

Development of ChangeDrinking

Intervening to encourage help-seeking by problem drinkers recently admitted to hospital

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 www.changedrinking.co.uk

To be launched soon.

Aim:

To create an interactive web-based intervention to enable client-centred screening and personalised feedback to problem drinkers recently admitted to hospital.

Method:

Using prior experience of Motivational Interviewing (MI¹) and building of dynamic web-based personalised feedback², the team sought to create a web-based intervention that would increase user motivation to seek treatment for problematic drinking. ChangeDrinking uses screening tools and adapted measures to provide assessment and feedback.

The website is part of a larger programme of work exploring how best to encourage brief conversations with hospital patients increasing uptake of treatment.

Service user feedback has been gathered for many aspects of the design.

Results:

Structure and Content

- Designed to imitate a conversation about change.
- Informed by face-to-face assessments and MI.
- A four-step structure is used³
 1. Elicit **account** of drinking/drug use
 2. Elicit **concerns**
 3. Elicit **optimism** for change
 4. Elicit **intention** to change
- Goal orientated, calculated for the individual user from responses on a variety of measures.

Strengths

- Informed by 'change talk': feedback is directed to form links between personal circumstances and the positive direction of change.
- Elaboration, affirmation, reflection and summarising are utilised.
- Framed to allow space for users to consider their responses and feedback.
- Seeks to resolve ambivalence by providing prompts to help users consider uncertainties.
- Self-efficacy and optimism are elicited with items on personal strengths and motivation suggestions.

Challenges

- 'Person-centred' – achieving this has been one of the biggest challenges, with the nature of the intervention requiring pre-determined dialogue.
- Acknowledging the boundaries of what could be translated from face-to-face MI, particularly regarding the depth that certain topics could be considered.
- Achieving empathy and developing discrepancy were particularly challenging as they require open and humanistic approaches.

Conclusion:

Preliminary development work suggests it is feasible to use MI experience to create an engaging and dynamic resource that will enable users to engage in a 'conversation' about changing their drinking behaviour.



Future work will encourage hospital staff to promote the website to suitable patients and will seek to evaluate the www.changedrinking.co.uk tool with website users.

References:

- ¹Miller, W. R. & Rollnick, S. (2001). *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: Guilford.
- ²Bewick, B. M., West, R., Gill, J., O'May, F., Mulhern, B, Barkham, M., Hill, A. J. (2010). Providing Web-Based Feedback and Social Norms Information to Reduce Student Alcohol Intake: A Multisite Investigation, *Journal of Medical Internet Research*, **12(5)**, e59.
- ³Tober G. & Raistrick D. (Eds.) (2007). *Motivational Dialogue: preparing addiction professionals for motivational interviewing practice*. London: Routledge.

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