

Recurring Themes Identified by Brief Interventionists in an Emergency Department Setting

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INTRODUCTION

It is estimated that only 25% of individuals in need of formal addiction treatment ever seek it (Hser, Maglione et al., 1998). Medical settings are becoming potential sites for opportunistic case finding and intervention.

A recent National Drug Abuse Treatment Clinical Trials Network priority is to integrate addiction treatment into medical care to reach many who would otherwise never receive attention. The Clinical Trials Network (CTN) 0047 protocol Screening, Brief Intervention, Referral and Treatment in the Emergency Department (SMART-ED) was the first CTN addiction treatment trial implemented in a medical setting.

There were 30 brief interventionists (11 male, 19 female) involved in this protocol across the six participating sites. Interventionists delivered a 30-minute motivational enhancement therapy-based brief intervention (including normative feedback on substance use [SU] severity and consequences) to patients who presented with problematic SU during an ED visit.

In a typical addiction treatment program, patients are expecting providers to focus on SU. Little is known about how session content might differ when SU is brought up during an ED visit, when substances may or may not be related to the reason a person is presenting for medical treatment and the patient is not actively seeking treatment or prepared to engage in a discussion of substance use.

To better understand how session content might differ when delivering an intervention in an ED setting, we gathered qualitative information regarding themes in session content that interventionists identified as recurrent. Here we present descriptive information regarding the content of a brief intervention delivered in the ED.

METHODS

Demographics were collected prior to interventionists receiving any training in the study intervention. The training consisted of a 2-day empathy/reflective listening training followed by a 2-day training in the specifics of the brief intervention. Interventionists were closely monitored for fidelity to a motivational interviewing style throughout the trial.

Following the treatment phase of the trial, ED brief interventionists received an e-mail requesting their participation in a brief web-based survey querying recurring themes interventionists noticed during their delivery of brief interventions in the ED. The email prompt and survey introduction included specific instructions on what we were looking for. The survey was completely anonymous and the respondents were not asked to enter any identifying data. The survey was designed using a free software package available online by Survey Monkey®. Additional demographic questions were collected, including estimations on the number of interventions delivered during the recruitment phase. Participants were then asked to answer open ended questions regarding overall themes and specific themes across various dimensions:

Major theme: We would like to hear about major themes that you may have noticed that stood out to you, and then we will ask if there were any themes within certain categories. Please think of major themes that may have stood out to you the most.

Specific themes you may have noticed:

1. Between genders.
2. Whether ED visit was viewed as related to drugs or not.
3. Regarding their view as to which drugs were perceived as more severe.
4. Differences in participants who had previous therapy of some type.

Responses were analyzed through qualitative analysis using an iterative coding technique. To ensure multiple viewpoints, investigators identified recurring themes that came up in content and compared their results. These recurring themes were extracted and reported in the results.

RESULTS

Twenty-one interventionists completed the survey.

There was representation from at least one interventionist at each of the six sites.

Table 1 displays pretraining sample characteristics for those who completed the survey.

The results are representative of the larger sample of 30 interventionists ($p > .05$).

Participants were most likely to be Caucasian females in their early 30s with very little counseling experience.






Table 1: Interventionists characteristics

| Characteristic | N=21 |
|--------------------------------|-------|
| Female Gender | 76% |
| Race | |
| American Indian/Alaskan Native | 5% |
| Asian | 5% |
| African-American | 5% |
| Caucasian | 86% |
| Ethnicity | |
| Hispanic | 19% |
| Age | 32.57 |
| Years counseling experience | 1.21 |
| Licensed as counselor | 19% |

Most interventionists estimated completing an average of 16-20 sessions during the recruitment phase of the trial.

Table 2 displays major overall and specific themes identified by interventionists

Table 2: Recurring themes identified by interventionists

| Survey question | Recurrent Theme | Sample quote |
|--|--|--|
| Major overall theme  | Interventionists responded that patients seemed highly ambivalent about making a change in their substance use | "I see there are problems but I don't know if I want to give it up" |
| Gender differences  | Interventionists noted that females tended to be more aware of and affected by consequences related to their substance use | "Those that were female demonstrated a deep sense of remorse and wanting to change" "Women reported more estrangement from children" |
| ED visit related to drug use  | Interventionists reported that most patients did not see their ED visit as related to their substance use. | "With marijuana use, subjects almost never felt their visit was related to use" "Very rarely was visit related to drugs" |
| Drugs perceived as more severe  | Interventionists found that patients viewed opioid and IV drug use as more severe/in need of change than marijuana users | "Marijuana users rated their use as 'low/moderate' risk. Heroin users usually laughed and spouted 'High/Severe'" "Yes, marijuana users seemed to not perceive their use in as serious a way as users of other substances. Users of cocaine and opiates often stated they knew what they were doing was 'bad.'" |
| Previous therapy of some type  | Interventionists reported that patients who had previous exposure to treatment were more open to discussions about their substance use | "Intravenous drug use seemed to be a cut-off point for many people. 'At least I never shot...' or some other variation came out during sessions" "Those who have had treatment had a better idea of what works best for them in terms of quitting or reduction of use" "I also think these participants [who had been in tx before] were a bit more open and willing to discuss use" |

DISCUSSION

Interventionists were able to identify several recurring themes noticed during the delivery of the brief intervention. Knowledge of these themes may be useful to those who plan to provide substance use interventions in an ED setting.

Recommendations:

- Because patients who have had previous treatment exposure seemed to be more amenable to a discussion of their substance use, it might be helpful for interventionists to bring up treatment history and use this information to discuss what worked/didn't work as a way to evoke patient's thoughts on what might work better this time.
- Might want to include gender-specific training as interventionists perceived females to be more aware and more affected by consequences of their use.
- Different approaches might be beneficial for different substances, due to difference in real and perceived consequences.

Limitations and Future Directions

- One site only had one respondent as compared to four each for the other five sites.
- This sample size was small, if opportunity presents itself again in the future might want to re-assess with a larger sample size and include more domains, such as: differences in characteristics in patients who were resistant to change, more motivated to change.

CONCLUSIONS

This is the first study of its kind looking at session content as perceived by the interventionists delivering the intervention. Recurring themes identified by interventionists may help shape future training methods for brief interventionists delivering treatment in a medical setting. Prior knowledge of what themes might emerge during sessions conducted in the ED may be useful for training purposes, including practice in how to best respond to specific content using an MI consistent approach.

REFERENCES

Hser, Y., Maglione, M., Polinsky, M.L., Anglin, M.D., (1998). Predicting drug treatment entry among treatment-seeking individuals. *Journal of Substance Abuse Treatment*, 15 (3), 213-220.

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