SBIRT Training Session #3

Monday, April 10, 8:30 to 11:30am Eastern Time

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Center for Clinical Systems Improvement

SBIRT Training Session #3

Richard L. Brown, MD, MPH

Today's Presenter

Retired Full Professor with Tenure, Department of Family Medicine and Community Health, University of Wisconsin, Madison, Wisconsin

Retired Senior Medical Director for Population Health Management, ConcertoHealth, Kalamazoo, Michigan, and Seattle, Washington

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AGENDA

1	Basic principles of motivational interviewing
2	Interventions to help abstinent adults remain abstinent
3	Interventions to help abstinent teens remain abstinent
4	Treatment options for dependent patients

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OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Explain some basic principles of motivational interviewing

2. Perform interventions to help abstinent adults remain abstinent

3. Perform interventions to help abstinent teens remain abstinent

4. Educate patients on medications and other treatments for severe substance use disorders

Kinds of Alcohol and Drug Treatment

- Psychoeducation
- Twelve-step facilitation
- Motivational interviewing (MI)
- Cognitive-behavioral therapy (CBT)
- Relapse prevention
- Family therapy
- Contingency management

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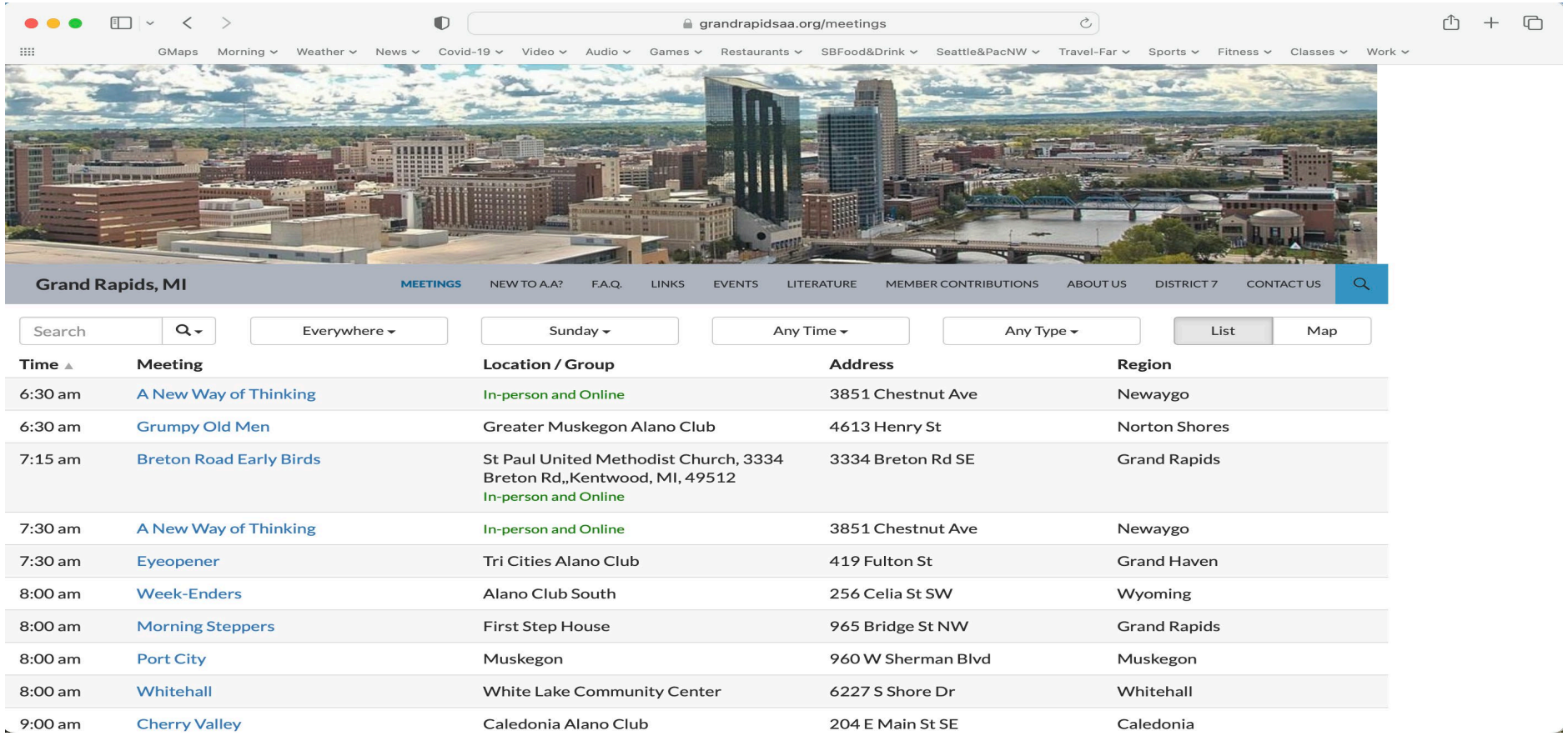
Suggestion: Attend at least one open AA meeting!



Time	Meeting	Location / Group	Address	Region
6:30 am	A New Way of Thinking	In-person and Online	3851 Chestnut Ave	Newaygo
6:30 am	Grumpy Old Men	Greater Muskegon Alano Club	4613 Henry St	Norton Shores
7:15 am	Breton Road Early Birds	St Paul United Methodist Church, 3334 Breton Rd,,Kentwood, MI, 49512 In-person and Online	3334 Breton Rd SE	Grand Rapids
7:30 am	A New Way of Thinking	In-person and Online	3851 Chestnut Ave	Newaygo
7:30 am	Eyeopener	Tri Cities Alano Club	419 Fulton St	Grand Haven
8:00 am	Week-Enders	Alano Club South	256 Celia St SW	Wyoming
8:00 am	Morning Steppers	First Step House	965 Bridge St NW	Grand Rapids
8:00 am	Port City	Muskegon	960 W Sherman Blvd	Muskegon
8:00 am	Whitehall	White Lake Community Center	6227 S Shore Dr	Whitehall
9:00 am	Cherry Valley	Caledonia Alano Club	204 E Main St SE	Caledonia

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Suggestion: Attend at least one open AA meeting!

Who attended an AA meeting since our last session?

What were your impressions?

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Pharmacotherapy

- Methadone
- Buprenorphine / Suboxone®
- Naltrexone / Revia®
- Naltrexone / Vivitrol®
- Disulfiram / Antabuse®
- Acamprosate / Campral®
- Gabapentin / Neurotin®

(Not FDA-approved)

Opioid dependence

Alcohol dependence

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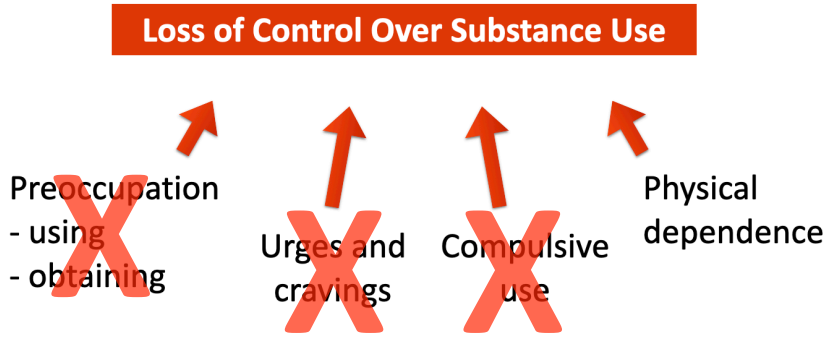
Methadone

METH-uh-DOHN

Methadone

- A synthetic opioid
- Commonly misused opioids, such as hydrocodone and heroin:
  - Rapid onset → euphoria/high
  - Short-acting
- Methadone
  - Slow onset → little euphoria/high
  - Long-acting - taken once a day for opioid use disorder (OUD)
  - Sustains physical dependence
  - Addresses other OUD symptoms
  - The most thoroughly studied and the most effective treatment for any addiction



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Methadone

- Federal government regulates closely
  - May be prescribed for pain by any clinician with DEA certification
  - May be prescribed for OUD only in certified Opioid Treatment Programs
- Adverse effects
  - Constipation (like all other opioids)
  - Interference with sex hormones - erectile and menstrual dysfunction
- Well-documented long-term benefits
  - Prevents HIV/AIDS and hepatitis C and saves lives
  - Reduces criminal recidivism

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Methadone

- Opioid Treatment Programs/Methadone Programs
  - Often include addictions counseling and wrap-around services
  - Initial requirement: daily attendance
  - Subsequent requirement: 3 times a week

- Disadvantages of methadone programs
  - Required frequent attendance can hinder work and child care
  - Exposure to drug culture in and around the clinic
  - Severe withdrawal in newborn when taken by pregnant women

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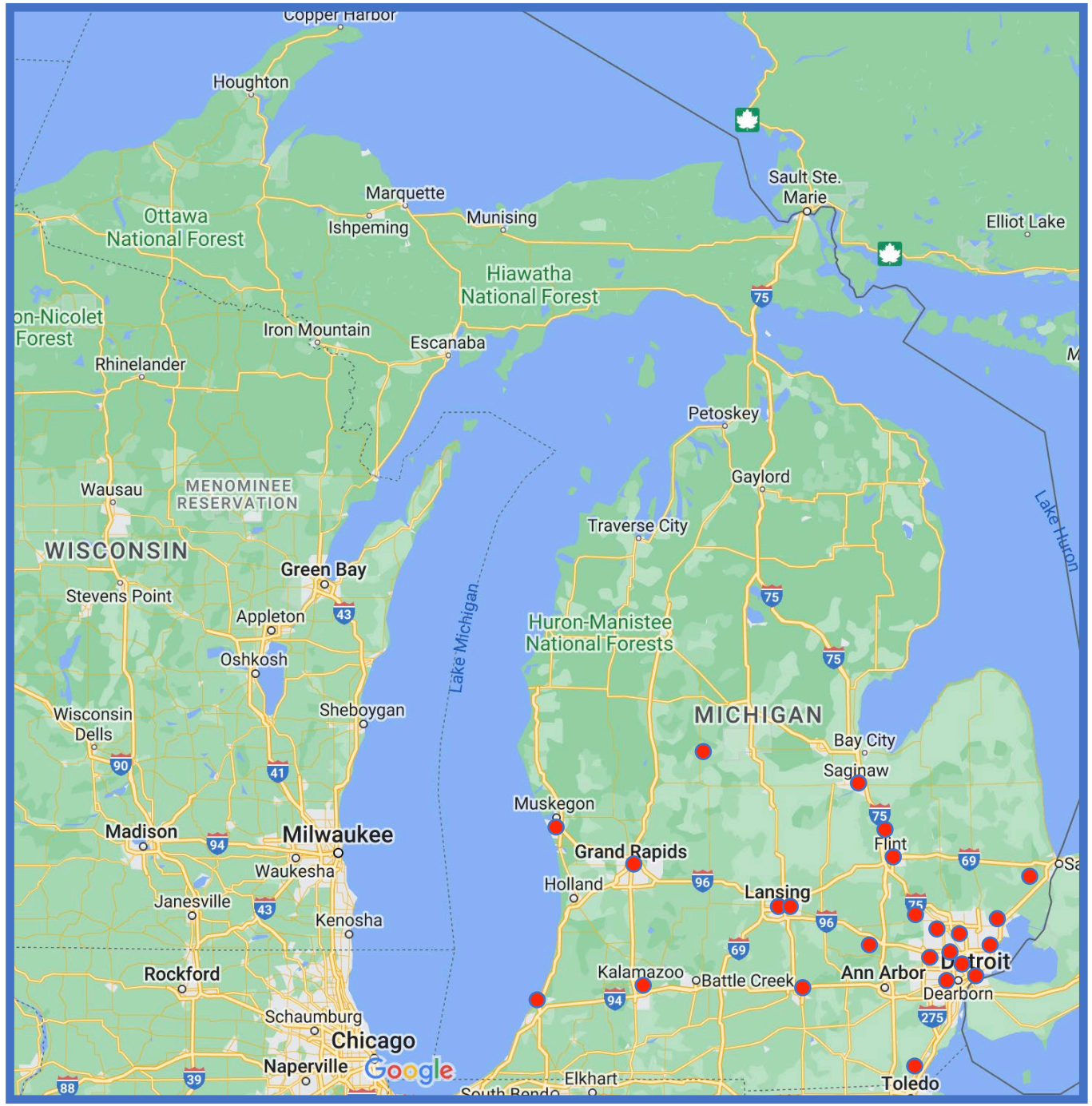
Methadone Programs in Michigan

Benton Harbor
Brighton
Clinton Township
Dearborn Heights
Detroit
Flint
Grand Rapids
Highland Park
Jackson
Kalamazoo
Lansing
Lansing Charter Township
Livonia
Madison Heights
Monroe
Mount Morris
Mount Pleasant
Muskegon Heights
Oak Park
Pontiac
Richmond
Roseville
Saginaw
Waterford

https://www.opiateaddictionresource.com/treatment/methadone_clinic_directory/mi_clinics/



Buprenorphine (Suboxone®, Subutex®)

BOO-prihn-**OAR**-feen

suh-**BOK**-sohn

SUB-yoo-tehks

BYOO-prihn-**OAR**-feen

Buprenorphine

- An opioid
  - Taken under the tongue twice a day
  - Has a ceiling effect, which makes overdose less likely than with other opioids
  - Newborn withdrawal is less severe than with methadone
- Federal regulations allow prescribing in general healthcare settings
  - Previous requirements for training and registration were eliminated in 2023
  - Avoids stigma
  - Patients can avoid exposure to others with OUD
  - Improved access to OUD treatment, especially in rural areas
  - Remaining concern: shortage of buprenorphine prescribers nationally

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Buprenorphine

- Suboxone contains buprenorphine and naloxone, an opioid blocker
  - Naloxone is added to deter misuse by crushing and injecting
  - When injected, naloxone enters the bloodstream and blocks buprenorphine
  - When taken under the tongue, naloxone is not absorbed into the bloodstream and therefore has no effect
  - Recommended for most patients
- Subutex contains buprenorphine only
  - Recommended for pregnant patients
  - Effect of naloxone on developing newborn is unknown

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Buprenorphine

- Before starting buprenorphine, patients must stop opioids and be in early withdrawal
- First phase of treatment is “induction"
  - Patient is observed closely during first week while dose is adjusted
  - Some states have a “hub and spokes” model, where hubs do induction
- Subsequent phase is “maintenance”
  - Visits every 1 week, then 2 weeks, then 4 weeks
  - Occasional minor adjustments in dosing

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Naltrexone / Revia® / Vivitrol®

nal-**TREX**-ohn

ruh-**VEE**-uh

VIH-vuh-TROLL

Naltrexone

- For opioid use disorder, naltrexone blocks opioids
  - Opioids taken after naltrexone have little to no effect

- The pleasant effects of alcohol rely on several neurochemicals
  - Endorphins - natural opioids in the brain that cause runner's high
  - Naltrexone blocks the effects of endorphins

- For alcohol use disorder, naltrexone
  - Dulls the euphoria of drinking
  - Blocks urges and cravings to drink

- Effective for up to 1 year

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Naltrexone

- Side effects
  - May cause constipation
- Contraindications
  - Severe liver disease
  - Need to take opioids for pain
- Drinking while on naltrexone is not harmful

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Naltrexone

- Pill - once a day - Revia® - also available as a generic
- Injection in the buttocks every 4 weeks - Vivitrol®
  - Requires regular visits to a healthcare professional
  - Expensive but covered by many health plans
  - Net cost savings due to reductions in admissions and ED visits
- If patient develops severe pain, opioids must be given in the hospital

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Disulfiram / Antabuse®

Die-**SUHL**-fir-AM

ANT-uh-BYOOS

Disulfiram / Antabuse®

Normal breakdown of alcohol in the liver

Ethanol → Acetaldehyde → Acetic acid

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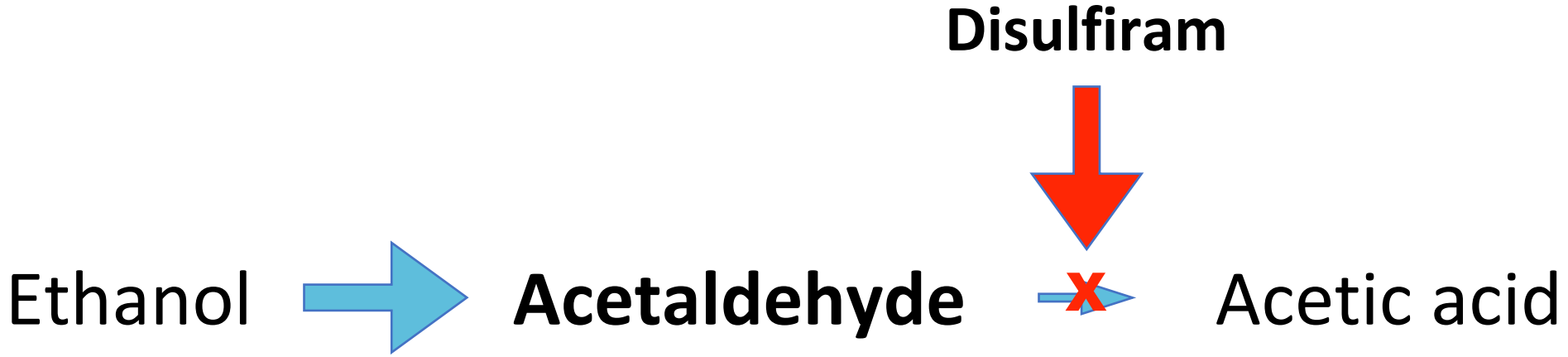
Disulfiram / Antabuse®



- Nausea
- Vomiting
- Flushing
- Possible death

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Disulfiram / Antabuse®

- Taking disulfiram once a day deters drinking for 24 to 48 hours
- Contraindications: severe liver disease, certain but not all heart diseases
- Must be given with patient's consent
- US experience
  - Poor long-term effectiveness; craving leads to non-adherence
  - May be effective in the short term for impulsive or highly motivated individuals
- Studies in Europe suggest effectiveness similar to other medications
- Especially effective if administration is supervised

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Acamprosate / Campral®

ay-**CAMP**-roe-SATE

KAMP-pral

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Acamprosate / Campral®

- Acute alcohol withdrawal
  - Agitation, tremors, nausea, vomiting, hallucinations, seizures, disorientation
  - Lasts up to 7 days
- Then subacute withdrawal occurs for several weeks to 1 year
  - Difficulty sleeping, anxiety, restlessness
  - Symptoms often trigger desire to drink
- Acamprosate reduces the symptoms of subacute withdrawal

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Acamprosate / Campral®

- Must be taken 3 times a day
- Side effects
  - Sometimes causes diarrhea in the first week
  - Avoid most diarrhea by halving the dose for the first week
  - May aggravate depression and lead to suicidality
- May be taken with severe liver disease

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Gabapentin / Neurontin®

GA–buh—**PEN**-tin

noo-**RAHN**-tin

Gabapentin / Neurontin®

- FDA-approved for partial seizures, neuropathy, and restless legs
- Not FDA-approved for alcohol dependence, but several studies suggest effectiveness
  - Fewer cravings
  - Longer abstinence
  - Less relapse to heavy drinking
- Might be more effective for patients who have had severe alcohol withdrawal

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Gabapentin / Neurontin®

- Usually dosed 3 times a day
- Many but usually mild side effects
  - Drowsiness, dizziness, and weakness are common
  - Such side effects are worse with alcohol
- May increase suicidal thoughts
- Rare liver toxicity - may be taken by patients with liver disease if liver function is monitored by blood tests

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Pharmacotherapy Alone is Suboptimal

- Most studies of pharmacotherapy for alcohol and opioid use disorder have demonstrated effectiveness only with rigorous behavioral support
- General healthcare settings should offer pharmacotherapy, but most lack time and expertise to administer behavioral support
- General medical settings can be configured with individuals who are trained to offer such behavioral support, including motivational interviewing and behavior change planning

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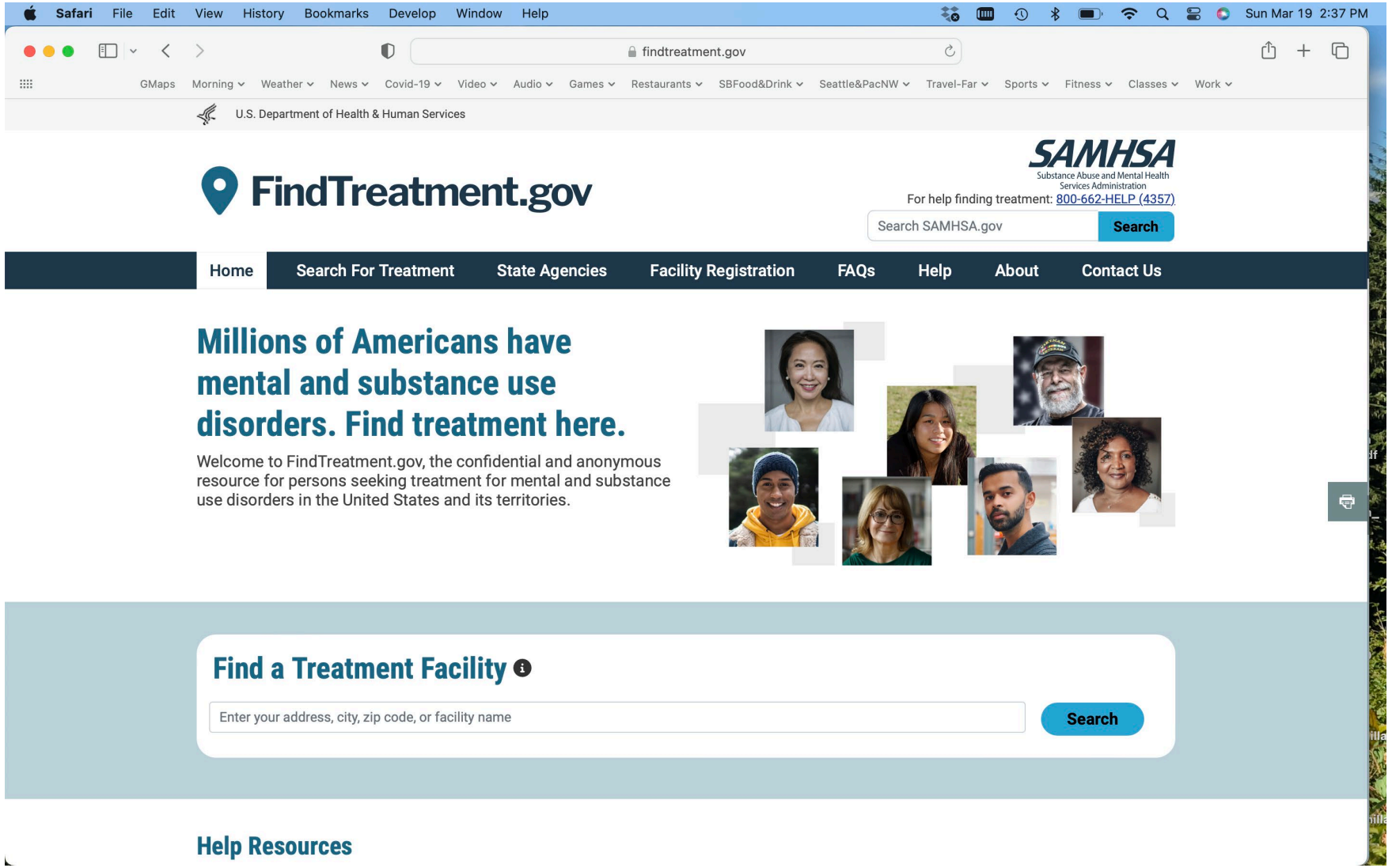
SAMHSA Treatment Locator - findtreatment.gov



SAMHSA Treatment Locator - findtreatment.gov

Search for alcohol, drug, and mental health treatment by:

- Geography - state, county, distance from address
- Facility type - SUD, MHD, healthcare center, buprenorphine prescribers, opioid treatment programs, telehealth
- Service setting - outpatient, residential, inpatient
- Age group - children, adolescents, adults, seniors
- Other groups - LGBT, trauma, veterans, co-occurring SUD/MHD
- Language - ASL, Spanish, others

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AGENDA

1	Basic principles of motivational interviewing
2	Interventions to help abstinent adults remain abstinent
3	Interventions to help abstinent teens remain abstinent
4	Treatment options for dependent patients

Motivational Interviewing (MI)

- The most effective approach to promoting healthier behaviors
- Developed by addiction treatment experts
- Effective for many unhealthy behaviors
- Proficiency requires 4 days of workshops plus ample practice and feedback from experts
- In this training - will integrate some principles of MI into the approach to SBIRT

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The Spirit of MI

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Key Concepts

- Levers of change
- Change talk

Key Skills

- Reflections
- Open questions
- Ask permission before giving information and advice

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Key Concepts

- **Levers of change**
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Levers of Change

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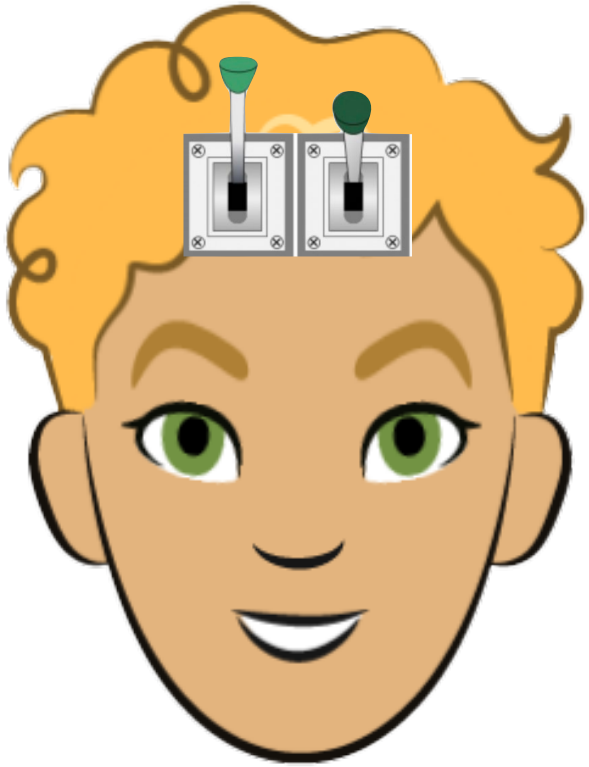

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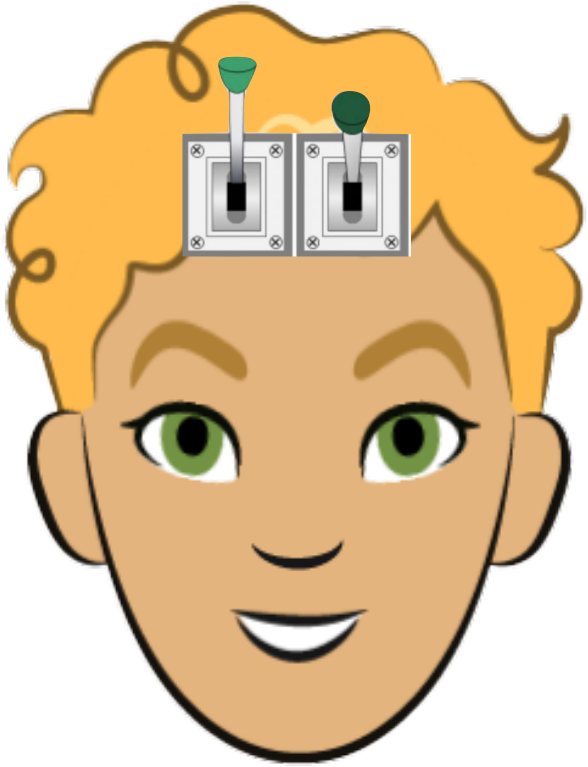
Levers of Change

Perception of the
IMPORTANCE
of change



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Levers of Change

Perception of the
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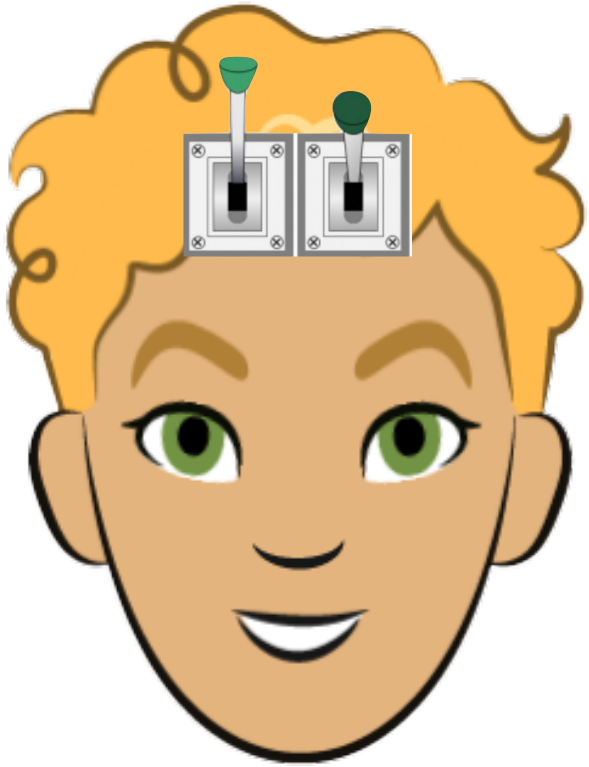

Perception of
CONFIDENCE
to change

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Key Concepts

- Levers of change
- **Change talk**

Key Skills

- Reflections
- Open questions
- Ask permission before giving information and advice

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Change Talk

- “Change talk” = patients’ statements in favor of change
- Research has found:

More change talk → Higher chance of commitment to change

- **Your aim is to elicit lots of change talk!**

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Change Talk on Importance - Examples

- **When I smoke weed in the morning, I don't get much work done.**
- **I know those pills can get me addicted.**
- I love drinking but **I don't like the hangovers the next day.**

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Is this change talk on importance?

- Whiskey helps me fall asleep.
- Sometimes when I snort coke I get scared because I feel my heart beating funny.
- That DWI was just bad luck. Chances are I won't get caught again.
- If I keep using, I'll probably end up back in jail.

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Change Talk on Confidence - Examples

- I cut down last year. I can do it again.
- When I get cravings, I can take a walk and they pass.
- I can do anything I set my mind to.

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Is this change talk on confidence?

- I've quit many times. I can do it again.
- I can stick to limits at home, but it's tough when I'm around other people who are drinking.
- When I smoke one joint, it's hard not to smoke another.
- After I went to treatment ten years ago, I stayed sober for 5 years. I know what I need to do and how to do it.

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Key Concepts

- Levers of change
- Change talk

Key Skills

- **Reflections**
- Open questions
- Ask permission before giving information and advice

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Reflections

- Interviewer paraphrases what the patient just said
- Shows you're listening
- Shows you understand = EMPATHY!
- Invites patients to say more about what you reflected
- **Reflecting change talk usually elicits more change talk!**

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Reflections - Example

Pt: I have fun at the bar, but I hate the hangovers the next day.

Int: Your hangovers are miserable.

Pt: The worst part is the headaches.

Int: Alcohol gives you unbearable headaches.

Pt: If I cut down, I could probably still have a good time but avoid the headaches.

Int: On balance, drinking less would actually be more fun.

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Reflections - Exercise

Pt 1: I enjoy beer. It relaxes me, and I like the buzz.

Pt 2: Weed helps me feel comfortable in social situations.

Pt 3: My wife says I drink too much. She doesn't understand how much stress I'm under.

Pt 4: If I cut down, I'd have more money for the essentials.

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When you hear change talk, REFLECT to get more change talk

Pt 5: When I smoke weed in the morning, I don't get much work done.

Pt 6: I know those pills can get me addicted.

Pt 7: I love drinking but I don't like the hangovers the next day.

Pt 8: If I could quit those pills, I think I could have a normal life again.

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Key Concepts

- Levers of change
- Change talk

Key Skills

- Reflections
- **Open questions**
- Ask permission before giving information and advice

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Open Questions

- Ask for more than just a brief response

- Usually start with:
  - *How* (but not *How much*)
  - *What*
  - *Tell me about*
  - *Describe*
  - *Say more*
  - *In what ways*

- Avoid *Why* questions, which can put patients on the defensive

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Open Questions - Purpose

- Get patients talking and actively participating in their care
- Evoke information and perspectives that are important to the patient
- Allow change talk to emerge

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Helpful Open Questions for SBIRT

- Before we focus on those questions you answered, would you please tell me how you see alcohol and drugs fitting in with your life?
- What do you like about _____? (don't dwell on this; it elicits sustain talk)
- What are some downsides or fears you have about _____?
- What might be some advantages of
  - cutting down? - quitting? - continuing not to drink or use drugs?
- What might be the worst things that could happen if you
  - keep on _____ like you've been?
  - start drinking or using drugs?

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Key Concepts

- Levers of change
- Change talk

Key Skills

- Reflections
- Open questions
- **Ask permission before giving information and advice**

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Asking Permission

- Shows respect and honors autonomy
- Calls attention to what's coming next

Examples

- Would it be OK if I told you what your responses to the questionnaire might mean?
- Would you like me to talk about how your drinking might be adding to your feelings of tiredness?

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AGENDA

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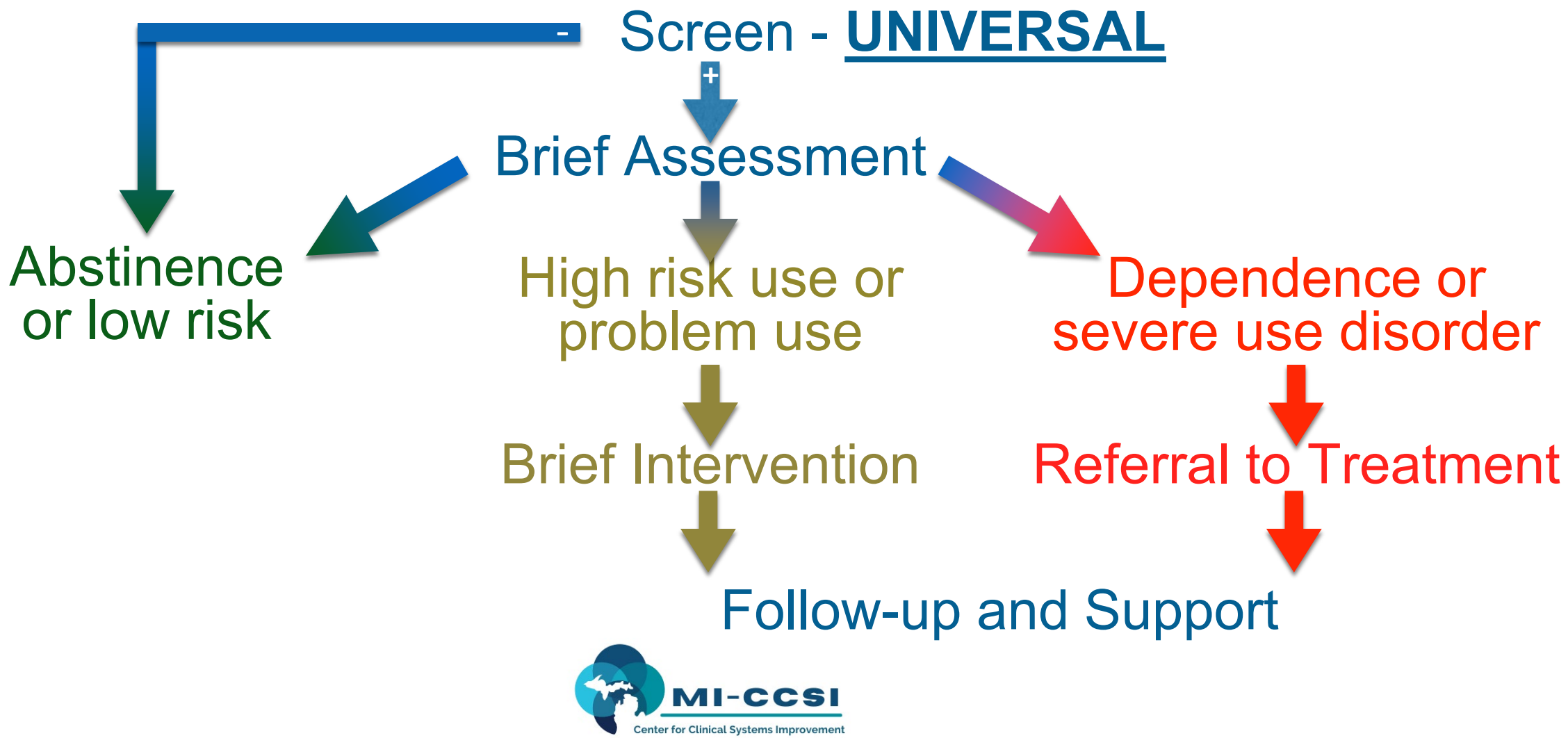
SBIRT



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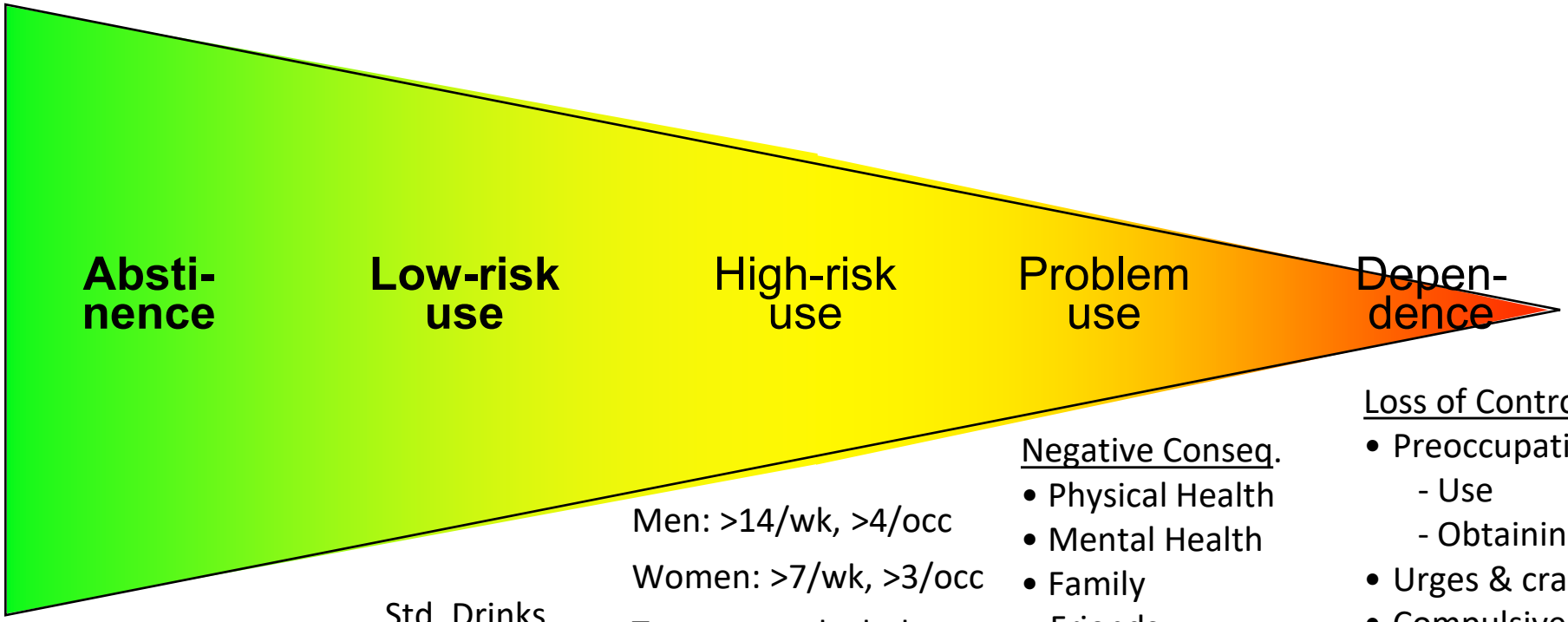
Review: The Substance Use Continuum



Std. Drinks
Beer - 12 oz
Wine - 5 oz
Spirits - 1.5 oz

Men: >14/wk, >4/occ
Women: >7/wk, >3/occ
Teens: any alcohol
Daily marijuana use
Other illegal drug use

Negative Conseq.
- Physical Health
- Mental Health
- Family
- Friends
- Work/School
- Legal
- Financial
- Religion/Spirituality

Loss of Control Over Use
- Preoccupation
  - Use
  - Obtaining substances
- Urges & cravings
- Compulsive use
  A little use → a lot
- Physical dependence

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Screening - Adults

How many times in the past year did you have more than
(men) 4 drinks in an occasion? (women) 3 drinks in an occasion?

How many times in the past year did you use marijuana, THC, edibles, hashish, or another marijuana product?

Besides marijuana products, how many times in the past year did you use an illegal drug or use a prescription drug for a non-medical reason?

__ Never __ Once or twice __ 3 to 5 times __ 6 to 20 times __ More than 20 times

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AUDIT and DAST - Scoring

Risk Category	Score		Management
	AUDIT	DAST	
Abstinence/Low-risk use	0 to 6 - female 0 to 7 - male	0	Reinforcement
High-risk use	7 to 15 - female 8 to 15 - male	1 to 2	Brief intervention
Problem use	16 to 19	3 to 5	Brief intervention
Likely dependent	20 to 40	6 to 10	Referral

For patients with differing AUDIT and DAST categories, use the more severe category

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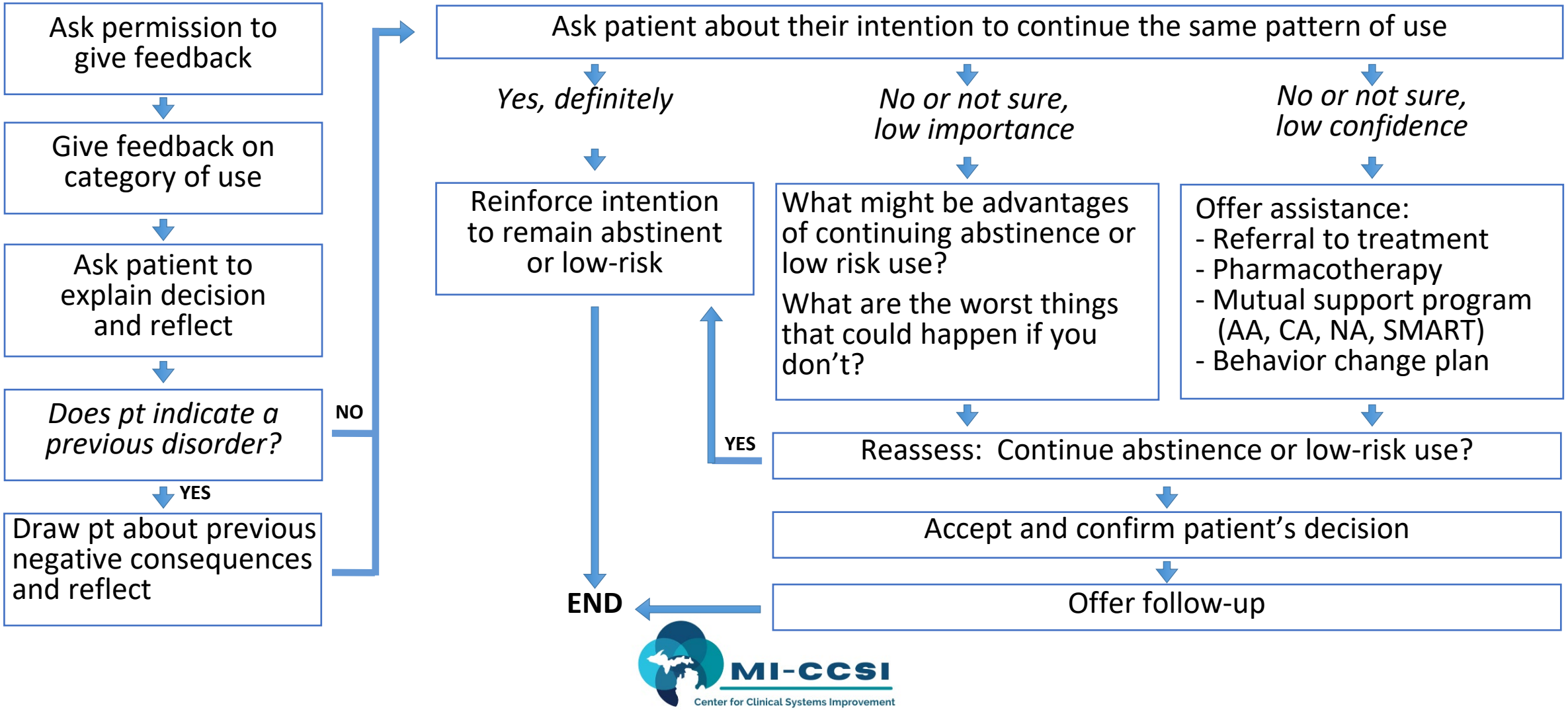
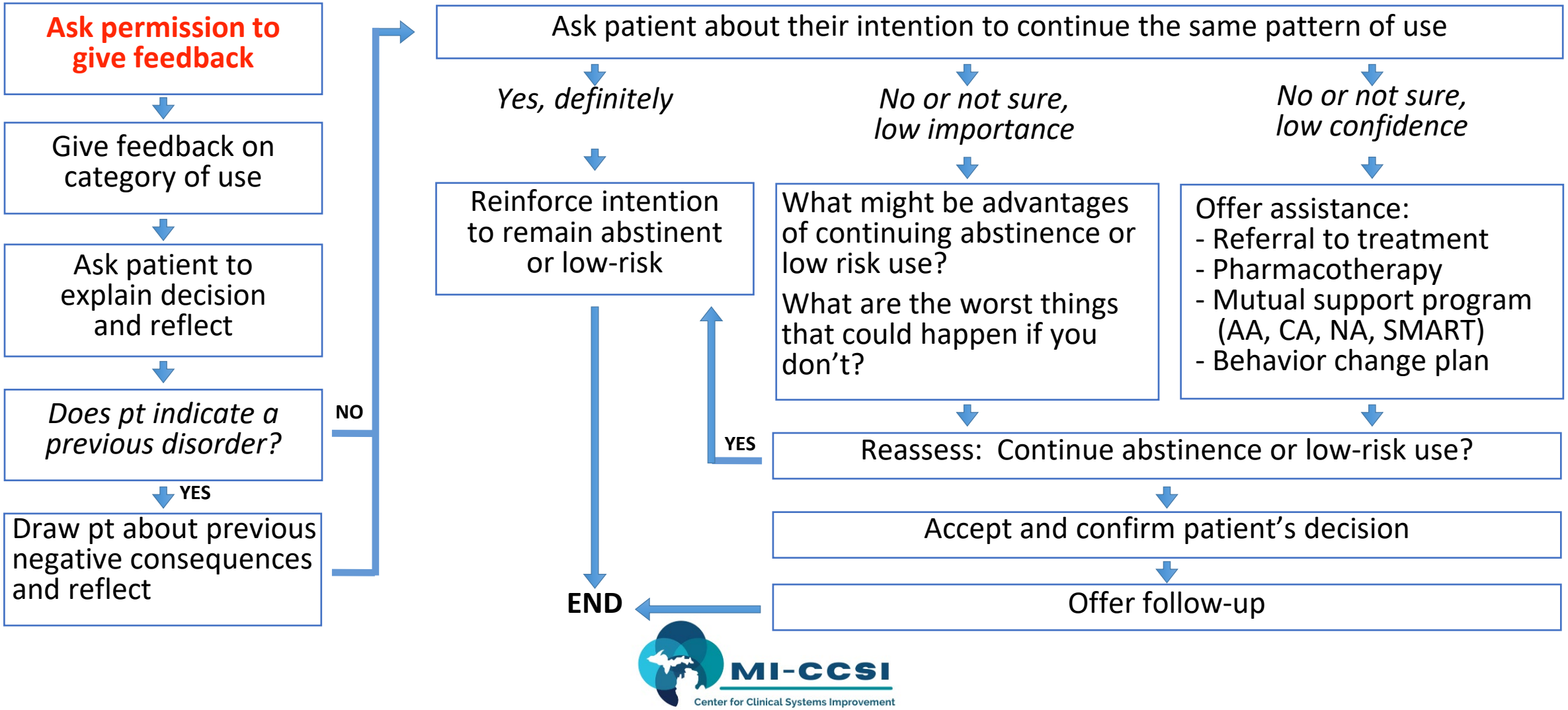
Protocol for Abstinent/Low Risk Users



Example Interview 1



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Example Interview 1

Ask permission to give feedback

Int: May I give you some feedback on your responses to those questions about drinking and drug use?

Pt: Yes, please do.

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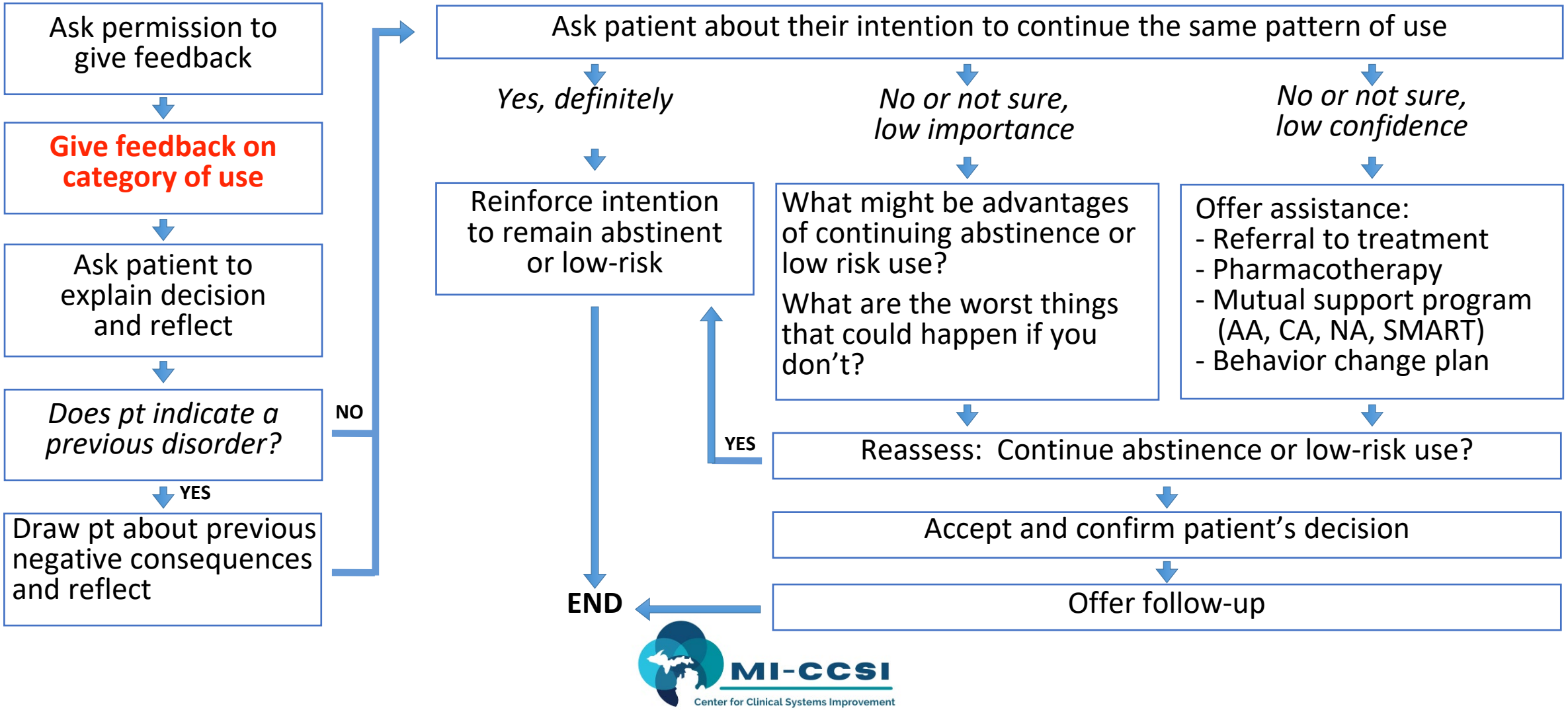
Example Interview 1



Example Interview 1

Give feedback on category of use

Int: Your current drinking and your lack of drug use puts you in a low risk category. That means that you're likely to stay healthy and safe from alcohol and drugs.

Pt: Oh, that's good.

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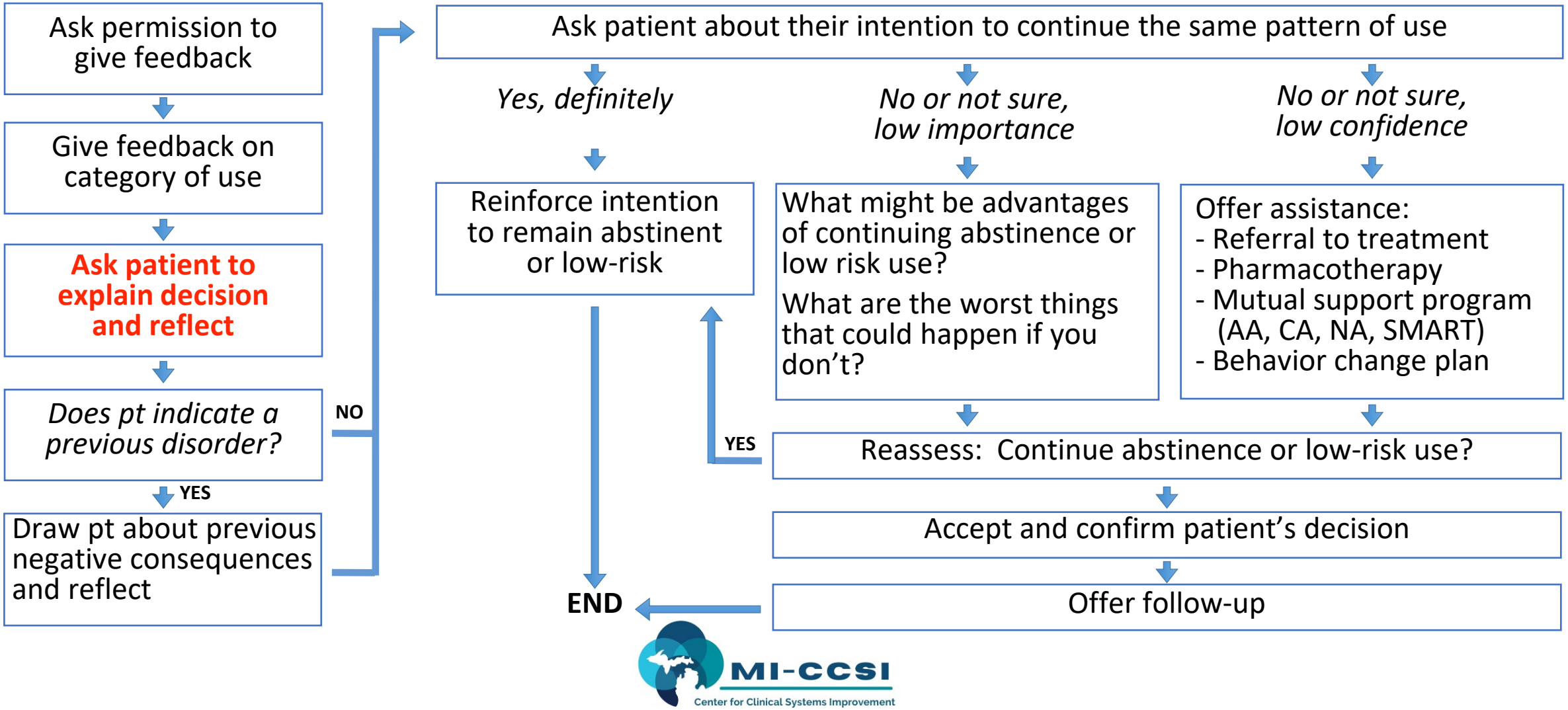
Example Interview 1



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Example Interview 1

Ask patient to explain decision and reflect

Int: I'm curious. What made you decide not to use drugs and to drink moderately like you do?

Pt: Well, drugs seem dangerous, and I don't need to drink more than I do to enjoy it.

Int: You enjoy drinking moderately and see no need to drink more or use drugs.

Pt: Yeah, I'm happy the way I am.

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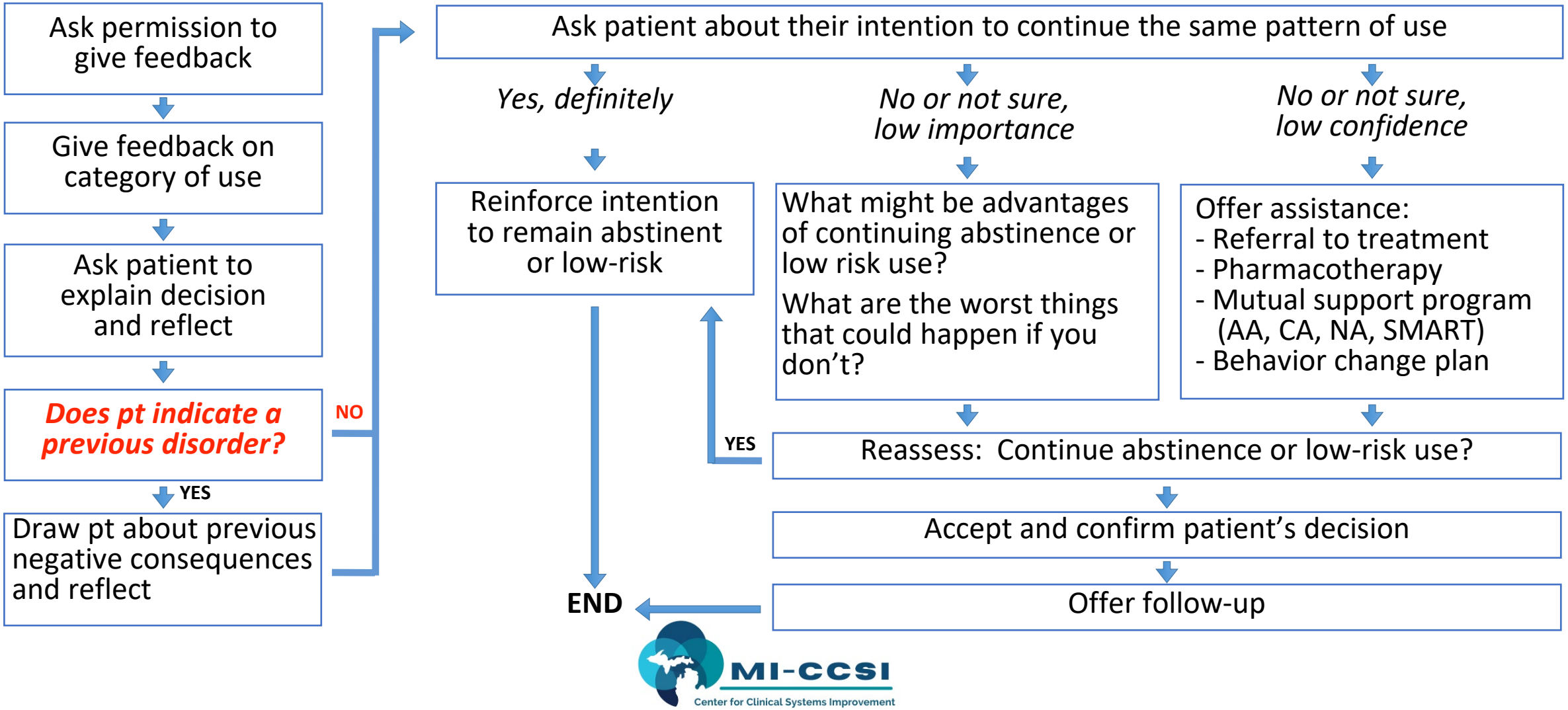
Example Interview 1



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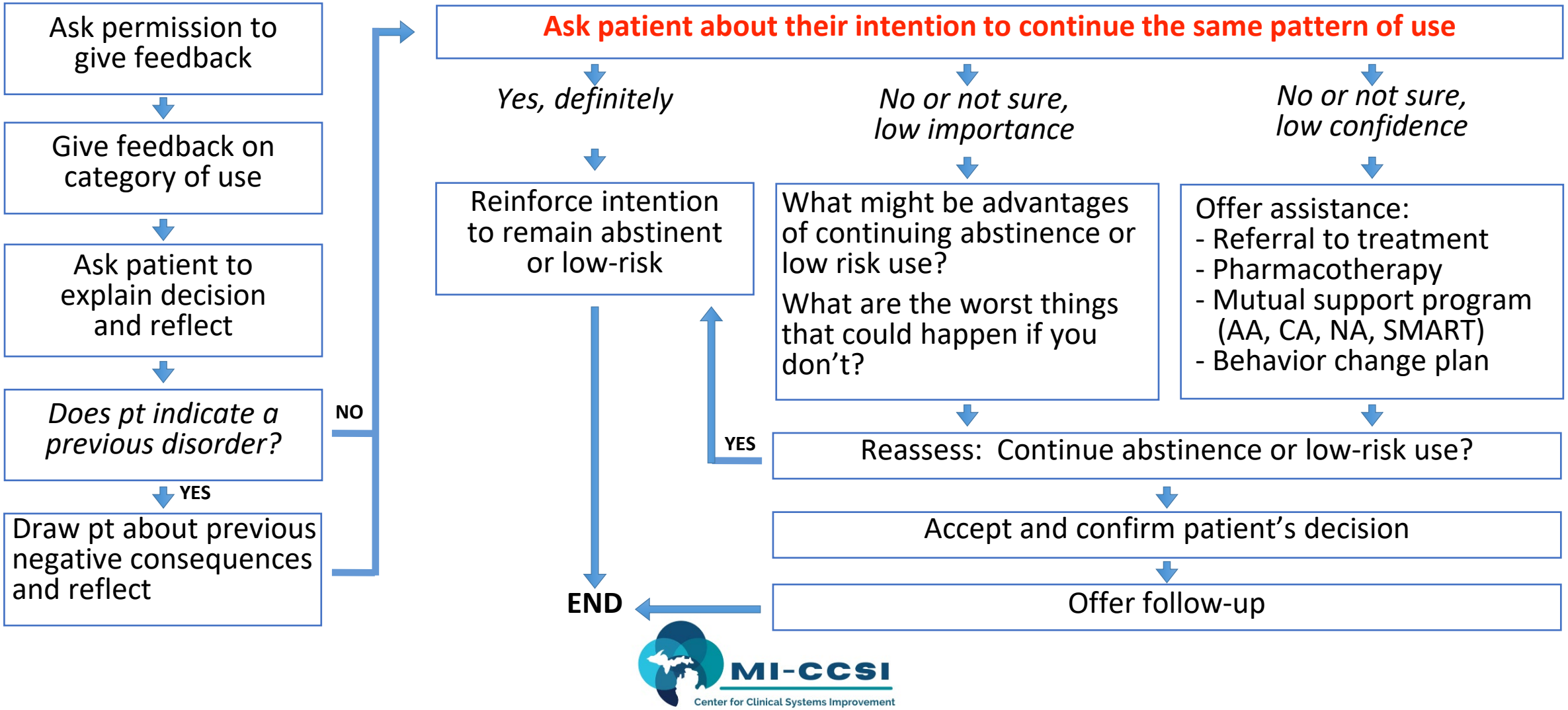
Example Interview 1



Example Interview 1

Ask patient about their intention to continue the same pattern of use

Int: Moving forward, what do you envision doing about your drinking and drug use?

Pt: I'll just continue what I'm already doing.

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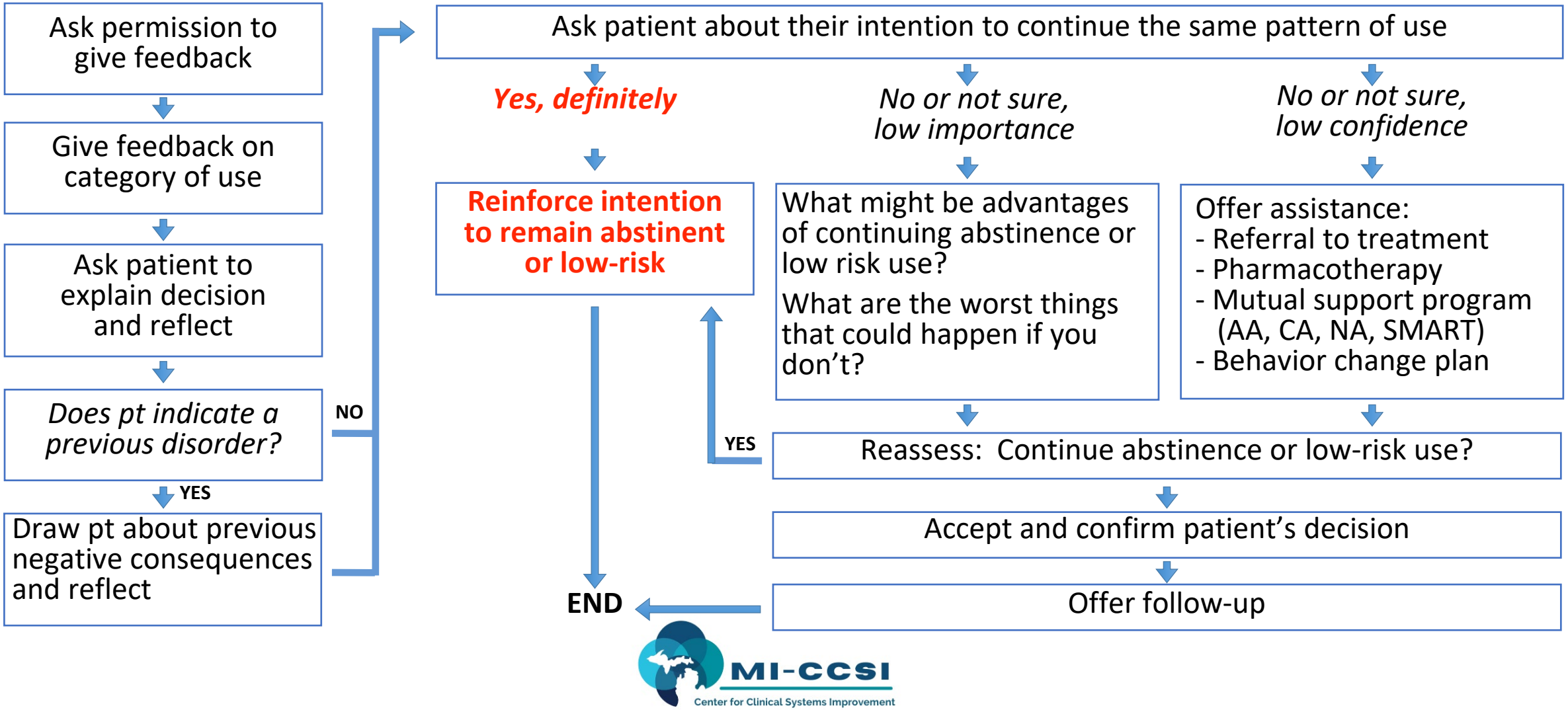
Example Interview 1



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Example Interview 1

Reinforce intention to remain abstinent or low-risk

Int: That's a very healthy decision.

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Give feedback on category of use

Int: Your current drinking and your lack of drug use puts you in a low risk category. That means that you're likely to stay **healthy** and **safe** from alcohol and drugs.

Reinforce intention to remain abstinent or low-risk

Int: That's a very **healthy** decision.

Int: That's a **good** decision.

Int: That's a **smart** decision.

} JUDGMENTAL

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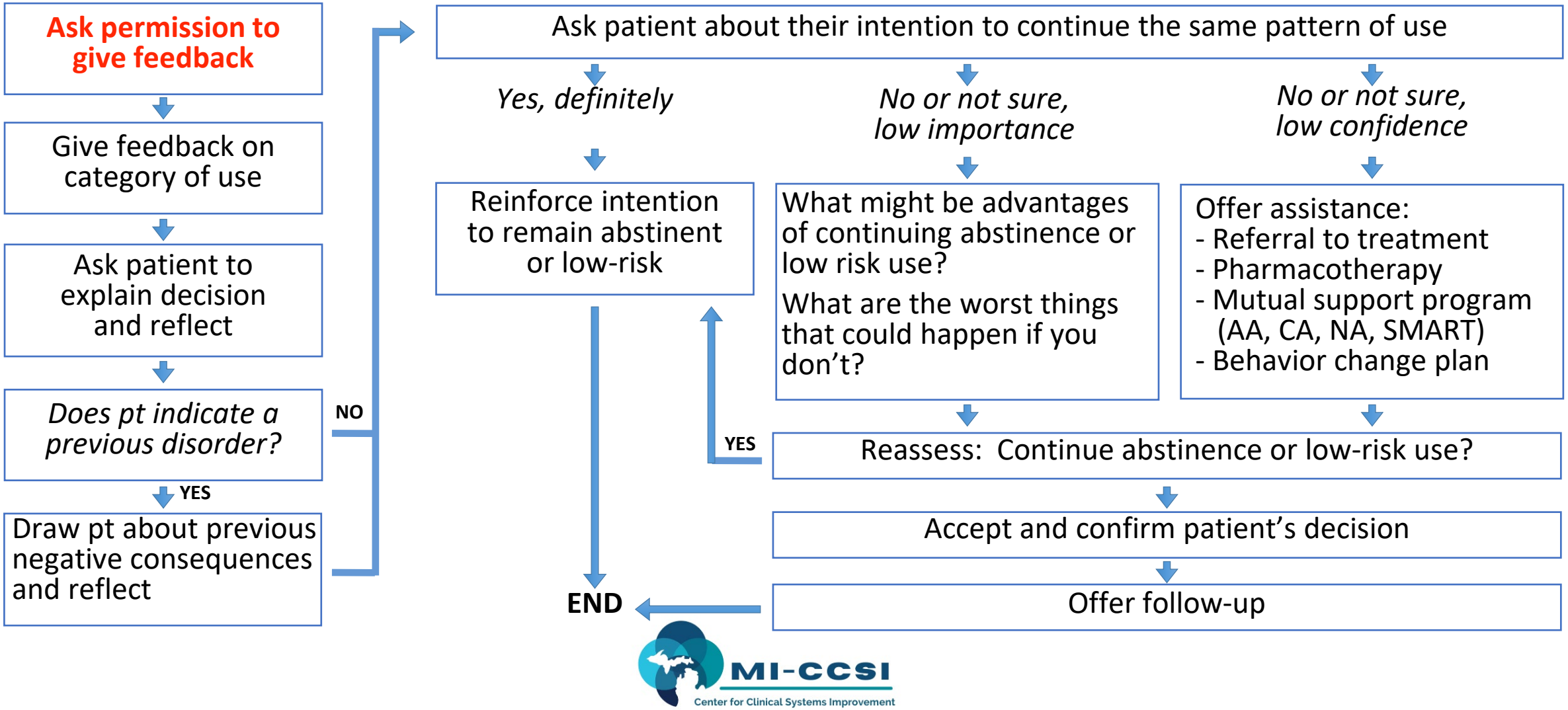
Key Element of MI Spirit

Example Interview 2



Example Interview 2

Ask permission to give feedback

Int: May I give you some feedback on your responses to those questions about drinking and drug use?

Pt: Sure.

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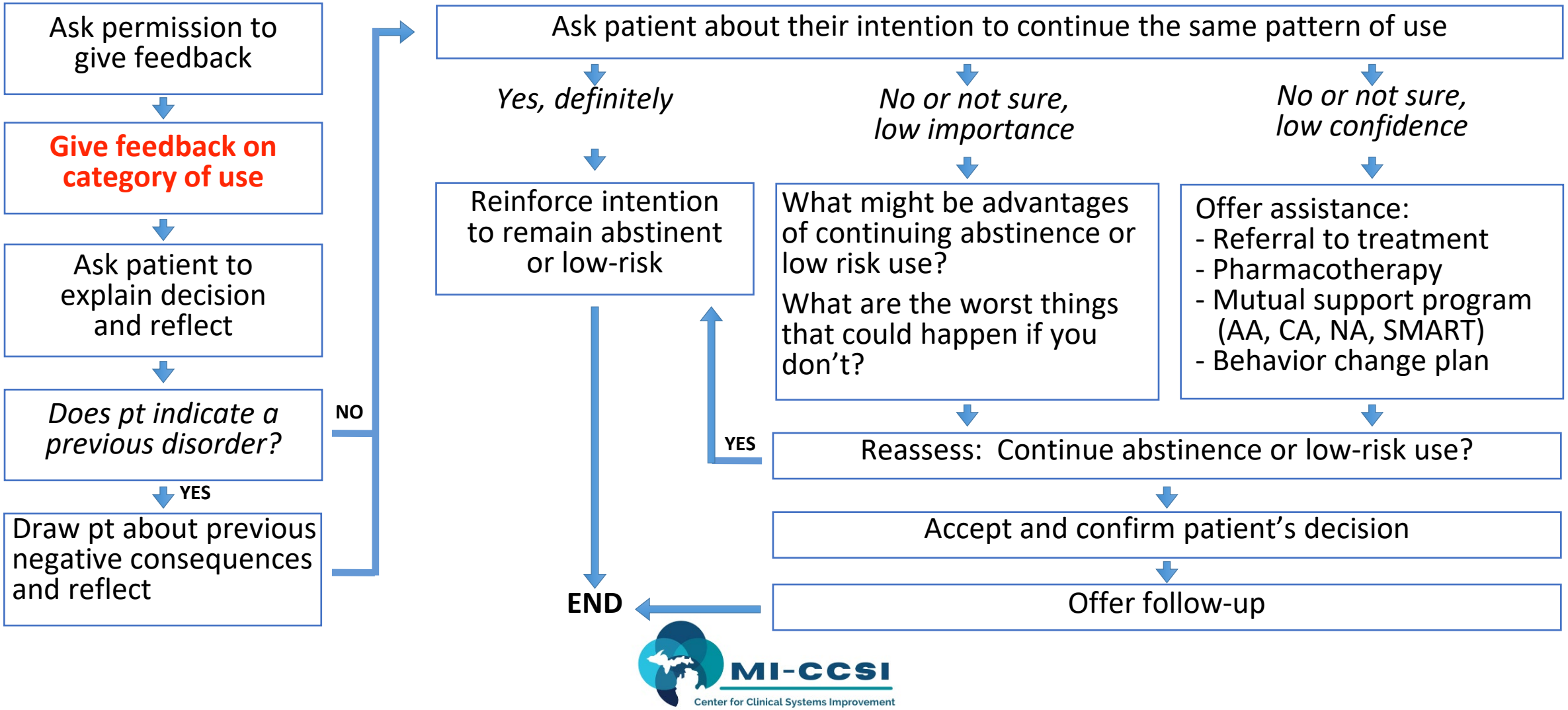
Example Interview 2



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Example Interview 2

Give feedback on category of use

Int: Your responses indicate that you don't drink or use drugs. That's a very healthy and safe decision.

Pt: I suppose so.

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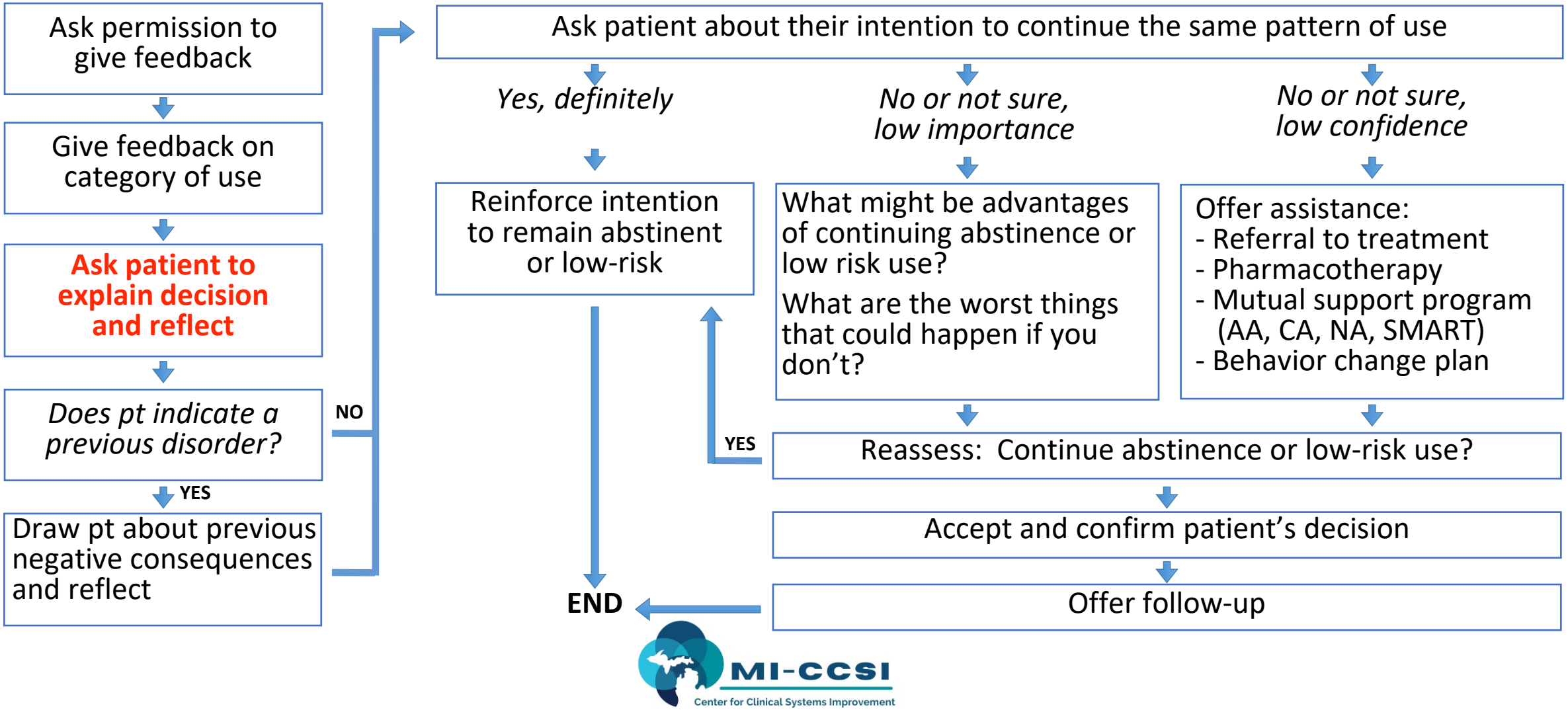
Example Interview 2



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Example Interview 2

Ask patient to explain decision and reflect

Int: I'm curious. What made you decide not to drink or use drugs?

Pt: Well, I used to drink quite a bit, and it wasn't pretty.

Int: Not pretty.

Pt: No, drinking nearly ruined my life, but I got treatment 5 years ago, and I've been sober since then.

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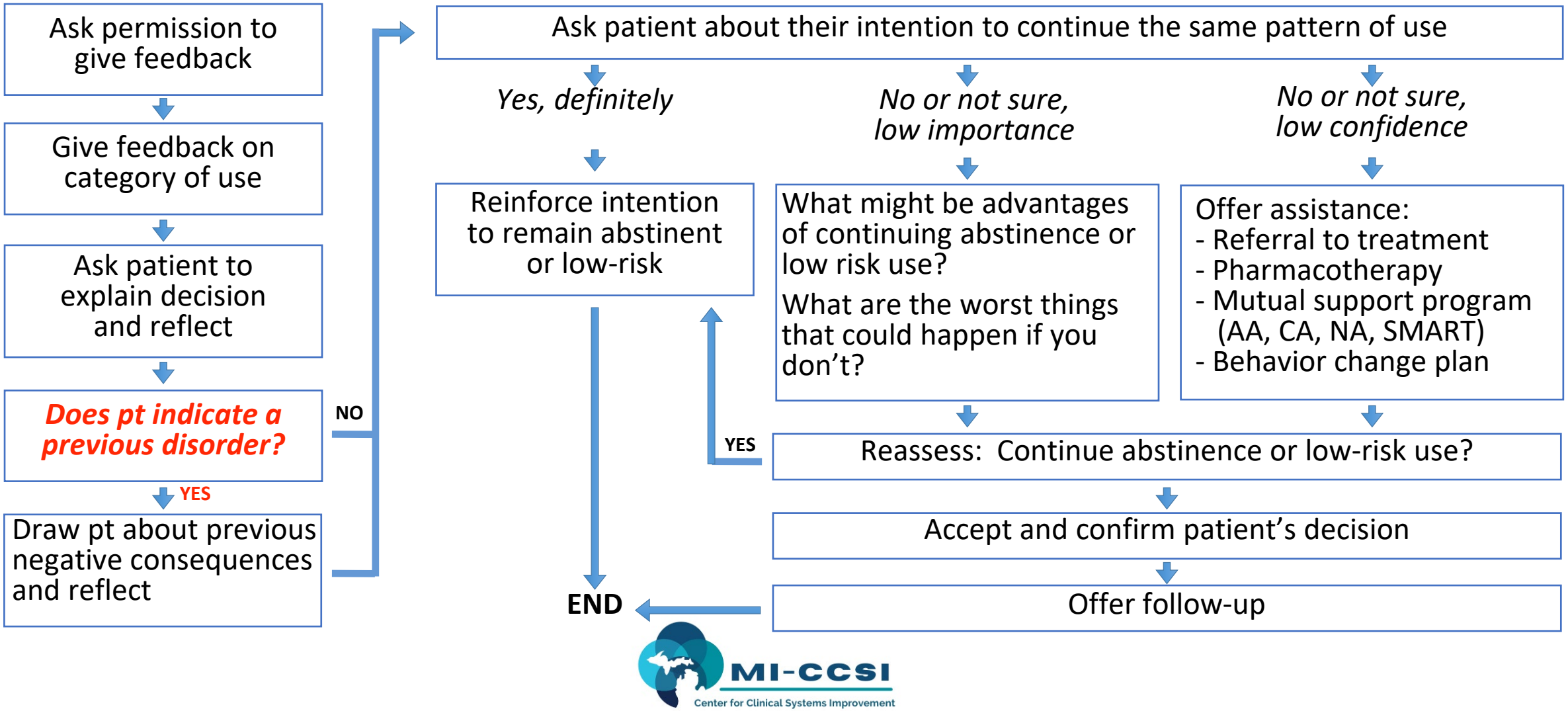
Example Interview 2



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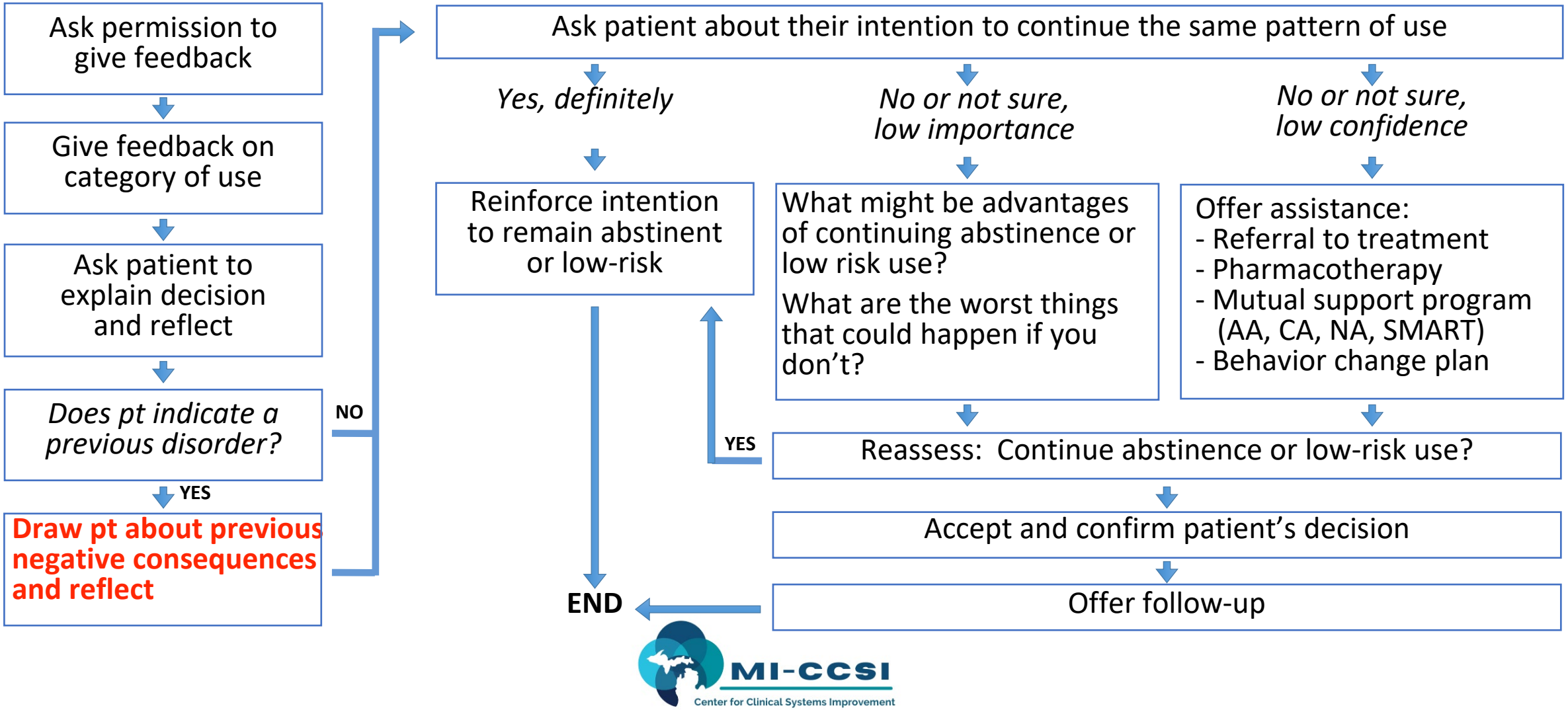
Example Interview 2



Example Interview 2

Draw pt about previous negative consequences and reflect

Int: In what ways did your drinking make life difficult for you?

Pt: My wife left me. My kids wouldn't talk to me. I almost lost my job. I lost my license from DWIs. It was awful.

Int: Drinking made your life miserable.

Pt: Yes, that was a terrible time.

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Example Interview 2

Draw pt about previous negative consequences and reflect

Int: How has life been since then?

Pt: It was rough for a couple of years, but it's been quite a bit better since then.

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Example Interview 2

Ask patient about their intention to continue the same pattern of use

Int: How do you see things going in the future?

Pt: I know I need to keep steering clear of alcohol, but lately I feel more drawn to it, and that scares me.

Int: You want to stay sober and you're worried that you might start drinking again.

Pt: I know I'd be crazy to go back to it, but I can't get booze off my mind lately.

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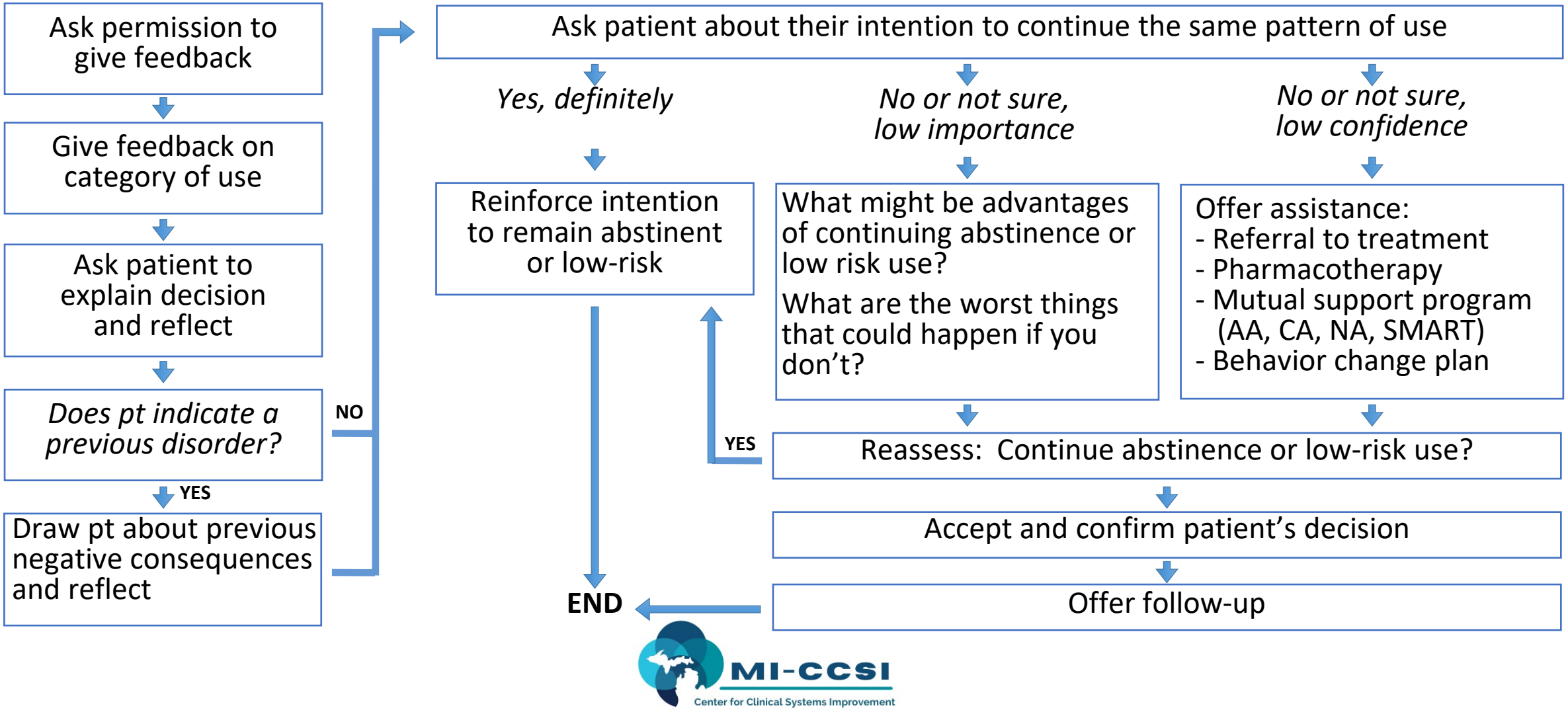
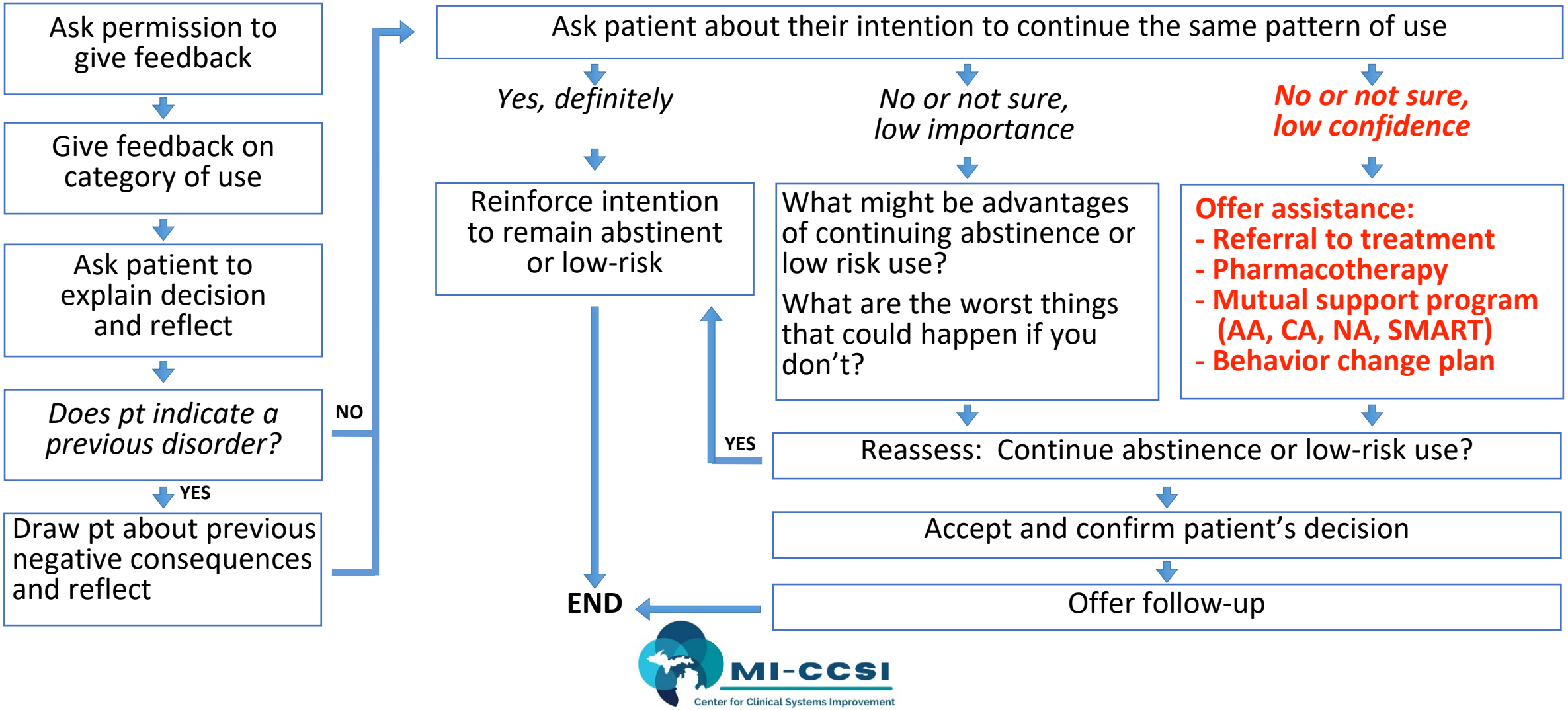
Example Interview 2 ?



Example Interview 2



Example Interview 2

Offer assistance:
- **Referral to treatment**
- **Pharmacotherapy**
- **Mutual support program (AA, CA, NA, SMART)**
- **Behavior change plan**

Int: What has helped you stay sober in the past?

Pt: I had lots of counseling, but AA saved my life. I used to go regularly but I stopped during Covid. I know I should go back. I don't know why I haven't.

Int: AA was extremely helpful in the past, and you know you need it again.

Pt: Yes, I really do.

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Example Interview 2

Offer assistance:
- **Referral to treatment**
- **Pharmacotherapy**
- **Mutual support program (AA, CA, NA, SMART)**
- **Behavior change plan**

Int: What's in your way?

Pt: Nothing really. I suppose I thought I wouldn't need it any more, and it's hard to admit to myself that I do, but I do.

Int: You wish you could put AA and the need for help behind you, and you know that you have to go back to avoid the kind of misery you suffered 5 years ago.

Pt: Yeah, I guess I've known that all along.

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Example Interview 2

Accept and confirm patient's decision

Int: So, what are your plans?

Pt: I'll go back to my usual meeting tonight, and I'll commit to 90 meetings in 90 days, like I did 5 years ago.

Int: That's a strong commitment to keep yourself well. And I wonder, did you have a sponsor in the past who it would be helpful to get back in touch with?

Pt: Yeah, I really need to call him.

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Example Interview 2

Accept and confirm patient's decision

Int: So, you'll go to go back to AA tonight, go to 90 meetings in 90 days, and contact your sponsor.

Pt: Yeah, if he's not there tonight, I'll call him over the weekend.

Int: It seems that you have a strong plan to keep yourself on the track where you want to be. What do you think?

Pt: Yeah, I think AA and my sponsor are what I need.

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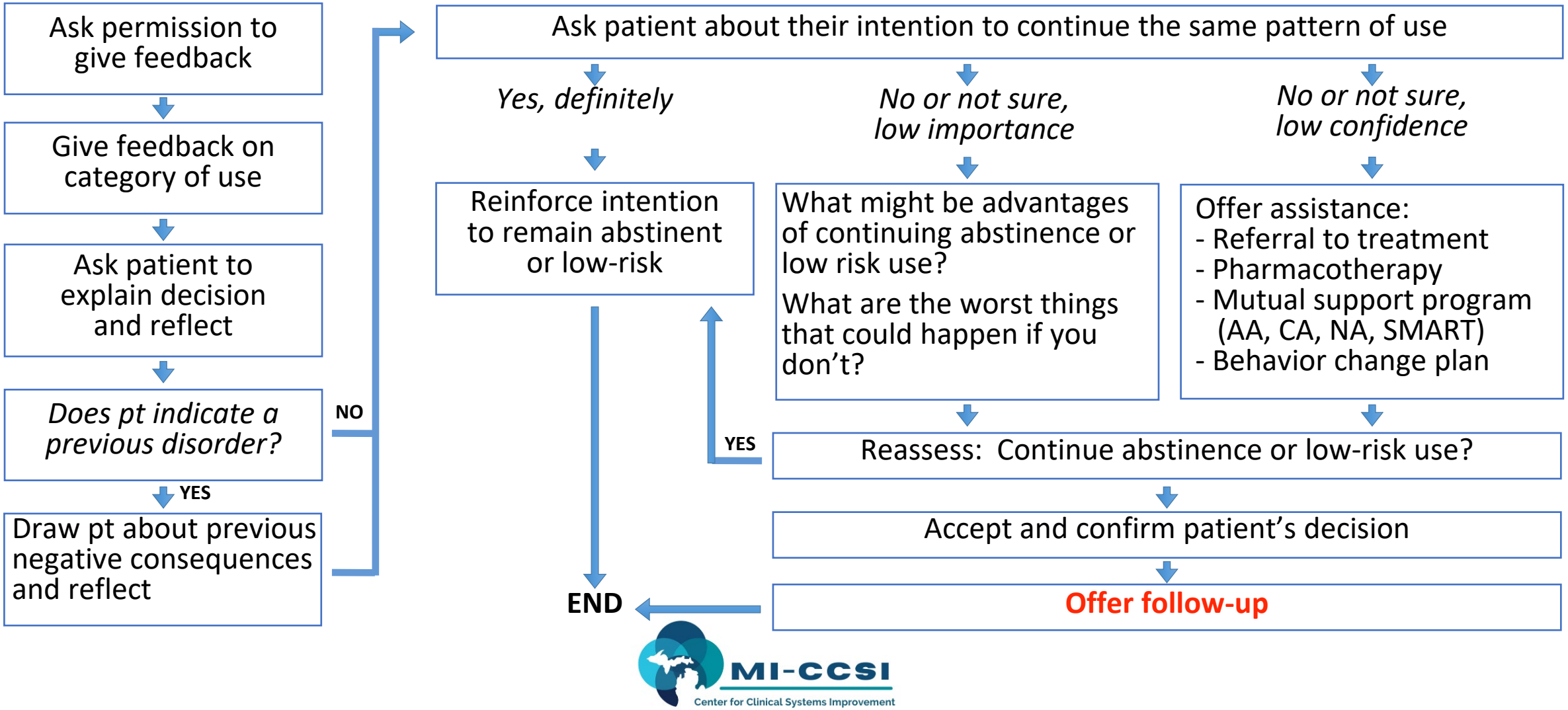
Example Interview 2



Example Interview 2

Offer follow-up

Int: AA may well be all you need. If that turns out not to be true, there are other kinds of help I could discuss with you. What would you think of checking in with me in a week or two to make sure you're on the path you want to be?

Pt: That would be a good idea. Yes, let's do that.

Int: When would work for you?

Pt: …

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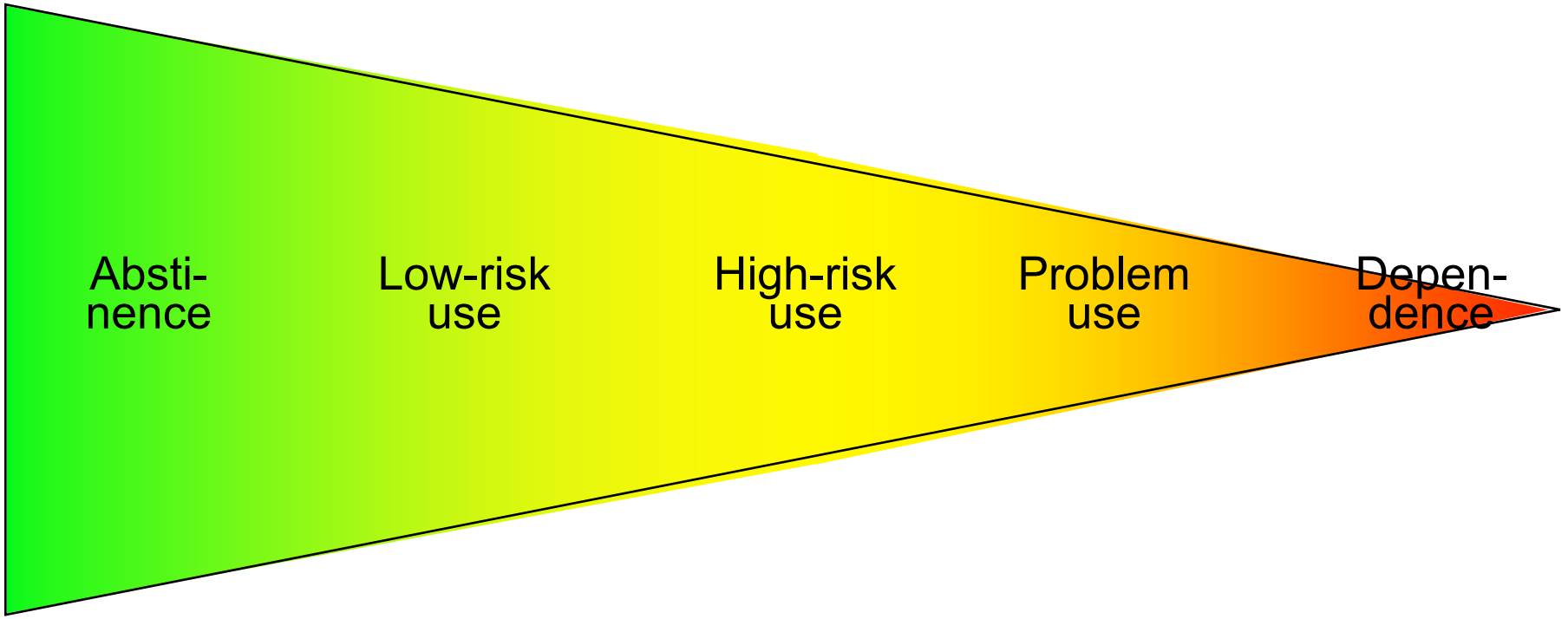
The Substance Use Continuum



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Relapse Prevention

Stages of Relapse	Symptoms	Interventions
Emotional	Uncomfortable emotions persist	Relaxation, rewards, adequate sleep, healthy diet, self-care
Mental	Ambivalence: use vs. abstain	Remind about negative consequences of use, seek social support, distract from cravings, wait for cravings to subside, relax
Physical	Substance use	Re-engage with treatment resources

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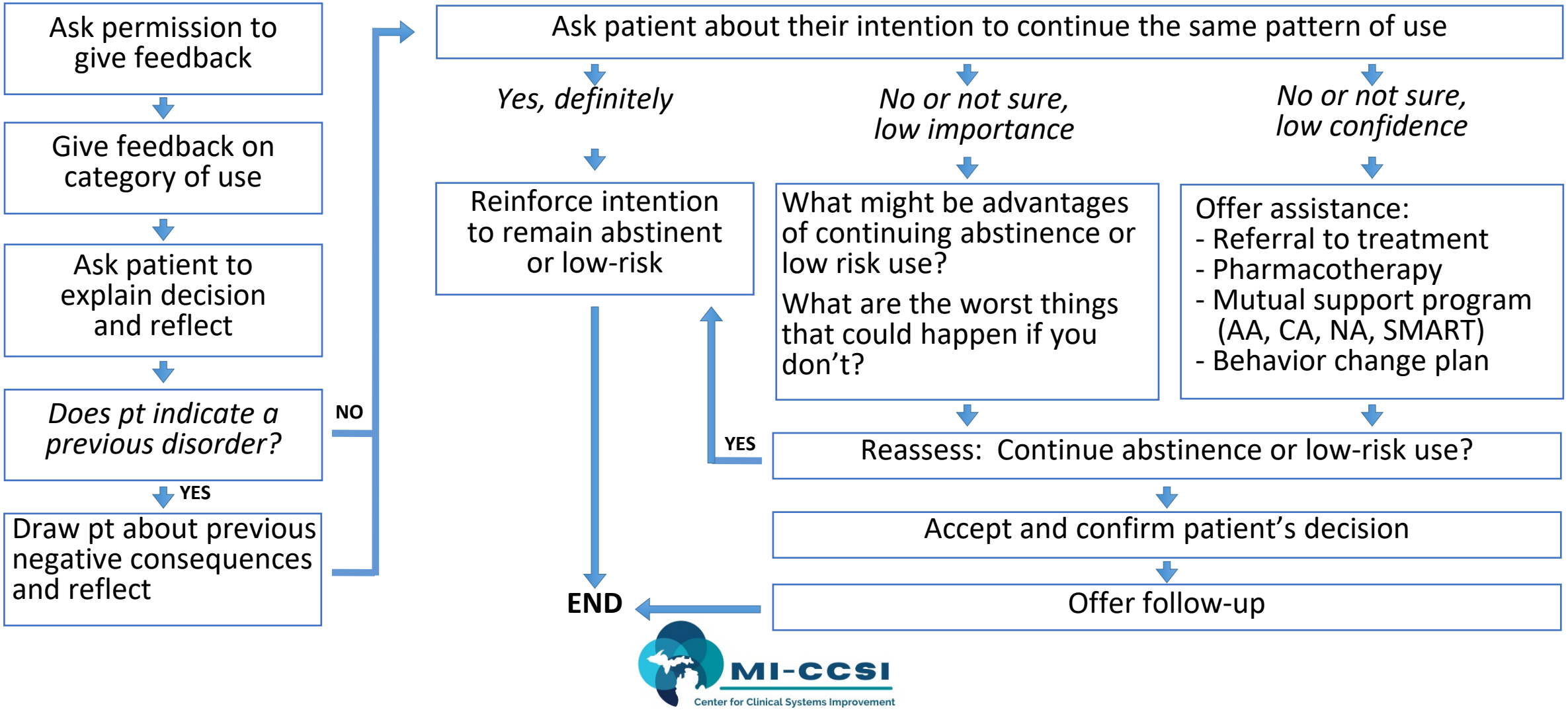
Protocol for Abstinent/Low Risk Users



Exercise - Case 1

- Pair off. The person whose birthday is sooner will play the interviewer.
- Take 2 minutes to read the case description either **FOR THE INTERVIEWER** or **FOR THE PATIENT**.
- Have in front of you the protocol for abstinence and low risk use.
- Interviewer: Start the interview by asking permission to discuss the patient's responses to questions on alcohol and drugs.
- Conclude the interview in 5 minutes.
- For 3 minutes, discuss – interviewer first, then patient:
  - What went well
  - What the interviewer could do better next time

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Debrief - Case 1

Patients: What did your interviewer do well? What would have worked well for you if you were a real patient?

Interviewer: What felt comfortable? What would you want to do differ

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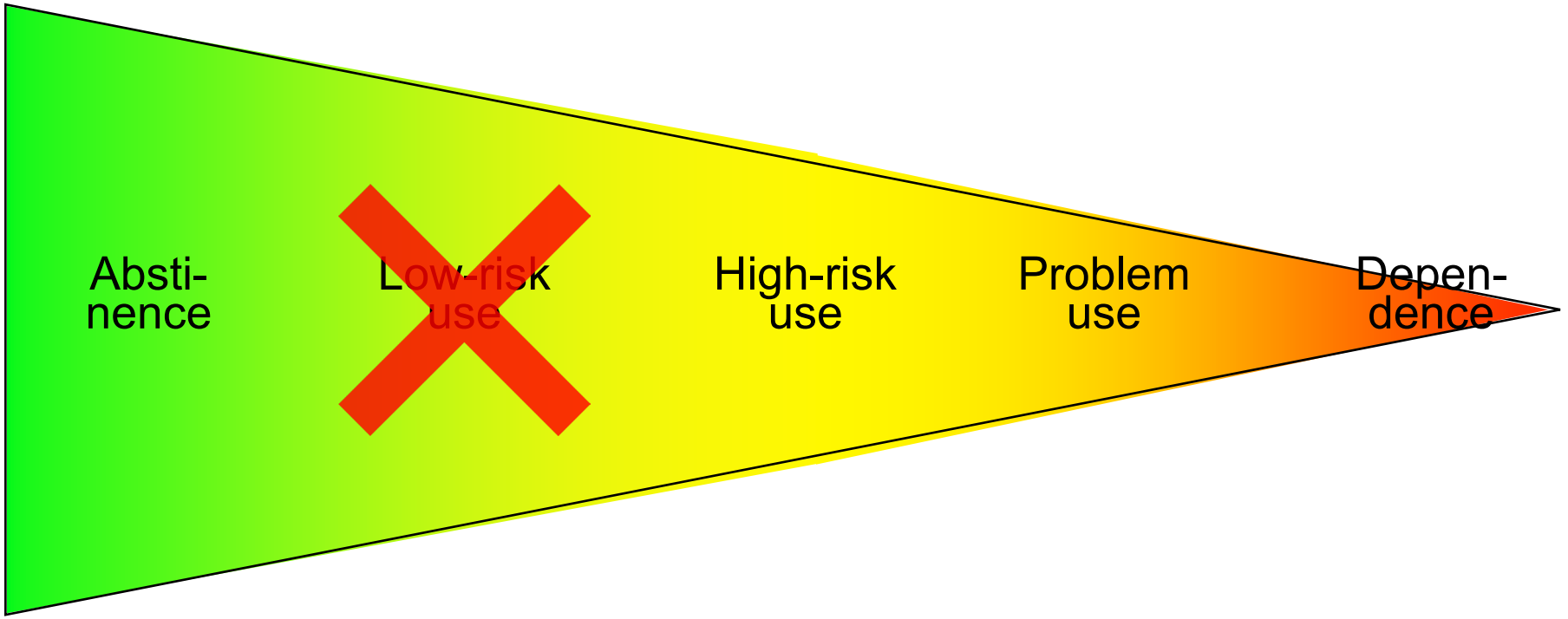
AGENDA

1	Basic principles of motivational interviewing
2	Interventions to help abstinent adults remain abstinent
3	**Interventions to help abstinent teens remain abstinent**
4	Treatment options for dependent patients

Review: The Substance Use Continuum



Which category does not apply to adolescents?

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Assessing Adolescents' Categories of Use

- **High-risk use?**

- Any drinking or drug use

- **Problem use?** - Negative consequences?

- Physical health? - Family rel.? Work/school? Financial problems?

- Mental health? - Friends rel.? Legal problems? Religion/spirituality?

- **Dependence?** - Loss of control - unsuccessful attempts to quit or cut down?

- Preoccupation? - Urges/cravings? - Compulsive use? Physical dependence?

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Screening - Adolescents - CRAFFT Part A

During the past 12 months, on how many days did you …	
… drink more than a few sips of beer, wine, or any drink containing alcohol?	_____
… use any marijuana (cannabis, weed, oil, wax, or hash, by smoking, vaping, dabbing, or in edibles) or synthetic marijuana (like K2 or spice)?	_____
… use anything else to get high (like other illegal drugs, pills, prescription, or over-the-counter medications, and things you snuff, huff, vape, or inject)?	_____

"Zero" or "None" are the only negative responses. Any number greater than zero is a positive response.

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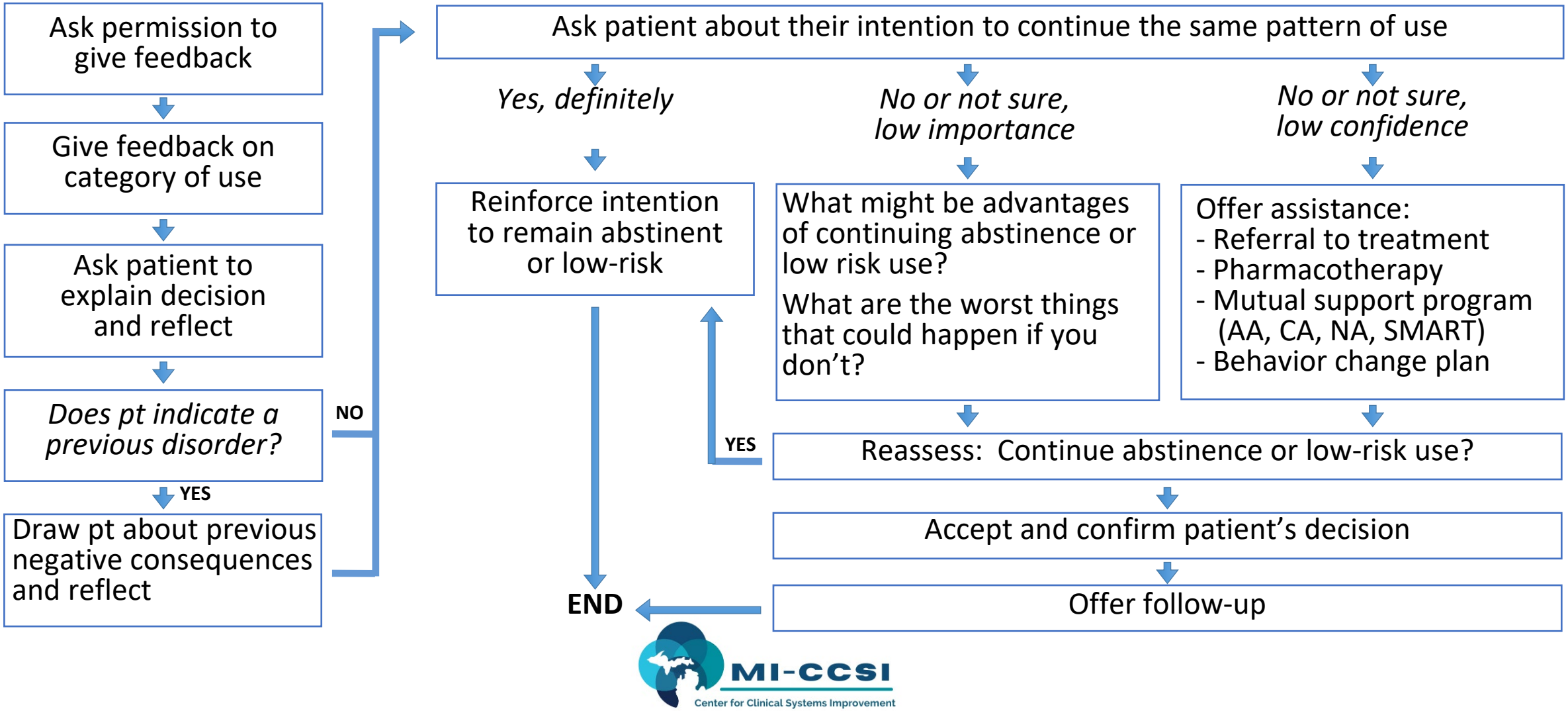
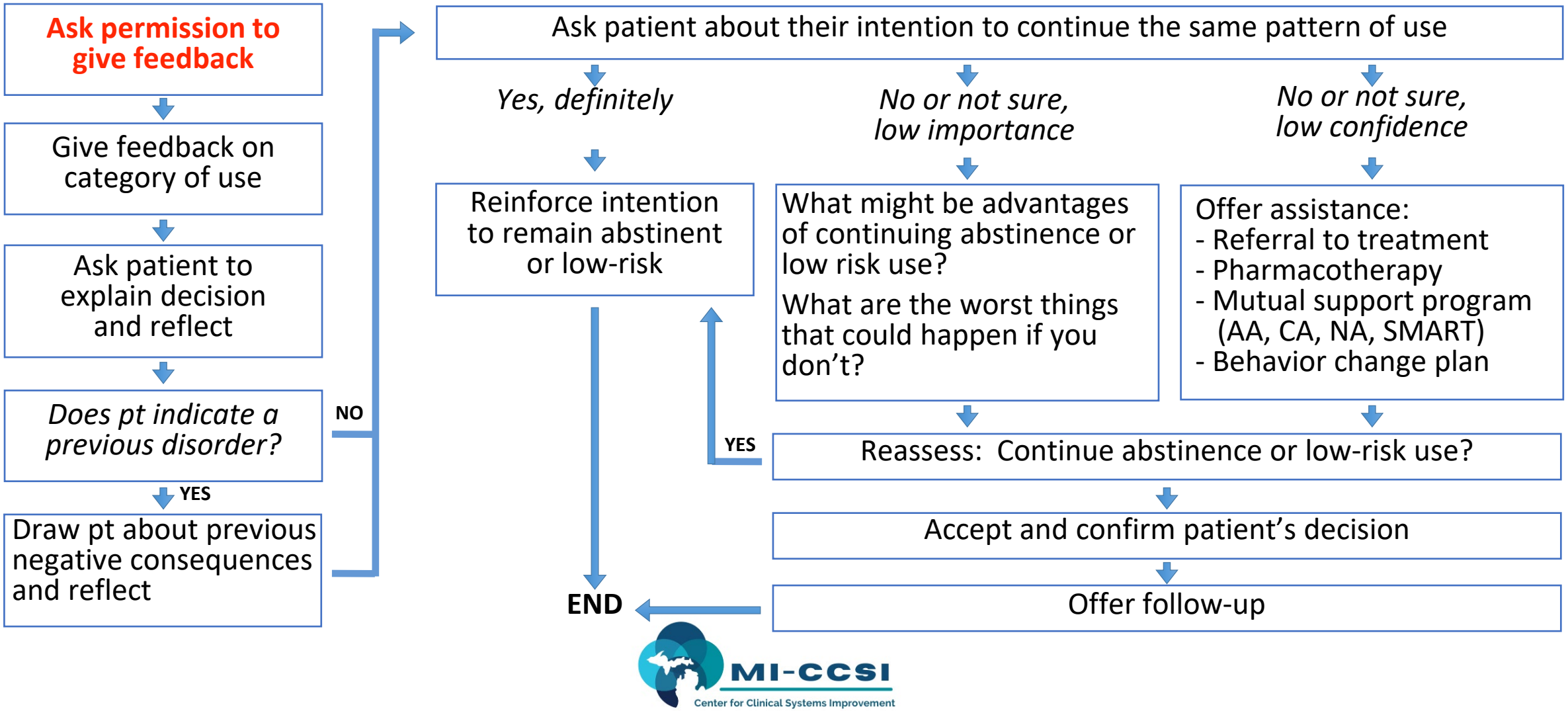
Protocol for Abstinent/Low Risk Users



Example Interview 3



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Example Interview 3

Ask permission to give feedback

Int: May I give you some feedback on your responses to those questions about drinking and drug use?

Pt: Sure.

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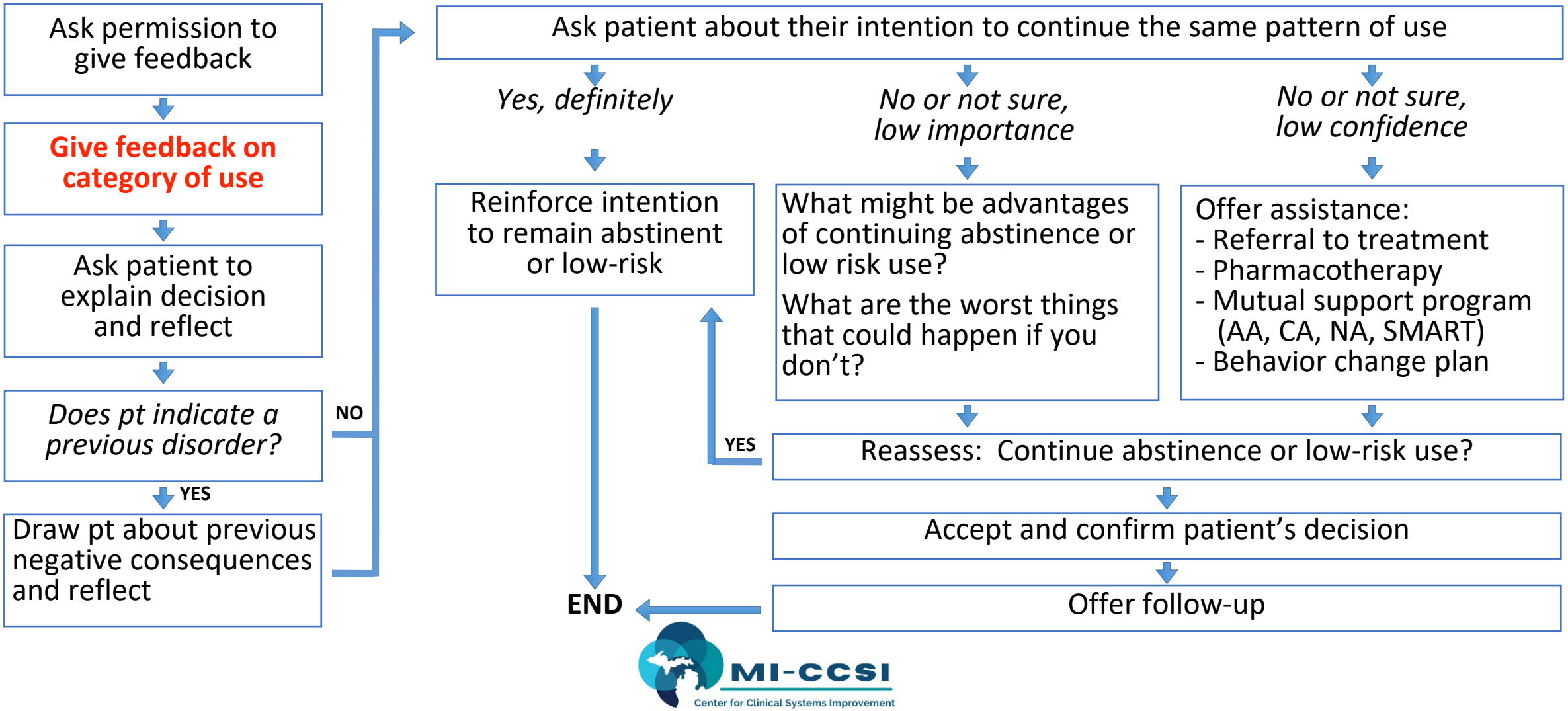
Example Interview 3



Example Interview 3

Give feedback on category of use

Int: Your responses indicate that you're not drinking or using drugs at all. That's very important toward keeping yourself healthy and safe.

Pt: Yep.

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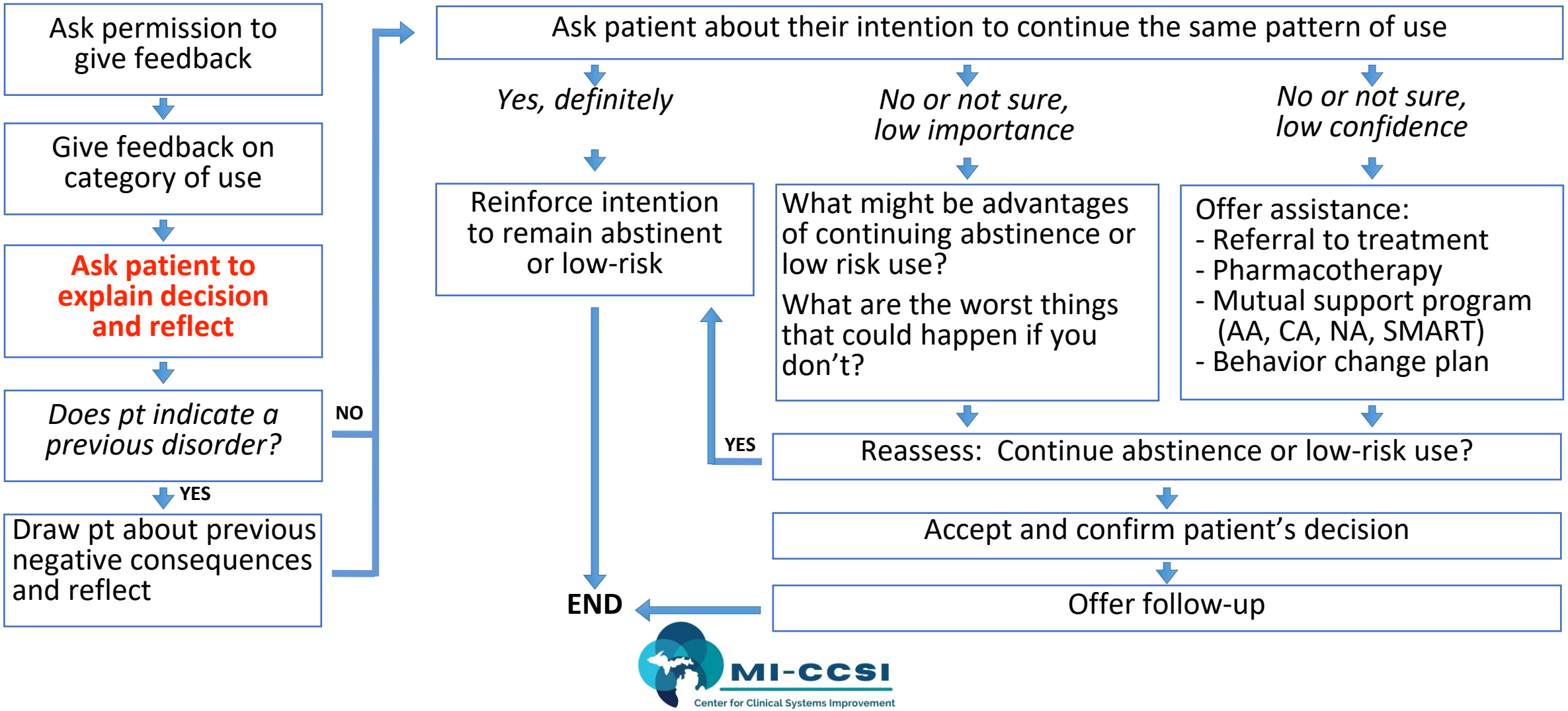
Example Interview 3



Example Interview 3

Ask patient to explain decision and reflect

Int: I'm curious. What made you decide not to drink or use drugs?

Pt: Well, I know that it's bad for you, and I definitely don't want to get in trouble.

Int: You want to stay healthy and avoid trouble at home, at school, and with the police.

Pt: Yeah, you don't want to get on the bad side of my parents.

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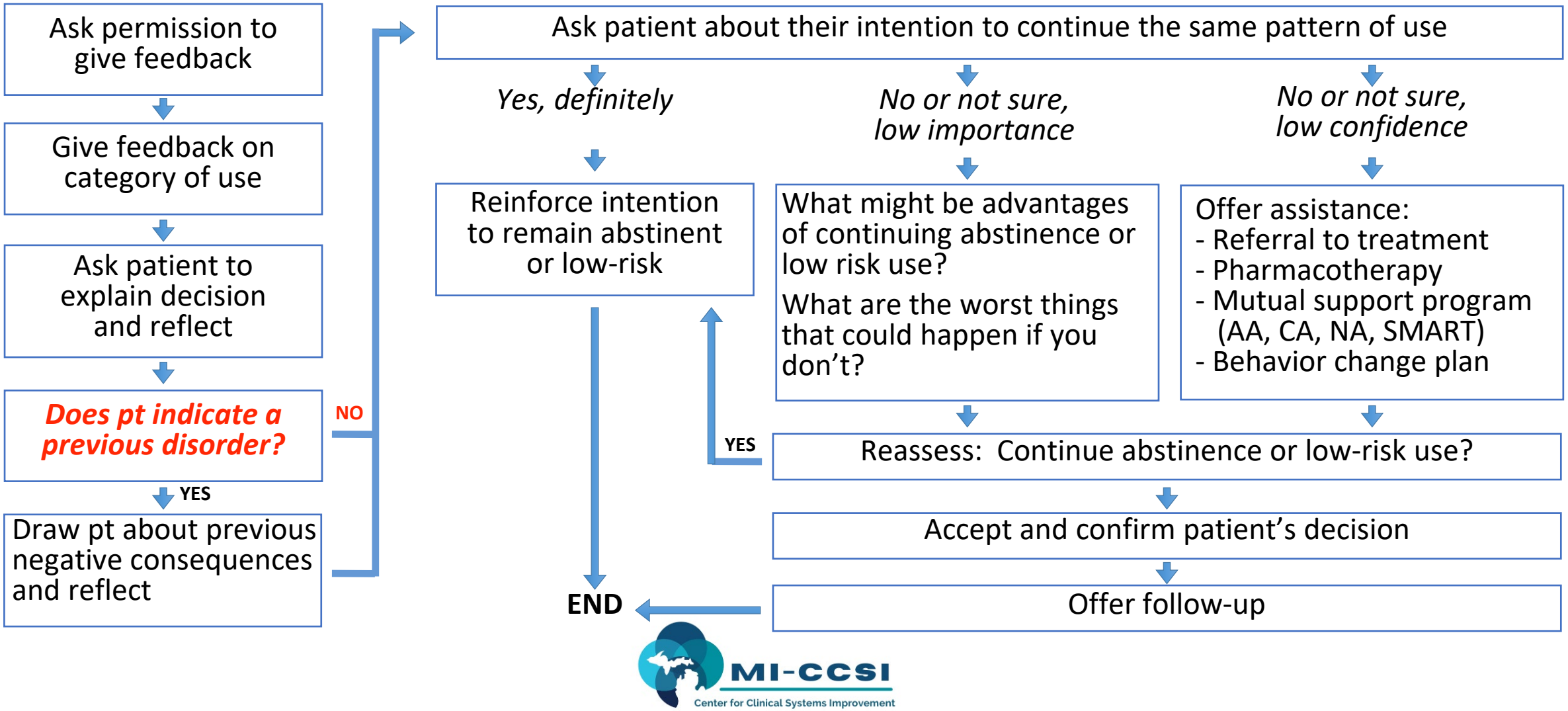
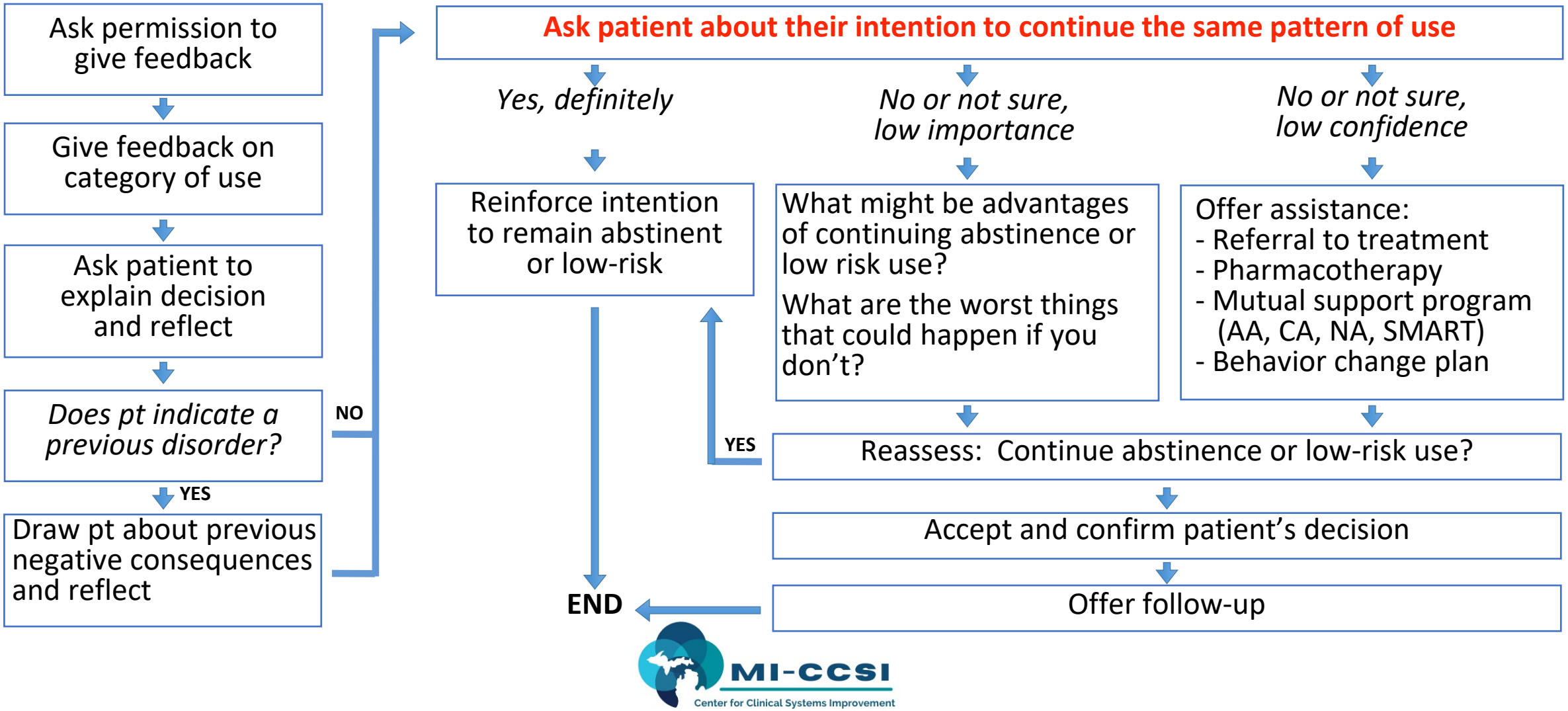
Example Interview 3



Example Interview 3



Example Interview 3

Ask patient about their intention to continue the same pattern of use

Int: What are you thinking about drinking or using drugs over the next year or so?

Pt: I know I shouldn't, but honestly it's been on my mind. I'll admit that my friends and I are pretty nerdy, but even some of my friends have been smoking pot lately, and they've been fine, and it's legal for grown-ups, so it seems like it should be OK.

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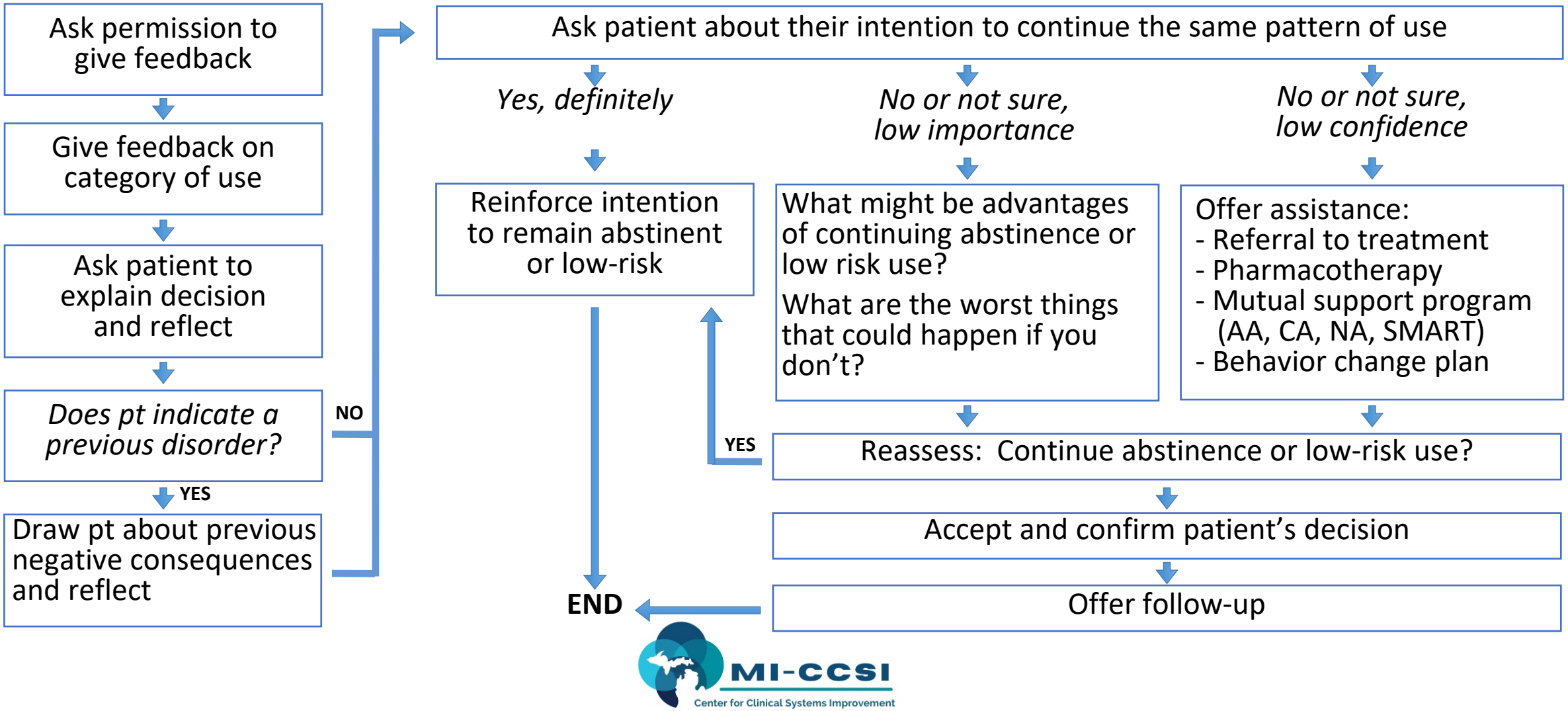
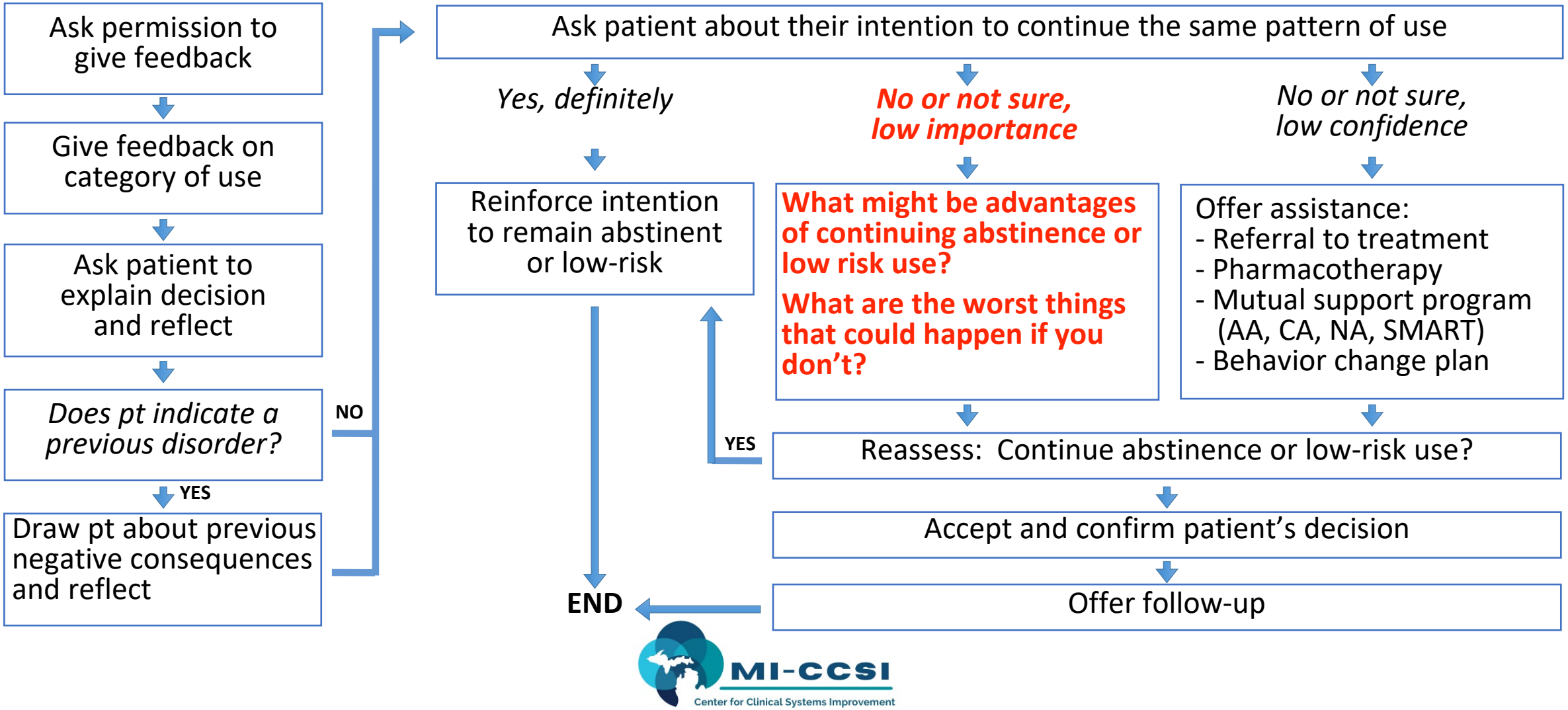
Example Interview 3



Example Interview 3



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Example Interview 3

No or not sure, low importance

Int: What are the worst things that could happen if you smoked pot?

Pt: Definitely if my parents found out.

Int: What do think your parents would do?

Pt: Oh man. They'd probably ground me forever. And I don't know, they might not let me get my driver's license. But the worst part of it is they'd probably never trust me again.

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Example Interview 3

No or not sure, low importance

Int: You really value the trust you've built up with your parents over so many years, and you wouldn't want to lose that.

Pt: I'd feel really guilty about that.

Int: May I give you some other information about marijuana that you might not have heard?

Pt: Sure.

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Example Interview 3

No or not sure, low importance

Int: Many people think that marijuana is completely healthy and safe, but that's wrong. People who smoke pot are more likely to develop certain psychiatric problems, and besides opioids like heroin and pain pills, marijuana is the most common drug that brings people for drug treatment because it does cause many people to get addicted. I wonder what you make of that.

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Example Interview 3

No or not sure, low importance

Pt: Wow, I didn't know that. I really thought it was completely safe.

Int: So you'd be concerned about the risk of psychiatric disorders and addiction.

Pt: Yeah, that would be really bad.

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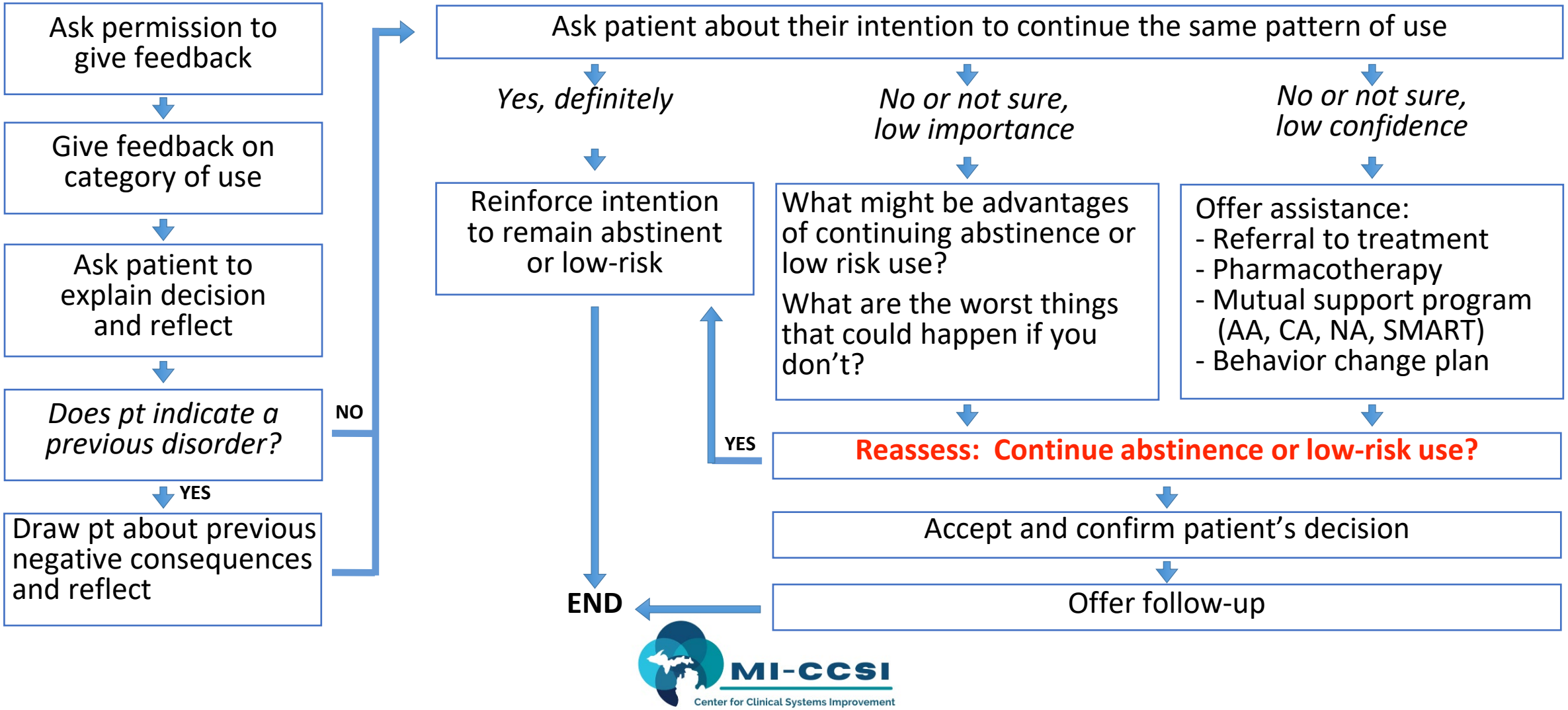
Example Interview 3



Example Interview 3

Reassess: Continue abstinence or low-risk use?

Int: So on one hand you're tempted to smoke pot with your friends. On the other hand, you don't want to run the risk of a psychiatric problem or addiction, you want to stay out of trouble, and you want to continue to have your parents trust you, enjoy the freedoms you have, and get your driver's license. Where does this leave you?

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Example Interview 3

Reassess: Continue abstinence or low-risk use?

Pt: I guess it's not worth it.

Int: The possible downsides of smoking pot are worse than the upsides.

Pt: Yeah, I'm just not going to go there.

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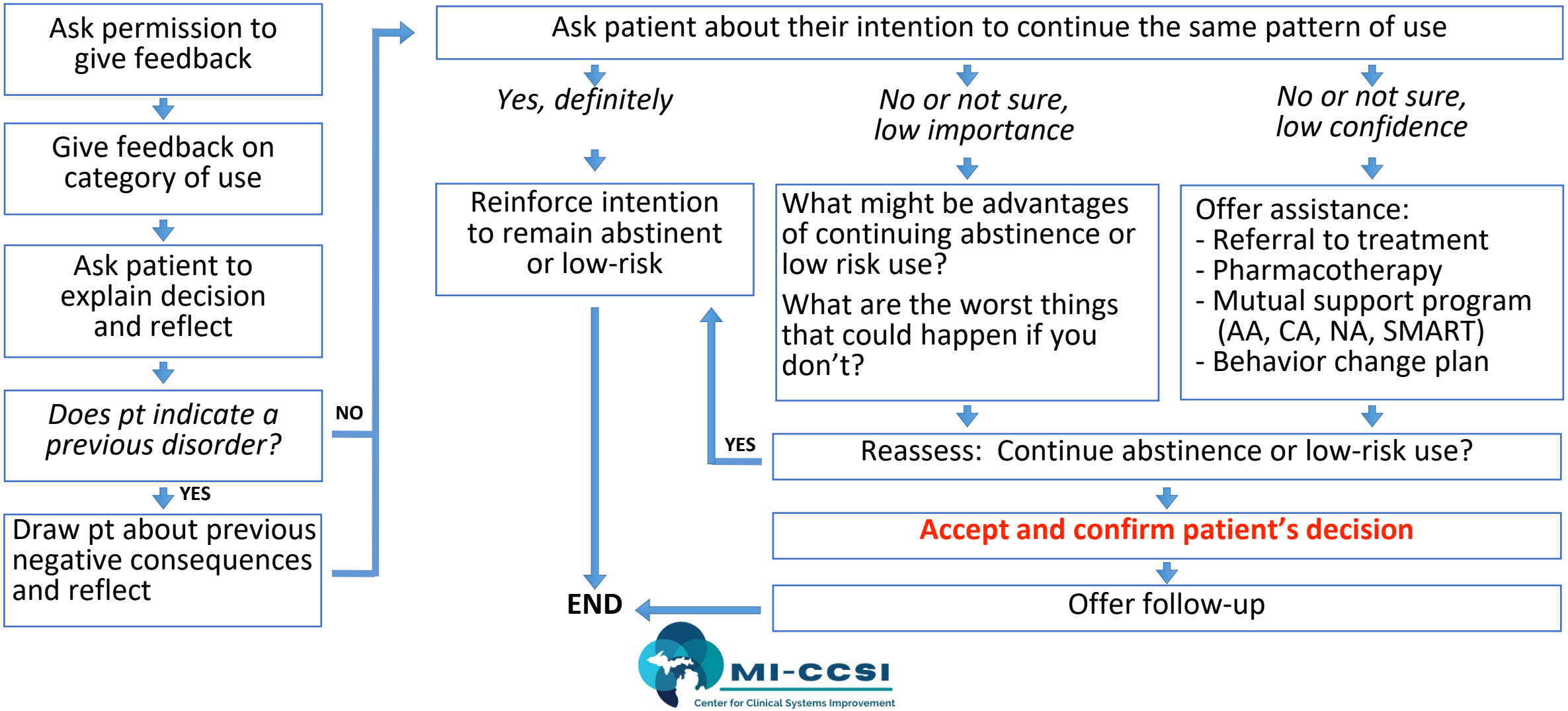
Example Interview 3



Example Interview 3

Accept and confirm patient's decision

Int: You're going to continue to avoid alcohol and drugs.

Pt: Yeah, that's what I'll do.

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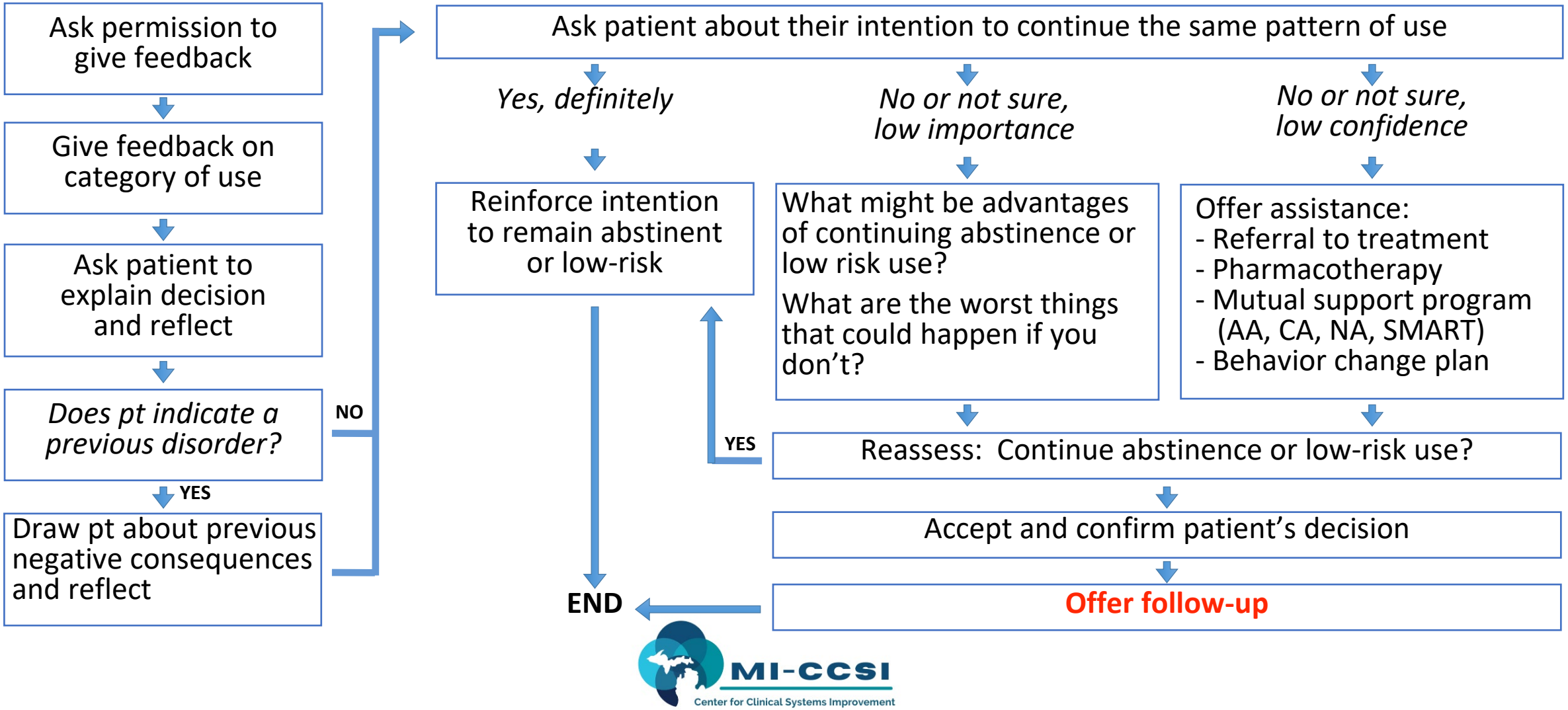
Example Interview 3



Example Interview 3

Offer follow-up

Int: Thank you for trusting me to have such an honest conversation about such a sensitive and important topic. If you'd ever like to talk again, please feel free to call the clinic and ask for me, OK?

Pt: Yes, thank you.

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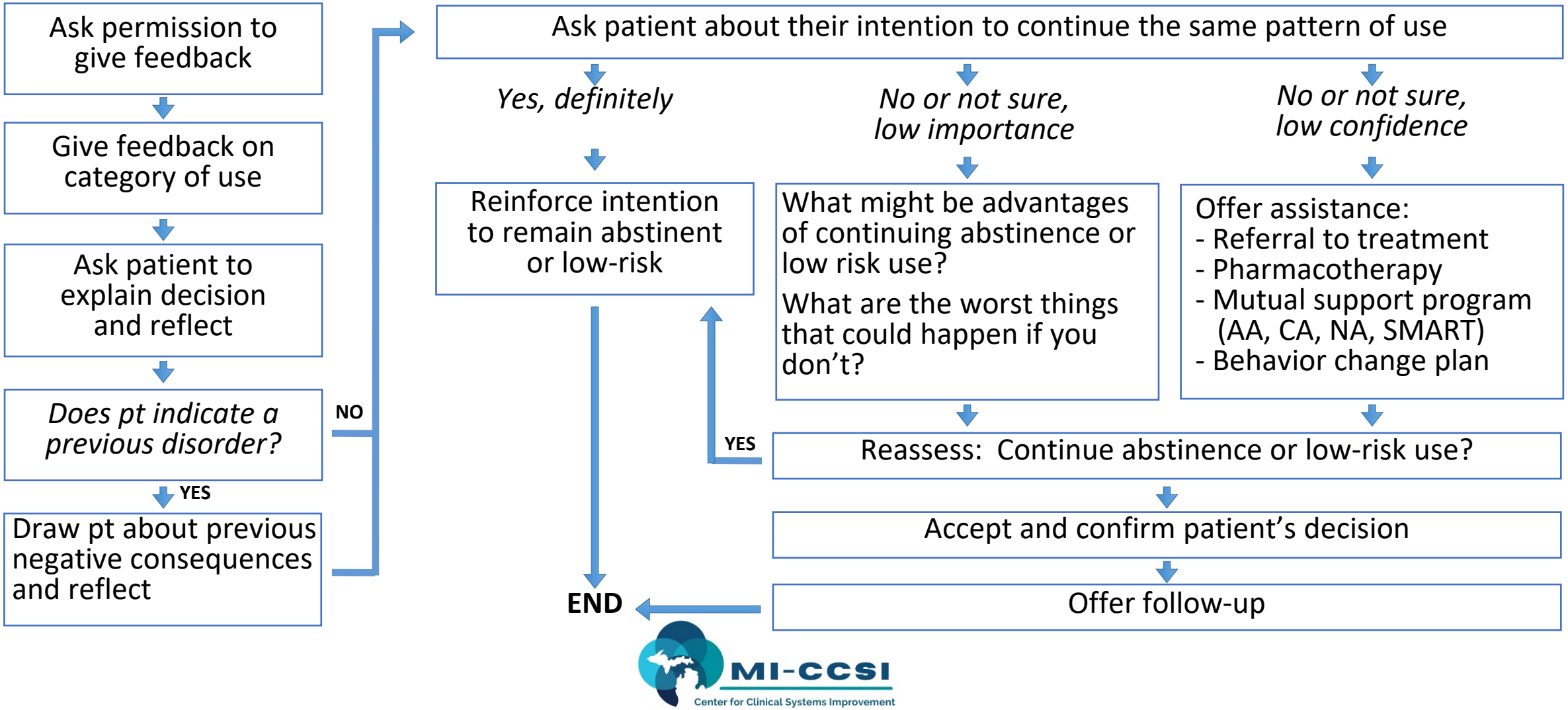
Protocol for Abstinent/Low Risk Users



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Exercise - Case 2

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Debrief - Case 2

Patients: What did your interviewer do well? What would have worked well for you if you were a real patient?

Interviewer: What felt comfortable? What would you want to do differ

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SBIRT Training Session #4

Brief Intervention

Monday, April 17, 8:30 to 11:30am Eastern Time

Feel free to contact me in between sessions: drrichbrown@gmail.com