What is the Ten-step ASSIST-linked Brief Intervention?

OVERVIEW

1. **Ask** client, “Are you interested in seeing how you scored on the questionnaire you just did?”

2. Give **Feedback** about scores and associated risks using the ASSIST Feedback report card.

3. **Advise** client that they can reduce their risk by reducing their substance use.

4. **Responsibility** – let client know that what they do with the information is up to them.

5. Ask client “Are you **Concerned** by your score for (drug)? How?”

6. Ask client “What are the **Good Things** about using (drug)?”

7. Ask client “What are the **Less Good Things** about using (drug)?”

8. **Summarise** and reflect back client’s discussion of their drug use.

9. Ask client “How **Concerned** are you about the less good things about using (drug)/theme?”

BACKGROUND

In general, screening and brief interventions aim to identify current or potential problems with substance use and motivate those at risk to change their substance use behaviour. This is achieved by creating a link between the client’s current pattern of use and the associated risks and harms (as evidenced by their ASSIST scores). Brief interventions in primary care can range from 5 minutes of brief advice to 15-30 minutes of brief counselling. The ten-step ASSIST-linked Brief Intervention presented in this package is intended to last for around 5-10 minutes, however the principals can be used to extend the intervention should time allow.

A scripted example of how to administer the ten-steps is presented at the end of this information page.

Generally, brief interventions are not intended to treat people with serious substance dependence, however they are a valuable tool for treatment of problematic or risky substance use. Brief interventions also can be used to encourage those with more serious dependence to accept referral to a specialised alcohol and drug treatment agency.

FRAMES

The ASSIST-linked Brief Intervention is based on the principles FRAMES, motivational interviewing and behaviour change. Research into effective brief interventions for substance users have found that they include a number of consistent features which appear to contribute to their effectiveness. These have been summarised using the acronym FRAMES:- Feedback, Responsibility, Advice, Menu of options, Empathy and Self efficacy (confidence for change). The ASSIST-linked Brief Intervention in its shortest form incorporates Feedback, Responsibility and Advice, however the remaining components also could be included if the client is ready and if time permits.

Personalised Feedback is a central component of any brief intervention, and in the case of the ASSIST-linked Brief Intervention, the client’s ASSIST scores form a central part of the intervention as presented to the client on the ASSIST Feedback Report Card.

Advice involves creating a link between the client’s current pattern of use and the associated risks and harms. Responsibility is about leaving the client in charge of their own choices with regards to substance use, while giving them information to help them make the best choice for them.

MOTIVATIONAL INTERVIEWING

Motivational interviewing is a directive, client-centred style of interaction aimed at helping people to explore and resolve their ambivalence about their substance use and move through the stages of change. It is especially useful when working with clients in the pre-contemplation and contemplation stages of change but the principles and skills are important at all stages. There are several principals and techniques that form the basis of motivational interviewing.

The motivational interviewing principals and techniques specifically associated with the ASSIST-linked Brief Intervention are:

- **Use of open ended questions**: Getting people to talk about the negatives associated with their substance use is an important part of concreting motivation for change. For example; “how are you concerned about your score for cannabis?”, “what are the less good things about smoking dope”?

- **Giving the client control**: Motivation Interviewing is not about letting the client know your thoughts and concerns on their substance use. They need to know from you that they have the control over the information you give them, and whether or not they want to change their substance use behaviour. For example; “are you interested in seeing how you scored on the questionnaire you just did?”
Creating discrepancy between the client’s current drug use pattern and their desires and goals. For example; “what are the good things about smoking dope? What are the less good things?”

Reflective listening and summarising shows the client you are listening and interested in what they are saying, and serves to reinforce any ‘change talk’ made by the client.

Empathy: Being empathetic about why people use substances, and the difficulties associated with cutting down, is important. People need to feel that you, as a clinician, have some understanding of their situation.

Roll with Resistance: Motivational interviewing is about minimising client resistance. As the clinician you should see yourself as an objective, non-judgemental conduit of personally-relevant information about the risks associated with the client’s current pattern of use. Arguing with clients about their drug use is counter-productive. Your job is to help them weigh up the pros and cons of their drug use and help them to resolve their ambivalence.

10 BASIC STEPS - Example of the ASSIST-linked Brief Intervention

The following is an example of how to word an ASSIST-linked brief intervention for someone who has scored in the moderate risk range for amphetamines. You can use this example for other substances also. The ASSIST Feedback report card is used to present the client’s scores and lists the health and other effects associated with the use of specific substances.

1. ASK CLIENT

Are you interested in seeing how you scored on the questionnaire you just did?

2. FEEDBACK

These are your scores for each substance that we talked about. (Show front page of ASSIST Feedback Report card). You scored 16 for amphetamine-type stimulants which is in the moderate risk range. You were in the low risk group for all other substances.

A score in the moderate risk group means that you are at risk of health and other problems from your current pattern of substance use, not only now but also in the future if you keep using in the same way as you are now.

(Open Feedback Report Card to section on amphetamine-type stimulants)

Because your risk of experiencing harms from amphetamines is moderate, the kinds of things that are associated with your current pattern of use are things like; (go through list) difficulty sleeping, loss of appetite, dehydration, jaw clenching, headaches, muscle pain, things like anxiety, depression, panic, paranoia. Some people get aggressive and violent when they use amphetamine-type stimulants, and some people experience psychosis. Unfortunately amphetamines and ecstasy can also cause permanent damage to brain cells, and at the more serious end of things, liver damage and brain haemorrhage.

3. ADVICE

The best way you can reduce the likelihood of these things happening to you (ie, the risks outlined in the ASSIST Feedback Report card) is to either cut down or stop using.
4. RESPONSIBILITY

What you do with this information is up to you. I’m just letting you know the relationship between your current pattern of use and the kinds of harms you might be experiencing.

(Turn back to front of Feedback Card and point to amphetamine score)

5. CONCERN ABOUT SCORE

Does your score for amphetamines concern you at all? How? (Allow client to answer open ended question in their own words).

6. GOOD THINGS ABOUT USING

What are the good things about using amphetamines for you? (Allow client to answer open ended question).

7. LESS GOOD THINGS ABOUT USING

What are the less good things about using amphetamines for you? (You may need to prompt with things like effects on health and relationships, work and study, any legal problems or problems with the police, any financial problems because of spending money on substances).

8. SUMMARISE

(For example) So the good things about using methamphetamine for you is that it makes you feel up and active and you can party all night with your friends and have a really good time, but on the down side you get pretty depressed when you come down and you’ve noticed that you’re feeling more moody and irritable in general than you have in the past, and that it has caused a few problems with your boyfriend, particularly because of your irritability and mood swings.

9. CONCERN ABOUT LESS GOOD THINGS

Do the less good things for you about using amphetamines concern you at all? How? (Allow client to answer open ended question in their own words).

10. TAKE-HOME INFORMATION AND BOOKLET

You can take your score sheet home with you and I’ll also give you this information sheet on amphetamines. I’ll also give this booklet (“Self-help strategies for cutting down or stopping substance use: A guide”) which people often find useful to help them decide whether or not they want to cut down on using substances. If you do decide that you want to cut down, then it provides you with some strategies for doing so.

For more information about providing the Brief Intervention refer to: The ASSIST-linked Brief Intervention for hazardous and harmful substance use: Manual for use in primary care