2.5 'Stepped care' for drinkers yet to prove itself

Findings 'Stepped care' first offers clients the least intensive response likely to benefit them. If that fails they are reassessed and a more intensive option attempted, and so on. Reserving more costly responses for non-responders should improve cost-effectiveness without (if later steps succeed) affecting outcomes. However, the first test of this model for problem drinkers found no added benefit from offering further help to initial non-responders.

Subjects were 136 problem drinkers who attended at least three sessions at a Canadian outpatient alcohol clinic. Most were employed, married and mildly dependent. Initial therapy consisted of at least four sessions during which clients considered the costs and benefits of change, set drinking goals, developed action plans, and monitored their drinking. Those drinking 20+ units a week over the first three sessions were considered non-responders and were eligible for a further session to consolidate previous learning and enhance motivation, plus personalised progress reports in aftercare contacts. A randomly selected 33 non-responders were offered this 'extra step', the remaining 36 continued in the base programme, forming a comparison group. Interviews six months after therapy ended assessed drinking levels over this period.

Clients who drank heavily during treatment tended to do so before and after, suggesting that in-treatment drinking was a valid marker of treatment progress. All the groups drank somewhat less during and after treatment than they had done before. The key finding was that, though it encouraged many more clients to attend extra sessions, the further intervention did not improve outcomes.

In context Now attracting interest in the UK, stepped care (for description ◤ *Secondary sources*) adds a 'suck it and see' element to the attempt to match clients to treatments. Its underlying assumption is that *intensity* (not just type) of treatment is important. That it failed this first test may have been due to a number of factors.

Conceivably the patients (those heavily dependent were excluded) were not 'bad' enough to feel the need for or to benefit from extra treatment. Initial 'non-response' was judged by the *absolute* level of drinking, yet for some this may have been an improvement on pre-treatment levels. The further intervention may not have been intensive enough to progress clients resistant to the earlier attempt. A step up in treatment goals (eg, from moderation to abstinence) was not on offer, neither were the nature and 'height' of the extra step geared to the client and their progress. During and post-treatment drinking were measured differently, perhaps obscuring links between them. In-treatment drinking may have reflected post-treatment outcomes just because the (fairly brief) interventions left many patients' drinking untouched. The most pessimistic explanation is that clients resistant to initial treatment continue to be so when intensity is stepped up, rendering this a further waste of resources. Given the caveats above, this would be a premature verdict.

LINKS *Nuggets* **1.1**. *How brief can you get?* p. 23.
Project MATCH: unseen colossus. **1**, p. 15

Practice implications

Despite these findings, the conservatism of stepped care (in terms of resources and demands on clients) and its plausibility make it worth pursuing. Given the lack of previous research, this study's implications can only be tentatively expressed. Among them may be that the 'extra step' needs to be a significant escalation appropriate only for more problematic drinkers. Assessments of treatment progress are best expressed relative to pre-treatment behaviour. Reassessments could permit revision of treatment goals. British experts who have recently reviewed the evaluation literature for the government recommend starting (especially for those new to treatment) with brief outpatient or counselling interventions before stepping up to more intensive outpatient options.

Main sources Breslin F.C., *et al*. "Problem drinkers: evaluation of a stepped-care approach." *Journal of Substance Abuse*: 1999, 10(3), p. 217–232.

Secondary sources Sobell M.B., *et al*. "Stepped-care for alcohol problems: an efficient method for planning and delivering clinical services." In: Tucker J.A., *et al*, *eds*. *Changing addictive behavior*. Guilford Press, 1998, p. 331–343. Copies: for both apply Alcohol Concern.

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