

Ready 2 change - a new, brief, telephone delivered intervention



Dr Victoria Manning
APSAD Conference
8th-11th November 2015



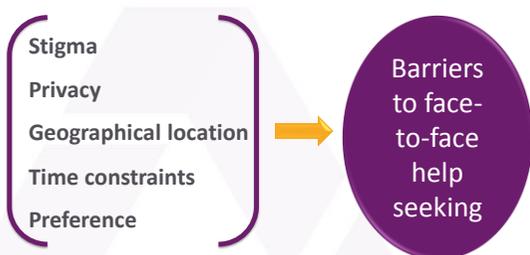
Help-seeking rates in Australia for AOD problems

Alcohol: Less than 1 in 5 who meet the lifetime criteria for alcohol misuse (Teeson et al., 2010)

Drugs: Only 1 in 4 who are affected by substance use (Reavley et al., 2010)

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Distance-based AOD interventions

- Inbound Telephone help-lines
- Online but not in 'real time'
- Online and now in 'real time' chat
- Text messages (SMS)
- Out-bound telephone services

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Telephone interventions: Do they work?

Yes, in a variety of contexts

- Smoking cessation (Zhu et al, 1996)
- Cannabis (Gates et al, 2012)
- Alcohol - evidence emerging (Heinemans et al, 2014)
- 61% of studies supported the efficacy of this approach for reducing substance use (Young, 2012)

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Aims of R2C

- Augments existing treatment options
- Reduces burden on face-to-face services
- Can be a step down treatment
- Targeting those where minimal intervention can produce results (Tiers 1-3)

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Client Workbooks

R2C-Ready 2 Change
Clinician Manual

My R2C workbook

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Ready 2 Change (R2C)

Outbound telephone-delivered intervention for clients concerned about their alcohol, amphetamine or cannabis use.



CBT, MI, DBT, ACT & MBRP principles; node-link mapping

8 Skills Training Modules

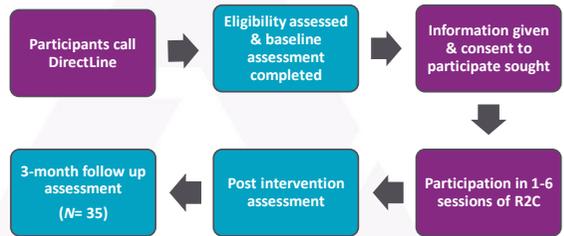
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1. Regulating Emotion
2. Managing Anger
3. Controlling Impulses
4. Sleep strategies
5. Living Mindfully
6. Cultivating Fulfilling Relationships
7. Managing Anxiety
8. Enhancing mood

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Pilot evaluation- method



Results: Number of sessions

Average: 5.28 sessions

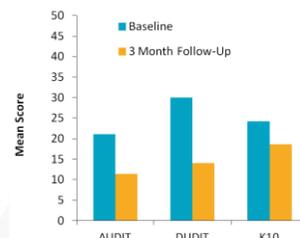
- 4 sessions
- 5 sessions
- 6 sessions
- 7 sessions
- Unknown

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AOD use & psychological distress



Significant reduction in AUDIT scores (n= 30)
M= 21.07 to M= 11.37; p<0.001

Reduction in DUDIT scores (n= 5)
M= 30.0 to M= 14.0

Significant reduction in K10 scores (n= 35)
M= 24.18 to M= 18.60; p<0.01

