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How effective are brief motivational interviewing (MI) interventions: Are they necessary? Do they require enhancement? Can they be translated into routine clinical practice?

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Nominated Chair: Leanne Hides

Aim of Symposium: To provide an update on the latest evidence for the effectiveness of BMIs and their translation into routine clinical practice. .

Nature of interactive element: The first paper suggests that changes in comorbid alcohol use and depression may occur prior to BMIs, as the result of assessment effects. The second paper expands upon this, by comparing three different type of brief interventions including an assessment/feedback only control, with a BMI, and an enhanced BMI incorporating personality focused coping skills training. The symposium concludes with a presentation focused on the translation of BMIs into routine clinical practice into youth mental health and justice settings.

Abstract

Presenter 1 – Amanda Baker: When does change begin following screening and brief intervention among depressed problem drinkers?

Introduction and Aims: Brief interventions are effective for problem drinking and reductions are known to occur in association with screening and assessment.

Design and methods: This study aimed to determine how much change occurred between baseline assessment and a one-session brief intervention (S1), and the predictors of early change among adults with comorbid depression and alcohol misuse (n=202) participating in a clinical trial. The primary focus was on changes in Beck Depression Inventory fastscreen scores and alcohol consumption (standard drinks per week) prior to random allocation to nine further sessions addressing either depression, alcohol, or both problems.

Results: There were large and clinically significant reductions between baseline and S1, with the strongest predictors being baseline scores in the relevant domain and change in the other domain. Client engagement was also predictive of early depression changes.

Discussion and Conclusion: Monitoring progress in both domains from first contact, and provision of empathic care, followed by brief intervention appear to be useful for this high prevalence comorbidity.

Presenter 2 – Leanne Hides: Telephone delivered brief interventions for reducing alcohol use and related problems and injuries in young people accessing emergency departments

Introduction and Aims: Brief motivational interviewing (MI) interventions have a well-established evidence base for reducing alcohol use and related harm in young people. However, there is significant scope to increase their impact, and it is unclear if MIs are the most efficacious type of brief intervention available.

Method: Sixty young people accessing an emergency department with an alcohol related injury will be randomized to (i) 2 sessions of a MI; (ii) 2 sessions of a new personality-targeted brief intervention (PIs) or (iii) a 1-session Assessment Feedback/Information only control.

Results: Thirty young people have been recruited to the study to date. Intent-to-treat strategies will be used for the main analyses. A series of mixed effects model repeated measures analyses of variance (MMRM) will be employed to determine whether there are group differences on the primary outcome variables of alcohol use and related problems/injuries, and (b) secondary outcome variables of psychological distress, functioning, severity of alcohol dependence, readiness to change alcohol use and coping self-efficacy to resist using alcohol.

Discussion and Conclusions: Telephone-delivered brief interventions provide a youth-friendly, accessible, efficacious, cost-effective and easily disseminated treatment for addressing the significant public health issue of alcohol misuse and related harm in young people.

Presenter 3 – Grant Christie: Brief Intervention Training in Youth Justice and CAMHS sectors

Introduction and Aims: Brief AOD interventions (BIs) delivered in youth populations have an increasingly robust evidence base however most young people accessing health systems do not receive these low cost and efficacious interventions. Two separate evaluations of the utility and acceptability of BI training workshops delivered to CAMHS and Youth Justice workers will be presented and compared including discussion of whether attending training led to a change in attitudes and confidence of workers in doing BI work.

Design and Methods: Knowledge and attitudes of NZ Youth Justice (64) and CAMHS (22) participants in the SACSBI workshop towards BI were measured prior- and post-training with a questionnaire that included a modified Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ). Focus groups were conducted post training to further explore health workers responses to training. A follow up questionnaire and focus group was completed six months after the training in the CAMHS group.

Results: Both groups demonstrated some changes in specific domains of the SAAPPQ following training which persisted after 6 months in the CAMHS group. Generally feedback about BI training from both groups was positive. Barriers to the routine provision of brief interventions in the different services were contrasting.

Discussion and Conclusions: Workers in both CAMHS and Youth Justice settings see the provision of BIs as part of their role and are generally receptive to training and support around this. Organizational culture is likely to play as significant a part in the success of BI initiatives as individual worker attitudes.

Discussion Section: Kypros Kypri

1. How effective are BMIs? Do standard BMIs add anything to assessment effects? Are enhanced BMIs more effective? Does their effectiveness differ in help seekers versus non-help seekers? The type of substance used or the population studied?

2. How do we best translate brief interventions into routine clinical practice?

Individuals attending the symposium will gain a better understanding of what type of brief interventions are most effective and how to translate these into clinical practice.