

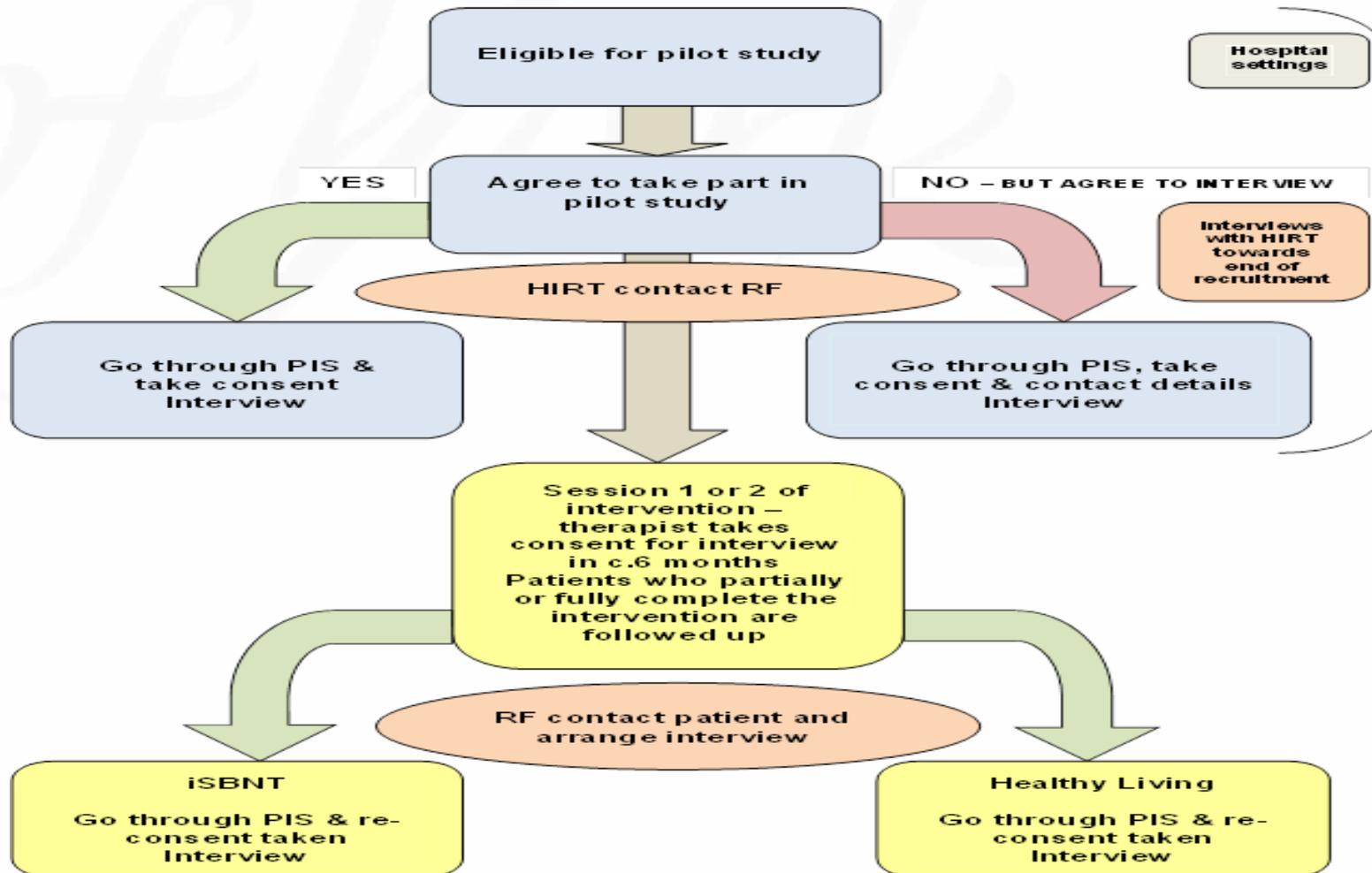
# A qualitative study of intervening with non-help seeking problem drinkers in hospital

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# Background

- Addressing Drinking Among Patients: comparing Two Approaches (ADAPTA) Pilot Study



# ADAPTA Pilot study

- ◆ Recruitment from two hospitals: patients over 18 with an admission which could be linked to alcohol identified by ward staff
- ◆ Hospital in-reach team (HIRT) use AUDIT (Babor et al., 1989) to screen patients, those with a score of 16 or over invited to take part in the study
- ◆ Both participants and non-participants in the pilot study were invited to take part in a qualitative interview
- ◆ Participants taking part in the pilot study, completed a baseline assessment and were randomised by the HIRT to either an experimental healthy living or an alcohol-focused intervention

- ◆ The qualitative aims of the study were to explore:
- ◆ Whether participants and non-participants in the pilot trial found the initial approach, assessment and attempted recruitment acceptable
- ◆ Whether the healthy living intervention and the alcohol focused intervention were found acceptable in a population of non-help seeking problem alcohol users presenting in the hospital setting

# Interventions

- ◆ Both interventions consist of four sessions, 45 minutes each, delivered at a specialist clinic, the participant's home or mutually agreed location over a maximum period of eight weeks
- ◆ Both interventions use motivational dialogue based on the guiding principles of motivational interviewing (Miller & Rollnick, 2002)
- ◆ Motivational dialogue is used to elicit behaviour change by helping clients explore and resolve ambivalence and facilitate treatment goal-setting

# Healthy Living

- ◆ The healthy living intervention combines behaviour change in up to three chosen domains that contribute to overall health
- ◆ Seven options from which the participant chooses three are diet, exercise, drinking, smoking, medication concordance, drug use and personal care
- ◆ The participant is encouraged to enlist the help of someone who is concerned about them and broadly shares their behavioural goals, this can be the same person or separate individuals for each domain
- ◆ Drinking does not have to be one of the chosen domains

- ◆ Integrated social behaviour and network therapy (iSBNT) is a social network-based, cognitive behavioural intervention using motivational dialogue and drawing on cognitive behavioural therapy (Copello et al., 2009)
- ◆ It contains exclusively drinking behaviour change topics and involves strengthening coping skills and confidence, with emphasis on structure and skill rehearsal
- ◆ The participant is encouraged to recruit a supportive network of concerned others, who will help the participant to implement behaviour change and develop new lifestyle habits inconsistent with drinking
- ◆ The client's network will be encouraged to make plans to cope with relapse risks and actual relapse, providing support for each other where necessary

- ◆ A qualitative study utilising semi-structured interviews nested within an experimental design
- ◆ 25 interviews conducted: 16 in hospital settings (10 with patients who took part in the pilot trial and 6 with patients who declined) and 9 in the community (6 who received the healthy living and 3 the alcohol-focused intervention)
- ◆ 24 participants were interviewed face-to-face, 1 in the community was interviewed by telephone
- ◆ All interviews were audio-recorded, transcribed and analysed thematically using QSR NVivo 10

# Findings

- ◆ All twenty five patients interviewed found the initial approach by the therapists acceptable. Trial participants generally acknowledged that they had an alcohol problem and did not find the approach intrusive

*I didn't expect as much help really as what [the therapist] offered me. I enjoyed talking to [the therapist] he were good, he were definitely good. It's like he understood where you were coming from.*

*Yeah, [therapist] were lovely. Really nice person.*

*Oh yeah because I knew what it was, the doctor says 'I'm alcohol dependent', and I have been for a few year now. So I knew that it is alcohol.*

*I told [the ward staff] that I have had problems with alcohol, and they asked me if I wanted someone to come and see me. So I said 'Yeah'.*

# Hospital findings

- Some participants, especially if ill, reported confusion about what the pilot trial and treatment would entail

*If I can meet other people like myself, we can help each other. That's how I sort of got into marijuana (laughs) though, so, because I were talking to this girl at AA and she said 'Oh I smoke marijuana to replace it.' So of course that's what I did.*

*No, just apart from not wanting to go into group therapy or owt like that.*

*Just so long as I don't have to stand up and give a speech that's something that I cannot do. I've never been able to do that.*

# Hospital findings

*I don't fancy big groups of people [Interviewer: The kind of treatment they talk about is one to one] I know but how do I get there?*

*I don't like to get up in front of others, you know what I mean?  
[Interviewer: Did (the therapist) explain that it was one to one?] I thought  
(the therapist) meant in a group, honestly.*

# Hospital findings

- ◆ For the 6 patients who declined to take part in the pilot study this was mainly due to resistance to engaging in alcohol treatment. One patient expressed a preference for the alcohol focused intervention

*I found [the therapist] very refreshing. I felt slightly uncomfortable at first because it's the first time that I've talked to a stranger about summat like that, but he made me feel like it were summat that I needed to do.*

*Well I've never needed alcohol treatment to help me.*

*I told [the therapist] that, rather than the healthy living thing. I'd prefer to concentrate on the alcohol at the moment cos I'm a chronic alcoholic. When I start, it's just oblivion. I lose days and weeks and I haven't got a memory of it, do you know what I mean?*

# Community findings

- ◆ Participants found both interventions acceptable. All 6 of the healthy living participants chose alcohol as one of the three health domains to focus on. Across both groups most participants found treatment worthwhile and said that it had a positive impact on their drinking

*Everything [the therapist] talked to me about were no-nonsense, in a nice way. His manner, his professionalism, his attitude, everything. I have nothing but respect for [the therapist]. I told him that before he left.*

*Being sober and being able to eat properly, because obviously when you're drinking you're not eating, you're just filling up on liquid, you're not getting the right balance.*

*All I do know is this, I've been helped, I'm alcohol free, I'm a different person.*

# Conclusions

- ◆ For patients scoring 16 and over on the AUDIT the initial approach, assessment and identification as someone who would benefit from a specialist alcohol intervention was acceptable
- ◆ Perhaps due to an AUDIT cut off score of 16 and above, those participants allocated to the healthy living intervention all chose alcohol as one of their three health domains to focus on
- ◆ Both interventions were acceptable to participants
- ◆ Future research is needed on the acceptability of interventions in hospital settings for non-help seeking individuals who are drinking at levels of increasing risk

# References

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