Motivational Interviewing: the Brief Intervention of SBIRT.

Kate Speck, PhD
Learning Objectives:

- Identify the benefits of using a Brief Negotiated Intervention (BNI) to screen for alcohol and drug disorders.
- Review a four step model of Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Outline the basic elements of Motivational Interviewing.
A New Initiative

- Substance use screening, brief intervention, and referral to treatment (SBIRT) is a systems change initiative. As such, we are required to shift our view toward a new paradigm, and;
  - Re-conceptualize how we understand substance use problems.
  - Re-define how we identify substance use problems.
  - Re-design how we treat substance use problems.
Substance Use Is

A Public Health Problem
Learning from Public Health

- The public health system of care *routinely* screens for *potential* medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides *preventative* services prior to the onset of acute symptoms, and *delays* or *precludes* the development of chronic conditions.
Historically

- Substance Use Services have been bifurcated, focusing on two areas only:
  - Primary Prevention – **Precluding** or **delaying** the onset of substance use.
  - Tertiary Treatment – Providing time, cost, and labor intensive care to patients who are **acutely** or **chronically** ill with a substance use disorder.
Substance Use Disorder

Traditional Treatment
Abstinence

No Problem

Primary Prevention
No Intervention
Drink Responsibly

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The Current Model
A Continuum of Substance Use

Abstinence

Responsible Use

Addiction
Why Brief Intervention?

The goal of BI is to educate people and increase their motivation to reduce risky behavior. BI is conducted with individuals who score into risky or harmful use categories.
The primary goal of SBIRT is not to identify those who are have a substance use disorder and need further assessment.

The primary goal of SBIRT is to identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices.
NIAAA Definitions

- Low Risk:
  - Healthy Men < 65
    \[ \leq 4 \text{ drinks per day} \quad \text{AND NOT MORE THAN} \quad 14 \text{ drinks per week} \]
  - Healthy Women & Men \( \geq 65 \)
    \[ \leq 3 \text{ drinks per day} \quad \text{AND NOT MORE THAN} \quad 7 \text{ drinks per week} \]

- Hazardous:
  - Pattern that increases risk for adverse consequences.

- Harmful:
  - Negative consequences have already occurred.
The SBIRT Concept

- SBIRT uses a **public health** approach to universal screening for substance use problems.
  - SBIRT provides:
    - Immediate rule out of **non–problem** users;
    - Identification of levels of **risk**;
    - Identification of those who would **benefit** from brief advise;
    - Identification of those who would **benefit** from further assessment, and;
    - Progressive **levels** of clinical interventions based on **need** and **motivation** for change.
The Moving Parts

- Pre-screening *(universal)*.
- Full screening (for those with a *positive* pre-screen).
- Brief Intervention (for those scoring *over* the cut off point).
- Extended Brief Interventions or Brief Treatment or (for those who have moderate risk or high risk use of substances would benefit from *ongoing*, targeted interventions, and are willing to engage).
- Traditional Treatment (for those who have a substance use disorder (after further assessment) and are *willing* to engage).
POLL QUESTION

» #1
Substance Use Disorder

Traditional Treatment
Abstinence

Excessive Use

Brief Intervention
Brief Treatment

No Problem

Primary Prevention
Screening and Feedback
Drink Responsibly

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The SBIRT Model
A Continuum of Substance Use

- Abstinence
- Experimental Use
- Social Use
- Binge Use
- Abuse
- Substance Use Disorder
Drinking Behavior

Substance Use Disorder

Hazardous Harmful Symptomatic

Low Risk or Abstinence

Intervention Need

Brief Intervention and Referral for additional Services

Brief Intervention or Brief Treatment

No Intervention or screening and Feedback

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Overview of Process

- **Annual Screen**
  - AUDIT-3
  - DAST
  - PHQ-2

- **Full Screen**
  - AUDIT
  - DAST
  - PHQ-9

- **Brief Intervention**

- **Referral to Treatment**

If patient answers “yes” to any initial screening question, full screening is administered.

If patient response indicates risky or harmful use, a brief intervention is performed.

If patient response indicates dependence refer to treatment.

BI is for those in the High Risk Category.
Adolescent Health Questionnaire

We ask all our adolescent patients to complete this form at least once a year, because substance use and mood can affect your health. Please ask your doctor if you have any questions.

Your answers on this form will remain confidential.

Substance use (CRAFFT):

In the last 12 months, did you:

- Drink any alcohol (more than a few sips)? [ ]
- Smoke any marijuana or hashish? [ ]
- Use anything else to get high? [ ]

If you answered No to all three questions, answer #1 below.

If you answered Yes to any questions, answer questions #1-6 below

No [ ] Yes [ ]

1. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs? [ ] [ ]
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? [ ] [ ]
3. Do you ever use alcohol or drugs while you are by yourself, or alone? [ ] [ ]
4. Do you ever forget things you did while using alcohol or drugs? [ ] [ ]
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use? [ ] [ ]
6. Have you ever gotten into trouble while you were using alcohol or drugs? [ ] [ ]
Interpretation of the CRAFFT Score

Interpreting the CRAFFT (substance use)
Each “Yes” response on questions 1-6 receives a point. Points are added for a total score:

<table>
<thead>
<tr>
<th>Score*</th>
<th>Risk</th>
<th>Recommended action</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No” to 3 opening questions</td>
<td>Low risk</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>“Yes” to car question</td>
<td>Driving/Riding risk</td>
<td>Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs (Consider using Contract for Life)</td>
</tr>
<tr>
<td>CRAFFT score = 0</td>
<td>Moderate risk</td>
<td>Brief advice</td>
</tr>
<tr>
<td>CRAFFT score = 1</td>
<td></td>
<td>Brief intervention</td>
</tr>
<tr>
<td>CRAFFT score ≥ 2</td>
<td>High risk</td>
<td>Consider referral for further assessment</td>
</tr>
</tbody>
</table>
# A Standard Drink

<table>
<thead>
<tr>
<th>12 oz. of beer or cooler</th>
<th>8-9 oz. of malt liquor</th>
<th>5 oz. of table wine</th>
<th>3-4 oz. of fortified wine (such as sherry or port)</th>
<th>2-3 oz. of cordial, liqueur, or aperitif</th>
<th>1.5 oz. of brandy (a single jigger)</th>
<th>1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz.</td>
<td>8.5 oz</td>
<td>5 oz.</td>
<td>3.5 oz.</td>
<td>2.5 oz.</td>
<td>1.5 oz.</td>
<td>1.5 oz.</td>
</tr>
</tbody>
</table>

**Note:** People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.
Brief Negotiated Interview

- Raising the Subject
- Providing Feedback
- Enhancing Motivation
- Negotiating a Plan
What is BI/BNI?

A Brief Intervention or Brief Negotiated Interview is a time limited, individual counseling session.
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 awareness of the consequences of substance use.
  - Motivate towards changing substance use behavior.
  - Assist the person 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 person’s screening score.
  - The person’s readiness to change.
  - The person’s specific needs.
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.
Ask Yourself

Who has the best idea in the room?
POLL QUESTION

» #2
Motivational Interviewing has advanced in its practice and application in many disciplines.

- Addictions
- Health Promotion
- Dentistry
- Adolescent Behavior Groups
- Mental Illness
- Schools
- Primary Care
- Diabetes
- Brief Interventions
MI: The Basics

- Focus on Behavior Change
- Motivational Interviewing Style or “Spirit”
- Asking Open Ended Questions
- Affirmation of Strengths and Change Efforts
- Making Reflective Statements
- Fostering a Collaborative Atmosphere (autonomy and personal choice)
- Practice
MI helps to...

- Identify ambivalence and drill down to the dilemma
- Understand how a person feels about change (readiness for change)
- Develop rapport
- Establish a partner relationship
- Evoke and reinforce change talk
Spirit of MI

Evocation
Ideas come from the patient

Collaborative
Avoid the "Expert" role

Autonomy
Respect the patient's right to change or not to change

Compassion
With the patient's best interest in mind

PARTNERSHIP
The MI Shift

From feeling responsible for changing person’s behavior to supporting them in thinking & talking about their own reasons and means for behavior change.
Four Foundational Processes

Planning developing commitment
Evoking Eliciting the client’s own motivations for change
Focusing Developing and maintaining conversation about change in a specific direction
Engaging Establishing a positive, helpful connection and working relationship
When Does Engagement Start?

Do I have say in what happens?
Is she going to judge me?
Is she listening to me?
Do I trust her?

Our sense of engagement (or disengagement) begins almost immediately.

Source: Miller & Rollnick, 2013
ENGAGE.... INVITATION  Shall we...?
FOCUS the conversation... Where shall we go?
EVOKE .... Why is this on the agenda?
PLAN ... How shall we get there?
Thinking About Change

What change(s) are you considering?

How important is it that you make this change?

How confident are you that you are able to make this change?

How ready are you to make this change?

Readiness Ruler

Not at all 0 1 2 3 4 5 6 7 8 9 Very 10
The Keys to Readiness

Readiness

Importance

Confidence

What is Unique to MI?

- Intentional, differential evoking and reinforcement of change talk
- Strategic–directive use of client-centered counseling methods (reflection, summary)
- Sequencing of preparatory change talk (desire, ability, reasons, need) and commitment language
Listening to the person's struggle (ambivalence) with the behavior
It is a common response to want to “make things right” when we see a problem. The professional does not persuade, cajole, inform, prod, or in anyway try to change the client’s behavior. Change must come from the client’s intrinsic motivation.
- Ordering, directing, warning, threatening
- Giving advice, making suggestions, providing the answer
- Persuading with logic, arguing, lecturing moralizing, preaching
- Judging, criticizing, blaming
- Agreeing, approving, praising
- Shaming, ridiculing, name calling
- Interpreting, analyzing
- Reasoning, sympathizing
- Questioning, probing
- Withdrawing, distracting, humoring,
- Changing the subject
What kind of conversation do you want to have?
Sustain Talk is about the target behavior
  ◦ I really don’t want to stop smoking
  ◦ I have to have my pills to make it through the day

Resistance is about your relationship
  ◦ You can’t make me quit
  ◦ You don’t understand how hard it is for me

Both are highly responsive to counselor style
Both predict non-change
POLL QUESTION

» #3
Resolving Ambivalence

What is YOUR Righting Reflex?
Core conversational Strategies

Four Early Strategies; OARS

- **O**pen-Ended Questions
- **A**ffirming
- **R**eflective Listening
- **S**ummarizing

Tools for guiding people toward Change Talk

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Fine Balance
<table>
<thead>
<tr>
<th>Change talk</th>
<th>Sustain talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>I really need to stop smoking because of the bad example I am setting for my kids</td>
<td>I smoke outside and I really enjoy my time to be alone and smoke. I don’t know how I am going to do without it.</td>
</tr>
<tr>
<td>I have started an exercise program, and things are going well.</td>
<td>Always in the past I have just gone back to being a couch potato when winter comes around.</td>
</tr>
<tr>
<td>My alcohol use is really getting the best of me.</td>
<td>But it is the only way I can get any relief from all of this stress and relax at night.</td>
</tr>
<tr>
<td>I know I should take my medication as prescribed by my doctor.</td>
<td>There are just so many side effects. I feel dizzy all of the time and my stomach is queasy.</td>
</tr>
</tbody>
</table>
Affirmation

- Affirm the client in an authentic way – complements *with a direction*:
  - Affirm movement toward a goal
  - Affirm completion of a goal

It is important to keep the direction moving forward for the target behavior.
1. You can reflect:
   • speech
   • facial expressions
   • behavior

2. Make a guess about the deeper meaning (therapeutic hunch)
Summarizing

- Special form of reflection.
- You choose what to include and emphasize.
- Include person’s concerns about change, problem recognition, optimism about change and ambivalence about change.
- Let the person know you are listening.
- Invite person to respond to your summary.
What do we want to see?

1) engagement,
2) agenda setting (collaboratively finding a target behavior)
3) listening to the client’s struggle (ambivalence)
4) evoking change talk
5) Recap of all change talk and (attempting to) evoke commitment to change
6) evoking a menu of options
7) negotiating a change plan and
8) commitment to a change plan.
Change Planning

Clarify goal (target behavior) if needed
- Steps/Implementation Intentions
- Available Resources
- Indicators of Success
- Anticipation of Barriers
- Supports
What to Avoid

- Going too fast
- Not giving the participant time to respond
- Missing the point
- Trying to get too much done at one time
- Coming across as blaming
- Providing, as opposed to, eliciting solutions
What Might Help

- Being clear about any constraints you have
- Understanding and honoring cultural perspective
- Demonstrating a non judgmental attitude
- Agreeing on any small change
TIME

for

Change