

Social Work Practice in Health Care: The Need to Use Brief Interventions

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According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2001), 14 million U.S. adults abuse alcohol and several million more are at risk of developing alcohol problems because of their drinking behaviors. Heavy drinking increases the risk of serious health problems, with the economic cost of problem drinking estimated to be \$185 billion per year (NIAAA). Because individuals with alcohol problems are more likely to seek help from health care professionals than from alcohol treatment specialists (Bien, Miller, & Tonigan, 1993), it is imperative that social workers in health care settings be prepared to intervene.

Although more than 7 percent of the U.S. population meets criteria for alcohol abuse or alcoholism (Grant et al., 1994), most people have problems that are considered mild to moderate (NIAAA, 2001), making it vital to intervene with individuals before the problems escalate to a level of alcohol abuse or alcoholism. Because traditional alcohol treatment approaches emphasize the need for abstinence, they are often inappropriate for and unsuccessful with people who have less severe alcohol difficulties (Zweben & Fleming, 1999). Therefore, alternative interventions that can be easily incorporated into social work practice in health care settings are needed.

Findings from several meta-analyses have supported the success of brief interventions in helping clients reduce their level of drinking or as a means of facilitating treatment entry (Bien et al., 1993; Dunn, Deroo, & Rivara, 2001; Kahan, Wilson, & Becker, 1995; Poikolainen, 1999; Wilk, Jensen, & Havighurst, 1997). Brief interventions are now considered to have a valuable role in substance abuse treatment and the Consensus Panel of the Substance Abuse and Mental Health Services Administration has recognized them as an effective method for both treating some individuals and for motivating entry into more intensive treatment (Center for Substance Abuse Treatment [CSAT], 1999).

In addition to representing a form of evidence-based practice, brief interventions are based on principles compatible with values of the social work profession and have the potential for use with diverse populations. Furthermore, brief interventions can be used to demonstrate the cost-effectiveness of social work services, which should be particularly appealing to those practicing in health care.

DEFINITION OF BRIEF INTERVENTIONS

Brief interventions are "time-limited, self-help, and preventive strategies to promote reductions in substance use in nondependent clients and, in the case of dependent clients, to facilitate their referral to specialized treatment programs" (Zweben & Fleming, 1999, p. 253). Interventions may be as short as five minutes, in which participants are given feedback regarding the consequences of heavy drinking and advised to reduce their consumption (Modesto-Lowe & Boornazian, 2000). Longer interventions may involve "motivational interviewing," which includes reflective listening on the part of the counselor, articulation of motivational statements by the client, full consideration of the client's ambivalence toward changing his or her risky behavior, and avoidance of client resistance (Dunn et al., 2001).

The goal of any brief intervention is to motivate client change (CSAT, 1999; Fleming & Manwell, 1999) in a manner that recognizes the client's willingness to change, acknowledges the client as the "expert," and demonstrates respect for client decision making. Core elements of brief interventions are identified by the FRAMES acronym (Miller & Sanchez, 1994):

- Feedback is given to the individual about personal risk or impairment.
- Responsibility for change is placed on the participant.
- Advice to change is given by the clinician.

- Menu of self-help or treatment options is offered to the participant.
- Empathic style is used by the counselor.
- Self-efficacy or optimistic empowerment is engendered in the participant.

These elements are consistent with many values of the social work profession, including self-determination, respect for the individual client, the use of empathy, and the promotion of empowerment.

UTILITY OF BRIEF INTERVENTIONS FOR SOCIAL WORK IN HEALTH CARE

In addition to being simple, effective, and compatible with social work values, brief interventions have been applied in numerous health care settings with an array of client populations. Recent study locations have included primary care settings (Fleming, Barry, Manwell, Johnson, & London, 1997), hospitals (Watson, 1999), emergency rooms (Longabaugh et al., 2001), and inpatient psychiatric units (Swanson, Pantalon, & Cohen, 1999). In addition to general medical patients, target populations have included trauma patients (Longabaugh et al.), pregnant women (Chang, Goetz, Wilkins-Huag, & Berman, 2000), and psychiatric and dually diagnosed individuals (Swanson et al., 1999).

Couple the applicability of brief interventions in a variety of health care settings with the diverse client groups with a history of proven effectiveness and a persuasive argument arises for medical social workers to adopt these techniques.

SOCIAL WORK, BRIEF INTERVENTIONS, AND MANAGED CARE

Austin (1997) was correct in predicting "the practice methods used by social workers will be directly affected by the constraints created through managed health care, with their emphasis on intensive, short-term interventions" (p. 405). To establish a "solid niche" in the delivery of patient care, it is imperative for social workers to distinguish themselves from other allied health care professionals and to demonstrate a commitment to cost containment (Dziegielewski & Holliman, 2001). Survival of social workers in a managed care market hinges on their ability to adopt "behaviorally based outcomes and clearly link these outcomes to cost effectiveness" (p. 132).

Brief interventions are "consistent with trends in the U.S. health care system to curb costs"

(Zweben & Fleming, 1999, p. 253) and offer a prime mechanism by which social workers can establish their position in health care. By tracking the use of valuable resources, such as hospitalizations and emergency department visits, by clients who have received brief interventions, social workers can demonstrate "real" cost savings to health care administrators.

Why does there seem to be a reluctance by social workers to embrace brief interventions as a means of intervening with clients with alcohol problems? Lack of awareness about brief interventions may be one possible explanation, as the profession continues to search for effective means of transferring findings from research into practice (Proctor, 2003).

Other factors may also explain the hesitance of social workers to use brief interventions. Comparing brief interventions with the medical model approach to treatment, Veeder and Peebles-Wilkins (2001) suggested there is a movement by primary care physicians to treat patients with substance abuse problems using "myopic" brief interventions that may harm patients because "the very nature of substance abuse cries out for treatment over time" and requires treatment models such as Alcoholics Anonymous (AA) (p. 252).

However, such criticism appears to be founded on erroneous assumptions. First, brief interventions are performed by a variety of professionals (CSAT, 1999) and although some physicians may approach brief interventions in a myopic manner, it does not follow that all clinicians do or will. Brief interventions performed in health care settings may be short in duration because they occur in the context and constraints of managed care, but this does not mean they must be myopic, especially if being performed by social workers. Those familiar with medical social work realize practitioners are often faced with doing quick assessments, counseling, and crisis intervention, but also know these interventions take critical assessment and intervention skills that maintain respect for the person-in-environment perspective.

Finally, the assertion that substance abuse problems require long-term treatment assumes all clients have severe problems and suggests there is no need for individually tailored treatment. Although treatment approaches such as AA are appropriate for some clients, the majority of individuals have mild to moderate problems for which

such traditional treatment approaches are not suited (Zweben & Fleming, 1999). Rather than discounting brief interventions, social workers in health care are encouraged to add them to their intervention repertoire.

GETTING STARTED

Hoge and colleagues (2002) argued that behavioral health care educational programs, including professional social work, must respond to changes in managed care. Based on recommendations from a number of professional organizations, including NASW and the Council on Social Work Education, Hoge and colleagues suggested that professional educational programs make a commitment to better prepare students to practice in health care and commit to teach students to conduct evidence-based approaches, including brief interventions.

Until this happens social workers in health care should seek out training opportunities, familiarize themselves with the literature on brief interventions, and encourage employers to purchase training materials. Trials of brief interventions have reported training times as short as 30 minutes (Scott & Anderson, 1991), making such education amenable to inclusion in organizational and professional workshops.

CONCLUSION

Social workers in health care settings are challenged with providing effective, yet time-limited, interventions to patients with alcohol problems. Brief interventions have been shown to be effective at reducing client drinking and to encourage entry into treatment. Social workers in health care should become familiar with brief interventions and incorporate them into practice, especially when faced with time constraints. **HSW**

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