBI)

- SBI involves the following;
 - Assessment
 - Interview using standardised, validated screening tools
 - Feedback
 - Level of risk
 - Personalised Information & Advice
 - Referral & Follow-up (if indicated)



Brief Intervention (BI)

- Any intervention that involves a minimum of professional time to help change behaviour....requiring anything from 5 minutes upwards
- Generally restricted to four sessions or less & delivered by non-specialist workers
- Investigate a potential problem & motivate an individual to begin to make a change
- Average session using SAOR may take 20 minutes



Evidence of Effectiveness of BI

- Numerous randomised clinical trials & systematic reviews have supported the use of BI in a range of settings including;
 - Primary care
 - Emergency Departments / Acute hospitals
 - Outpatient clinics
 - Employee Assistance Programmes
 - Mental Health Services
 - Community settings



Evidence of Effectiveness of BI

- Also evidence for effectiveness for
 - BI in university settings
 - Web based BI interventions
- Evidence of duration of effect at 1,2 & 4 year follow up
 - No significant effect after 10 years
 - NB need for booster/follow up sessions

Expected Outcomes

- Reductions in consumption
- Reductions in binge use
- Improved treatment engagement
- Most useful with lower levels of dependence
- Shorter interventions often as useful as longer ones

Some Recent Evidence

 Extensive Literature exists on Screening and Brief Intervention (SBI) (McCambridge, 2011)

Diverse Range Settings

- Recent systematic reviews support efficacy in a broad range of health care settings, (Elzerbi et al., 2015; Jonas et al., 2012; McQueen et al., 2011; O'Donnell et al. 2014; Schmidt et al., 2016)
- Non- Health Care Settings e.g. University & Community Settings (e.g., Cronce & Larimer, 2011; Samson & Tanner-Smith, 2015; Seigers & Carey, 2010).



Markers Of A Productive BI

- Client does most of the work in session
- Client accepts the possibility of change
- Client accepts responsibility for change
- Upward slope of commitment language within or between sessions
- Sessions are like conversations and flow without major defensiveness or resistance



Theoretical Underpinnings

- Person Centred Approach
 - Treats the client as a unique individual
 - Respects clients needs & preferences
 - Emphasises client/therapist relationship
- Rogers (1961) core condition of empathy is central
- Miller & Rollnick (2013)
- Most often delivered using Motivational Interviewing Techniques



Guide for Practice

- 4 stages
- Step-By-Step Intervention
- Sequential & Recursive



Stage 1 – SUPPORT

- Connecting with the person
- Open friendly style
- Empathic non judgemental approach
- Supporting self efficacy
- Informing the person of the services available



Stage 2 – ASK & ASSESS

- Asking
- Eliciting
- Establishing Expectations
- Screening and assessing
- Observing for withdrawal symptoms
- Exploring broader context
- Gauging importance and confidence



Stage 3 - OFFER ASSISTANCE

- Advising and give feedback
- Assigning responsibility for change
- Allowing for a menu of options
- Agreeing goals



Stage 4 - REFER

- Discussing support options with the person
- Making a referral to appropriate services if required
- Ensuring appropriate follow up support
- Closing the consultation

Acknowledgements

- Paul Goff Co-author & Co-developer SAOR 1
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- Professor Joe Barry Trinity College
- Social Inclusion Office, HSE
- National Addiction Training Programme (NATP)



Some Reading and Resources (References available upon request)

- Babor, T.F. and Higgins–Biddle, J.C. (2001) <u>Brief Intervention for Hazardous and Harmful Drinking</u>; A Manual for Use In <u>Primary Care</u> Geneva, World Health Organisation (WHO).
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- Molyneux, G.J., Cryan, E. and Dooley, E. (2006). The point prevalence of alcohol use disorders and binge drinking in an Irish general hospital <u>Irish Journal of Psychological Medicine</u> 23 (1) 17-20.
- National Institute on Alcohol Abuse and Alcoholism (2005) <u>Helping Clients who drink too much; A Clinicians guide</u>. USA, N.I.A.A.A.
- O'Shea, J and Goff,, P. (2009) <u>SAOR MODEL</u>; <u>Screening and Brief Intervention (SBI)</u>; <u>for Problem Alcohol Use in the Emergency Department & Acute Care Settings</u>, Health Service Executive.
- Ramstedt, M. and Hope, A. (2004). The Irish drinking habits of 2002-drinking and drink related harm in a European comparative perspective Journal of Substance Use 10 (5) 273-283.
- Samson, J. E., & Tanner-Smith, E. E. (2015). Single-session alcohol interventions for heavy drinking college students: A systematic review and meta-analysis. Journal of Studies on Alcohol & Drugs, 76, 530-543.
- Useful Website http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/SIPS/

Alcohol in Ireland - Getting the Measure of it! National Conference

Regional Drug & Alcohol Task Forces

The Heritage, Killenard, Laois. 06.10.16, 9am - 4.30pm.