Motivational Interviewing Techniques for Brief Intervention.

Re-designing How We Treat Substance Use Problems

Learning Objectives

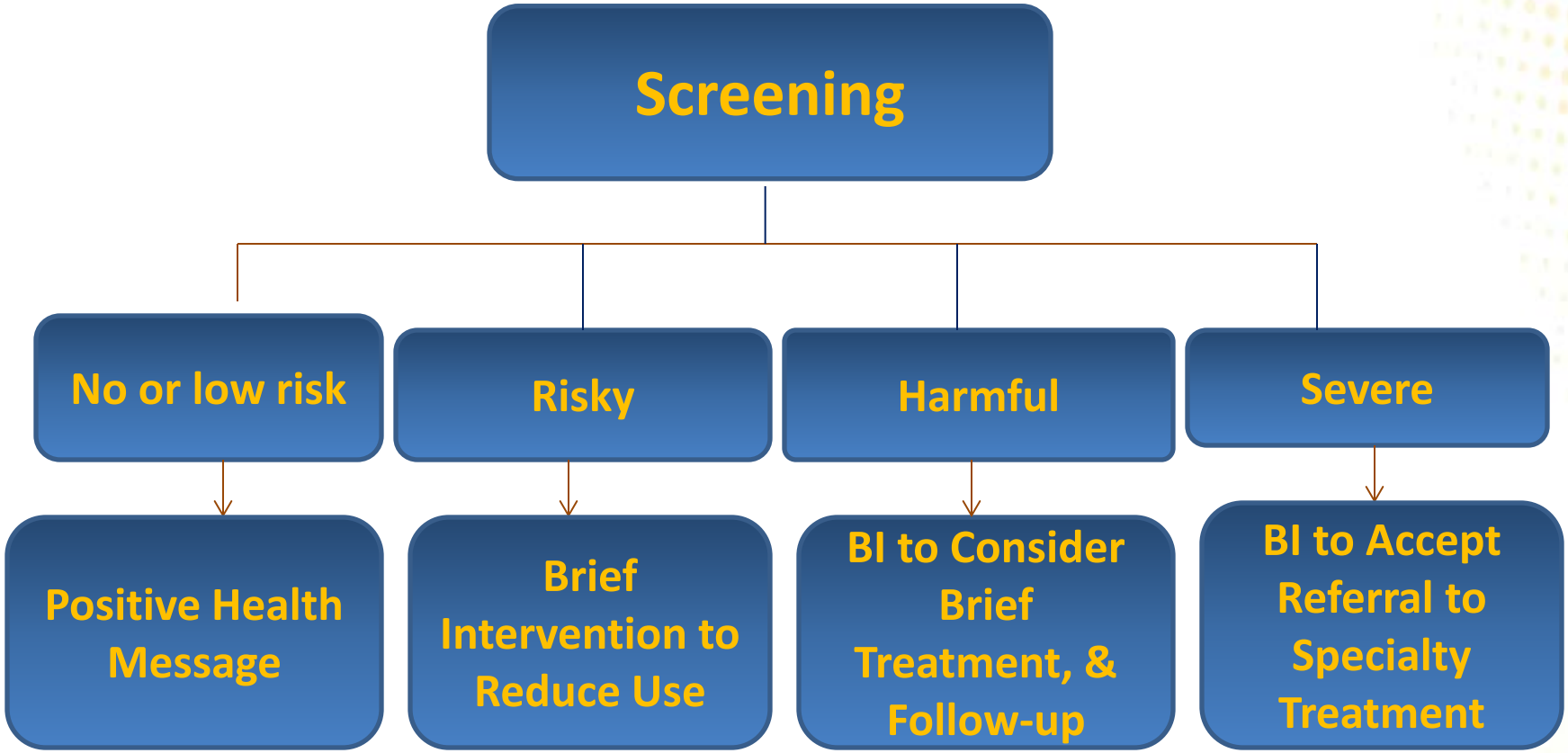
Introduction to Motivational Interviewing techniques applied to Brief Intervention.

- Learning Objectives:

1. Describe the fundamental spirit and principles of Brief Intervention.
2. State relevant evidence of efficacy.
3. Demonstrate Motivational Interviewing as an approach to Brief Intervention.

UMKC School of Nursing and Health Studies

SBIRT Process



UMKC School of Nursing and Health Studies

SAMHSA TIP 33, 2013

Screen	Target Population	# Items	Assessment	Setting (Most Common)	URL
ASSIST (WHO)	-Adults -Validated in many cultures and languages	8	Hazardous, harmful, or dependent drug use (including injection drug use) [interview]	Primary Care	http://www.who.int/substance_abuse/activities/assist_test/en/index.html
AUDIT (WHO)	-Adults and adolescents -Validated in many cultures and languages	10	Identifies alcohol problem use. Can be used as a pre-screen to identify patients in need of full screen/brief intervention [Self-admin, Interview, or computerized]	•Different Settings •AUDIT C- Primary Care (3 questions)	http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf
DAST-10	Adults	10	To identify drug-use problems in past year [Self-admin or Interview]	Different Settings	http://www.integration.samhsa.gov/clinical-practice/screening-tools
CRAFFT	Adolescents	6	To identify alcohol and drug abuse, risky behavior, & consequences of use [Self-admin or Interview]	Different Settings	http://www.ceasar-boston.org/CRAFFT/
CAGE	Adults and Youth >16	4	-Signs of tolerance, not risky use [Self-admin or Interview]	Primary Care	http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionaire.pdf
TWEAK	Pregnant Women	5	-Risky drinking during pregnancy. Based on CAGE. -Asks about number of drinks one can tolerate, & related problems [Self-admin, Interview, or computerized]	Primary Care, Women's Organizations, etc.	http://www.sbirttraining.com/sites/sbirttraining.com/files/TWEAK.pdf

SBIRT

Screening

- Pre-screen/ Annual Screen - universal
- Full Screen - selected

Brief Intervention

- Help patients understand their substance use, possible health impact, motivate behavior change.

Referral to Treatment

- Help patients showing signs of substance use disorder to access specialty care

NEXT

What is BI/BNI?

A Brief Intervention or Brief Negotiated Interview is a time limited, individual counseling session.

What is a Brief Intervention?

- A brief 5 to 15 minute discussion(s)
- Aim 1: Enhance a patient's motivation to change risky substance use
- Aim 2: Motivate patients with more severe risk to seek assessment/treatment

(Also effective for addressing tobacco use)

UMKC School of Nursing and Health Studies

What are the Goals of BI/BNI?

- The general goal of a BI/BNI is to:
  - Educate the patient on safe levels of substance use.
  - Increase the patients awareness of the consequences of substance use.
  - Motivate the patient towards changing substance use behavior.
  - Assist the patient in making choices that reduce their risk of substance use problems.
- The goals of a BI are fluid and are dependent on a variety of factors including:
  - The patients screening score.
  - The patients readiness to change.
  - The patients specific needs.

Goals of the Brief Intervention

- Opportunity to explore alcohol/drug use and discuss possible reasons for change
- Enhance self-efficacy and commitment to change
- Draw upon the natural supports in the person's life
- Plant a seed to influence possible change
- Capitalize on a "teachable moment"

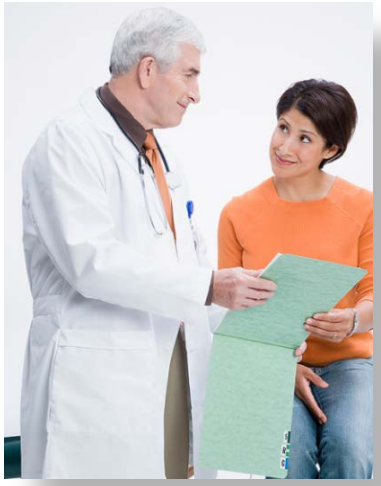
SAMHSA SBIRT, 2013

What is Your Role?

- Provide feedback about the screening results.
- Offer information on low-risk substance use, the link between substance use and other lifestyle or healthcare related problems.
- Understand the client's viewpoint regarding their substance use.
- Explore a menu of options for change.
- Assist the patient in making new decisions regarding their substance use.
- Support the patient in making changes in their substance use behavior.
- Give advice if requested.

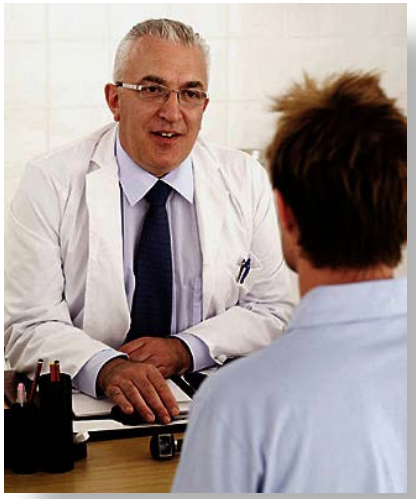
Which Communication Styles Do You Use with Patients, and When?

Directing



Following

Guiding



UMKC School of Nursing and Health Studies

Rollnick, Miller, Butler, 2008

What Makes Brief Intervention Different?

Communication Styles

Directive Communication	Guiding Communication
• Explain why	• Respect for autonomy, goals, values
• Tell how	• Readiness to change
• Emphasize importance	• Ambivalence
• Persuading	• Empathy, non-judgment, respect
• Clinician is the expert	• Patient is the expert

Ask Yourself

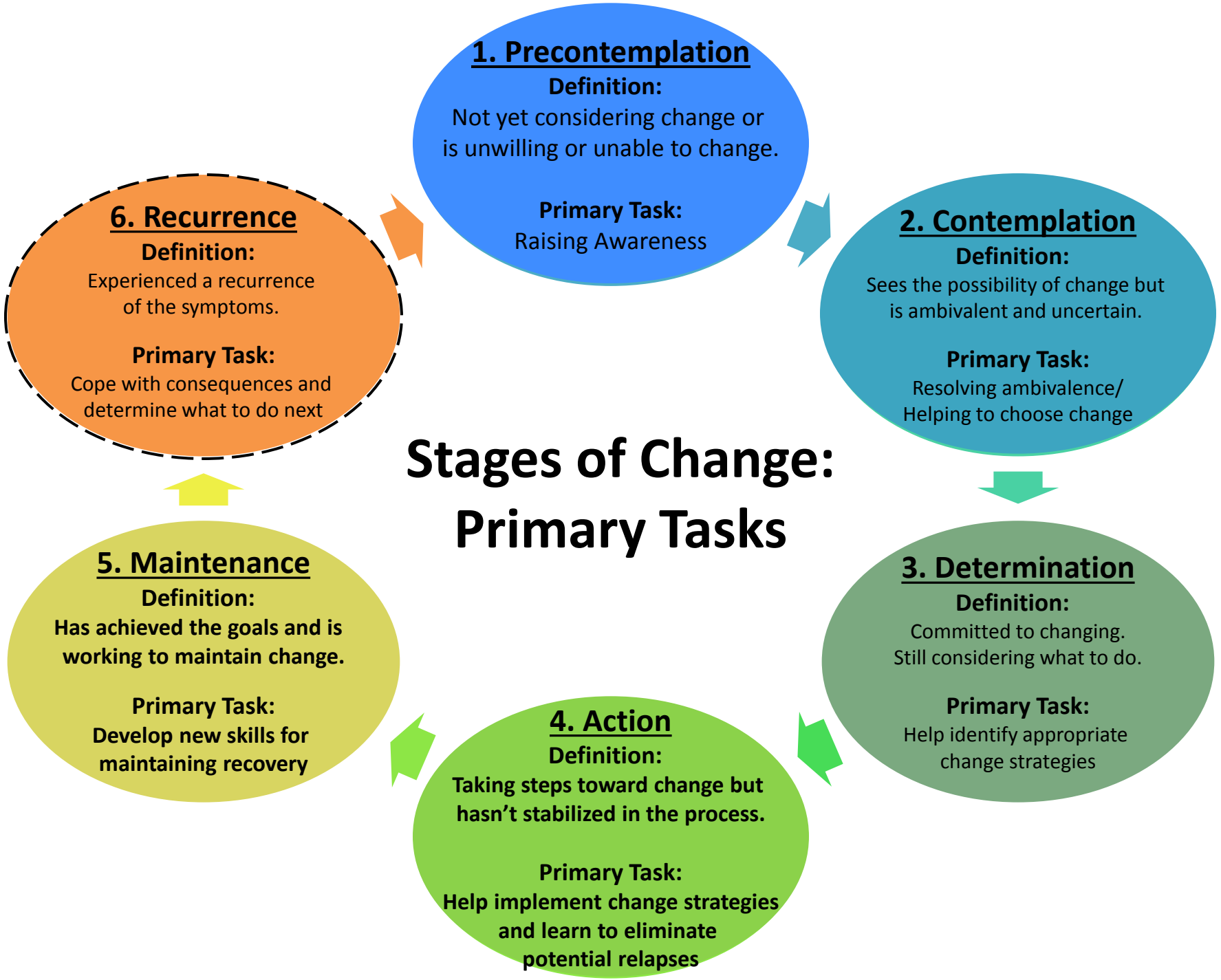
Who has the best idea in the room?

The Patient

WHERE DO I START?

What you **do** depends on where the patient **is** in the process of changing.

The first step is to be able to **identify where the patient is coming from.**


1. Precontemplation
Definition:
Not yet considering change or is unwilling or unable to change.
Primary Task:
Raising Awareness
2. Contemplation
Definition:
Sees the possibility of change but is ambivalent and uncertain.
Primary Task:
Resolving ambivalence/ Helping to choose change
3. Determination
Definition:
Committed to changing. Still considering what to do.
Primary Task:
Help identify appropriate change strategies
4. Action
Definition:
Taking steps toward change but hasn't stabilized in the process.
Primary Task:
Help implement change strategies and learn to eliminate potential relapses
5. Maintenance
Definition:
Has achieved the goals and is working to maintain change.
Primary Task:
Develop new skills for maintaining recovery
6. Recurrence
Definition:
Experienced a recurrence of the symptoms.
Primary Task:
Cope with consequences and determine what to do next
Stages of Change:
Primary Tasks

Stages of Change: Intervention Matching Guide

1. Pre-contemplation

- Offer **factual** information
- Explore the **meaning of events** that brought the person to treatment
- Explore **results of previous efforts**
- Explore **pros and cons** of targeted behaviors

2. Contemplation

- Explore the person's **sense of self-efficacy**
- Explore **expectations** regarding what the change will entail
- **Summarize** self-motivational statements
- Continue exploration of **pros and cons**

3. Determination

- Offer a **menu of options** for change
- Help identify **pros and cons** of various change options
- Identify and **lower barriers** to change
- Help person **enlist social support**
- Encourage person to **publicly announce plans** to change

4. Action

- Support a **realistic view** of change through **small steps**
- Help **identify high-risk situations** and develop **coping strategies**
- Assist in **finding new reinforcers** of positive change
- Help access family and social **support**

5. Maintenance

- Help identify and try **alternative behaviors** (drug-free sources of pleasure)
- Maintain **supportive contact**
- Help **develop escape plan**
- Work to **set new** short and long term **goals**

6. Recurrence

- Frame recurrence as a **learning opportunity**
- Explore possible behavioral, psychological, and social **antecedents**
- Help to develop **alternative** coping strategies
- Explain Stages of Change & encourage person to **stay in the process**
- Maintain **supportive** contact

“PEOPLE ARE BETTER PERSUADED BY THE REASONS THEY THEMSELVES DISCOVERED THAN THOSE THAT COME INTO THE MINDS OF OTHERS”

BLAISE PASCAL

AMBIVALENCE

All change contains an element of ambivalence.

We “want to change and don’t want to change”

Patients’ ambivalence about change is the “meat” of the brief intervention.

Motivational Interviewing


I CAN HELP, BUT FIRST YOU MUST ADMIT YOU HAVE A PROBLEM!
HELP!
SHRINK'S SUMMER JOB

Motivational Interviewing is the foundation to delivering effective BIs

Motivational Interviewing (MI)

- Patient-centered
- Goal-directed (behavior change)
- Helps resolve ambivalence

A-C-E

- affirms client's Autonomy
- Collaboration between pt & practitioner
- Elicits patient's intrinsic motivation & reasons for change

Dyad Exercise: Speaker's Topic

Something about yourself that you

- –want to change
- –need to change
- –should change
- –have been thinking about changing, but you haven't changed yet

. . . in other words - something you're ambivalent about and willing to talk about

Dyad Exercise: Role of Listener

Find out what change the person is considering making, and then:

- Give the person a *few good reasons* to make the change
- Tell the person *how* they could change
- Emphasize how *important* it is to change
- *Persuade* if you meet resistance, repeat

This is *NOT* motivational interviewing

Dyad Exercise: Debrief

- What was it like **being told how and why to change your behavior**?
- What was it like **telling your partner why and how he/she should change**?

Avoid Temptation to Offer Advice

Common Reactions	
Angry	Afraid
Agitated	Helpless, overwhelmed
Oppositional	Ashamed
Discounting	Trapped
Defensive	Disengaged
Justifying	Not come back – avoid
Not understood	Uncomfortable
Procrastinate	Not heard

Dyad Exercise:
Taste of Motivational Interviewing

Your role is to be ***collaborative & to evoke***

GIVE NO ADVICE

- What is the reason you picked this topic/behavior? (Listen) What else?
- How important is it for you to make this change?
- If you did make this change, how would your life be different in six months?
- If you did make this change, how would you do it?
- Give a short summary/reflection of the speaker's motivation for change, then ask: **"So, what do you think you'll do?"**
- **Listen with interest and provide affirmation.**
- Then ask: *"So what do you think you'll do?"*

. . . and **just listen.**

Active Listening

Reaction When Humans are Heard	
Understood	Engaged
Want to talk more	Able to change
Liking the counselor	Safe
Open	Empowered
Accepted	Hopeful
Respected	Comfortable
Want to return	Interested
Cooperative	

Motivational Interviewing

Motivational interviewing is a person-centered, evidence-based, goal-oriented method for enhancing intrinsic motivation to change by exploring and resolving ambivalence with the individual.

Why Motivation

- Research has shown that motivation-enhancing approaches are associated with greater participation in treatment and positive treatment outcomes.

(Landry, 1996; Miller et al., 1995a)

- A positive attitude and commitment to change are also associated with positive outcomes.

(Miller and Tonigan, 1996)
(Prochaska and DiClemente, 1992)

Motivation

- Motivation is not something one has but is something one does.
- Motivation is a key to change.
- Motivation is dynamic and fluctuates.
- Motivation can be influenced.
- Motivation can be modified.
- The clinician can elicit and enhance motivation.

The Spirit of MI

- MI is an adaptation and extension of Carl Roger's humanistic client-centered style.

- MI is as much a way of being with patients as it is a therapeutic approach to counseling.

Motivational Interviewing

- Is focused on competency and strength:
  - Motivational Counseling affirms the client, emphasizes free choice, supports self efficacy, and encourages optimism that changes can be made.
- Is individualized and client centered:
  - Research indicates that positive outcomes are associated with flexible program policies and focus on individual needs (Inciardi et al., 1993).
- Does not label:
  - Motivational Counseling avoids using names, especially with those who may not agree with a diagnosis or don't see a specific behavior as problematic.

Motivational Interviewing

- Creates therapeutic partnerships:
  - Motivational Counseling encourages an active partnership where the client and counselor work together to establish treatment goals and develop strategies.
- Uses empathy not authority:
  - Research indicates that positive outcomes are related to empathy and warm and supportive listening.
- Focuses on less intensive treatment:
  - Motivational Counseling places an emphasis on less intensive, but equally effective care, especially for those whose use is problematic or risky but not yet serious.

Motivational Interviewing

- Assumes motivation is fluid and can be influenced.
- Motivation is influenced in the context of a relationship – developed in the context of a patient encounter.
- Principle tasks – to work with ambivalence and resistance.
- Goal – to influence change in the direction of health.

Goal of MI

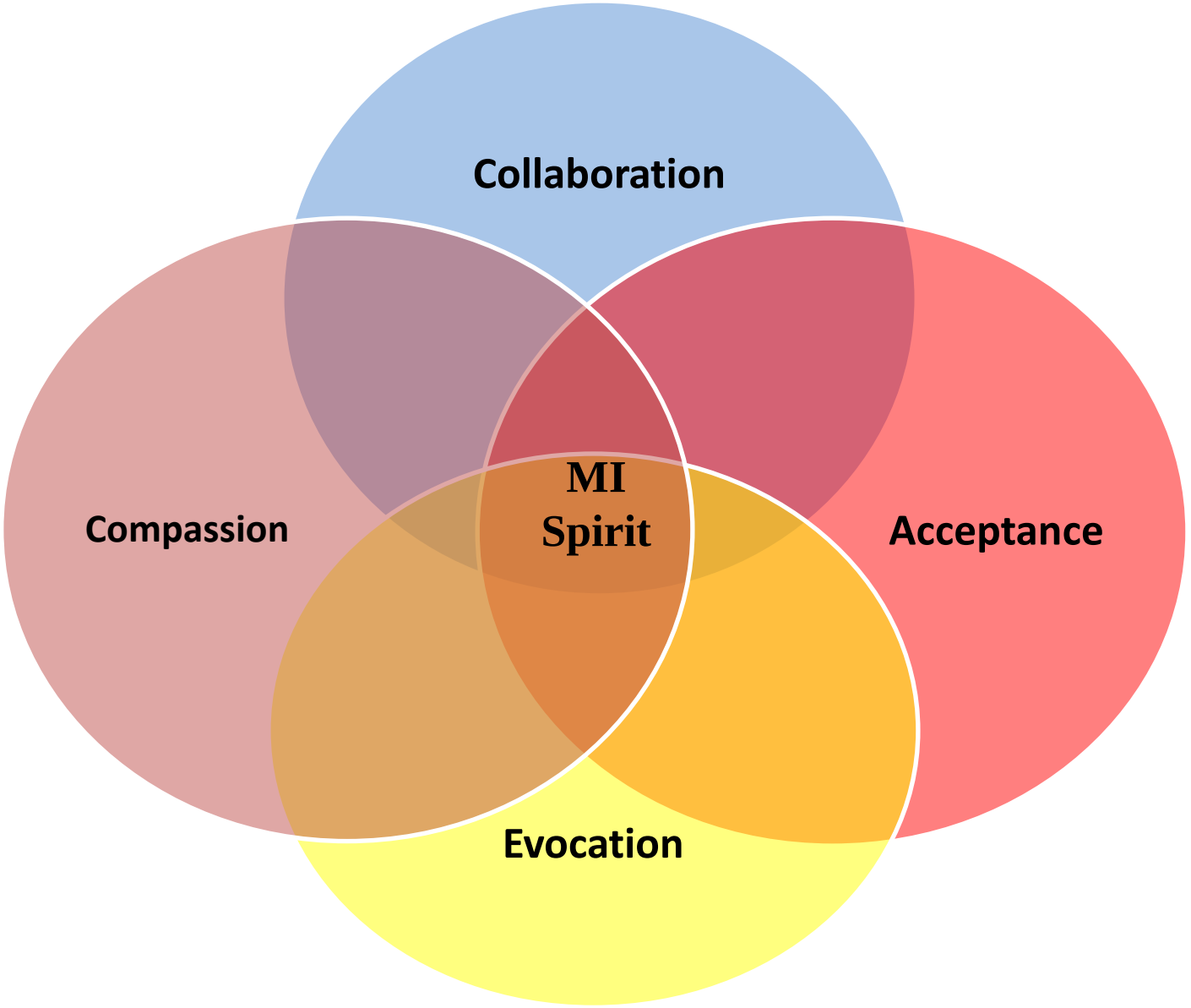
- To create and amplify discrepancy between present behavior and broader goals.

How?

- Create cognitive dissonance between where one is and where one wants to be.

UNDERLYING ASSUMPTIONS

- Acceptance
- Autonomy/Choice
- Less is better
- Elicit versus Impart
- Ambivalence is normal
- Care-frontation
- Non-Judgmental
- Change talk
- Righting reflex


Collaboration
Compassion
MI
Spirit
Acceptance
Evocation

The MI Shift

From feeling responsible for changing patients' behavior to supporting them in thinking & talking about their own reasons and means for behavior change.

How are MI principles consistent with adolescent development?

Express empathy - relationship building

Roll with resistance (or "Dance with Discord")- avoid power struggles

Avoid Argumentation- respect for autonomy

Support self-efficacy- competency development

Develop discrepancy- supports planning, anticipating risks

Video of a practitioner who is not using Motivational Interviewing as their clinical practice

http://youtu.be/_VlvanBFkvI

Rate the BI/BNI

- How would you rate this providers motivational interviewing skills?
- Imagine you are the patient….How do you feel?
- Is this approach:
  - Helpful?
  - Harmful?
  - Neutral?

- How willing do you think this patient will be to change her use or decrease her risk as a result of this intervention?

1 2 3 4 5 6 7 8 9 10

Not Willing → Very Willing

MI Tools

- DARN CAT
- EARS
- OARS

Types of Change Talk: DARN CAT

- **D**esire: I want to…. I'd really like to….I wish….
- **A**bility: I would….I can….I am able to….I could….
- **R**eason: There are good reasons to….This is important….
- **N**eed: I really need to….
- **C**ommitment: I intend to….I will….I plan to….
- **A**ctivation: I'm doing this today….
- **T**aking Steps: I went to my first group….

Responding to Change Talk: EARS

- **E**: Elaborating - asking for more detail, in what ways, an example, etc.
- **A**: Affirming – commenting positively on the person's statement .
- **R**: Reflecting – continuing the paragraph, etc.
- **S**: Summarizing – collecting bouquets of change talk.

Attending Skills: OARS

- Attending Skills
- **O**pen-ended Questions
- **A**ffirmation
- **R**eflective Listening
- **S**ummary
- Eliciting Change Talk

OARS-E

Open versus Closed Questions

- **Open-**
  - Requires more than a yes or no response
  - Eliciting – more person centered
  - Aides individual cognitions
- **Closed-**
  - Quick, easier, & efficient
  - Less person centered
  - Less engaging

OARS-E: Open Ended Questions

- **Are you doing OK today?**
  - **What has been good in your day so far?**
  - **Where would you like to start today ?**
- **Do you get along with your family?**
  - **Tell me about the important relationships in your life.**
  - **What's your home situation look like ?**
- **Do you often drink more than 4 drinks on a typical drinking occasion ?**
  - **What's a typical drinking occasion look like for you ?**
  - **Tell me about what a night out looks like for you ?**
- **Do you enjoy school ?**
  - **Tell me what you like about school.**
  - **Tell me what a typical day at school is like for you .**

Open-Ended Questions (continued)

- Why open-ended questions?
  - Avoid the question-answer trap
    - Puts patient in a passive role
    - No opportunity for patient to explore ambivalence

OARS-E : AFFIRMATIONS

- Patient/Client focused-what they do, say, feel
- Build on Strengths-capability
- Highlight Success-builds hope
- Express Empathy-around hopes, wishes, dreams, future

Affirmation Examples

- "It takes courage to face such difficult problems"
- "This is hard work you're doing"
- "You really care a lot about your family"
- "Your anger is understandable"
- "It must have taken a lot of effort to complete that homework assignment on time"

Affirmations Include…

- Commenting positively on an attribute
  - **You're strength and persistence in overcoming obstacles really shows.**
- A statement of appreciation
  - **You are someone who others can count on for your openness and honesty today**.
- Catch the person doing something right
  - **Thanks for coming in today!**
- A compliment
  - **You said that well and others appreciated it!**

OARS-E : Reflecting and Responding

- Simple- paraphrasing, clarifying, stabilizing
- Complex- reframes, links to meaning, includes feelings
- Amplified-pushes, deepens
- Double-Sided- acknowledges and amplifies ambivalence

Reflections

- Reflective listening is one of the hardest skills to learn.
- “Reflective listening is a way of checking rather than assuming that you know what is meant.”

(Miller and Rollnick, 2002)

Reflective Listening (continued)

- Involves listening and understanding the meaning of what the patient says
- Why listen reflectively?
  - Demonstrates that you have accurately heard and understood the patient
  - Strengthens the empathic relationship

Types of Reflection

- *Simple Reflection* - stays close to patient's words
  - Repeating
  - Rephrasing (substitutes synonyms)
- Example
  - Patient: I hear what you are saying about my drinking, but I don't think it's such a big deal.
  - Clinician: So, at this moment you are not too concerned about your drinking.

Levels of Reflection (continued)

- *Complex Reflection* - makes a guess
  - Paraphrase - major restatement, infer meaning, "continuing the paragraph"
- Examples
  - Patient: "Who are you to be giving me advice? What do you know about drugs? You've probably never even smoked a joint!
  - Clinician: "It's hard to imagine how I could possibly understand."
  - Patient: "I just don't want to take pills. I ought to be able to handle this on my own."
  - Clinician: "You don't want to rely on a drug. It seems to you like a crutch."

Double-Sided Reflections

- *Double-sided reflection* - attempts to reflect back both sides of the ambivalence the patient experiences.
- Example
  - Patient: But I can't quit smoking. I mean, all my friends smoke!
  - Clinician: You can't imagine how you could not smoke with your friends, and at the same time you're worried about how it's affecting you.
  - Patient: Yes. I guess I have mixed feelings.

Reflective Listening

- Listen to both what the patient says and to what the person means
- Show empathy and don't judge what patient says
  - You do not have to agree
- Be aware of intonation
  - Reflect what patient says with statement not a question, e.g., "You couldn't get up for work in the morning."

Its been fun, but something has got to give.
I just can't go on like this anymore.

- Paraphrase
  - So the fun has come at a cost.
- Amplified
  - You have had a fabulous time.
- Double-Sided
  - On the one hand you have had a good time, and on the other you can see that it is coming to an end for you.
- Affective
  - You're a bit worried about where this is taking you.

I have been depressed lately. I keep trying things other than drinking to help myself feel better, but nothing seems to work except having a couple of drinks.

- Paraphrase
  - You keep looking for ways other than drinking to feel better , without much success
- Amplified
  - Drinking is the only possible way you can feel better
- Double-Sided
  - Drinking helps in the short-term, and part of you recognizes that this may not be a great long term strategy.
- Affective
  - Your frustrated by not being able to find alternatives to drinking to feel better

OARS-E : Summarizing

- Special form of reflection
- Counselor chooses what to include and emphasize
- Includes: ***concerns about change, problem recognition, optimism about change, ambivalence about change***
- patient knows you are listening
- Invite patient to respond to your summary

Summaries

- Periodically summarize what has occurred in the session
- Use summaries to:
  - Transition between parts of the brief intervention
  - End the session

Summaries (continued)

- Examples
  - "So, let me see if I've got this right…"
  - "So, let me summarize what we've talked about"
  - "Make sure I'm understanding exactly what you've been trying to tell me…"
- Double sided reflections are often highly effective as summaries to illustrate ambivalence.
  - "On the one hand, you like *x, y, z* about your drug use, but on the other hand, you don't like *p, d, and q*."

Summaries can:

- ***Collect*** material already offered
  - So far you've expressed concern about your family, getting a job, and staying clean…
  - *What else?*
- ***Link*** something just said with something discussed earlier
  - That sounds a bit like what you told me about that lonely feeling you sometimes get.
- ***Transition*** Draw together what has happened and *transition* to a new task
  - Let me summarize what you've told me so far. You came in because you were …, and it scared you when . . . Then you mentioned… and now…
  - *…Where does that leave you?*

Other MI Tools

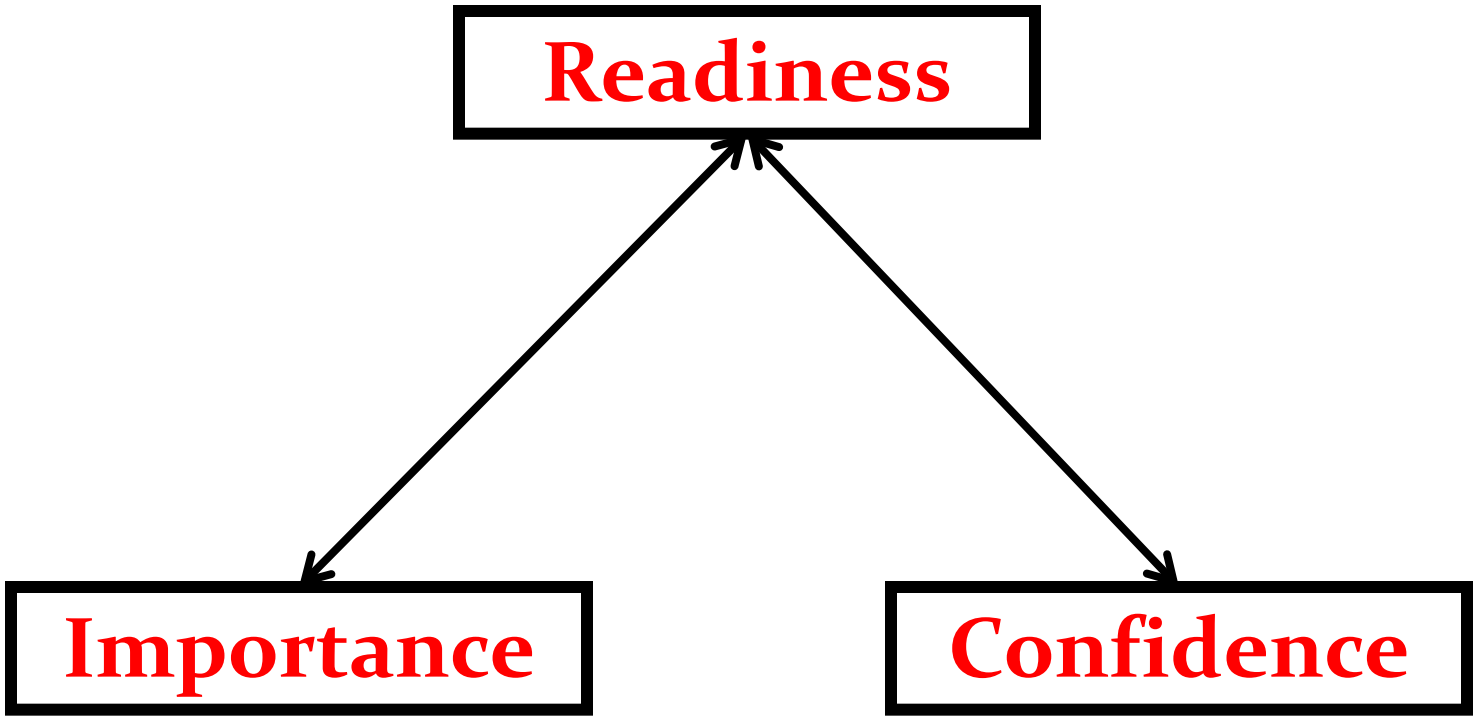
- Repeating: Reflect what is said.
- Rephrasing: Alter slightly.
- Altered/Amplified: Add intensity or value.
- Double –sided: Reflect Ambivalence.
- Metaphor: Create a picture.
- Shifting Focus: Change the focus.
- Reframing: Offer new meaning.
- Paradoxical: Siding with the negative.
- Emphasize personal choice: “It’s up to you”.

- Repeating:
  - *Patient:* I don't want to quit smoking.
  - *Counselor:* You don't want to quit smoking.
- Rephrasing:
  - *Patient:* I really want to quit smoking.
  - *Counselor:* Quitting smoking is very important to you.
- Altered/Amplified:
  - *Patient:* My smoking isn't that bad.
  - *Counselor:* There's no reason at all for you to be concerned about your smoking. (*Note:* it is important to have a genuine, not sarcastic, tone of voice).
- Double-Sided:
  - *Patient:* Smoking helps me reduce stress.
  - *Counselor:* On the one hand, smoking helps you to reduce stress. On the other hand, you said previously that it also causes you stress because you have a hacking cough, have to smoke outside, and spend money on cigarettes.

- Metaphor:
  - *Patient*: Everyone keeps telling me I have a drinking problem, and I don't feel it's that bad.
  - *Counselor:* It's kind of like everyone is pecking on you about your drinking, like a flock of crows pecking away at you.
- Shifting Focus:
  - *Patient:* What do you know about quitting? You probably never smoked.
  - *Counselor:* It's hard to imagine how I could possibly understand.
- Reframing:
  - *Patient:* I've tried to quit and failed so many times.
  - *Counselor:* You are persistent, even in the face of discouragement. This change must be really important to you.

- Paradoxical:
  - *Patient:* My smoking isn't that bad.
  - *Counselor:* Smoking is a good choice for you so why would you want to change? (*Note:* it is important to have a genuine, not sarcastic, tone of voice).
- Emphasize Personal Choice:
  - *Patient:* I've been considering quitting for some time now because I know it is bad for my health.
  - *Counselor:* You're worried about your health and you want to make different choices

The Keys to Readiness



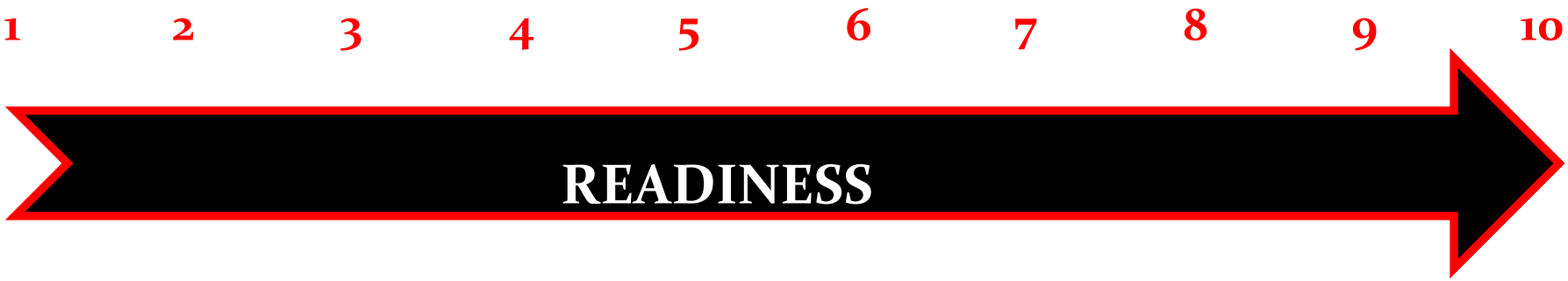
Rosengren , David. "Building Practitioner Skills" Guilford press 2009, page 255

Importance Ruler

- On a scale of 1-10 how important is it for you to change your drinking, drug use, substance use?
- Why not a lower number?
- What would it take to move to a higher number?

Readiness Ruler

- On a scale of 1-10 how ready are you to make a change in your drinking, drug use, substance use?
- Why not a lower number?
- Why would it take to move it to a higher number?



Confidence Ruler

- On a scale of 1-10 how confident are you that you could change your drinking, drug use, substance use?
- Why not a lower number?
- Why would it take to move it to a higher number?

Video of a practitioner who is using Motivational Interview in their clinical practice

http://youtu.be/67I6g1I7Zao

Rate the BI/BNI

- How would you rate this providers motivational interviewing skills?
- Imagine you are the patient….How do you feel?
- Is this approach:
  - Helpful?
  - Harmful?
  - Neutral?

- How willing do you think this patient will be to change her use or decrease her risk as a result of this intervention?

1 2 3 4 5 6 7 8 9 10

Not Willing → Very Willing


What do you do if you meet resistance?

Zingers

- Push back, Resistance, Denial, Excuses:
  - Look, I don't have a drinking problem.
  - My dad was an alcoholic; I'm not like him.
  - I can quit anytime I want to.
  - I just like the taste.
  - That's all there is to do in Watertown!!!!

Handling Zingers

- I'm not going to push you to change anything you don't want to change
- I'm not here to convince you that you have a problem/are an alcoholic.
- I'd just like to give you some information.
- I'd really like to hear your thoughts about….
- What you decide to do is up to you.

Patient Resistance: Reflect and Pause to Help You Sail Through

- "I just have a couple of drinks to help me relax."
- "I'm not paying you to talk to me about drinking! Geez, I'm just here for a cold."
- "Everyone smokes a little weed."
- "Sure once in a while I drink more than I should, but it doesn't cause any major problems in my life."
- "My dad was an alcoholic. I don't drink like him."

Patient Resistance: Make It Clear It's Their Choice

"You are the only one who can decide what the best thing for you is relative to your use of alcohol.

"I'm not here to tell you what to do. I'm just interested in finding out what some of your thoughts are and sharing some information with you."

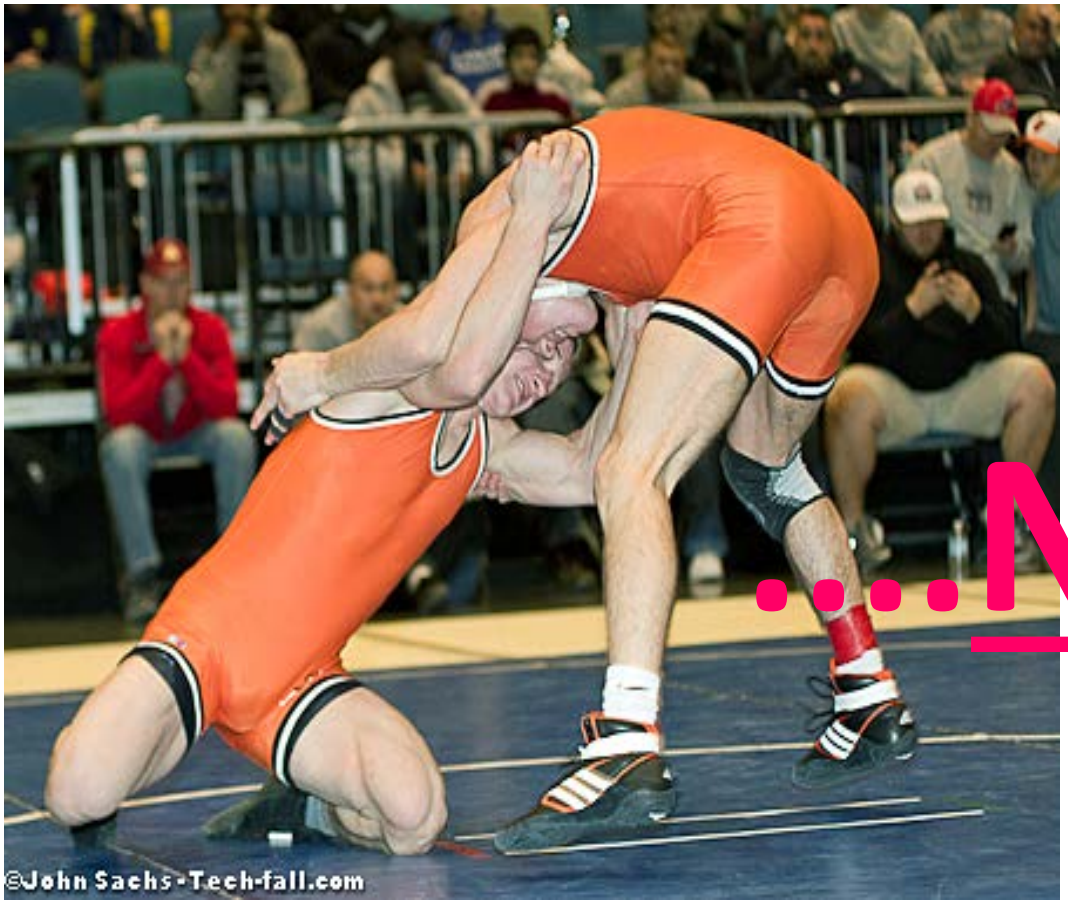
"It's totally up to you whether you make a change."

"You may, or may not, decide to make a change based on our conversation today."

UMKC School of Nursing and Health Studies

Brief Interventions for Patients at Risk for Substance Use Problems

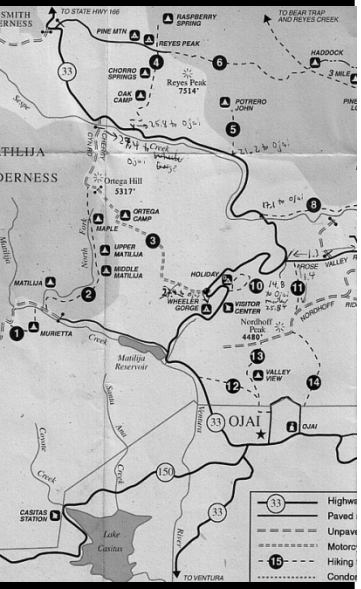
Brief Interventions



….NOT

Four BI Model Options

- **FLO** (**F**eedback, **L**isten and understand, **O**ptions explored)
- **4 Steps of the BNI** (Raise the Subject; Provide Feedback; Enhance Motivation; Negotiate and Advise)
- **Brief Negotiated Interview (BNI) Algorithm** (Build Rapport; Pros and Cons; Information and Feedback; Readiness Ruler; Action Plan)
- **FRAMES** (**F**eedback; **R**esponsibility; **A**dvice; **M**enu of options; **E**mpathy; **S**elf efficacy)



Brief Negotiated Interview:

Patient Voice and **Choice**

- Guiding not directing
  - avoid the “righting reflex”
- Client as decision maker

Brief Negotiated Interview (BNI)

- Developed for use in emergency rooms – D'Onofrio et al., 2005
- Adapts use of an evidence-based practice, Motivational Interviewing*
  - ❑ Patient-centered, collaborative approach
  - ❑ Goal-directed conversation method used to enhance patient's own motivation to change
  - ❑ Recognizes patient's conflicting feelings about a particular behavior change

UMKC School of Nursing and Health Studies

** Miller and Tonnigan, 1996; Prochaska and DiClemente, 1992*

The Yale Brief Negotiated Interview, Manual D'Onofrio, et al. 2005

Brief Negotiated Interview Steps

UMKC School of Nursing and Health Studies

The Yale Brief Negotiated Interview Manual, D'Onofrio, et al. 2005

STEP 1:
Build Rapport & Raise the Subject

STEP 1

Raise the subject

Engage

- Explain your role
- Ask permission to discuss the patient's alcohol (drug) use
- Review alcohol (drug) use patterns in patient's own words
- Seek to understand patient's perspective on his/her drinking (drug) use

D`Onofrio et al, 2005; Miller and Rollnick, 2013

Step 1: Raise the subject

Opening Statement Example

Hi, my name is _____. I'm part of your healthcare team. Would it be okay if we talked about the annual screening forms you filled out today?

Tell me about your alcohol /drug use? In a typical week, what does your alcohol/drug use look like?

Listen carefully

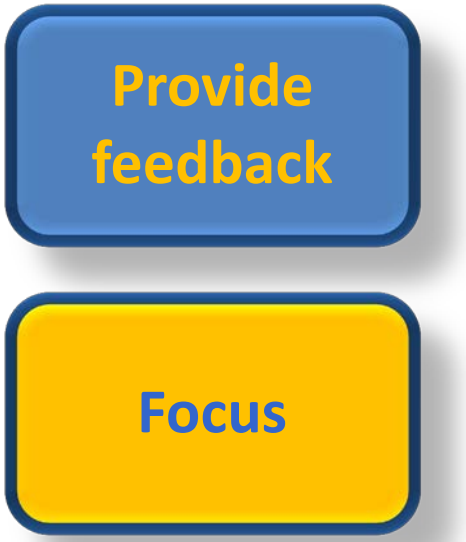
UMKC School of Nursing and Health Studies

Step 1: Raise the subject
Use Open-ended Questions

- Tell me about your drinking and how it fits into your life.
- What, if any, concerns do you have about your marijuana use?
- I'll be sharing the results of the questionnaire you filled out here in just a minute, but first I'm curious what your thoughts are about your use of alcohol (drugs)?

STEP 2: Provide Feedback

STEP 2



- Share the AUDIT/DAST scores and zones – explain their zone
- Review NIAAA low-risk drinking guidelines
- Explore connection to health, social, work issues and express concern(s) – patient education materials

UMKC School of Nursing and Health Studies

D`Onofrio et al, 2005; Miller and Rollnick, 2013

STEP 2: Provide Feedback

AUDIT/DAST Zones and Meaning

Severe - BI to Accept Referral

Possible substance use disorder, could benefit from specialty treatment

Harmful - BI to Reduce/Abstain, Follow-up (Brief Treatment)

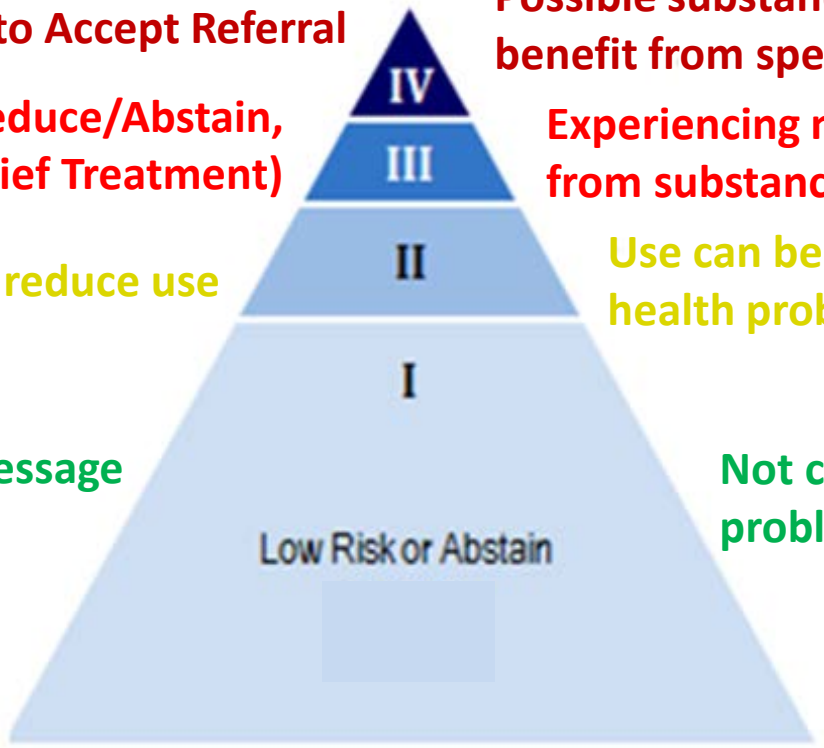
Experiencing negative consequences from substance use

Risky - BI to reduce use

Use can be causing or making health problems worse

Low - Positive Health Message

Not currently at risk for health problems



TIP: Don't personalize the meaning of the zone. Say "alcohol use at this level can cause health problems or make existing health problems worse."

AUDIT Results

Score	Level	Action
0-7	Low	Encouragement
8-19	Low/Moderate	BI
16-19	Moderate	BI/BT
20+	High	BT/RT

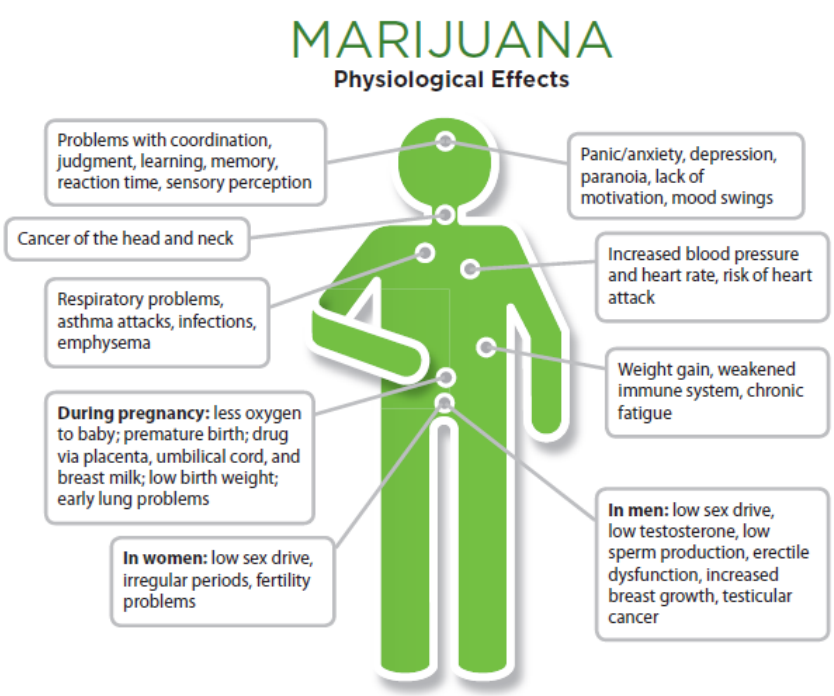
STEP 2: Provide Feedback
Examples

"Your score of **X** puts you in the **X** Zone, which means…… And here are the NIAAA low-risk drinking guidelines, and where your drinking fits in…..What do you think about that?"

"What connection might there be between your alcohol/drug use and why you came in today?" (if appropriate)

"As your care provider, I can tell you that drinking (drug use) at this level can be harmful to your health and possibly be responsible for your current health problems." (if appropriate)

STEP 2: Provide Patient Materials



UMKC School of Nursing and Health Studies

STEP 3: Enhance Motivation

Readiness/Confidence Ruler

"On a scale of 0 - 10, how ready are you to make a change in your drinking (drug use)"?

"Why did you choose that number and not a _____ (lower one)?"

Readiness/Confidence Ruler

A strategy that helps the patient identify what motivation already exists toward making change

STEP 3: Enhance Motivation

If the Readiness Score is 0-2 then ask:

How would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?

Readiness/Confidence Ruler

UMKC School of Nursing and Health Studies

Start by Asking Patient for "Pros"

"What is it that you like most about drinking (drug use)?"

Then Ask Patient for "Cons"

"What are some things you don't like about your drinking (drug use)?"

STEP 4: Negotiate Plan

- Summarize pros/cons - “On the one hand you like…on the other hand you don’t like….”
- Ask a key question – “What steps would you be willing to take?”
- Offer a menu of choices for change, provide recommendations, secure agreement
- If not ready to plan, **STOP**! Thank patient and negotiate follow-up appointment
- If making a plan, ask about confidence, thank patient, and negotiate follow-up

D`Onofrio et al, 2005; Miller and Rollnick, 2013

STEP 4: Examples of Key Questions

- So given our conversation, what steps would you be willing to take?
- What steps can you make to cut back?
- Where do you think you would like to go from here?

STEP 4: Tips to Keep in Mind

- Avoid slipping into role of expert
- Keep it patient-centered, realistic
- Identify specific steps
- Emphasize personal autonomy
- Empathize with difficulty of change

Negotiate plan

STEP 4: Last Steps

- "On a scale of 0 - 10 , how confident are you that you can make these changes in your drinking (drug use)"?
- Check to make sure patient at high level of confidence (6 +) or renegotiate plan.
- Plan follow-up visit.
- Thank patient: "Thank you for talking with me about your alcohol (and drug) use."

Readiness/Confidence Ruler

Brief Intervention: FLO

Dunn, C.W., Huber, A., Estee, S., Krupski, A., O'Neill, S., Malmer, D., & Ries, R. (2010). *Screening, brief intervention, and referral to treatment for substance abuse: A training manual for acute medical settings.* Olympia, WA: Department of Social and Health Services, Division of Behavioral Health and Recovery

FLO: THE 3 TASKS OF A BI

F Feedback

L Listen & Understand

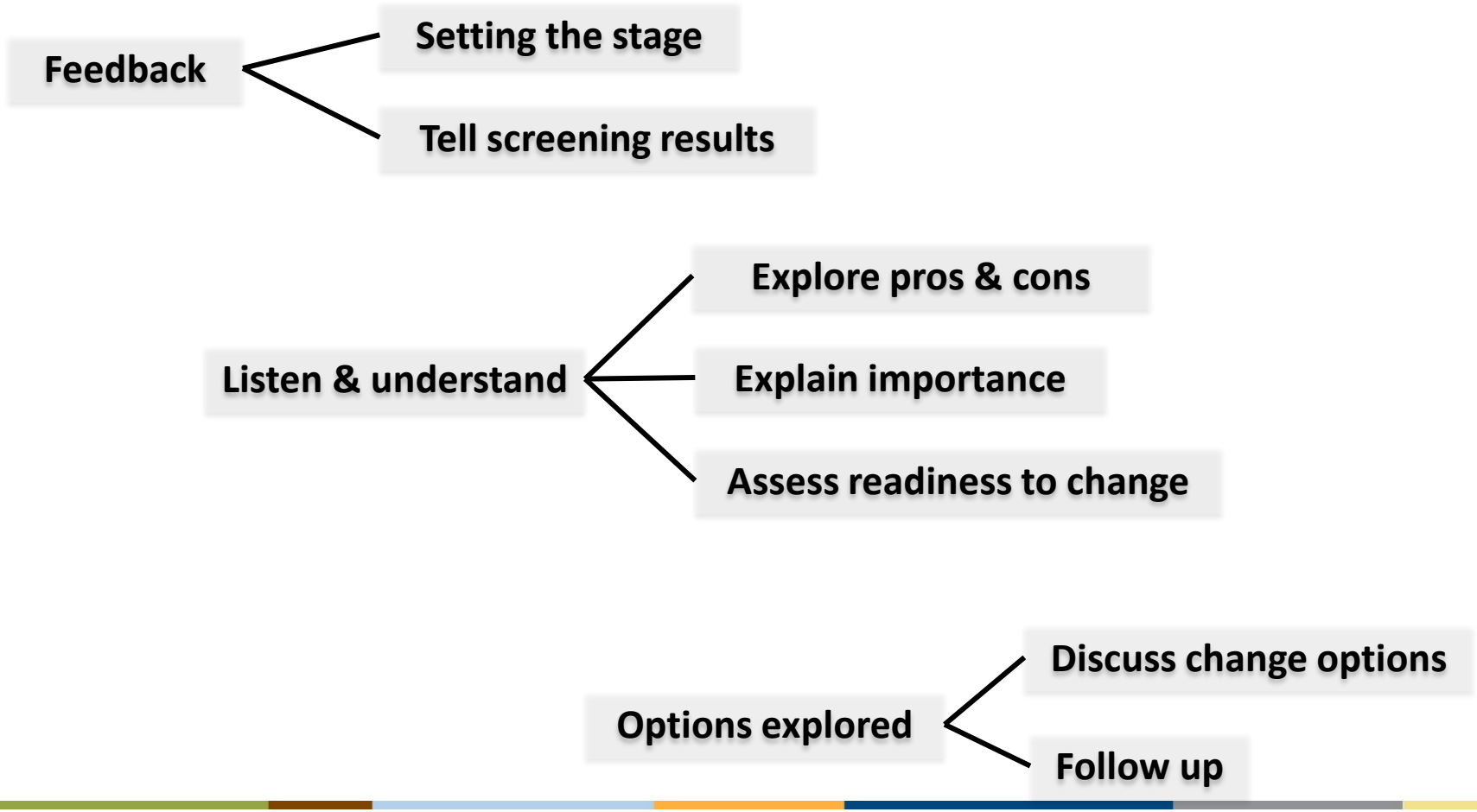
O Options Explored

W Warn

Avoid Warnings!

(that's it)

How Does It All Fit Together?



The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

The 1st Task: Feedback

The Feedback Sandwich

Ask Permission

Give Advice

Ask for Response

The 1st Task: Feedback

What you need to cover.

1. Ask permission; explain how the screen is scored
2. Range of scores and context
3. Screening results
4. Interpretation of results (e.g., risk level)
5. Substance use norms in population
6. Patient feedback about results

Risky drinking means going above (3 women, anyone 65+; 4 men) drinks per day, (7 women, anyone 65+; 14 men) drinks per week.

Ask: Does that make sense to you?
Normal (low risk) drinkers never drink above (3 women, 4 men) drinks per occasion.

Give feedback: You said that you sometimes exceed these limits. This places you at higher risk for future injury or other types of harm.
Elicit Response: What do you make of that?

RANGE

The 1st Task: Feedback

What do you say?

1. **Range of score** and **context** - Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.

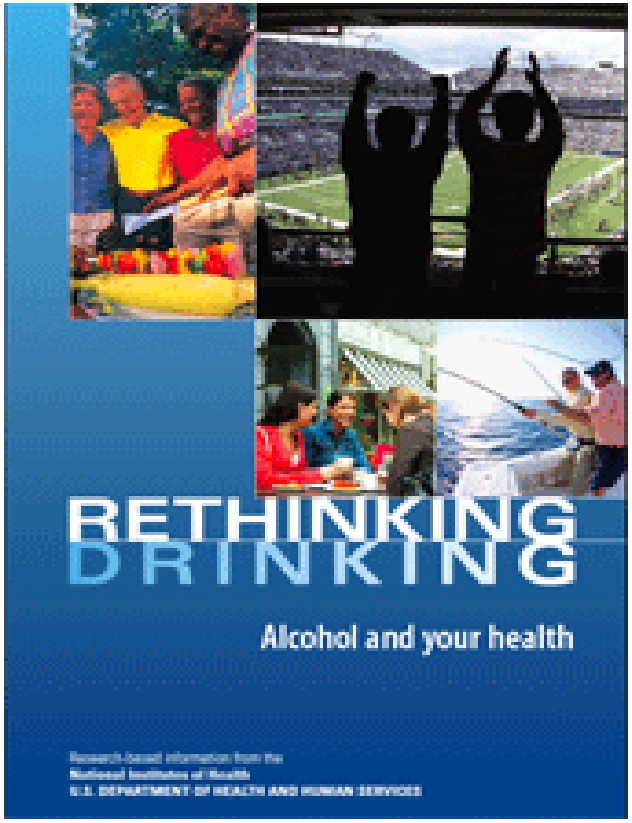
   Results - Your score was 18 on the alcohol screen.

2. **Interpretation of results** - 18 puts you in the moderate-to-high risk range. At this level, your use is putting you at risk for a variety of health issues.

3. **Norms** - A score of 18 means that your drinking is higher than 75% of the U.S. adult population.

4. **Patient reaction/feedback** - What do you make of this?

Informational Brochures



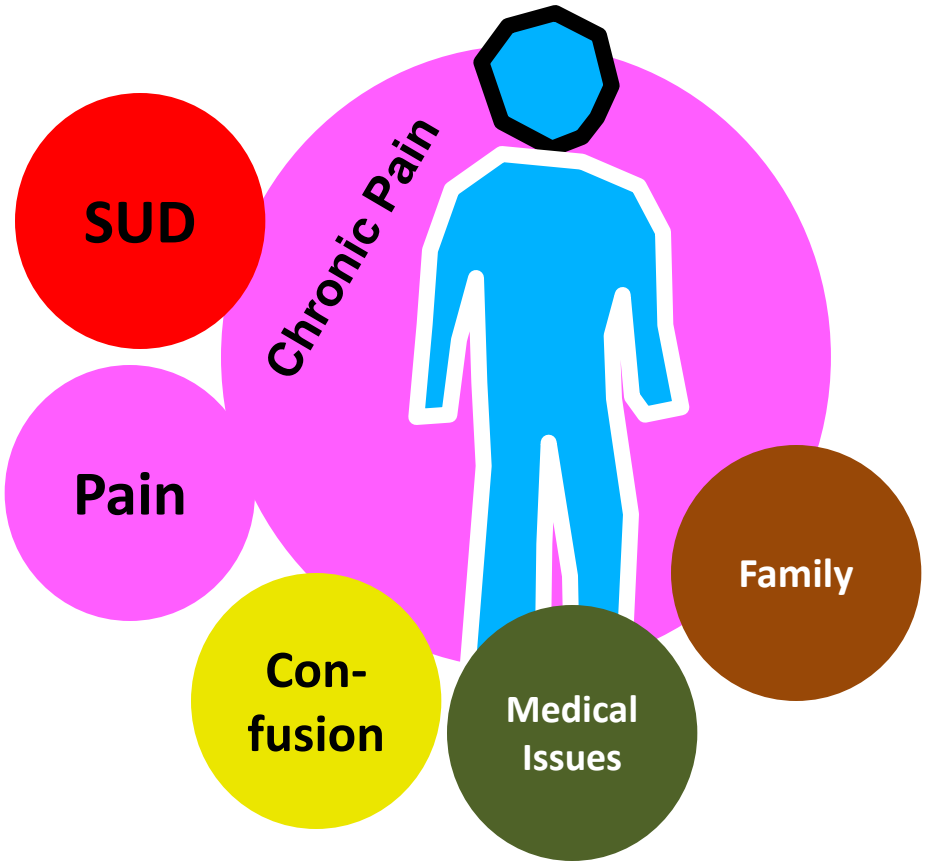
National Institute on Alcohol Abuse and Alcoholism. (2013). Rethinking Drinking: Alcohol and your health (NIH Publication No. 10-3770)
www.rethinkingdrinking.niaaa.nih.gov

The 1st Task: Feedback

Handling Resistance

- Look, I don't have a drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks in college.

What would you say?



SUD

The 1st Task: Feedback

To avoid this…

LET GO!!!

The 1st Task: Feedback

Easy Ways to Let Go

- I'm not going to push you to change anything you don't want to change.
- I'd just like to give you some information.
- What you do is up to you.

The 1st Task: Feedback

Finding a Hook

- Ask the patient about their concerns
- Provide non-judgmental feedback/information
- Watch for signs of discomfort with status quo or interest or ability to change
- **Always ask this question: "What role, if any, do you think alcohol played in your (getting injured)?**
- Let the patient decide.
- Just asking the question is helpful.

The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

The 2nd Task: Listen & Understand

Ambivalence is
Normal

The 2nd Task: Listen & Understand

Tools for Change Talk

- Pros and Cons
- Importance/Readiness Ruler

The 2nd Task: Listen & Understand

Strategies for Weighing the Pros and Cons

- What do you like about drinking?
- What do you see as the downside of drinking?
- What else?

Summarize Both Pros and Cons

"On the one hand you said..,

and on the other you said…."

The 2nd Task: Listen & Understand

Listen for the Change Talk

- Maybe drinking did play a role in what happened.
- If I wasn't drinking this would never have happened.
- Using is not really much fun anymore.
- I can't afford to be in this mess again.
- The last thing I want to do is hurt someone else.
- I know I can quit because I've stopped before.

Summarize, so they hear it twice!

The 2nd Task: Listen & Understand

Importance/Readiness/Confidence

On a scale of 1–10…

- How important is it for you to change your drinking?
- How confident are you that you can change your drinking?
- How ready are you to change your drinking?

For each ask:

- Why didn't you give it a lower number?
- What would it take to raise that number?

The 3 Tasks of a BI

F Feedback

L Listen & Understand

O Options Explored

The 3rd Task: Options for Change

Offer a Menu of Options

- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

The 3rd Task: Options for Change

During MENUS you can also explore previous strengths, resources, and successes

- Have you stopped drinking/using drugs before?
- What personal strengths allowed you to do it?
- Who helped you and what did you do?
- Have you made other kinds of changes successfully in the past?
- How did you accomplish these things?

The 3rd Task: Options for Change

What now?

- What do you think you will do?
- What changes are you thinking about making?
- What do you see as your options?
- Where do we go from here?
- What happens next?

The 3rd Task: Options for Change

Giving Advice Without Telling Someone What to Do

- Provide Clear Information (Advise or Feedback)
  - What happens to some people is that…
  - My recommendation would be that…
- Elicit their reaction
  - What do you think?
  - What are your thoughts?

The 3rd Task: Options for Change

Closing the Conversation ("SEW")

- **S**ummarize patients views (especially the pro)
- **E**ncourage them to share their views
- **W**hat agreement was reached (repeat it)

Extended Brief Intervention

A Brief Treatment Model

Extended BI/Brief Treatment

- An extended BI/Brief Treatment consists of ongoing individual counseling sessions with patients scoring in AUDIT Zone III or DAST Level Moderate/High Risk.
- Generally, extended BI/BT consist of 4 to 6 sessions, up to 1 hour in duration.
- Additional tools and exercises can be used to enhance and support readiness to change.

Extended BI/BT Exercises

- Ask your patient to write down:
  - What are the good things about my drinking/drug use?
  - What are the not so good things?
  - What are the good things about changing my drinking/drug use?
  - What are the not so good things?
  - What are the obstacles that will keep me from success?
  - How can I overcome those obstacles?
  - When is it hardest to keep moving forward?
  - What can I do deal with those situations?

Let's Review

- A brief intervention/brief negotiated interview is a time limited, individual counseling session.
- The goals of a BI/BNI are fluid depending on a variety of factors.
- The patient has the best idea in the room.
- Always listen for change talk.
- Be prepared for zingers.
- Use your MI tools when doing extended BI/BT.
- Always end on a positive note.

Referral to Treatment for Patients at Risk for Substance Dependence

Referral to Treatment

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
  - Assessment of the patient's responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk patients will receive a brief intervention followed by referral.

Substance Abuse & Mental Health Services Administration. (2011). *Screening, Brief Intervention, and Referral to Treatment* [PowerPoint slides]. Rockville, MD: Author.

Referral to Treatment

- Always:
  - Follow appropriate confidentiality (42, CFR-Part 2) and HIPAA regulations when sharing information.
  - Establish a relationship with your community provider(s) and ensure you have a referral agreement.
  - Maintain a list of providers, support services, and other information that may be helpful to patients.
  - Reduce barriers and build bridges.

Warm Hand Off

UMKC School of Nursing and Health Studies

"WARM HAND-OFF" APPROACH TO REFERRALS

- Describe treatment options to patients based on available services
- Develop relationships between health centers, who do screening, and local treatment centers
- Facilitate hand-off by:
  - Calling to make appointment for patient/student
  - Providing directions and clinic hours to patient/student
  - Coordinating transportation when needed

Referral to Treatment – What you can say during the BI

Have you ever tried to quit before?

What worked for you in the past when you tried to quit or cut down?

Based on your scores, I'm concerned about your level of substance use, and would recommend that we find a specialist to help you.

Based on your scores, I'm concerned about your level of substance use. I work with someone who specializes in helping with these issues. I would like you to speak with them today to better help me help you. Is it alright with you if I introduce you to her/him?

I have a member of our team who helps me assess these types of problems so that I can provide you with the best care. Together we can develop a plan to deal with this. May I introduce you?"

WHAT IF THE PERSON DOES NOT WANT A REFERRAL?

Encourage follow-up – at the point of contact

- At follow-up visit:
  - Inquire about use
  - Review goals and progress
  - Reinforce and motivate
  - Review tips for progress

The Business of SBIRT

SBIRT Cost Effectiveness and Reimbursement

Overview

- Multiple studies have shown the cost benefits of providing SBIRT services.
  - One study (Gentilleo, Eble, Wickizer, et al. 2005) showed:
    - A cost saving of $89 for each patient screening and $330 for each patient who received a brief intervention.
    - Health expenditures decreased $3.81 for each $1.00 spent providing SBIRT services.
  - A study of Medicaid patients in Washington State (Estee, et al. 2008) showed:
    - A cost savings of $271 per member, per month for those who received at least a brief intervention.

Commercial and Medicare Reimbursement Codes

- Commercial insurance and Medicare (federal) can be billed for SBIRT services:

Payer	Code	Description	Fee
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse screening and brief intervention services 15 to 30 minutes.	$33.41
Commercial Insurance	CPT 99409	Alcohol and/or substance abuse screening and brief intervention services greater than 30 minutes.	$65.51
Medicare	G396	Alcohol and/or substance abuse screening and brief intervention services 15 to 30 minutes.	$29.42
Medicare	G397	Alcohol and/or substance abuse screening and brief intervention services greater than 30 minutes.	$57.69

Resources

http://rethinkingdrinking.niaaa.nih.gov/

http://www.wasbirt.com/

www.sbirtoregon.org

http://www.attcnetwork.org/index.asp

http://www.bu.edu/bniart/

http://www.ena.org/practice-research

http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html

Thank you for your time and attention!

Be sure to visit:
sbirt@attcnetwork.org

National Screening, Brief Intervention and Referral to Treatment
ATTC