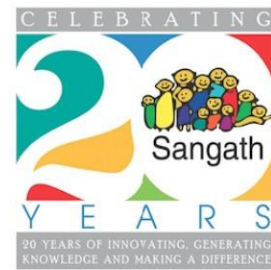


THE SYSTEMATIC DEVELOPMENT OF THE COUNSELLING FOR ALCOHOL PROBLEMS (CAP)



A Lay Counsellor Delivered Psychosocial Intervention for Harmful Drinking in Primary Care

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FOCUS OF TODAY'S SESSION



PROGRAMME FOR MENTAL HEALTH INTERVENTIONS IN UNDER-RESOURCED HEALTH SYSTEMS (PREMIUM)



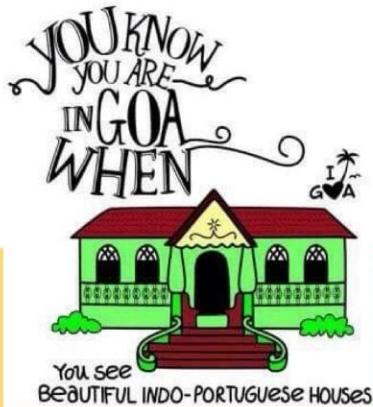
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GOAL

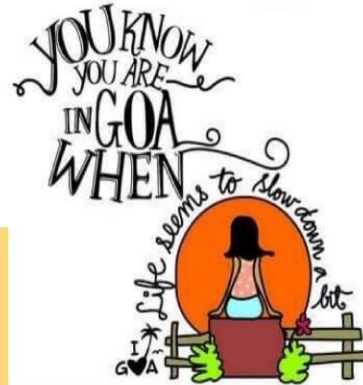
- Phase 1: To define a methodology to develop contextually sensitive psychological treatments for delivery by non-specialist health workers
- Phase 2: To evaluate the outputs of this methodology for people with harmful drinking



CONTEXT



Portuguese
influence



Low excise
duties



Large Catholic
population



Locally brewed
feni



PHASE 1



STAGES

STAGE 1

Identifying potential treatment strategies

STAGE 2

Developing a theoretical treatment framework

STAGE 3

Evaluating the acceptability, feasibility and impact of the treatment

STAGES

STAGE 1

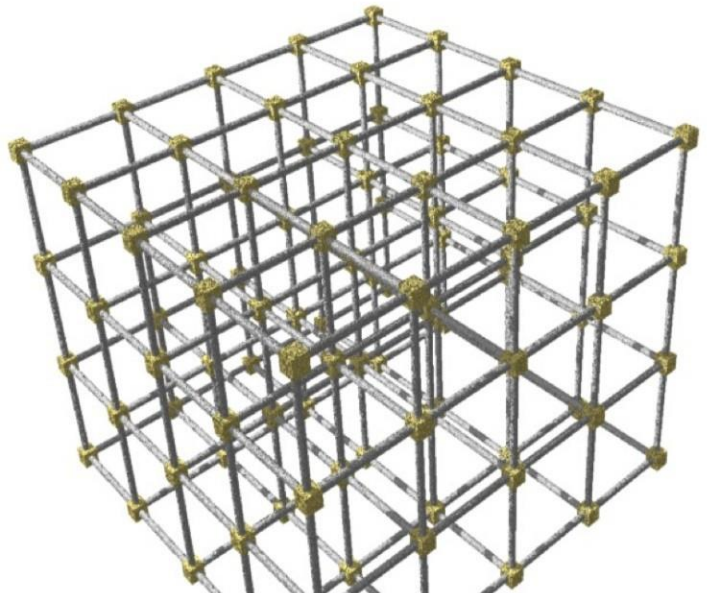
Identifying potential treatment strategies



STAGES

STAGE 2

Developing a theoretical treatment framework









STAGES

STAGE 3

Evaluating the acceptability, feasibility and impact of the treatment



CASE SERIES: EXPERIENCE OF DELIVERING MI IN INDIA



ADAPTATIONS

Number of
sessions

Structure of
sessions

Referral
pathways

Engagement
style

Medication
related
expectations

Psychoeducati
onal needs

Impact On Social And Family Life



Family problems:

- ▶ Family tension
- ▶ Quarrelling and violence
- ▶ Missed family functions
- ▶ Family members may become anxious, depressed, and may drink excessively themselves
- ▶ Children may have behaviour problems and perform poorly in school
- ▶ Financial problems and debts

Social difficulties:

- ▶ Conflict with colleagues
- ▶ Workplace accidents
- ▶ Frequent absence from work
- ▶ Repeated dismissals from work and long-term unemployment
- ▶ Arguments and fights



Saying 'No' To Drinks



It is useful to be able to say 'NO' when offered a drink. If you have stopped or your drinking it is important to be prepared to handle such situations by using simple techniques.

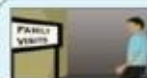
Situations where you might need these techniques:



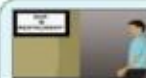
Attending a party (either alone or with friends or family),



You visit friends or family members who drink



Friends or family members who



Visit to a bar or a restaurant



Bottle or drink as sp occ

What You Can Do To Control Your Drinking

Why It Is Important That You Take Charge Of Your Drinking



Unhealthy drinking can contribute to many problems. Stopping or reducing drinking can have many important benefits. Tick the ones that would apply to you.

Reduction in domestic violence



Improved financial situation



Better physical and mental health



Having an active personal and social life

Regaining lost

Reduced mental health problems for other family members

ie skills that a patient aiming for contr

re drinking

While drink
What to dri



something
Good



• Drink a long soft dri

ADDITIONAL STRATEGIES

Problem
solving

Handling
drinking urges

Drink refusal
skills

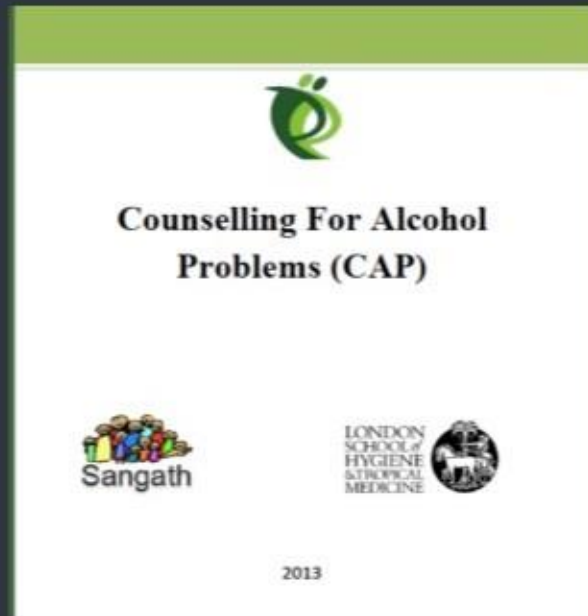
Handling
difficult
emotions

Relapse
prevention

CHALLENGES NEEDING FURTHER EXPLORATION



CASE SERIES WITH CAP





SCREENER WITH PATIENT



COUNSELLOR WITH PATIENT

ACCEPTABILITY AND FEASIBILITY

COUNSELLORS EXPERIENCE

'Earlier I used to wonder if the counselling we do reaches the patient. Two of my patients stopped drinking completely. I got a call from their home that with the counselling treatment they had improved, and that they had not stopped drinking in the past despite taking treatment from the doctor for 12 to 13 years. The family members wanted to come and see what I had told him in the two to three sessions. One patient's wife even said that she would like to tell others about what we do here. When I heard this I felt happy and realised that the message that we are trying to deliver is getting across to the patients'.

CHALLENGES

'Follow up with harmful drinkers is not as good as with depressed patients. And when I go for home visits, mostly either the patient is drunk or is sitting in a bar (local pub). So then it becomes very difficult. I visited the patient 2-3 times and each time when I visited, he was drunk'.

CHALLENGES TO TELEPHONE DELIVERY

'Once, while doing telephone counselling we got disconnected in the middle of a session. The patient then messaged me to ask for my personal number. When I called him again I could hear his friends talking in the background. When I would ask him whether he understood what I was telling him he would say yes but I would get the feeling that he was making fun of me and sometimes I used to feel that the person talking at the other end was not the patient, but his friend'.

CHALLENGES TO HOME DELIVERY

'If we are conducting a session at the patient's home such things happen. Someone (family member or neighbour) interrupts us, or someone makes a comment. The patient is not comfortable with us, while talking with us he is doing some other thing, and his attention is not on the session. When someone interrupts we request the patient to tell him or her to leave. However it is difficult to do that. The neighbours are very inquisitive and want to know details of what we are doing and why we are doing it'.

CHALLENGES OF FAMILY INVOLVEMENT

'One patient's wife said that she has been trying to improve her husband for so many years, but in vain. She said that she did not understand what I could do to change him. She said she would send the patient for the counselling session but keeps grumbling. Sometimes she comes to the PHC, tells me that I am wasting my time, that he (patient) is not going to improve, and that he does not listen to anybody not even his children'.

LESSONS LEARN



Cultural assumptions should not be taken for granted and need to be tested out in formative research

It was extremely challenging to deliver MI and to achieve an acceptable level of competency

While designing programmes for the less severely unwell end of a disorder spectrum, is to also cater concurrently to the more severely unwell

Successfully delivering a psychosocial intervention in low resource settings involves taking it out of health facilities and moving it into the community

LESSONS LEARN



With sufficient experience, the peer group was able to provide as good quantitative feedback about therapy quality as the expert supervisors.

Overlap in the processes/procedures followed by various frameworks

Universality of the various psychosocial intervention strategies and their applicability beyond the cultural groups for which they were originally developed, if suitable adaptations are made to increase access to the core strategies for the target group.

PHASE 2



THE PREMIUM TRIALS

(PATEL ET AL, TRIALS 2014)

- 377 participants with harmful drinking, from ten primary health care centres
- Randomized to CAP+enhanced usual care vs enhanced usual care
- 3 and 12 month assessments on range of clinical, social and economic outcomes
- Same pool of non-specialist workers (called counsellors) delivering both treatments, regardless of theoretical distinctiveness



PRIMARY HYPOTHESIS

- The CAP treatment in addition to enhanced usual care (EUC) will be superior to EUC alone in
 - reducing the amount of alcohol consumed in past 14 days, and
 - increasing remission rates



TRIAL CONDUCT

- 56% participation (N=378)
- 89% follow-up at 3 months
- 84% follow-up at 12 months
- 81% follow-up at 3 and 12 months

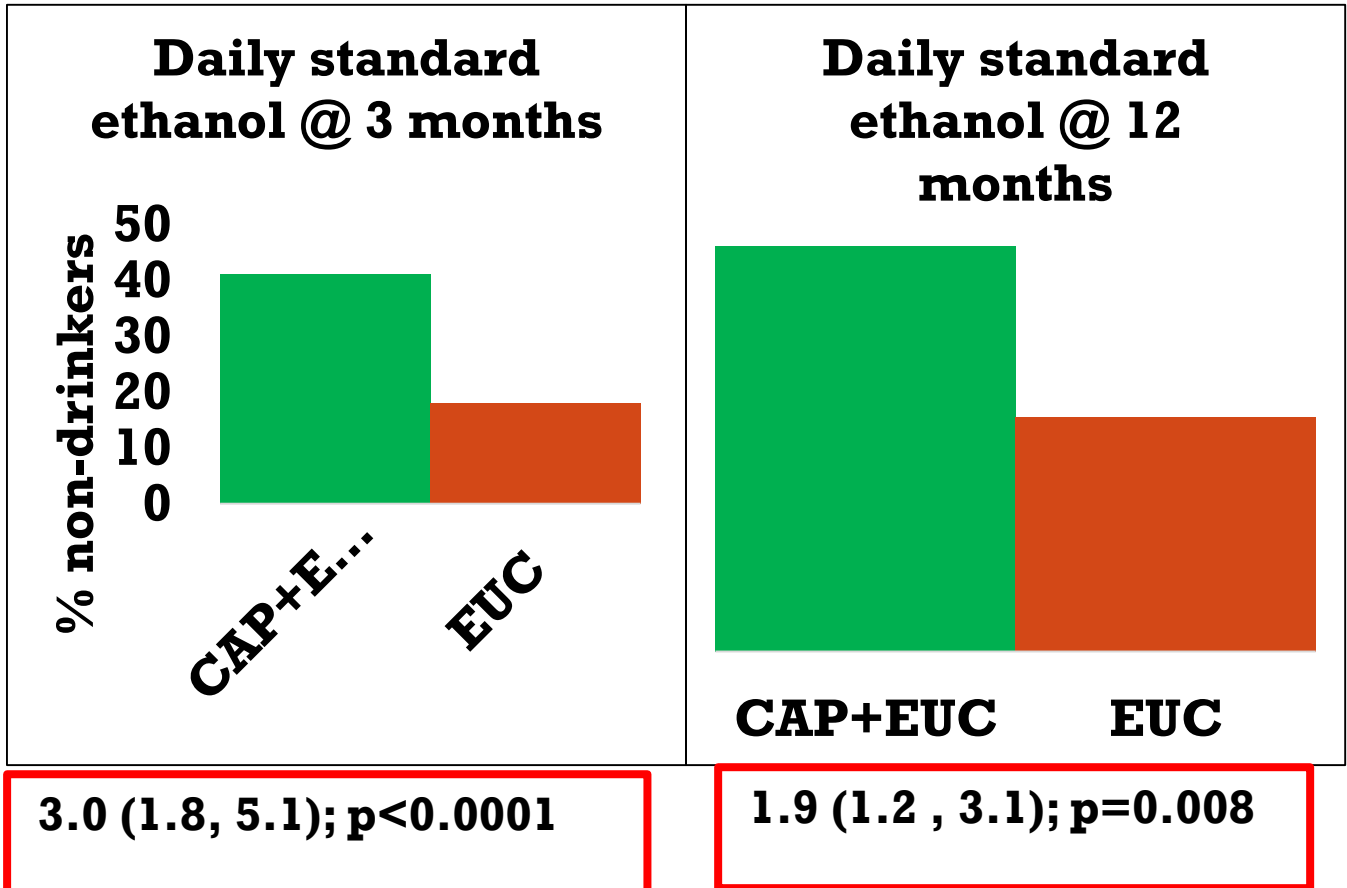


TREATMENT PROCESS INDICATORS

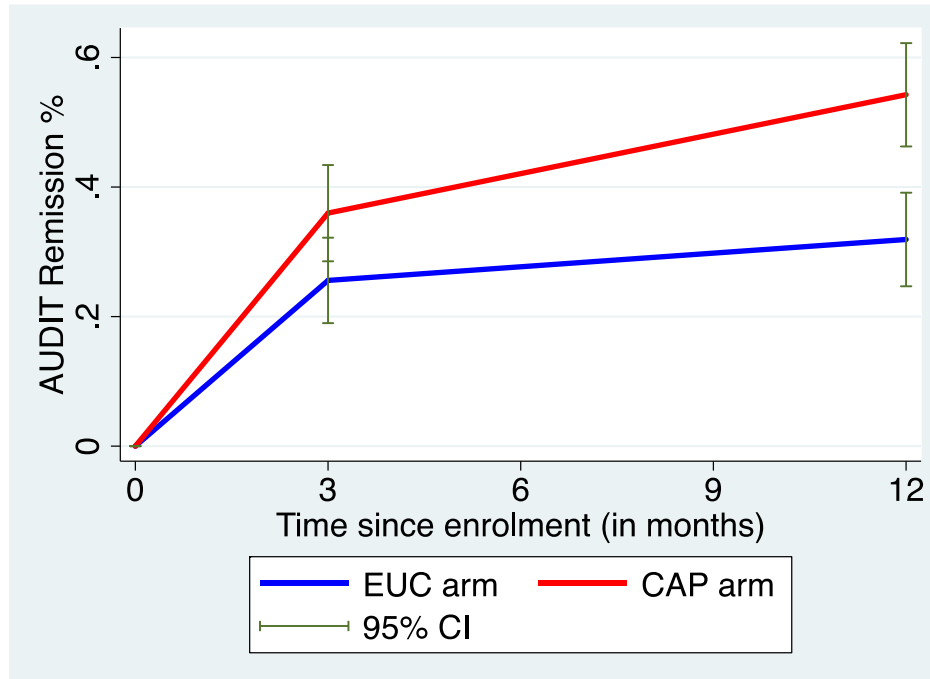
- 70% treatment completion rate!
- Median No. sessions:
 - Completers: 3 (2, 4)
 - Dropouts: 1 (1, 2)
- Mean duration (min): 42.4 (40.9, 43.7)
- % sessions delivered at home: 116 (27%)
- % sessions delivered at PHC: 309 (71%)
- % sessions delivered on phone: 9 (2%)



EFFECT OF CAP+EUC



REMISSION RATES (AUDIT < 8)



KEY CONCLUSIONS

- Brief psychological treatment for harmful drinking, is acceptable, feasible, and cost-effective, even when delivered by the same non-specialist health workers in routine health care settings in treatment naïve populations



DELIVERABLES

- Evidence on the effectiveness and cost-effectiveness
- Manuals and patient resource materials
- E-training courses
- Protocol for peer supervision and tools for assessment for therapy quality
- Methodology for development of PT for delivery by lay counsellors in routine settings applied to other conditions



IMPLICATIONS

Mechanisms

Testing in other
LMICs

CAP manual and
related material

[http://sangath.com/
manuals.php](http://sangath.com/manuals.php)

IMPLICATIONS

Digitising the
manual in
collaboration
with NextGenU



<http://www.nextgenu.org/>)

Maps on well to
national policy



PROOF OF THE PUDDING

Articles

Counselling for Alcohol Problems (CAP), a lay counsellor-delivered brief psychological treatment for harmful drinking in men, in primary care in India: a randomised controlled trial

Abhijit Nadkarni*, Benedict Weobong*, Helen A Weiss, Jim McCambridge, Bhargav Bhat, Basavaraj Katti, Pratima Murthy, Michael King, David McDaid, A-La Park, G Terence Wilson, Betty Kirkwood, Christopher G Fairburn, Richard Velleman†, Vikram Patel‡





Publications



Authorship: Clinical and Experimental Research

Vol. 39, No. 1
March 2015

The Systematic Development and Pilot Randomized Evaluation of Counselling for Alcohol Problems, a Lay Counselor-Delivered Psychological Treatment for Harmful Drinking in Primary Care in India: The PREMIUM Study

Abhijit Nadkarni, Richard Velleman, Hamid Dabholkar, Sachin Shinde, Bhargav Bhat, Jim McCambridge, Pratima Murthy, Terry Wilson, Benedict Wobong, and Vikram Patel

10.1016/j.jad.2015.03.001



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Chapter 3

Developing mental health interventions

Abhijit Nadkarni, Mary J. De Silva, and Vikram Patel

The explanatory models and coping strategies for alcohol use disorders: An exploratory qualitative study from India^a

Abhijit Nadkarni^{a,b,*}, Hamid Dabholkar^c, Jim McCambridge^a, Bhargav Bhat^b, Shuba Kumar^d, Rani Mohanraj^d, Pratima Murthy^c, Vikram Patel^{a,b}

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CONTAD

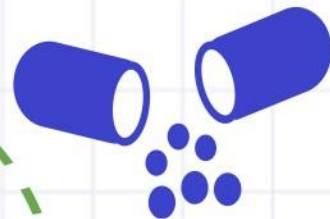
Community Oriented Non-Specialist Treatment for Alcohol Dependence



Aims to treat
alcohol
dependent
persons by

Relapse
revention
counselling to
provide support
and help them
stay alcohol free

Delivering
detox at
home by
trained lay
counsellors
under the
supervision
of a medical
team





Identify affected family members and refer them to SAFE Counsellors



SAFE counsellors will contact the AFM, offer counseling and set up a meeting



SAFE counsellors will meet with the person, explain the approach and get consent to participate in SAFE



Refer to specialized services if needed



Start counselling using 5 Step method