

Brief Interventions to Elicit Self-Referral: The Check-Up Model

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Time to quit?



A UW study may be able to help.

Incentive program for quitting marijuana
Computer-assisted and individual counseling
Support for quitting tobacco

For more information call:
(206) 616-3235

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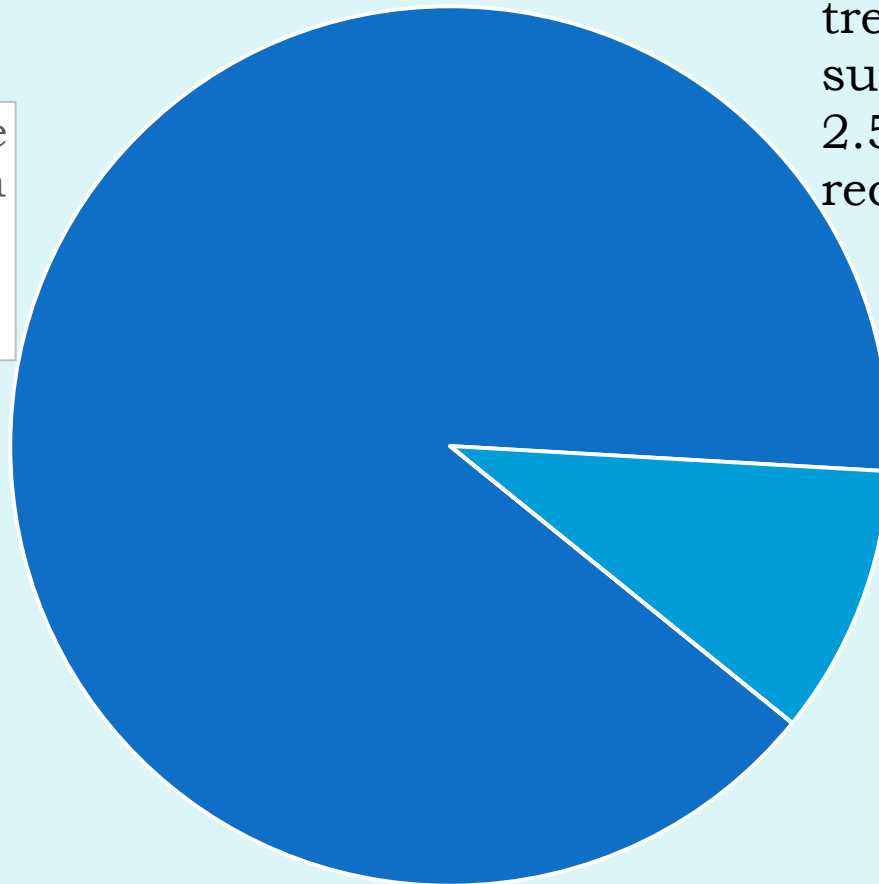


Substance Abuse Treatment Need in U.S.

NSDUH 2013

22.7 million persons aged 12 or older needed treatment for a substance use problem.
2.5 million persons received treatment

Did Not Receive Treatment for a Substance Use Problem
90%



Received Treatment
10%



Why don't they seek treatment?

Dependent

Addict

Stoner

Alcoholic

Druggie



How do I find a provider?
How much does it cost?

Will they make me
sit in a group,
holding hands,
singing Kumbaya?

What will I
do for
childcare?

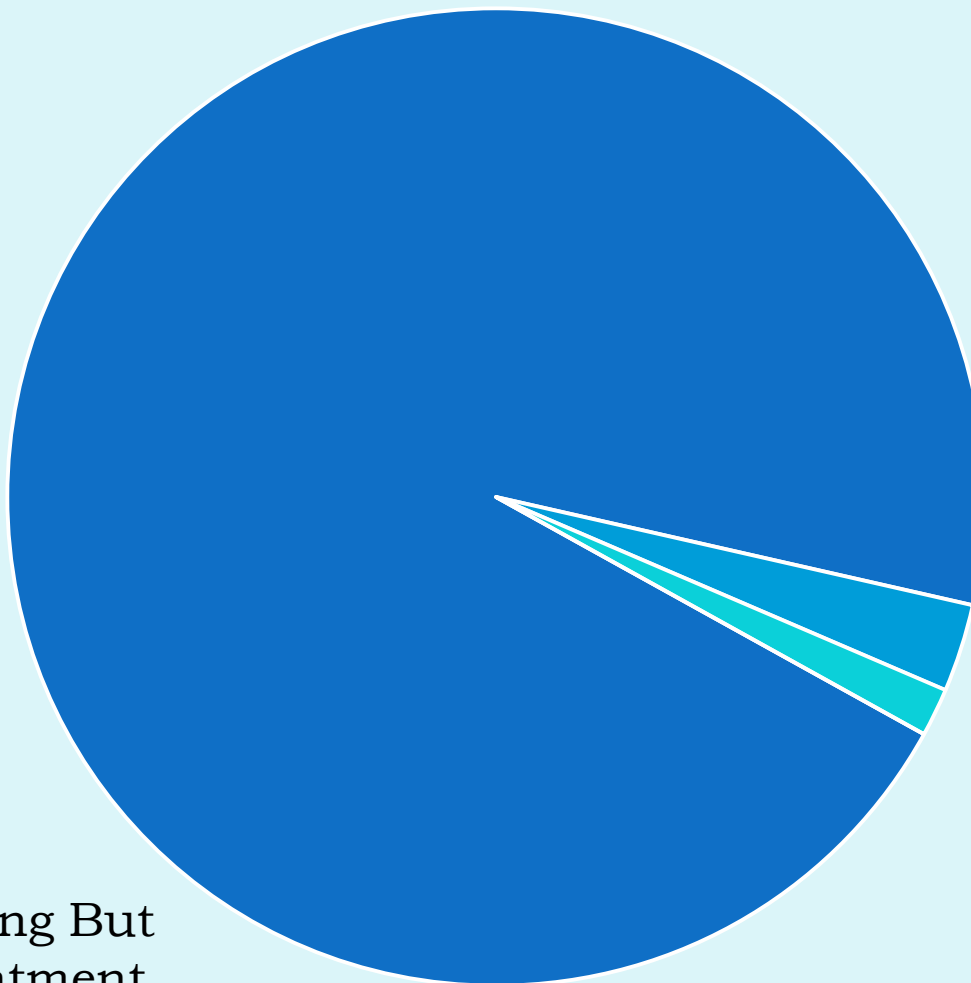
How long
is tx?



Perceived Need for Treatment

NSDUH, 2013

Did Not Feel
They Needed
Treatment
95%



Felt They
Needed
Treatment and
Did Not Make
an Effort
3%

Felt They
Needed
Treatment and
Did Make an
Effort
2%

20.2 Million Needing But
Not Receiving Treatment
for Illicit Drug or Alcohol
Use





**REHAB
IS FOR
QUITTERS**



The Challenge:

- This suggests the need to develop and market interventions that:
 - Reach more people
 - Increase motivation for change
 - Encourage treatment entry when appropriate



Early Intervention

- Primary Care
 - Screening, Brief Intervention, Referral and Treatment (SBIRT)
- Family-Based
 - Johnson Institute Intervention
 - Community Reinforcement and Family Training
 - Unilateral Family Therapy
 - Al-Anon

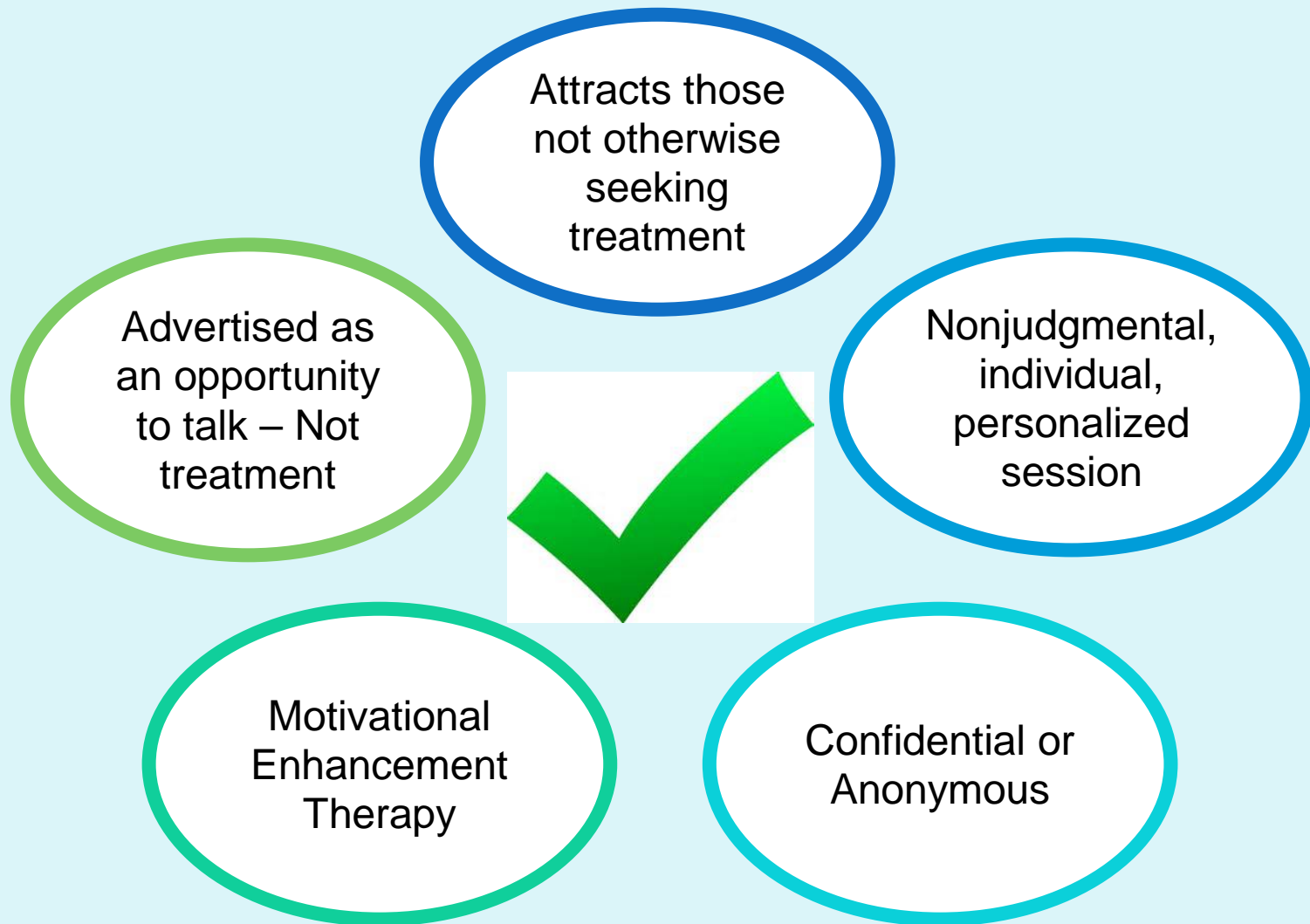


Prompting Self-Referral: Check-Up Model

- Focused on individuals who are contemplating the effects of risky behavior but are not self-initiating change nor seeking treatment
- Designed to enhance commitment to change
- Advertisement strategy
- Assessment of behavior and risk factors
- A variant of Motivational Enhancement Therapy (MET) – Typically 1-4 sessions



The Check-Up Model



Motivational Enhancement Therapy (MET)

Length

1-4 Sessions

Delivery

In-Person, Phone, Computer

Style

Motivational Interviewing

Content

Review of **Personal Feedback Report**, which includes:

- Normative Data
- Summaries of
 - Recent patterns of behavior
 - Consequences
 - Risk Factors
 - Personal Goals

Principles

To facilitate a candid exploration of his/her substance use or behavior, including:

- Costs & Benefits
- Comparison with others
- The impact on goals and relationships



Check-Up Applications

- Risky Drinking - [Drinker's Check-Up](#)
 - In-Person
 - Computerized
 - Web-based
- Marijuana Use
 - Adults – [Marijuana Check-Up](#)
 - Adolescents – [Teen Marijuana Check-Up](#)
- Substance Abuse with Soldiers – [Warrior Check-Up](#)
- Perpetrators of Domestic Violence – [Men's Check-Up](#)
- HIV Risk Behavior – [Sex Check](#)
- PTSD with Soldiers– coming soon!



Adult Marijuana Check-Up

**Stephens, Roffman, Fearer, Williams, & Burke,
2007**





Questions About Your Pot Use?

call

THE MARIJUANA CHECK UP
(206) 616-3457

www.marijuanacheckup.com

For adults who have questions.

Not a treatment program.

Free and Confidential.

Research at the UW School of Social Work



Your Marijuana Use Got You Thinking?



The Marijuana Check Up

206-616-3457

www.marijuanacheckup.com

We address concerns & questions.

No pressure to change.

Free & Confidential.



Marijuana Check-Up Study

- Attract self-referral
- Randomized clinical trial (n = 188)
- Aimed at reducing marijuana use in ambivalent users
- Marijuana abusing and/or dependent adult sample



Outcomes

- Participants marijuana use patterns resembled treatment-seeking participants in earlier studies.
 - Reported fewer problems
 - Met fewer dependence criteria
 - Lower in stages of change
- Check-up attracted many who were abusing (89.4%) or dependent (64%) on marijuana
- Likely would not have sought “treatment”
- MET reduced days of use relative to control conditions at 7 week follow-up
- Differences were not evident at 6 months; marginally significant at 12 month follow-up



Teen Marijuana Check-Up



In-School
MET
Intervention

No Pressure,
No Judgment

Individual
Sessions

Erase Barriers

Not
Treatment

Computerized
Assessment

Brief

No Parental
Consent
Required



Recruitment Approaches

- Classroom presentations
- Information tables
- Referrals from school staff
- Self-referral- posters and flyers on campus
- Friends and Family



Does it work?

- 4 trials conducted
- Adolescents will volunteer to participate in a marijuana intervention (700+ teens over 4 trials)
- Can attract a heavy using sample
- Treatment naive
- High levels of:
 - Marijuana abuse and dependence
 - Clinical severity – samples look similar to tx studies
- MET reduces marijuana use more than Education or a Delayed control condition
- Engagement in abstinence based tx was low



TMCU 4

Enhancing the Check-Up

- This trial evaluated adding MET “Check-Ins” over time to possibly enhance and extend outcomes from TMCU
- Randomized controlled trial (N = 252): TMCU or TMCU plus MET Check-Ins
- Both conditions reduced use and negative consequences that were sustained through the 15-month follow-up
- Check-Ins were associated with greater reductions at the 6-month follow-up, but not sustained at additional follow-ups
- CBT attendance was 26% across conditions and Check-Ins did not increase engagement with CBT



What We Know

- Treatment only captures a small minority of those who are using heavily and problematically
- Alternatives need to be available to promote self-referral to interventions
- The Check-Up Model is a viable method for reaching clinical populations who aren't seeking treatment
- Attracts voluntary participation
- Promotes behavior change –
 - Reductions in use and
 - Associated problems
 - Effects are small to moderate
- Successful adaptations for phone-based Check-Ups
- These interventions are not widely available



What We Still Need to Know

- How do we improve outcomes – i.e., reduce use and consequences more?
- How do we extend outcomes for a longer period of time?
- Who will pay for this service?
 - Is it reimbursable under insurance?
- Might this be a viable option for a statewide helpline?
- How can we implement this?



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