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Alcohol Use Disorder and Treatment

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A Standard Drink in the U.S.

- In the United States, one "standard" drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in:
  - 12 ounces of regular beer, which is usually about 5% alcohol
  - 5 ounces of wine, which is typically about 12% alcohol
  - 1.5 ounces of distilled spirits, which is about 40% alcohol

What is Low-Risk Drinking?

- The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines “low-risk drinking” as no more than three drinks per day for women and no more than four drinks per day for men
- Women who are low-risk drinkers consume no more than seven drinks per week, while male low-risk drinkers have no more than 14 drinks in a single week
- Research indicates that only about 2% of people who drink within these limits have alcohol use disorder

What is Unsafe Drinking?

- For healthy adults in general, drinking more than these single-day or weekly limits is considered "at-risk" or "heavy" drinking:
  - Men: More than 4 drinks on any day or 14 per week
  - Women: More than 3 drinks on any day or 7 per week
- For all healthy women and healthy men over the age of 65, unsafe drinking is having more than 3 drinks in a day and more than 7 drinks in a week
- Drinking becomes too much when it causes or elevates the risk for alcohol-related problems or complicates the management of other health problems

What is High-Risk Drinking?

- The National Institute on Alcohol Abuse and Alcoholism classifies binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) to .08 g/ml (grams per milliliter)
- For women, this typically happens after about four drinks in two hours. For men, this generally occurs after five drinks in two hours
- Heavy drinking is binge drinking on five or more days within one month

Binge Alcohol Use

- In 2018, about 1 in 4 people aged 12 or older, or 24.5% were current binge alcohol users
- This amounts to 67.1 million binge drinkers aged 12 and older
- 1.2 million adolescents aged 12 to 17 in 2018 were past month binge drinkers, which amounts to 4.7% of adolescents
- That means that about 1 in 21 adolescents were current binge drinkers
- In 2018, 34.9% of young adults ages 18 to 25, were binge drinkers during the past month
- That amounts to 11.9 million young adults, which means that more than a third of young adults were current binge drinkers
- Also in 2018, about 25.1% of adults aged 26 or older were current binge drinkers, which makes up about 54 million adults in this age group

Heavy Drinkers

- In the year 2018, 16.6 million people, aged 12 and older, were current heavy drinkers (drank heavily during the past month)
- That corresponds to 6.1% of the population
- 131,000 adolescents, aged 12 to 17, were current heavy drinkers
- About 1 in 11 young adults aged 18-25 were current heavy alcohol drinkers, amounting to 3.1 million young adults
- About 6.2% of adults aged 26 or older were current heavy drinkers or about 13.4 million adults in this age group

High-Risk Drinking

- According to the CDC, the risks of binge drinking include:
  - Car crashes and other unintentional injuries
  - Violence
  - Sexually transmitted diseases and unintended pregnancy
  - Chronic diseases and cancer
  - Memory and learning problems
  - Eventual alcohol dependence
- Alcohol use is the fourth leading preventable cause of death in the U.S. with an estimated 88,000 individuals dying each year from alcohol-related fatalities
- Alcohol use disorders are among the most prevalent and costly category of mental health conditions worldwide, affecting 29% of adults
- According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), only one-fourth of those with severe alcohol use disorder will receive treatment for their disorder

Why Screen for Heavy Drinking?

- **At-risk drinking and alcohol problems are common**. All heavy drinkers have a greater risk of hypertension, GI bleeding, sleep disorders, major depression, stroke, cirrhosis of the liver, and several cancers
- **Heavy drinking often goes undetected.** Only around 10% of people who need it are referred to treatment
- **Patients are likely to be more receptive, open, and ready to change than you expect.** Most primary care patients who screen positive for heavy drinking or alcohol use disorders show some motivational readiness to change, with those who have the most severe symptoms being the most ready
- **You're in a prime position to make a difference.** Research shows that brief interventions can promote significant, lasting reductions in drinking levels in at-risk drinkers who aren't alcohol dependent

Gastrointestinal (GI)

Why Screen for Heavy Drinking?

- Some drinkers who are dependent will accept referral to addiction treatment programs. And even for those who won't accept a referral, repeated alcohol-focused visits with a healthcare provider can lead to significant improvement

Risk Factors for Alcohol Abuse Disorder

- Caucasian
- Male
- Younger age
- Separated, divorced, or widowed

Alcohol Use Disorder

- There is no official diagnosis of alcoholism
- The condition that has long been termed alcoholism is technically called "severe alcohol use disorder," according to the May 2013 publication of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) by the American Psychiatric Association
- AUD is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using

Alcohol Use Disorder in the U.S.

- An estimated 15 million people in the U.S. have AUD
- Approximately 5.8% or 14 million adults aged 18 and older had AUD in 2018
- This includes 9.2 million men and 5.3 million women
- An estimated 401,000 adolescents have AUD

Alcohol Use Disorder

- According to the DSM-5, if a person exhibits 2 or more symptoms from a list of 11 criteria, they are diagnosed as having an alcohol use disorder
- Classifications of alcohol use disorder include mild, moderate, and severe
  - Mild: 2-3 symptoms present
  - Moderate: 4-5 symptoms present
  - Severe: 6 or more symptoms present

Symptoms of Alcohol Use Disorder

1. Alcohol is often taken in larger amounts or over a longer period than intended
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
4. The person experiences craving or a strong desire or urge to use alcohol
5. The recurrent alcohol use results in a failure to fulfill major role obligations at work, school, or home
6. A person continues to use alcohol despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use
8. There is recurrent alcohol use in situations in which it is physically hazardous

Symptoms of Alcohol Use Disorder

9. Alcohol use is continued despite knowledge of having persistent or recurrent physical or psychological problems that are likely to have been caused or exacerbated by alcohol
10. Tolerance, as defined by either of the following: a need for markedly increased amount of alcohol to achieve intoxication or the desired effect or a markedly diminished effect with continued use of the same amount of alcohol
11. Withdrawal, as manifested by the withdrawal syndrome for alcohol or alcohol is taken to relieve or avoid withdrawal symptoms
    - Withdrawal symptoms include depression, irritability, fatigue, headaches, loss of appetite, trembling, insomnia, nausea, anxiety, and/or jumpiness

DSM-5 Definition of Substance Abuse Disorder

- Substance abuse disorder occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment in health and failure to meet major responsibilities at work, school, or home

Alcohol Use Disorder and the Brain

- Heavier drinking is associated with adverse brain and cognitive outcomes
- Alcohol has been found to impair cognitive capacities such as memory
- In the brain of heavier drinkers, there is reduced grey matter density, hippocampal atrophy (or shrinkage), and reduced white matter microstructural integrity
- Increased alcohol consumption predicts faster decline of lexical fluency
- Lexical fluency involves selecting and retrieving information based on spelling and is associated with frontal executive function

Why Screen for Risky Drinking and Alcohol Use Disorder?

- Unhealthy alcohol use is among the most common causes of preventable morbidity and mortality
- Despite their frequent presentation in primary care, patients with unhealthy alcohol use often go unrecognized
- Unhealthy substance use can complicate existing chronic conditions like diabetes, hypertension, cardiovascular diseases, or mental health disorders and interact with prescribed medications
- Research has shown that large numbers of people whose patterns of use put them at risk of developing alcohol problems can be identified through screening

Screening for AUD

- Clinicians should routinely screen patients for at-risk drinking, provide brief interventions as needed, and assess for alcohol use disorder when indicated
- Most patients (75-80%) will screen negative
- Screening is important in patients who:
  - Are pregnant or trying to conceive
  - Are at risk for binge drinking or heavy drinking (smokers, adolescents, and young adults)
  - Have health problems that may be induced or exacerbated by alcohol (such as depression, anxiety, insomnia, trauma, liver disease, and cardiac arrhythmia)
  - Have one or more chronic health problems that do not respond to treatment (such as diabetes, depression, chronic pain, heart disease, GI problems, and hypertension)
  - Have social or legal problems that may be caused or worsened by alcohol use

Screening for AUD

- One screening tool for AUD is the Alcohol Use Disorders Identification Test or AUDIT
- Takes less than 5 minutes to complete
- A patient with an AUDIT score of 8 or higher for men and 4 or higher for women should receive further assessment

Gather Patient History

- An assessment should include:
  - A medical and psychiatric history
  - A substance use history
  - Evaluation of family and psychosocial supports
  - A doctor should also complete a physical exam and do laboratory testing before prescribing medications for alcohol dependency

Assess for Alcohol Abuse

- Determine whether, in the past 12 months, your patient's drinking has repeatedly caused or contributed to:
  - Risk of bodily harm (such as drinking and driving)
  - Relationship trouble with family or friends
  - Role failure – interference with home, work, or school obligations
  - Run-ins with the law – arrests or other legal problems
- **If yes to one or more, your patient has alcohol abuse**

Assess for Alcohol Use Disorder

Next, proceed to assess for dependence symptoms

- Determine whether, in the past 12 months, your patient has:
  - Not been able to stick to drinking limits (repeatedly gone over them)
  - Not been able to cut down or stop (repeated failed attempts)
  - Shown tolerance (needed to drink a lot more to get the same effect)
  - Shown signs of withdrawal (tremors, sweating, nausea, or insomnia when trying to cut down)
  - Kept drinking despite problems
  - Spent a lot of time drinking
  - Spent less time on other activities that had been important or pleasurable
- **If yes to three or more, your patient has alcohol dependence!**

Questions to Ask Your Patient

- Ask client, in the past year, have you:
  - Had times when you ended up drinking more or longer than you intended?
  - More than once wanted to cut down or stop drinking or tried to, but couldn't?
  - Spent a lot of time drinking? Or been sick or spent time getting over the aftereffects?
  - Experienced craving – a strong need or urge to drink?
  - Found that drinking – or being sick from drinking – often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
  - Continued to drink even though it was causing trouble with your family or friends?
  - Have you given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
  - More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous areas, or having unsafe sex?)

Questions to Ask Your Patient

- Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?
- Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating? Or saw and/or heard things that were not there?

Assessing for Alcohol Use Disorder

- One single interview question has been shown to be 82% sensitive in detecting individuals who had alcohol problems when used in a primary care setting
- How many times in the past year have you had 4 to 5 or more drinks in a day? (four drinks for women and five drinks for men)

Patients in Recovery

- By universally screening, some people may disclose that they are in recovery and working to maintain their health. This provides an opportunity to:
  - Congratulate the patient
  - Ask how long he/she has been in recovery
  - Ask whether or not he/she attends peer support groups or needs counseling or other support
  - Ask about tobacco use, as this is a major cause of death for people in recovery

Intervention for At-Risk Drinking

- State your conclusion and recommendation clearly:
  - "You're drinking more than is medically safe."
  - "I strongly recommend that you cut down or quit and I'm willing to help"
  - Gauge readiness to change drinking habits by asking the following question:
    - "Are you willing to consider making changes in your drinking?"
    - If patient is not ready to commit to change at this time, restate your concern about his or her health
    - Encourage reflection by asking patients to weigh what they like about drinking versus their reasons for cutting down. What are their major barriers to change?
    - Reaffirm your willingness to help when he or she is ready
- If patient is ready to commit to change at this time:
  - Help set a goal to cut down on alcohol use and set limits
  - Agree on a plan, including:
    - What specific steps will the patient take (not go to a bar, measure drinks at home

Intervention for At-Risk Drinking

- How drinking will be tracked (diary, calendar)
- How the patient will manage high-risk situations (family gatherings, etc.)
- Who might be willing to help them (non-drinking friends and family members)

- Provide education on cutting back on alcohol

Strategies for Cutting Down

- Keep track – of how much you drink, make note of each drink before drinking it
- Count and measure – know the standard drink sizes – 12 ounces of beer, 8-9 ounces of malt liquor, 5 ounces of table wine, or 1.5 ounces of 80-proof spirits
- Set goals – decide how many days a week you want to drink and how many drinks you'll have on those days. It is a good idea to have some days when you don't drink
- Pacing and spacing – when you drink, pace yourself. Sip slowly. Have no more than one drink per hour. Alternate "drink spacers" – nonalcoholic drinks such as water, soda, or juice – with drinks that contain alcohol
- Include food – don't drink on an empty stomach. Have some food so the alcohol will be absorbed more slowly into your system
- Avoid "triggers" – if certain people or places make you want to drink, even when you don't want to, try to avoid them

Strategies for Cutting Down

- Plan to handle urges – remind yourself of your reasons for changing or talk it through with someone you trust. Get involved with a healthy, distracting activity
- Know your "no" – have a polite, convincing "no thanks" ready when offered a drink

Intervention for Alcohol Use Disorders

- State your conclusion and recommendation clearly:
  - "I believe that you have an alcohol use disorder. I strongly recommend that you quit drinking and I'm willing to help"
  - Relate to the patient's concerns
  - Negotiate a drinking goal:
    - Abstaining is the safest course for most patients with AUDs
  - Consider referring for additional evaluation by an addiction specialist
  - Consider recommending a mutual help group, such as Alcoholics Anonymous (AA)
    - www.aa.org
  - For patients who have dependence, consider:
    - The need for medically managed withdrawal (detox). This is for patients requiring medical intervention to manage withdrawal from alcohol

Intervention for Alcohol Use Disorders

- Lengths of stay are usually 4-7 days, followed by transition to ongoing treatment. Detoxification deals with the physical dependency to alcohol
- Clinical stabilization services – for patients who have completed detox or do not require medically supervised care, but require a period of intense residential counseling and time to plan their next steps. Lengths of stay are typically 7-10 days
- Referring to a physician to prescribe a medication
- Arrange follow-up appointments, including medication management support if needed

Follow-Up Appointments: When Patient Unable to Meet Drinking Goal

- If patient was unable to meet and sustain their drinking goal:
  - Acknowledge that change is difficult
  - Support their efforts to cut down or sustain, while making it clear that your recommendation is to abstain
  - Relate drinking to their problems (medical, psychological, and social) as appropriate
- If the following measures aren't already being taken, consider:
  - Referring to an addiction specialist
  - Recommending a mutual help group
  - Engaging significant others
  - Referring to a physician to get on medication for alcohol-dependent patients
  - Address coexisting disorders – medical and psychiatric – as needed

Follow-Up Appointments: When Patient Meets and Sustains Drinking Goals

- Reinforce and support continued adherence to recommendations
- Coordinate care with a specialist if the patient has accepted the referral
- Encourage maintenance of medications
- Treat coexisting nicotine dependence
- Address coexisting disorders as needed

Considering Treatment

- There are several things to consider when referring a patient to treatment or prescribing medications:
  - What factors are motivating a patient to seek treatment?
  - The patient's potential for relapse
  - The patient's stage of change (pre-contemplation, contemplation, etc.)
  - The severity of medical and psychiatric problems
  - The patient's ability to tolerate medications
  - Whether the patient is pregnant

12 Principles of Alcohol Addiction Treatment

1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual, not just the alcohol abuse
5. Remaining in treatment for an adequate period of time is critical for success
6. Counseling – individual and/or group – and other behavioral therapies are the most commonly used forms of alcohol abuse treatment
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral strategies
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure it meets changing needs

12 Principles of Alcohol Addiction Treatment

9. Many alcohol-addicted individuals also have other mental disorders which need to be addressed and treated as well
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term alcohol abuse
11. Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of alcohol treatment interventions
12. Alcohol use during treatment must be monitored continuously, as lapses during treatment can occur. Knowing their alcohol use is being monitored can be a powerful incentive for patients and can help them withstand urges to use alcohol

Psychosocial Treatments

- Psychosocial treatments can enhance adherence to the treatment plan, including use of prescribed medications, thus improving treatment outcomes
- Almost all studies of medications for the treatment of AUD have included some type of counseling
- It is recommended that all patients for whom these medications are prescribed receive at least brief counseling
- There is evidence that weekly or biweekly brief counseling sessions combined with the use of medication is an effective treatment for many patients in early recovery

Medications and Alcohol Use Disorder

- Direct involvement of physicians and other healthcare professionals in identifying and treating alcohol use disorder is possible, practical, and necessary
- Current evidence shows that medications are underutilized in the treatment of alcohol use disorder
- 10-20% of patients seen in primary care or hospital settings have a diagnosable alcohol use disorder
- However, only a small subset of those with AUD received any type of formal treatment, ranging from a single meeting with a counselor to participation in a specialized treatment program
- Patients with moderate or severe alcohol-related problems should be offered medication-assisted treatment (MAT) on a routine basis, as there may be resistance on the part of the patient to be on a medication for AUD

Medications and Alcohol Use Disorder

- There continues to be a lack of understanding that alcohol use disorder is a treatable medical disorder, though the American Medical Association confirms that dependence on drugs and alcohol is a medical disorder
- There are currently three medications approved by the Food and Drug Administration for the management of alcohol dependence or the prevention of relapse to alcohol use
- There are currently three medications approved by the Food and Drug Administration for the management of alcohol dependence or the prevention of relapse to alcohol use
  - Acamprosate calcium – sold under the brand name Campral®
  - Disulfiram, sold under the brand name Antabuse®
  - Oral naltrexone, sold under the brand names ReVia® and Vivitrol®
    - Extended-release injectable naltrexone

Medications and Alcohol Use Disorder

- Medications should be prescribed as part of a comprehensive approach that includes referrals to a psychiatrist, psychologist, or counselor, as well as social supports, such as participation in Alcoholics Anonymous

Medication Management Support

- Medication management support consists of brief, structured outpatient sessions conducted by a healthcare professional
- Discuss negative consequences from drinking
- Counseling should focus on encouraging abstinence from alcohol, adherence to the medication regimen, and participation in mutual self-help groups (AA, etc.)
- The support of a mutual-help group can be helpful to long-term recovery
- One of the oldest, well-known, and most accessible programs is offered by AA
- The support of a mutual-help group can be helpful to long-term recovery
- One of the oldest, well-known, and most accessible programs is offered by AA
- Patients may resist attending AA meetings
- Clinicians should encourage patients to try different group meetings until they find one that is a good fit for them

Medication Management Support

- In subsequent visits, the clinician assesses the patient's drinking, overall functioning, medication adherence, and any side effects from the medication
- When a patient doesn't adhere to the medication regimen, it's important to evaluate the reasons and help the patient devise plans to address them

Challenges in Treatment

- **Shame**: older adults are more likely to hide their substance-related problems because they are more likely to feel shame and less likely to seek help or talk about it
- **Problem ignored or minimized by family**: family members may feel ashamed, be in denial, ignore the problem, believe the problem is not serious, or feel that their older relatives have the right to drink
- **Misdiagnosis**: healthcare practitioners often mistake alcohol problems for symptoms of other conditions that are common among older adults, such as depression or dementia

Stages of Change in Addiction

- Most people progress through 7 stages of change as they overcome alcohol use disorder
- The stages of change are a way of describing the process by which people overcome addiction
- Recovery can take weeks, months, or even years
- Alcohol recovery is a gradual process with no set timeline
- There are seven main stages:
  1. Pre-contemplation
  2. Contemplation
  3. Preparation
  4. Action
  5. Maintenance
  6. Relapse
  7. Termination

Stages of Change: Pre-Contemplation

1. **Pre-contemplation:** this is the first stage in the stages of change
   - During this stage, people may be experiencing the negative impacts of their alcohol addiction, but they have no intention of changing their behavior
   - They may not yet have experienced any negative consequences of their behavior or they may be in denial about their experiences
   - Defense mechanisms are in high gear and people are reluctant to acknowledge that they have a problem
   - A person may try to avoid the topic of their drinking or minimize the negative impacts of their alcohol use
   - A person in this stage may rationalize or make excuses for their behavior
   - They may say they are drinking a lot because they are stressed at their job
   - They could claim that it's common to drink to relax and say it's no big deal
   - They may even lie and blame others for their problems

Stages of Change: Pre-Contemplation

   - They usually resent suggestions that they should seek help or change their behavior
   - A person may feel hopeless and helpless about their situation or overwhelmed by the energy required to make a change
   - Sometimes people in this stage show up for addiction treatment, but not by their own volition
   - Typically, it is because of family, friends, an employer, or perhaps a court has forced them into treatment
   - Unfortunately, treatment at this stage is often ineffective
   - Over time, their negative experiences can push the person into the contemplative stage
   - It can be helpful, however, to raise their awareness of the risks and problems associated with drinking
   - Engaging in subtle and sympathetic conversations can help lay the groundwork for the second stage of recovery

Stages of Change: Contemplation

2. **Contemplation:** by the time people reach this state, they've begun to recognize they have a drinking problem and may want to get help, but they are often on the fence about it
   - They begin to think about changing, cutting down, moderating, or quitting the addictive behavior
   - Procrastination or stalling is common in this stage
   - They may decide they are going to seek treatment in the next 6 months, but won't set a date
   - It is common for people in this stage to attempt to curb drinking on their own or to make plans on cutting back on their intake
   - People can remain stuck in this stage for a long time, knowing that they need to make a change, but not ready to act on it

Stages of Change: Contemplation

- Contemplation may be an uncomfortable process, and feelings of guilt, shame, hopelessness, and desperation are common
- Someone in this stage is generally more open to receiving information about the possible consequences of their addictive behavior
- They may be open to learning about different strategies for controlling or quitting, without committing to a specific approach or even to make change
- People with alcohol use disorder may be in the contemplation stage for many years
- Once people in this stage shift away from just thinking about their alcohol problem and begin focusing on a solution, they'll move toward stage three of recovery
- Contemplators typically benefit from non-judgmental information giving and motivational approaches to encouraging change
- The contemplation stage concludes with the decision to change the addictive behavior

Stages of Change: Preparation

3. **Preparation:** during this stage, the person has decided to make a change and is planning to take meaningful steps towards recovery in the near future
   - People are committed to change and are preparing to take action within the next several days or weeks
   - Although they are still drinking, they've likely begun to tell friends and family members about their plan to change their behavior – but they may still feel some ambivalence about their choice
   - Thorough and thought-out preparation is important for success in the future
   - Examples of the kinds of things a person might plan, do, or decide about during this stage include:
     - The kind of change to be made – do they intend to cut down or quit?
     - How to make the change – detox, join a support group

Stages of Change: Preparation

     - Obtaining necessary resources – find the support group in your area, talk to an alcohol rehabilitation center, and know how to get started towards recovery
     - Getting rid of triggers – getting rid of bottles of alcohol, know the people, places, and things that create triggers to drink
     - Putting support in place – know when the support group meets, have family members and friends available to call when things get difficult. Set up an appointment with a therapist, psychiatrist, or doctor to prescribe medications
   - A person should use this time to develop a detailed action plan and identify strategies that will help them conquer their alcohol addiction
   - This might include examining the sort of lifestyle changes they'll need or researching types of treatment and treatment facilities
   - This is a good time for setting goals, an activity that helps to strengthen their commitment to change

Stages of Change: Action

4. **Action:** in this stage, people have chosen an approach to sobriety and they're executing it
   - For many with AUD, the first step of this stage involves going through a detoxification or alcohol detox process
   - There are trained professionals on-site to support the person through the early phases of discontinuing their addiction
   - Because alcohol withdrawal can be life-threatening, detoxing in a medically managed environment is advisable
   - After detox, people can begin work on the psychological, social, and behavioral problems that accompany an alcohol addiction
   - Many types of alcohol treatment programs are available, including:
     - Long-term residential treatment
     - Short-term residential treatment
     - Outpatient treatment programs

Stages of Change: Action

     - Individualized counseling
     - Group therapy
     - 12-step programs
   - For many, the action stage is both physically and mentally taxing and individuals at this stage are at risk of relapse
   - The action stage typically lasts from three to six months and sometimes as long as 18 months

Stages of Change: Maintenance

5. **Maintenance:** this stage generally lasts from six months to several years or longer
   - This means upholding the intentions made during the preparation stage and the behaviors introduced in the action stage
   - During this stage, the behaviors people learned during the action stage become second nature and they develop new skills to help avoid relapse
   - This usually means staying abstinent from alcohol or keeping to a reduced level of alcohol consumption and sticking to limits set
   - People can become complacent during this stage and may begin to think that a small lapse will make no real difference
   - Maintenance can also become difficult when the stress of life catches up with you and the old familiar ways of coping re-surface

Stages of Change: Maintenance

- It is important to learn new ways of coping with stress during the action stage, so that alternative strategies will be available to the person during the maintenance stage
- Although many people are successful at maintaining abstinence or controlled drinking, relapse is also common
- For this reason, relapse is sometimes included as a stage within the stages of change model

Stages of Change: Relapse

6. **Relapse:** this is a common feature of AUD and it is more the rule than the exception
   - 40-60% of people recovering from substance abuse will relapse at some time
   - Some people may have many small lapses or even full relapses, where addictive behavior is taken up again, before maintenance is achieved
   - Some people are able to adjust to controlled drinking, but for others, abstinence is the only way that a person can keep their addiction under control
   - Sometimes it is only after several relapses that the person discovers what recovery from an addiction means for them

Stages of Change: Termination

7. **Termination:** theoretically, at this stage the addiction is conquered completely
   - Many argue that alcohol addiction is a chronic disease that never completely goes away
   - They believe that the risk of relapse always remains and that the disease requires lifelong treatment
   - Some people who achieve long-term sobriety continue to display the same impulsive and dysfunctional behaviors that they did when they were drinking, also known as dry drunks
   - Because dry drunks have a high-risk of relapse, they are not in the termination stage

The Cycle of Recovery

- While some progress through the stages of recovery in a linear fashion, many do not
- It's more common for people to move back and forth through the stages of change as they tackle addiction
- Approximately 15% of those who relapse regress to the pre-contemplation stage and approximately 85% return to the contemplation stage before progressing to the preparation and action stages
- Most people recovering from addiction will cycle through the stages of change three or four times before completing the cycles successfully

Motivational Interviewing

- MI is a directive, client-centered style of interaction aimed at helping people to explore and resolve their ambivalence about the alcohol use and move through the stages of change
- MI is an empathic style that is associated with improved treatment outcomes

Principles of Motivational Interviewing

- **Expressing empathy:** involves an accepting, non-judgmental approach which tries to understand the patient's point of view and avoids the use of labels such as "alcoholic"
- It is important to avoid confrontation and blaming or criticism of the patient. This involves reflective listening, which clarifies the person's experience
- **Developing discrepancy:** people are more likely to be motivated to change when they see a difference or discrepancy between their current alcohol use and its related problems and the way they would like their life to be

Motivational Interviewing (MI)

Motivational Interviewing

- The greater the discrepancy between their desired life and current behavior, the more likely the patient to change. Motivational interviewing aims to create and amplify that discrepancy, assisting the patient in identifying their own goals and values and express their own reasons for change

- **Rolling with resistance (avoiding arguments):** a key principle of motivational interviewing is to accept that ambivalence and resistance to change are normal and invites the patient to consider new information and perspectives on their alcohol use
  - When a patient expresses resistance, it is important to reframe it or reflect it, rather than opposing it
- **Support self-efficacy (or one's belief in one's ability to succeed):** patients need to believe that reducing or stopping their alcohol use is important and be confident they are able to do so

Motivational Interviewing

- Use negotiation and confidence building to persuade patients that there is something they can do to change. It is also important for the therapist to believe that the patient is capable of change

5 Specific Skills in Motivational Interviewing: Open-Ended Questions

1. **Open-ended questions:** questions that require a longer answer and open the door for the person to talk. Examples of open-ended questions include:
   - What are the good things about your alcohol use?
   - What are the not so good things about drinking?
   - What concerns you about your drinking?
   - How do you feel about alcohol?
   - What would you like to do about that?

5 Specific Skills in Motivational Interviewing: Affirmation

2. **Affirmation:** includes statements of appreciation and understanding to create a more supportive atmosphere, and build rapport with the patient. Affirm the patient's strengths and efforts to change
   - Work to build confidence, and use affirming self-motivating statements to promote change. Examples include:
     - Thanks for coming today
     - I appreciate that you are willing to talk to me about your alcohol use
     - You are obviously a resourceful person to have coped with those difficulties
     - I can see that you are a really strong person
     - It's hard to talk about alcohol. I really appreciate your openness to talk about it

5 Specific Skills in Motivational Interviewing: Reflective Listening

3. **Reflective listening**: A reflective listening response is a statement guessing at what the patient means
   - It's important to reflect back the underlying meanings and feelings the patient has expressed as well as the words they have used
   - Reflective listening shows the patient that the social worker or therapist understands what is being said or can be used to clarify what the patient means
   - It encourages the patient to keep talking and you should allow enough time for that to happen
   - In motivational interviewing, reflective listening is used to highlight the patient's ambivalence about their alcohol use, steer the patient towards a greater recognition of their problems and concerns, and to reinforce statements indicating that the patient is thinking about change

5 Specific Skills in Motivational Interviewing: Reflective Listening

- Examples include:
  - You are surprised that your score shows you are at risk of problems
  - It's really important to you to keep your relationship with your boyfriend
  - You're feeling uncomfortable talking about this
  - You would like to cut down your alcohol use at parties
  - You really enjoy drinking and would hate to stop, but you can also see that it is causing you some problems

5 Specific Skills in Motivational Interviewing: Summarizing

4. **Summarizing:** is an important way to gather together what has already been said and prepare the patient in moving on
   - Summarizing adds to the power of reflective listening especially in relation to concerns and change talk
   - First, patients hear themselves say it, then they hear the therapist reflect it, and then they hear it again in summary
   - The therapist chooses what to include in the summary and can use it to change direction by emphasizing some things and not others
   - Example of summarizing:
     - "So you really enjoy drinking at parties and you don't think you drink any more than your friends do."
     - "On the other hand, your spouse is very angry with you and you are experiencing a lot more relationship problems. You have also noticed that you are struggling with sleep issues and having difficulty concentrating on your job"

5 Specific Skills in Motivational Interviewing: Eliciting Change Talk

5. **Eliciting change talk:** helps the patient to resolve ambivalence and is aimed at enabling the patient to present the arguments for change. There are four main categories of change talk:
   1. Recognizing the disadvantages of not changing anything
   2. Recognizing the advantages of change
   3. Expressing optimism about change
   4. Expressing an intention to change

- There are a number of ways to draw out change talk from the patient. I'm going to highlight 6 methods:

1. Ask direct open questions, for example:
   - What worries you about your alcohol use?
   - What do you think will happen if you don't make any changes?

5 Specific Skills in Motivational Interviewing: Eliciting Change Talk

- What would be the good things about cutting down on alcohol?
- How would you like your life to look like five years from now?
- How confident are you that you can make this change?
- How important is it to you to cut down on your drinking?
- What are you thinking about your drinking now?

2. Use confidence rulers
   - Obtain the patient's rating on his or her change readiness
   - For example, "On a scale of 1 to 10, where 1 means I can't change and 10 means I'm ready to change, where would you rate yourself right now?"
   - Then ask the following 2 questions:
     - Why are you at a 3 (whatever number they choose)?
     - What would it take for you to go from a 3 (a lower number) to a 6 (higher number)?

5 Specific Skills in Motivational Interviewing: Eliciting Change Talk

3. Probe the decision balance or have them talk about the benefits of change and the costs of staying the same
   - Google "Decision Balance Worksheet" and print out a sheet your patients can use to work through this exercise
4. Have the patient clarify or elaborate their statements. For example, when the patient reports that one of the less good things about drinking is experiencing blackouts, state:
   - Describe the last time this happened
   - What was that like for you?
   - What else?
   - Can you tell me more about it?

5 Specific Skills in Motivational Interviewing: Eliciting Change Talk

5. Ask the patient to imagine the worst consequences of not changing or the best consequences of changing
6. Explore the patient's goals and values to identify discrepancies between the patient's values and their current level of drinking
   - For example, ask:
     - "What are the most important things in your life?"

Remember

- As a nurse, you will make a positive impact on the lives of your clients
- Working with clients struggling with addiction can be frustrating, but know that you are making a difference
- To see a client turn from addiction and become a contributing member of society is extremely rewarding
- Learn to manage your own stress so that you are functioning at your highest level professionally. That may include self-care activities to seeking out counseling for yourself

Bibliography

- Connecting with Others Giving Social Support, handout from the Psychological First Aid Manual. Retrieved from: www.ptsd.va.gov
- Euston, D.R., Gruber, A. J., McNaughton, B.L. (2012) The Role of Medial Prefrontal Cortex in Memory and Decision Making. *Neuron* 76 (6) 1057 – 1070. Retrieved from: www.ncbi.nlm.nih.gov
- Gans, S., Buddy T., (Sept. 27, 2019) What an Alcoholic Use Disorder Diagnosis Means. Retrieved at https://verywellmind.com/diagnosis-alcohol-use-disorder-67880.
- What is Moderate Drinking? Finding a Healthier Balance With Alcohol (August, 2019). Retrieved from: https://riahealth.com/2019/08/15/what-is-moderate-drinking/
- Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. Retrieved from: chrome-extension://oemmndcbldboiebfnladdacbdfmadadm/https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

Bibliography

- Helping Patients Who Drink Too Much. U.S. Department of Health and Human Services. Retrieved from: chrome-extension://oemmndcbldboiebfnladdacbdfmadadm/https://www.integration.samhsa.gov/clinical-practice/Helping_Patients_Who_Drink_Too_Much.pdf
- Medication for the Treatment of Alcohol Use Disorder.(2015) A Brief Guide. National Institute on Alcohol Abuse and Alcoholism. Retrieved from: chrome-extension://oemmndcbldboiebfnladdacbdfmadadm/https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4907.pdf
- SBIRT A Step By Step Guide. Bureau of Substance Abuse Services. Retrieved from: chrome-extension://oemmndcbldboiebfnladdacbdfmadadm/https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf
- Keller, Amy. (February 28, 2020). Alcohol Recovery Stages. Retrieved from: https://www.drugrehab.com/addiction/alcohol/stages-of-recovery/
- Topiwala, A., Allan, C., Valkanova, V., Zxoldos, E., Filippini. Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: longitudinal cohort study. (2017). *BMJ* 2017; 357.

Bibliography

- Turner, S., Mota, N., Bolton, J., Sareen, J. (2018) Self-medication with alcohol or drugs for mood and anxiety disorders: A narrative review of the epidemiological literature. *Depression and Anxiety*. Retrieved from: https://doi.org/10.1002.da.22771
- Alcohol Use Disorder. National Institute on Alcohol Abuse and Alcoholism. Retrieved from: http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders
- Hartney, E., Gans, S. (March 23, 2020). The Stages of Change Model of Overcoming Addiction. Retrieved from: https://www.verywellmind.com/the-stages-of-change-model-of-overcoming-addiction-21961

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If you have any questions about the program you have just watched, you may call us at: (800) 424-4888 or fax (806) 743-2233. Direct your inquiries to Customer Service. Be sure to include the program number, title and speaker.

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