

**MOTIVATING AT-RISK &
PROBLEM DRINKERS**

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Handouts downloadable for

1. Tobacco cessation
2. Self-care of diabetes

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TASK 1: CLARIFY ISSUES ABOUT CHANGE

Ask about readiness-to-change	
<i>“Where are you in terms of dealing with cutting down to low-risk drinking (or quitting)? ... “ [Practitioners can select one of the following three questions, or sequence them according to their impression of the patient.] “Are you not interested in changing your drinking habit? Are you thinking about low-risk drinking or quitting? Are you willing to keep to low-risk drinking or stop altogether?”</i>	
Provide a stage-specific rationale for using the decision balance	
Precontemplation: <i>“You told me about your stomach problem (or any other alcohol related problem), and it may be made worse by drinking alcohol. Would you mind if we did a decision balance together to help you think about whether to change the amount of alcohol you drink, or not?”</i>	
Contemplation: <i>“You told me that you are thinking about changing the amount of alcohol that you drink. Would you mind if we did a decision balance together? It could help you think more deeply about whether to cut down you drinking (low-risk drinking limits or abstinence)?”</i>	
Preparation: <i>“You seem ready to set a date to change. Would you mind if we did a decision balance together? It can help you pick a date, select a goal, and prevent you from relapsing.”</i>	
Show the Decision Balance to the Patient for the Future	
<i>“Let me show you what a decision balance looks like. As we use it, it can help you understand better why you like to drink alcohol and why you may want to think about cutting down or quitting. But first (pointing to the top left-hand column), what do you like about drinking alcohol? I would just like to make a few notes as we go along. Is that okay? You can keep the decision balance when we have completed it.”</i>	

Use the Decision Balance to Ask Questions	
1. Benefits of drinking <i>“Before we check into whether alcohol is affecting your health problem, what do you like about drinking alcohol? And what else?”</i>	2. Concerns about drinking <i>“Do you or any of your family members have any concerns about how alcohol affects your life?”</i>
3. Concerns about change <i>“What, if anything, concerns you about low-risk drinking or quitting?”</i>	4. Benefits of change <i>“In what ways would your health be better if you were to stop drinking or cut down to low-risk drinking?”</i>

Explain and Obtain “Think” and “Feeling” Scores for Resistance and Motivation	
<i>“The left column represents your reasons to drink (resistance). The right column represents your reasons to cut down or quit drinking (motivation). On a scale of 0 to 10, 0 meaning none and 10 meaning very high, what score would you give for your reasons to stay the same? [pointing to the left column] And what score would you give for your reasons to change? Are your resistance and motivation scores based on what you think or feel about change? Now how would you score your resistance and motivation based on what you feel (or think)?</i>	

**TASK 2 - LOWER PATIENT RESISTANCE:
USING NONDIRECT INTERVENTIONS**

Explain To Patient What You Are Trying To Do
<i>"I'd like to understand better why you do not want (are reluctant, or are having difficulties) to change. This may help you to change your resistance and motivation scores."</i>
Select Two Nondirect Interventions to Practice with Your Patient
Probe priorities to change: <i>"So, what is the most important reason for you to stay the same? And what is the most important reason for you to change?"</i>
Use double-sided reflection to explore ambivalence: <i>"On the one hand, drinking alcohol helps you relax, but, on the other hand, your family gets upset with you."</i>
Explore the future: <i>"So, what do you think your health will be like in 5-10 years if you carry on drinking alcohol at the same or higher levels?"</i>
Acknowledge ambivalence to validate patients' experience: <i>"So, it seems that you have mixed feelings about drinking alcohol."</i>
Emphasize personal responsibility and choice (useful when patients are being resistant): <i>"What you decide to do about drinking is entirely up to you." "It's up to you to decide whether to change. You are the best judge of what will work for you. I'm here only to see if you are interested in improving your health. That's what I see as my role. Only you can decide what is in your best interest."</i>
Use simple reflection to elicit resistance, ambivalence, or indifference: <i>"So drinking helps you to relax and sleep at night." "So sometimes your family gets upset with you."</i>
Ask Patient Whether His/her Resistance and Motivation Scores Have Changed

**TASK 3 - ENHANCE PATIENT MOTIVATION:
USING DIRECT INTERVENTIONS**

Explain to Patient What You Are Trying to do
<i>"I would like to see if I can help you increase your motivation score. I'll ask you later whether your resistance and motivation scores have changed."</i>
Select Two Direct Interventions to Practice With Your Patient
<p>Use back-to-the-future questioning – <i>"If you were to develop a health problem from your drinking now, would you stop drinking?" [Provided that the patient shows some interest in prevention, continue with...]</i> <i>"At the moment, you are drinking over the low-risk drink limit and are at risk for developing complications. Do you want to wait and see if you develop a complication before deciding to change?" [If the patient remains interested in prevention...]</i> <i>"What would it take for you to decide to drink alcohol below the low-risk limits?" [If the patient is ambivalent, or not interested in prevention...]</i> <i>"Would you mind sharing with me why you don't want to avoid complications?"</i></p>
<p>Use benefit substitution – <i>"What other ways do you use to relax and deal with stress that don't involve drinking alcohol?"</i></p>
<p>Clarify values – <i>"What is more important in your life than drinking (or your health)?"</i></p>
<p>Identify discrepancies: <i>If you say that your health is more important than drinking alcohol, you're saying one thing and doing another. What would convince you to do what you say?"</i></p> <p>Use discrepancies – <i>"Alcohol can help you fall asleep, but it gives you poor quality sleep. Let me explain. Alcohol makes you wake up during the night without you knowing it, and reduces the amount of deep sleep that your body needs to give you more energy. In other words, you get poor quality sleep, so you get tired more easily. So in the evening, when you have difficulties getting to sleep, you have a few drinks to fall asleep. This is this vicious cycle. You drink alcohol to fall sleep but get poor quality sleep. What makes this more difficult is that when your body has become accustomed to the alcohol, you experience worse sleep problems when you stop drinking because of the rebound effect. It may take a week or so, sometimes longer, for your body to get over the effects of alcohol. It is quite complicated to understand how alcohol affects sleep. What do you think is the best way for you to improve your sleep and regain your energy, so that you feel better."</i></p>
<p>Reframe events and issues – <i>"You say that your spouse nags you about your drinking, but this shows how much she is really concerned about your health."</i></p>
<p>Use differences in motivational reasons – <i>"You are very committed to doing a good job at work but what would it take for you to do an even better job of taking care of your health in terms of reducing your alcohol intake to below low-risk limits?"</i></p>
Ask Patient Whether His/Her Resistance and Motivation Scores Have Changed