

Collaboratively Establishing and Monitoring Substance Use Treatment Goals

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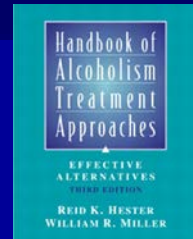
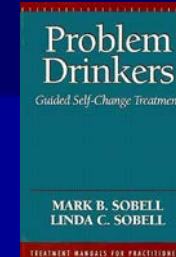
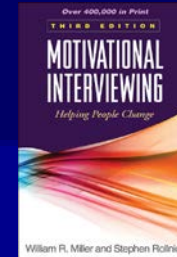


Goal Setting



- ❑ Goals represent internal standards used by people to evaluate their own performance.
- ❑ When goals are explicit, proximal, and challenging yet attainable, persons strive to make performance match their goals.
- ❑ Feedback on performance in relation to one's goal is critical for the motivating influence of goals.
- ❑ Commitment to one's goal is crucial for the motivating influence of goals on future behavior.
- ❑ Self-efficacy beliefs are also important for the motivational effect of goals on performance.

Relevance to Substance Use Treatment

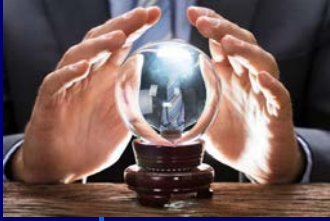


- ❑ Setting goals and monitoring progress toward them are central processes in social cognitive and self-regulatory theories that underpin some of the most empirically supported interventions for substance use.
- ❑ Increased emphasis on empirically supported, patient-centered treatment approaches directed at increasing treatment engagement, retention, and outcomes.
- ❑ Research demonstrates the utility of substance use goals (abstinence or reduced use) in attaining improved substance use outcomes.

Why Collaborate?



- ❑ Persons ambivalent about behavior change may be reluctant to enter treatment, particularly in programs with a strict abstinence focus.
- ❑ Many persons enter treatment without a firm commitment to abstinence or otherwise maintain personal goals that differ from prescribed goals.
- ❑ Social cognitive theory predicts that persons will be more motivated to achieve goals that they select rather than goals imposed by others.
- ❑ Participation in goal setting may be particularly beneficial when there is reason to believe commitment is generally low.
- ❑ Patient preference for self- or collaboratively-set goals in context of outpatient alcohol treatment.
- ❑ Treatment is often most effective when compatible with patients' preferred goals.



Predictors of Goal Choice



- ❑ Studies, primarily in context of alcohol treatment, have examined factors associated with goal choice: 1) abstinence or 2) reduced/moderate use.
- ❑ Reduced/moderate use goals have most consistently been associated with:
 - ❑ Younger age
 - ❑ Less chronicity of substance use problems
 - ❑ Lower levels of physical dependence and severity of negative consequences
 - ❑ Less exposure to substance use treatment services

Goals and Treatment Outcomes



- ❑ Research demonstrates the utility of substance use goals (abstinence or reduced use) in attaining improved substance use outcomes.
- ❑ Abstinence and reduced use/moderation goals are associated with subsequent achievement of those goals.
- ❑ Lack of evidence unequivocally supporting either abstinence or reduced use/moderation as a superior treatment goal.
- ❑ Some support for abstinence goal as an overall lower-risk option associated with better outcomes.

Collaborative Goal Setting



- ❑ Assess past/present substance use and related consequences.
- ❑ Assess any medical contraindications to a non-abstinence goal.
- ❑ Elicit and reflect personal values and reasons for change.
- ❑ Provide rationale for goal setting and invite patient to engage in goal setting discussion.
 - ❑ Emphasize SMART (Specific, Measurable, Attainable, Realistic, Time-specific) goals
- ❑ Assess goal at initial assessment/treatment session and periodically throughout treatment.
 - ❑ Record goal specifics on a Goal Statement (form)

APPENDIX 7.1. Blank Goal Statement Form

On this form describe your goal regarding your use of alcohol *over the next 6 months*. Do you intend to not drink at all, or to drink but only in certain ways and under certain conditions?

Do not feel tied to any earlier Goal Statement that you filled out as part of this program.

What is your goal now? If your goal mentions drinking, describe what you mean in terms of amount of drinking and circumstances when you would drink.

1. For the next 6 months, my goal is (Check either Box A or Box B):

A. Not to drink at all

If you checked this goal, go on to question 2, next page.

B. Only to drink in certain ways

If you checked this goal, then answer the following questions, using the following definition of one standard drink:

One standard drink is equal to:

- 12 oz of *beer* (5% alcohol)
- 1½ oz of hard *liquor* or spirits (e.g., whiskey)
- 5 oz of *table wine* (11–12%)
- 3 oz of *fortified wine* (20%)

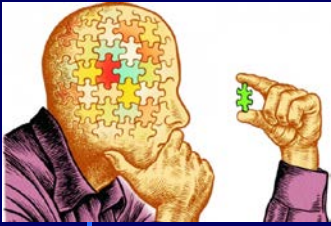
- (i) On the average day when I do drink, I will probably drink about _____ standard drinks during the course of that day.
- (ii) I plan to drink no more than _____ standard drinks during the course of any single day. That will be my Upper Limit.
- (iii) Over the course of an average week (7 days), I plan to drink on no more than _____ days. (If you plan to drink on less than one day per week, check here: _____)
- (iv) Over the course of 1 month (30 days), I plan to drink my Upper Limit of drinks on no more than _____ days. (If you plan to drink to your Upper Limit of drinks less than one time per month, check here: _____)
- (v) I plan to drink *only* under the following conditions:

Discussing Goal Statement Form

- ❑ Offer substance use education tailored to the patient.
- ❑ Specify proximal and distal goals.
- ❑ If the goal is to reduce use:
 - ❑ Offer information on recommended guidelines for reduced/low-risk use (e.g., NIAAA low-risk drinking guidelines).
 - ❑ Invite consideration of **quantity** and **frequency** limits for substance use and **circumstances** under which patient may/may not use substances.
 - ❑ Invite consideration of recent substance use behavior, ensuring that identified goal represents a positive change and is consistent patient's values.
- ❑ Explicit emphasis on patients' autonomy in decisions about goals.

Discussing Goal Statement Form

- ❑ What if patients specify limits that are inconsistent with recommended guidelines or provider's advice?
 - ❑ Affirm patient's autonomy and honesty.
 - ❑ Explore inconsistencies between stated goal and personal values/reasons for change.
 - ❑ Suggest continued evaluation of substance use throughout treatment and invite consideration that goals may need to be re-evaluated depending on outcomes.
- ❑ In subsequent sessions, a review of patient's substance use compared to their stated goal can stimulate discussion on:
 - ❑ Changing goal
 - ❑ Changing approach to achieving the goal



Self-Monitoring



- ❑ Requires attention to (and fosters increased awareness of) substance use and contextual factors associated with use.
- ❑ Offers assessment of substance use that can be discussed in relation to patients' goals (feedback).
- ❑ Provides a basis for review/discussion of circumstances related to substance use and plans for managing similar situations more effectively in the future.

APPENDIX 7.2. Blank Daily Alcohol Monitoring Form

Name: _____

GOAL: _____

DATE	ABLE TO RESIST PROBLEM DRINKING	NO. OF DRINKS BY BEVERAGE TYPE				TOTAL NO. OF DRINKS	SITUATION (Check all that apply)				THOUGHTS, FEELINGS
		Beer	Hard liquor	Table wine	Fortified wine		Alone	with others	in a private place	in a public place	
Record: _____ Month & day	1 = Yes 2 = No 3 = No urges					If no drinking occurred on this day, write "0" here.					Indicate any thoughts or feelings (e.g., stress, anger, happiness) you experienced just prior to and after drinking.

USE OTHER SIDE OF PAGE FOR ADDITIONAL NOTES RELATED TO YOUR DRINKING (e.g., reasons for use)

From *Problem Drinkers: Guided Self-Change Treatment* by Mark B. Sobell and Linda C. Sobell, Copyright 1993 by The Guilford Press. This form may be reproduced by book purchasers for professional use with their clients.

Self-Monitoring Record

TRIGGER (What sets me up to use?)	THOUGHTS AND FEELINGS (What was I thinking? What was I feeling?)	BEHAVIOR (What did I do then?)	POSITIVE CONSEQUENCES (What positive thing happened?)	NEGATIVE CONSEQUENCES (What negative thing happened?)

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