UCLA Screening and Brief Intervention Training
For Alcohol Reduction or Cessation
Client Centered Care
Western Regional Training Center on Fetal Alcohol Spectrum Disorders

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OBJECTIVES

• Understand the effects of alcohol on the fetus and developing child
• Become familiar with screening methods to assess for alcohol use during pregnancy
• Develop skills in providing brief intervention for alcohol reduction or cessation in pregnant women
OUTLINE OF TRAINING

• Background
• Assessment of quantity and frequency of alcohol use
• Screening tools for assessing alcohol use
• Elements of Brief Intervention (BI)
• Techniques for asking about alcohol use
• Health provider concerns
BACKGROUND

• Approximately 1 in 8 fetuses is exposed to alcohol in utero
• .5 to 3 infants per 1,000 live births have fetal alcohol syndrome (FAS)
• 1 in 100 children has a fetal alcohol spectrum disorder (FASD)
• Low levels of alcohol consumption have been shown to be related to negative developmental sequelae
BACKGROUND:
Why reduce alcohol consumption during pregnancy?

- Fetal Alcohol Syndrome (FAS), is characterized by growth retardation, characteristic facial features, and central nervous system and neurodevelopmental deficits.
- No amount of alcohol ingestion during pregnancy has been deemed “safe.”
- The Surgeon General recommends that pregnant women, women about to become pregnant, and those not using effective methods to avoid an unwanted pregnancy be counseled to avoid alcohol.
CNS PROBLEMS ASSOCIATED WITH PRENATAL ALCOHOL EXPOSURE

• Prenatal alcohol exposure is the most common cause of mental retardation of known etiology.
• Problems include hyperactivity, poor response inhibition, attention deficits, poor habituation, coordination, and state regulation.
• Problems in learning, memory, and executive functioning, poor social judgment, higher levels of externalizing and internalizing behavior.
• Difficulties in these areas lead to problems in social adaptation, as evidenced by the high number of mental health, substance abuse, and legal problems in individuals exposed to alcohol prenatally.
ASSESSMENT OF QUANTITY AND FREQUENCY OF ALCOHOL USE

- Quantity-frequency measures (QF) inquire about average or typical consumption patterns.
- The simplest measures assess amount of drinking on average drinking days (Q), and the average number of days on which alcohol is consumed (F).
- To assess for binge drinking, ask women about maximum intake on any drinking occasion.
- Inquire about consumption prior to pregnancy recognition and following pregnancy recognition.
INTERVIEWING FOR ALCOHOL USE

- Think of questions on alcohol use as you would any questions concerning early history.
- If questions are asked in a neutral, matter of fact manner, women typically answer them truthfully without getting upset.
- You can ask questions using your own style and words.
EXAMPLE INTERVIEW FOR ALCOHOL USE

• How many weeks pregnant are you now?
• How many weeks pregnant were you when you found out you were pregnant?
• How many cigarettes do you smoke in a day?
• How many cups of caffeinated coffee or soft drinks do you drink daily?
PRELIMINARY QUESTIONS ON ALCOHOL USE

• Have you ever drunk wine, beer, or mixed drinks?

• The majority of women drink alcohol before they know that they are pregnant. *This is true, between 75% (young women) and 54% of women of child bearing age drink alcohol. This statement can reduce defensiveness.*

• What type of alcoholic beverage do you prefer - wine, beer, wine coolers, or drinks containing hard liquor?
QUANTITY AND FREQUENCY QUESTIONS (PRIOR TO PREGNANCY RECOGNITION)

• Before you knew you were pregnant, on average, what was the number of drinks that you would typically drink at one sitting?
• Before you knew you were pregnant, how often did you drink this amount?
• Before you knew you were pregnant, what were the most drinks that you drank at any one sitting?
• Before you knew you were pregnant, how often did you drink this amount?
QUANTITY AND FREQUENCY QUESTIONS (FOLLOWING PREGNANCY RECOGNITION)

- Right now, **on average**, what is the number of drinks that you typically drink at one sitting?
- How often do you drink this amount?
- Right now, what is the **most** number of drinks that you drink at one sitting?
- How often do you drink this amount?
A standard drink is considered to be 
.60 ounces of absolute alcohol (aa)

- One 12-ounce can of beer containing 5% aa
- One 5-ounce glass of wine containing 12% aa
- One 4-ounce glass of fortified wine containing 15% aa
- 1 ½ ounce hard liquor or spirits containing 40% aa
- One 12-ounce bottle of wine cooler containing 5% aa
- One 16-ounce can of malt liquor containing 8% aa = 2 standard drinks
- One 40-ounce bottle of malt liquor containing 8% aa = 5.33 standard drinks
Alcohol Equivalents
Each of these contains about the same amount of alcohol

12 oz Beer  =  5 oz Wine  =  4 oz Fortified Wine  =  1½ oz Hard Liquor

12 x .05 aa = .60  5 x .12 aa = .60  4 x .15 aa = .60  1.5 x .40 aa = .60

Standard Drink = .60 absolute alcohol
SCREENING TOOLS FOR ALCOHOL USE IN WOMEN

- T-ACE
- TWEAK
- CRAFFT
T-ACE

- **T-** TOLERANCE, How many drinks does it take to make you feel high? [“3 or more drinks” = 2 points]
- **A-** Have people ANNOYED you by criticizing your drinking [“yes” = 1 point]
- **C-** Have you ever felt you ought to CUT DOWN on your drinking [“yes” = 1 point]
- **E-** EYE OPENER, Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? [“yes” = 1 point]

A positive screen is a score of 2 or more points.
TWEAK

• T-TOLERANCE  How many drinks does it take before you begin to feel the first effects of alcohol? [3 or more drinks = 2 points]

• W- WORRY   Do close friends or relatives worry or complain about your drinking? [“yes” = 2 points]

• E-EYE OPENER  Do you sometimes take a drink in the morning when you first get up? [“yes” = 1 point]

• A-AMNESIA Has a friend or family member ever told you about things you said or did when you were drinking that you could not remember? [“yes” = 1 point]

• K-CUT DOWN   Do you sometimes feel the need to cut down on your drinking? [“yes” = 1 point]

Total score of 2 or more points is a positive screen.
CRAFFT

- C- Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
- R- Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- A- Do you ever use alcohol or drugs while you are by yourself, ALONE?
- F- Do you ever FORGET things you did while using alcohol or drugs?
- F- Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- T- Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Each “yes” answer = 1 point. Any positive answer should be followed by further inquiry and possible brief intervention.
NEED FOR PREVENTION AND INTERVENTION

• Few prevention programs have specifically targeted pregnant women who drink frequently but at lower levels, or who periodically drink excessively but would not be identified as alcohol dependent.

• Women who drink at levels potentially harmful to the developing fetus, but who are not identified as problem drinkers, are often neglected in intervention efforts.
BRIEF INTERVENTION FOR ALCOHOL CESSATION AND REDUCTION

• Brief intervention (BI) is an effective methodology that has been empirically validated in a number of alcohol related studies
• The approach employs the use of brief counseling (10 to 15 minutes)
• BI can be delivered by personnel who are not specialists in the treatment of alcohol abuse or dependence
• BI is very effective with pregnant women
• BI has been shown to be a low-cost treatment that uses time-limited, self-help strategies to promote reductions in alcohol use in nondependent individuals
• In the case of dependent persons, BI facilitates referral to treatment programs
SIX ELEMENTS OF BRIEF INTERVENTION - FRAMES

- Feedback of Personal Risk
- Responsibility of the Patient
- Advice To Change
- Menu of Ways To Reduce Drinking
- Empathetic Counseling Style
- Self-Efficacy or Optimism of the Patient
- Establishing a Drinking Goal
- Follow up
EXAMPLE OF A BRIEF INTERVENTION

I. Consequences of drinking during pregnancy on the unborn child
II. Risky situations
III. Ways of dealing with risky situations
IV. Definition of a standard drink
V. Setting a drinking goal
VI. Ways to reduce drinking levels
VII. Encouragement and follow up plan
INTERVIEWING TECHNIQUES

Do be:

- Impartial
- Confident
- Casual
- Conversational
- Friendly
- Empathetic

Don’t:

- Rush the client
- Suggest that there is a right or wrong answer
- Use pejorative labels
- Allow others in the interview
HEALTH PROVIDER CONCERNS

• Will clients become upset with me, if I start asking “personal questions” about their alcohol use?
• Who should be advised to become totally abstinent?
• What do I do if a woman states that she would like to cut down or stop drinking, but does not believe she can?
• What if a woman says she does not want to cut down or stop drinking while I am conducting a brief intervention with her?
• What if a woman is worried that it is too late to stop drinking because the harm has already been done to her baby?
HEALTH PROVIDER CONCERNS (Continued)

• What if a woman says that her best friend drank throughout pregnancy and her child is fine?
• What should I tell my friends when they offer me a drink?
• I don’t really want to stop drinking.
• What should I do if I get the urge to drink?
• Do you think I should have an abortion if my baby is already damaged from alcohol?
CONCLUSIONS

Fetal Alcohol Spectrum Disorders can be prevented if providers use:
• Standardized screening tools routinely
• Provide brief intervention for alcohol reduction or cessation