Substance abuse is a prevalent problem nationwide. Families where one or more members have substance abuse problems are at risk for many other negative behaviors and outcomes. Of particular concern is the research over the last few decades which suggests that parental substance abuse may be associated with increased risk for child abuse. Some studies even suggest it increases the risk twofold (Walsh, MacMillan, & Jamieson, 2003). This finding likely does not come as a surprise to administrators and workers in the child abuse and substance abuse fields. A study by Peddle and Wang (2001) showed that 85% of state administrators rated substance abuse as one of the top two problems exhibited by families reported for maltreatment. Studies also suggest that substance abuse by caregivers significantly increases the likelihood of the substantiation of both physical abuse and neglect cases (Sung, Shillington, Hohman, & Jones, 2001).

It is important to understand, however, that substance abuse may only be one of many problems a family is facing putting them at risk for child abuse. In addition, other experts argue that it is more important to focus on the causes leading to both substance abuse and child abuse. A range of problems, from lack of social support to depression, may play a role in overall family functioning. Working with families to increase the assets and resources they have available to go about their lives can help prevent negative behaviors before they begin or before they do serious harm. Thus, the work of home visitors is important in both supporting and strengthening families and also, more specifically, in focusing on certain risk factors that become apparent.

In regard to addressing substance abuse, it can be challenging for home visitors or direct service providers to talk about this problem with the families with whom they work. Personal health, parenting issues, environmental health/safety, social support, building relationships with families, and building on family assets take
From the Editor:

Alcohol or substance abuse in the home is certainly one of the most challenging issues home visitors face. For people with substance abuse issues, drinking or drugs may feel like a solution to bigger problems. Many of them remember their first foray into substance abuse. It is usually a memory of being under distress and finding what seems like true relief. Bill Wilson, the co-founder of Alcoholics Anonymous, talks about having a Bronx cocktail at a party to relieve his intense social discomfort. For him, it was as if he had found the “elixir of life.” Drugs seemed to work to solve his problems. This is part of why they can be very difficult to give up. It often takes many trials to eventually get to the point that one can quit.

A lot of people assume alcoholics and drug addicts need better self control—really what they need is treatment and support. One of the things research has discovered over the past 20 years, is that different treatments work better for some people than others, and that there are various routes to recovery. For some, AA works, for others it doesn’t. For some, they can move into treatment and make consistent progress. For others, recovery is a roller coaster, with many ups and downs, until they finally get better. Although we know a lot more about addictions and how to help people with them, as this issue of Building Bridges describes, there is still a great deal we do not understand about addiction, why so many people get caught in it, and what it takes to break free.

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precedence for many home visitors (Tandon, Parillo, Jenkins & Duggan, 2005). While these are certainly important, substance abuse must not be disregarded. One study found that, while substance abuse was discussed at least sometimes with families, it was not discussed any more frequently with families actually experiencing substance abuse (Tandon, Parillo, Jenkins & Duggan, 2005). This study highlights the challenges that home visitors may face in discussing this and other difficult topics with participants in their programs.

The articles on motivational interviewing and stages of change included in this newsletter discuss strategies for addressing these difficult issues with families. As these articles suggest, often a less direct approach helps the families truly make changes in the areas of their lives that are negatively impacting their well-being. Helping individuals to gain a new understanding of their behaviors, and then decide for themselves on changes that need to be made and how to make them, is an approach to human service that has overall benefits and also allows for addressing specific issues such as substance abuse. Hopefully the following articles will help you apply this approach to your daily work with families.

References:


This issue of the Building Bridges newsletter was a collaborative effort of the following LeCroy & Milligan Associates and Healthy Families Arizona staff: Darcy Richardson, Craig LeCroy, Ellie Jimenez, and Lee Zinsky. We would particularly like to thank Ellie and Lee for their insight into this important topic.
It is well-known that discussing issues like substance abuse with families can be challenging. Many different strategies have been tried from direct, persuasion-based approaches that encourage confronting such issues directly to strengths-based approaches focusing on what resources and abilities the family has available. One of the approaches that is commonly used in human services is motivational interviewing. While motivational interviewing was created through work with problem-drinkers, it is not focused on addressing this issue alone. Motivational interviewing is an overarching approach for working with families. So what is motivational interviewing?

Motivational interviewing is defined as:

A directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence (Rollnick & Miller, 1995).

In other words, it is a way of communicating and being with participants in a way that both encourages and allows them to grapple with issues about which they are ambivalent (ex. their drug use). The experience of delving into their emotional turmoil around the behavior in question allows the individual to truly examine this behavior and assess how it matches or does not match with his/her own value system. The question this poses to the individual is:

"Does this behavior match my desire and perception of who I am and/or want to be.” Although there are specific techniques for motivational interviewing, experts in this field emphasize that it is this “spirit” of motivational interviewing that is most important. The following bullets highlight some of the key aspects of the “spirit of motivational interviewing” identified in the classic work of Rollnick and Miller (1995):

1. Participants must generate their own motivation to change;
2. Participants are responsible for articulating and resolving their own ambivalence, and it is the counselor’s role to assist them in this process;
3. Counselors generally use a quiet and eliciting style;
4. The relationship between the participant and the counselor is more like a partnership; and
5. A participant’s willingness to change fluctuates and is affected by interpersonal interaction.

While motivational interviewing is an overall approach for working with families, there are some primary techniques that are often used. These techniques follow the acronym OARS for: 1) Open-ended questions, 2) Affirmations, 3) Reflective listening and 4) Summaries. Brief summaries of these techniques (based on Miller & Rollnick, 1991) are provided in the following paragraphs.

**Open-ended Questions**

Asking questions that encourage participants to describe what brings them to the program or concerns they are facing, creates forward momentum toward change. These questions help participants come to their own understanding of what they are going through and changes that can be made. An example question might be: “Tell me about what has been happening since we last met.”

**Affirmations**

Open-ended questions can also lead to affirmations. For example, “you were able to stay sober last week. How do you think you were able to do that?” Participants need to be encouraged that change is possible and that they are capable of doing it. So help them see their successes. Affirmations must, however, be congruent and sincere or otherwise the client will not believe you or benefit.

**Reflective listening**

Listening is the key to effective motivational interviewing. Participants will tell you what has worked and what has not. Focus on statements they make toward change, and briefly summarize them back. For example, “your child has gone to live with her father; that seems like it is challenging for you.” These kinds of statements will allow the conversation to more deeply address issues if and when the participant is ready. Three reflections for every question asked is the recommended ratio.

**Summaries**

Summaries are simply a special form of reflective listening. A summary begins with a statement announcing that you are about to summarize the conversation thus far or a certain topic you have been discussing. Then, key elements are listed with an invitation to correct anything that was missed. Finally, summaries are usually ended with another open-ended question. The frequency with which you do a summary
In the previous article, we discussed the general “spirit” and approach of motivational interviewing. This article provides a more concrete picture of how these techniques can be used when working with families, particularly around issues of substance abuse.

First, however, it is important to provide some information on the Stages of Change, as identified by Prochaska and DiClemente (1984). One tenet of motivational interviewing is that participants come into a program at varying degrees of willingness and readiness to make changes. Willingness to change is seen, in fact, as a spectrum that may vary by day and is affected by interpersonal interactions. It is important to understand these stages, as they dictate the way motivational interviewing is applied and what can be expected from participants with whom you are working (SAMSHA/CSAT Treatment Improvement Protocols, Tip 35).

The five stages of change are: 1) pre-contemplation, 2) contemplation, 3) preparation, 4) action, and 5) maintenance. For most people, the progression between them is not linear but more of a cycle, as relapses occur and stages may be repeated before stable change is reached (Prochaska & DiClemente,1984). The following is a brief summary of the stages and possible techniques to use with participants in those stages.

**Stages of Change**

Individuals in the **pre-contemplation stage** are not really thinking about change just yet, thus motivational interviewing may need to encourage self-exploration of current behaviors and affirmation that any decisions are theirs to be made. In the **contemplation stage**, the participant is ambivalent about change and not thinking about doing it any time soon. Similar techniques might be used, as well as encouragement to consider the pros/cons of behavior change. In the **preparation stage**, participants are trying out the changes that they are considering. The assistance required might include identifying and resolving problems that arise. Providing social support and verifying their ability to make change are also important tactics. The **action stage** is characterized by actual practice of the new behavior. Techniques might include bolstering self-efficacy, helping participants deal with obstacles or feelings of loss, and focusing on social support. Finally, the **maintenance stage** is where there is a continued commitment to the new behavior. Plans for follow-up support and strategies for coping with relapse may be important to consider during this stage.

Thus, the first strategy for implementing motivational interviewing around substance abuse is to understand which stage of change your participant likely falls in at any given time. This will help direct the use of the OARS techniques mentioned in the previous article (Motivational Interviewing) toward the appropriate topics and participant needs.

The following are a few other considerations for implementing motivational interviewing around substance abuse issues.

**Tips for Motivational Interviewing Related to Substance Abuse**

**Address substance abuse when it is mentioned, not out of context.**

The motivational interviewing approach emphasizes working on the issues raised by participants. Thus, directly saying “let’s talk about your substance abuse problem today” is not part of the approach. Instead, be prepared to talk about substance abuse, or any issue, when it is mentioned as part of the general motivational interviewing process. One way that substance abuse may come up during home visitation is as part of an assessment process, where a participant screens positive on a tool used to determine whether a substance abuse issue is likely. Mentioning the results may open a conversation with a participant regarding substance use. See the article on Brief Screening for Alcohol and Drug Use for more information on assessment and screening.
Use the information provided to help the participant see the issue.

If the participant with whom you are working is still in the pre-contemplation stage, he/she may not be verbally acknowledging any issues related to substance abuse. If you still suspect substance abuse as an issue, be prepared to ask targeted, open-ended questions that might lead him/her to verbalize, or at least begin consideration, of this behavior as a problem. For example, if in responding to a question, a participant mentions a concern that she is not spending enough time with her child, the interviewer could ask what a typical day is like for her. The participant might mention she usually gets up around 10:30AM because she is too hung-over to get up before then. That would be an opening to pursue the causes and the participant’s feelings about this reality.

Address the issue as PART of relationship building, not contrary to it.

Some home visitors are concerned that by delving into an issue such as substance abuse they are likely to ostracize the family, perhaps with the result being that they drop from the program entirely. Instead, if motivational interviewing approaches are used, such conversations can actually help strengthen the relationship between the home visitor and the participant. These conversations can be an opportunity to re-emphasize that it is the participant’s choice in what he/she wants to address and that it can be a collaborative effort. Also, it is ok for the conversation to end up a little uncomfortable for the participant, as this discomfort or ambivalence may help lead to change.

Ask permission. Give them the power.

If the conversation ever comes to a point in which you, the home visitor or interviewer, would like to offer some suggestions, ask permission first. If, for example, the participant is in the preparation stage and trying to figure out what to do to change their substance abuse problem, you might want to offer information about a program you know that could help. Before you say anything, ask if they would like to hear some possible options to help them move forward with the changes they are considering. While you are the one suggesting the ideas, this leaves the power with the participant. Without feeling that they have power and control over their choices, little change is likely to occur.

Prepare for future concerns.

One way of preparing for discussions around substance abuse or other difficult issues is to ask participants to specify what they would like the home visitor to do in a given situation. For example, if the participant is in the action stage in his work on a substance abuse problem, but the home visitor sees beer bottles all over the house during a home visit, what should the home visitor do? Before this occurs, the home visitor can ask the participant what to do in this situation. For example, whether the participant would prefer the home visitor mention such concerns directly or whether they should allow the participant to bring up any challenges or relapses when they are ready.

Be part of the support system.

Through the motivational interviewing process, a participant may come to decide that changing a substance abuse issue is a priority. The continued support of the home visitor as the participant makes his/her way through the stages of change is important, from offering service referrals (with the participants permission) to affirming progress and summarizing changes made thus far.

Addressing substance abuse with a participant through motivational interviewing is an ongoing process, but one that can have a significant impact on the lives of all family members. This process can help strengthen a family’s assets while also supporting change in specific areas of their lives, areas that the participants have themselves identified as areas THEY want to see change.

References:


While substance abuse screening used to take place primarily in clinical practices, it is now increasingly used in a variety of settings, from doctor’s offices to home visitation programs. The potential benefits are great: screening allows practitioners to find people who are experiencing difficulty with alcohol or drugs and make sure they get the help they need. With approximately 10% of American adults having an alcohol or drug problem, the need for increased interventions is clear. Research studies have found that about 15% of adults have engaged in heavy drinking (more than 5 drinks) in the previous 30 days and about 8% have an alcohol use disorder (See Ahluwalia, Mack, Makdad, & Bales, 2001; Grant, et al., 1994). The home visitation setting is an excellent place to assess for alcohol and drug problems on a routine basis.

The American Society of Addiction Medicine has developed standards for a positive screen based on the number of drinks ingested per week. Using this standard, a positive screen is considered consumption of more than 14 drinks per week, or more than 4 drinks per occasion, for men. For women, a positive screen is more than 7 drinks per week, or more than 3 drinks per occasion (ASAM, 2002). The numbers for women are lower because it typically takes fewer drinks for women to experience the negative consequences of alcohol consumption.

Many different screening instruments are being used today. For example, the AUDIT (alcohol use disorders identification test) is a 10-item instrument for alcohol problems. More recently, the ASSIST was developed for alcohol and other drugs. It has 8 questions that cover 10 different substances (Humeniuk, et al., 2008). The CRAFFT is a 6 question instrument developed specifically for detecting substance use in adolescents. Recent research found that about 15% of people screened with the CRAFFT in health care settings, screened positive for substance abuse.

The most well known screening instrument is the CAGE. The CAGE is a mnemonic for the questionnaire items which ask about attempts to C- cut down on drinking; A- annoyance with criticism about drinking, G- guilt about drinking and using alcohol, and E- using alcohol as an eye-opener (Ewing, 1984). The CAGE is better for assessing alcoholism than problem drinking, and it does not differentiate between current and former substance use problems. It can, however, be used to screen for other drugs by simply referring to other drugs in the same questions (Brown, 1992).

There has also been research on a short, two question screening process: “In the past year, have you ever had more to drink or used drugs more than you meant to?” and “Have you felt you wanted or needed to cut down on your drinking or drug use in the past year?” (Brown, Leonard, Saunders, & Papasouliotis, 2001). In a primary care setting, the screening worked as well as other instruments that have been used to detect substance use problems. Research has even been done on a single question screen: “When was the last time you had more than \(X\) drinks in one day?” For women the number used for \(X\) is 4, whereas for men it is 5 (Williams & Vinson, 2001). This simple screen was shown to work reasonably well for detecting possible substance abuse problems.

Many of these screens can be completed on paper, verbally, or electronically. Findings about screening preferences have found that more participants were “very comfortable” with a paper version when compared to a computer or verbal interview.

Whatever assessment tool or screening technique is used, the critical part is to do a routine assessment. The effectiveness of identifying and treating people for substance abuse is highly related to reaching them when they are ready to change. Frequent assessment can be one way of helping to identify participants who may be in need of particular support in the area of substance use. Brief assessments were originally designed for physicians, though now they are much more widely applied. The process for these assessments is typically as follows:

1. **Conduct an assessment**
   “In the past year, have you ever had more to drink or used drugs more than you meant to?”
   “Have you felt you wanted or needed to cut down on your drinking or drug use in the past year?”

   A yes to either question suggests there may be an alcohol or drug problem.
2. Implement brief intervention

The motivational interviewing techniques described in the Motivational Interviewing and Stages of Change Addressing Substance Abuse with Families articles can be used throughout this process. Some other specific ideas for how to proceed are also listed here.

Help set a goal: Tell the participant that some mothers you have worked with choose to abstain for a while or for good, while others decide to limit their drinking. Encourage reflection: Have her compare what she likes about drinking with reasons for cutting down. Ask: “what do you think will work best for you?” Provide materials: many resources are available from NIAAA and other sources. And/or, refer the participant for additional evaluation and treatment: With a supervisor, locate the best treatment options in your area. Look to hospitals and other addiction services. Call the national Drug and Alcohol Treatment Referral Routing Service (1-800-662-HELP) or go to http://findtreatment.samhsa.gov.

3. Provide follow-up help

At subsequent home visits, support your participant in his/her efforts to cut down or to abstain and review goals identified by the participant (“I probably would be healthier if I cut down some”). When you identify positive change, celebrate and reinforce the progress. When no change is evident, continue to express concern, identify the difficulty in making changes, offer encouragement, and continue to assess motivation. It may be helpful to go back and examine drinking or substance use levels and attempt to set new goals and/or problem solve. Be ready to provide resources for qualified counselors who can follow up when the participant is ready.

Screening can be a helpful tool for home visitors to use in identifying participants struggling with substance abuse issues. Motivational interviewing strategies can then be used to help the participant choose to make changes in this area of his/her life.

References:


(Continued from page 3) Motivational Interviewing

is based on personal preference, but is recommended fairly frequently and also at any point the conversation is going in an unproductive or problematic direction.

Thus far, this article has focused on motivational interviewing as an overall approach to working with families. But what about specifically for substance abuse issues? One reason motivational interviewing is believed to be effective with substance abuse problems is that it may directly affect the very nature of addiction. Miller (1998) proposes that there are two conditions that are used to help define addiction:

1. The person is willing to pay a price for the behavior that seems, from a normative social judgment perspective, inordinately high; and
2. The person is judged to have diminished ability to regulate the behavior.

It has been hypothesized that, through motivational interviewing, a participant gains a new perspective on how things are, including a new sense of the risks, or price, they are paying for a certain behavior. Motivational interviewing is also believed to help participants find more hope and belief in the possibility for change. These possibilities begin to outweigh the perceived benefits of continued addiction (Miller, 1998).

Thus, overall, motivational interviewing is seen as an effective way of working with families and with helping them to address substance abuse issues that they may be facing. The following articles on Stages of Change and Addressing Substance Abuse with Families focuses on specific strategies related to addressing substance abuse.

References:


Approximately 10% of American adults have an alcohol or drug problem.

About 15% of adults have engaged in heavy drinking (more than 5 drinks) in the previous 30 days and about 8% have an alcohol use disorder.

Research suggests that parental substance abuse may be associated with increased risk for child abuse. Some studies even suggest it increases the risk twofold.

In one study, 85% of administrators rated substance abuse as one of the top two problems exhibited by families reported for maltreatment.

A positive substance abuse screen is considered consumption of more than 14 drinks per week, or more than four drinks per occasion, for men.

For women, a positive substance abuse screen is more than seven drinks per week, or more than three drinks per occasion. The numbers for women are lower because it typically takes fewer drinks for women to experience the negative consequences of alcohol consumption.

References to these statistics can be found in the articles of this newsletter.