

## Basic Alcohol Counseling Strategies Readiness to Change - enhanced BSL

Hi I'm Ed Boudreaux.

I'm a clinical psychologist and behavioral health consultant. And I'm Archie Hamilton - G1 task lead with atom Alliance.

We'd like to welcome you to this enhanced bite sized learning. This presentation is the third in a three-part series on basic alcohol counselling strategies. Today we'll focus on using our readiness ruler to assess readiness to change and to prompt a motivational discussion. This presentation will highlight the following performance elements. Number one: Using a readiness ruler obtaining a better understanding of the individual's readiness to change their alcohol use can help guide discussions and map out an action plan. There are many ways to assess readiness, but the zero to ten point ruler is a common one used in motivational interviewing. So we'll explore that in this presentation. Point number two: Increasing change talk. A basic principle of behaviour change counselling proposes that the more patient talks about change, the more likely they are to commit to change and to eventually make behaviour changes. Readiness rulers can be used to help increase change talk even in patients who are not ready to commit to action. In the presentation we will begin with a vignette that depicts a wellness visit where their risky drinking was identified through structured alcohol use screening as part of a wellness survey administered by the medical assistant. We will explore how to handle three different readiness ratings aligning with low medium and high readiness. We'll begin the role play now.

OK Archie I see you're here for an annual well visit.

Yeah that's right, Doc. Just doing the old tune up.

All right great. So I reviewed your wellness survey before I came in. So thank you for taking the time to fill that out. And overall it looks like you've been feeling pretty good and that things seem to be going well. There were just a few things I wanted to ask you about so let's start with some of the health behaviors. I noticed that in the section that asked about alcohol use you stated that you drink nearly every day usually around two drinks a day and that you drink more than four drinks a day on a weekly basis. Does that sound about right.

Yeah. More or less. Sometimes it's a little more sometimes a little less.

OK. Have you noticed your drinking causes you any problems?

No Not really doc.

Oh well that's good. So good. I have to ask these questions to make sure we're not missing anything important. It's good that you've noticed that you haven't had any problems. We have some guidelines for drinking that researchers have shown help to prevent people from developing problems in the future. So I just wanted to review these with you briefly for a man that is 70 years old like you are, we recommend not drinking more than seven drinks a week total and not drinking more than three drinks on any given day. So from your screener it seems like you probably drink a little bit more than that. Does that seem right?

Yeah I guess so but I mean I don't really have any problems. I've drank like this most of my life. My wife is fine with it. I don't drive when I'm drunk.

Well those are really very important. So don't worry I'm not going to tell you to stop drinking. That's really up to you. I just want to share with you some information that many people don't know the best way to make sure you don't develop problems in the future like high blood pressure or heart disease or falls is to reduce your drinking to below the recommended amount. So what would that would mean for you is trying not to drink more than seven drinks a week and not drinking any more than three a day. What do you think of that kind of goal for your drinking?

Well I don't know. I'm not really sure. I haven't really thought about it.

OK. I'm glad we're talking about it then. How about this. If you were to rate your readiness to reduce your drinking to these low risk limits on zero to ten point scale with zero being you're not at all ready to change your drinking and ten being you're 100 percent ready to change. Change your drinking wear where would you rate yourself right now.

I don't know I guess maybe a two.

OK. So it seems like you have at least a little interest in changing. Tell me a bit more about why you're at two and not something lower like zero or a one.

Well I guess it's because you're telling me it would be healthier for me. I really haven't thought about changing until you told me about this. So I guess I'm a little bit ready but I don't really see it as a problem. So I'm not very inclined to stop drinking or even cut back.

OK I get it. You want to be healthy. So you have some readiness but you like drinking and haven't found it to be really a problem. So you don't want to change so that that's fine. I understand that. How about this. I want to give you a short brochure that describes some of the health problems that can be associated with drinking and what the low risk drinking guidelines are so you can have it available. Can you agree that you'll review it and pay attention more closely to how much you're drinking and we can meet again in six months just to discuss it again? You don't even have to agree to change how much you're drinking. So only to review the information and to monitor your drinking more closely so we can get a more accurate picture of what's going on and we can go from there.

OK Doc sure I can do that. I'll see you in a few months.

OK. Great.

This concludes our first role play if someone with low readiness. Notice that I was flexible and tried to meet the patient where he was. A readiness to change of a two suggest that actual behavior change is not likely but I decided to engage him in change talk by asking why his score wasn't even lower than a two. It forced him to describe his motivation to change even though it was just a little bit and I concluded by trying to simply increase his awareness and plan for additional discussion which can possibly segway into action later. We will now transition to our second role play. We will assume that all of the initial discussion for case one is the same. So the starting points the same. But instead of providing a readiness rule a rating of two, he provided a readiness rating of five and we'll take it from there.

OK Archie so you are a five on your readiness to change. So what makes you a five and not say two or three.

I don't know really. I guess you're telling me that it could be healthier for me if I cut back. Makes me consider it.

OK. Well that's a good thing I think. So besides the potential health benefits of drinking that we were talking about are there other things that make you ready to drink less, like you know sometimes maybe you do or say things that you later regret or the extra calories that come with drinking or the cost?

Well I guess now that you mention it I have been adding to the spare tire lately and I know that the beer has a lot of calories. I have switched to light beer last year which had don't even like.

OK so I see. So you were concerned about weight gain too, so health and weight gain are obviously some important reasons to consider making some adjustments. How about this. Let's try a little experiment. You mentioned that you often have more than four drinks on some days during the week. Maybe you can just cut back on the number of drinks you have in a day to no more than three. Maybe you can try it out and see how it goes for a few weeks.

Sure. I guess I can do that.

OK great. I'll give you this brochure that describes some of the health problems that can be associated with drinking and what the low risk drinking guidelines are. So you can read it. Try to keep your max drinks to no more than three a day and I can see you in a month to review how you're doing.

OK that sounds good.

This concludes this section of the role play. Note that like the first scenario I ask the patient about why he was at a five and not lower in order for him to engage in change talk. I also had this patient commit to a little more change but presented it in a non-threatening way as an experiment and focused on a small change like the max drinks per day. We will now conclude with a scenario where the individual is highly ready to change.

OK Archie so you are an eight or nine on your readiness to change your drinking. That's really high it sounds like you're pretty motivated.

Yes I am. Can you tell me a little bit more about why you're so motivated?

Well like you just told me Doc it's better for my health. Plus I have to admit that I've noticed I've been drinking a little more than I want to sometimes makes me kind of short with my wife and a little groggy the next morning. I've been gaining weight and the drinking don't help. So I heard the other day on the radio that drinking can cause cancer too. I guess it's probably time for me to cut back a bit.

OK. Those are all really good reasons to change. So how about this. I'll give you this brochure that describes some of the health problems that can be associated with drinking and what the low risk

drinking guidelines are. You can read it. Try to follow the guidelines. That means you cut back to no more than seven drinks a week and no more than three drinks on any given day. And I can see you in six months to see how you're doing.

OK. Sounds good. I'm on it Doc. It won't be easy but you know I'm going to give it a try.

OK. Great. That's really all I'm asking for. So let's talk about it more at your next appointment.

OK we'll conclude the third role play here. Note that even though the patient was highly ready to change I still engaged him in some change talk to clarify his motivation. Also I pressed him to commit to following the entire low risk drinking guidelines even the weekly total as well as the daily max.

So in summary the readiness rulers can be used to gauge motivation to change, increase change talk, and set appropriate goals ranging from more awareness and monitoring goals for those lower in motivation to behavior change for those who are higher in motivation. Thank you.