



KAP KEYS Based on TIP 34
Brief Interventions and Brief Therapies for
Substance Abuse

Knowledge Application Program

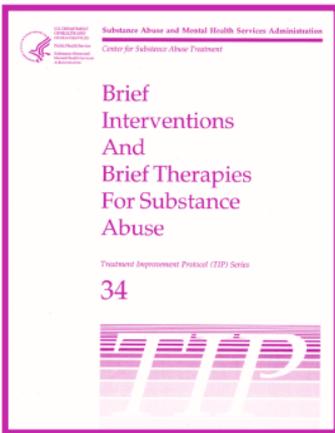
KAP Keys

For Clinicians

Based on TIP 34

*Brief Interventions and
Brief Therapies for*

*Substance
Abuse*



Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 34 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 34.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

TIP 25, *Substance Abuse Treatment and Domestic Violence* **SMA 12-4076**

TIP 26, *Substance Abuse Among Older Adults* **SMA 12-3918**

TIP 29, *Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities* **SMA 12-4078**

TIP 32, *Treatment of Adolescents With Substance Use Disorders* **SMA 12-4080**

TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment* **SMA 13-4212**

The Stages of Change

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Precontemplation: The user is not considering change, is aware of few negative consequences, and is unlikely to take action soon.

Contemplation: The user is aware of some pros and cons of substance abuse but feels ambivalent about change. This user has not yet decided to commit to change.

Preparation: This stage begins once the user has decided to change and begins to plan steps toward recovery.

Action: The user tries new behaviors, but these are not yet stable. This stage involves the first active steps toward change.

Maintenance: The user establishes new behaviors on a long-term basis.

Source: Adapted from Prochaska and DiClemente 1984.

Sample Battery of Brief Assessment Instruments

Assessment Domain

Quantity/Frequency of Use

Sample Instrument

Timeline Follow Back Technique

Assessment Domain

Severity of Dependence

Sample Instrument

- Short Alcohol Dependence Data (SADD)
 - Severity of Dependence Scales (SDS)
-

Assessment Domain

Consequences of Use

Sample Instrument

- Michigan Alcoholism Screening Test (MAST)
 - Drug Abuse Screening Test (DAST)
 - Substance Abuse Subtle Screening Inventory (SASSI)
 - DRINK
-

Assessment Domain

Readiness to Change

Sample Instrument

- Commitment to Change Algorithm
 - SOCRATES
-

Assessment Domain

Problem Areas

Sample Instrument

- Problem Checklist (from Comprehensive Drinker Profile)
 - Problem-Oriented Screening Instrument for Teenagers (POSIT)
 - Adolescent Assessment/Referral System (AARS)
-

Assessment Domain

Treatment Placement

Sample Instrument

Addiction Severity Index (ASI)

Assessment Domain

Goal choice and commitment

Sample Instrument

Intentions Questionnaire

Sources: Allen and Columbus 1995; Miller 1991

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1. **Filtering:** Taking negative details and magnifying them, while filtering out all positive aspects of a situation
2. **Polarized thinking:** Thinking of things as black or white, good or bad, perfect or failure, with no middle ground
3. **Overgeneralization:** Jumping to a general conclusion based on a single incident or piece of evidence. Expecting something bad to happen over and over again if one bad thing occurs
4. **Mind reading:** Thinking that you know, without any external proof, what people are feeling and why they act the way they do; believing you can tell how others feel about you
5. **Catastrophizing:** Expecting disaster; hearing about a problem and then automatically considering the possible negative consequences (e.g. "What if it happens to me?")
6. **Personalization:** Thinking that everything people do or say is some kind of reaction to you; comparing yourself to others, trying to determine who's smarter or better looking
7. **Control fallacy:** Feeling externally controlled (helpless or a victim of fate) or feeling internally controlled (responsible for the pain and happiness of everyone around)
8. **Fallacy of fairness:** Feeling resentful because you think you know what is fair, even though others do not agree
9. **Blaming:** Holding other people responsible for your pain or blaming yourself for every problem
10. **Shoulds:** Having a list of ironclad rules about how you and other people "should" act; becoming angry at those who break the rules and feeling guilty if you violate them
11. **Emotional reasoning:** Believing that what you feel must be true, automatically (e.g., if you feel stupid, you must be stupid)
12. **Fallacy of change:** Expecting that other people will change to suit you if you pressure them enough; having to change people because your hopes for happiness depend on them

13. **Global labeling:** Generalizing one or two qualities into a negative global judgment
14. **Being right:** Proving that your opinions and actions are correct on a continual basis; thinking that being wrong is unthinkable; going to any lengths to prove you are correct
15. **Heaven's reward fallacy:** Expecting all sacrifice and self-denial to pay off, and feeling disappointed and even bitter when the reward does not come

Source: Beck 1976

Selected Criteria for Providing Brief Therapy

- Dual diagnosis issues such as a coexisting psychiatric disorder or developmental disability
- The range and severity of presenting problems
- The duration of abuse
- Availability of familial and community supports
- The level of client motivation (brief therapy may require more work on the part of the client but a less extensive time commitment)
- The clarity of the client's short- and long-term goals (brief therapy will require more clearly defined goals)
- The client's belief in the value of brief therapy ("buy in")
- Large number of clients needing treatment

The following criteria are derived from clinical experience:

- Less severe substance abuse, as measured by an instrument like the Addiction Severity Index (ASI)
- Level of past trauma affecting the client's substance abuse
- Insufficient resources available for more prolonged therapy
- Limited amount of time available for treatment (e.g., 7-day average length of stay in county-jail-level correctional facilities; 30- to 45-day limitation in Job Corps program)
- Presence of coexisting medical or mental diagnoses
- Large numbers of clients needing treatment leading to waiting lists for specialized treatment

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- They are either problem focused or solution focused; they target the symptom and not what is behind it.
- They clearly define goals related to a specific change or behavior.
- They should be understandable to both client and clinician.
- They should produce immediate results.
- They can be easily influenced by the personality and the counseling style of the therapist.
- The therapeutic style is highly active, empathic, and sometimes directive.
- Responsibility for change is placed clearly on the client.
- Early in the process, the focus is to help the client have experiences that enhance self-efficacy and confidence that change is possible.
- Termination is discussed from the beginning.
- Outcomes are measurable.

Professionals Outside of Substance Abuse Treatment Who Can Administer Brief Interventions

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- Primary care physicians
- Substance abuse treatment providers
- Emergency department staff members
- Nurses
- Social workers
- Health educators
- Lawyers
- Mental health workers
- Teachers
- EAP counselors
- Crisis hotline workers, student counselors
- Clergy

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The following criteria can help identify clients who could benefit from longer term treatment:

- Failure of previous shorter treatment
- Multiple concurrent problems
- Severe substance abuse (i.e., dependence)
- Acute psychoses
- Acute intoxication
- Acute withdrawal
- Cognitive inability to focus
- Long-term history of relapse
- Many unsuccessful treatment episodes
- Low level of social support
- Serious consequences related to relapse

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Ordering Information

TIP 34

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- 1. Call SAMHSA: 1-877-SAMHSA-7
(1-877-726-4727) (English and Español)**
- 2. Visit the SAMHSA Publications Ordering Web page:
<http://store.samhsa.gov>**

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HHS Publication No. (SMA) 15-3601
Printed 2001
Reprinted 2010
Revised 2015