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SBIRT Training Session #4

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

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SBIRT Training Session #4

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	Brief intervention - overview
2	Brief intervention - steps
3	Brief intervention - rubric
4	Brief intervention - practice and feedback

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OBJECTIVES

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

1. Describe brief interventions and their effectiveness

2. Delineate the steps of brief interventions

3. Explain a rubric for assessing brief intervention performance

4. Conduct brief interventions

Training Schedule - Mondays, 8:30am to 11:30am ET

#	Date	Content	Format
1	March 20	Substance use continuum, SBIRT procedure, Screening (introduction, administration, interpretation, and feedback)	Large group
2	March 27	Assessment (introduction, administration, interpretation, and feedback), pharmacotherapy, treatment, local resources	Large group
3	April 10	MI principles, Intervention for abstinence –adults, Intervention for abstinent adolescents, Reinforcement for adults in the low-risk use category	Large group
4	**April 17**	**Brief intervention – FERNSS steps – demonstration, practice, feedback**	**2 small groups**
5	April 24	Referral to treatment – FERNS steps – demonstration, practice, feedback (including recommendations on specialized treatment, and primary care-based management)	2 small groups
6	May 1	Putting it all together – initial session practice and feedback	2 small groups
7	May 8	Putting it all together – initial session practice and feedback	2 small groups
8	May 15	Follow-up sessions – practice and feedback	2 small groups
9	Week of May 22	Standardized patient experience – each trainee conducts an SBIRT session with a standardized patient via Zoom, reviews their videotape, assesses their performance, and discusses their performance with an instructor later in the week	No class
10	Week of June 3	Standardized patient experience - as in Session #9	No class

Small Group Leader: Laura A. Saunders, MSSW

- BA and MSSW from University of Wisconsin-Madison
- Worked with Rich at UW-Madison for 25 years:
  Research assistant → Manager
- Member of the Motivational Interviewing Network of Trainers (MINT - motivationalinterviewing.org)
- Conducted hundreds of trainings on MI and SBIRT for diverse professionals throughout the United States and abroad
- Currently at UW-Madison and the SAMHSA-sponsored Great Lakes Addiction Technology Transfer Center (ATTC)

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Brief Intervention

What is it?

- 5- to 15-minute discussion on substance use
- 1 to 3 brief follow-ups
- Goal
  - NOT: the patient will recognize a problem
  - the patient will commit to cutting down or quitting

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Brief Intervention

Motivational Interviewing

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Brief Intervention

Method 1 – Motivational Interviewing

- Respectful, empathic, partnering approach to promoting healthier behaviors
- Avoids giving unwanted advice & information → defensiveness
- Guide patients in weighing the positives and negatives of change in light of their goals, values, resources, and constraints
- Help patients amplify the benefits of change
- Guide patients in constructing a change plan and refining it over time

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Key Concepts

- Levers of change
- Change talk

Key Skills

- Reflections
- Open questions
- Ask permission before giving information and advice
- Summarize and ask a key question

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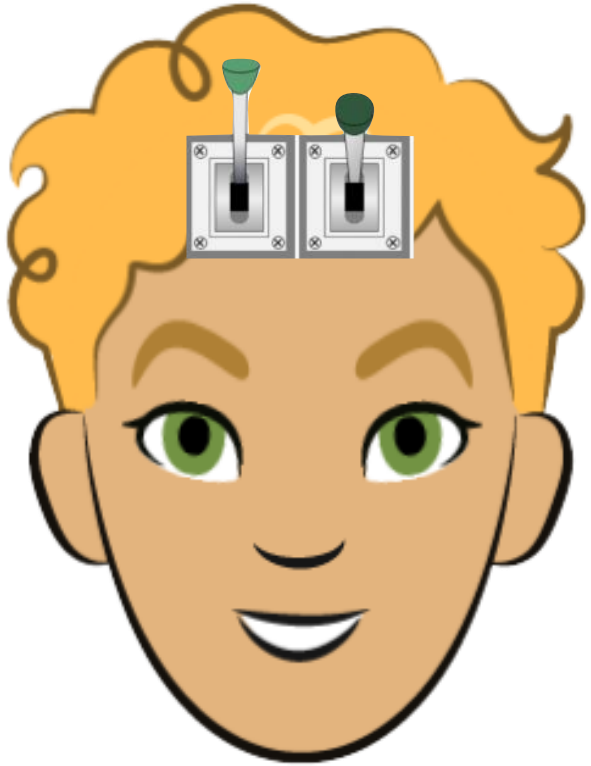
Levers of Change

Perception of the
IMPORTANCE
of change



Perception of
CONFIDENCE
to change

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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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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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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 _____? (omit or don't dwell; 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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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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Summarize and Ask Key Question - FERNSS

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?

Summary with strong emphasis on change talk

Key question

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Brief Intervention

Method 2 – FERNSS

- Feedback - category of use, risks, consequences
- Education - category meaning, explanation of risks and consequences
- Recommendation - quit or cut down on substance use
- Negotiation - identify maximal change patient is willing to make
- Secure concrete agreement - confirm the change in concrete terms
- Set follow-up

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Brief Intervention

Menu of Elements for Behavior Change Plans

- Limits/targets - substance use
- Triggers
- How to avoid/manage triggers
- Alternate behaviors
- Environmental change
- Social supports
- Medications
- Rewards
- Contingency plans
- Follow-up

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Effectiveness of Brief Interventions in RCTs

ALCOHOL

Drinking

20%

ED Visits

20%

Injuries

33%

Hospitalizations

37%

Arrests

46%

Crashes

50%

DRUGS

Baseline Days of Drug Use	Reduction After BI
1 to 4	None
5 to 30	40%

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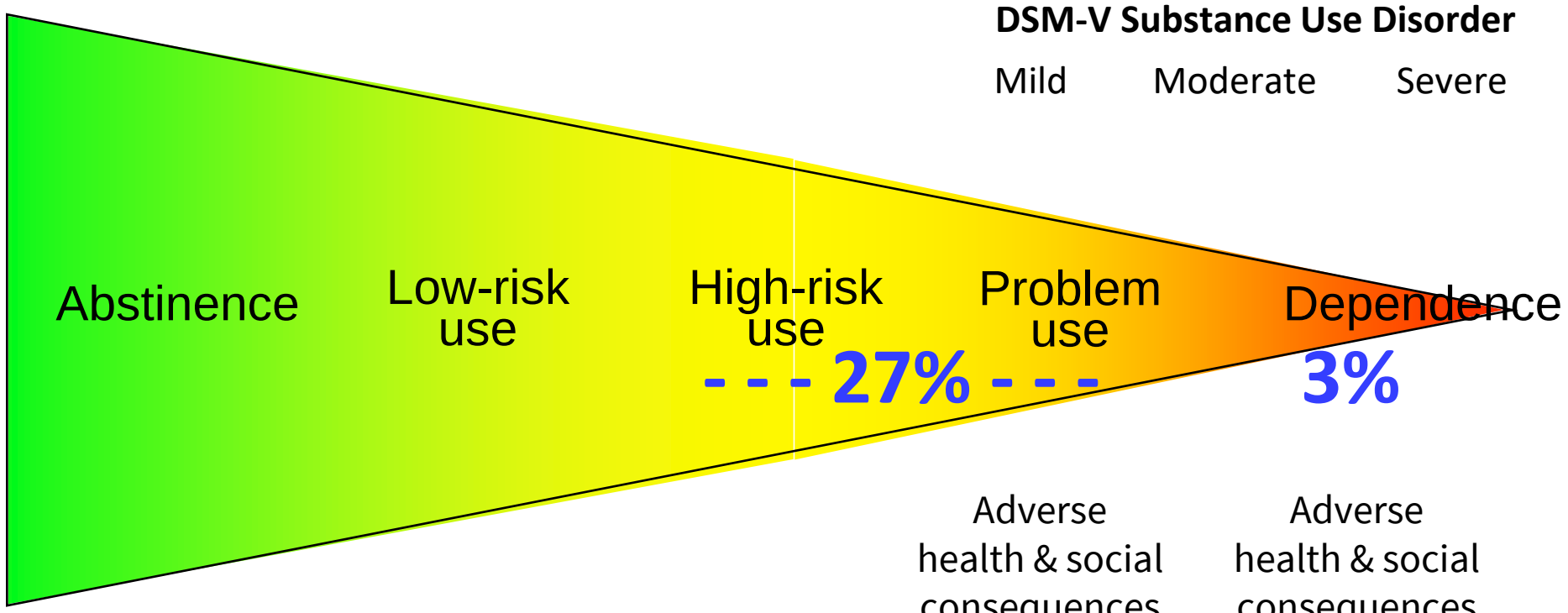
Fleming, Medical Care, 2000; Gelberg et al, Addiction 2015: 110; 1777-1790

Brief Interventions are the Sweet Spot of SBIRT!



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Key Take Home Lesson

- Poor access to high-quality treatment should not deter primary care clinics from implementing SBIRT.
- 90% of patients who would benefit from SBIRT do not need treatment - just BI.

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1	Brief intervention - overview
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Brief Intervention - A Blended FERNSS/MI Approach

OPENING
- Introduce the session
- Engage with the patient around substance use

FEEDBACK AND EDUCATION ON PATIENT'S CATEGORY OF USE
- Ask permission to give feedback on the patient's responses to screening and/or brief assessment questions
- Identify patients' category of use
- Give feedback based on the patient's category of use
- Elicit the patient's response

RECOMMENDATION
- Ask permission to make a recommendation
- Give the recommendation and emphasize patient autonomy
- Elicit the patient's response

NEGOTIATE - promote maximal change
- Explore for and reinforce change talk on importance
- Explore for and reinforce change talk on confidence
- Summarize with emphasis on change talk
- Ask a key question

SECURE A CONCRETE AGREEMENT
- Support the patient's decision
- Help set a plan, if appropriate
- Offer and **SET FOLLOW-UP**

CLOSE
- Briefly summarize
- End on a positive note

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1. Introductions

- Your preferred name
- Your position
- Purpose of the session
- Anticipated duration
- Confidentiality rules
- Patient autonomy
- Patient’s preferred name
- Permission to proceed

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2. Engage around substance use

- Ask at least one open question about substance use
  Example: *Before we talk about those forms you filled out, would you please talk a bit about how alcohol and drugs fit in your life?*
- Reflect
- Repeat ad lib

3. Ask permission to give feedback on responses

Example:

Would it be OK if I gave you some feedback on the possible meaning of your responses to those questions on alcohol and drugs?

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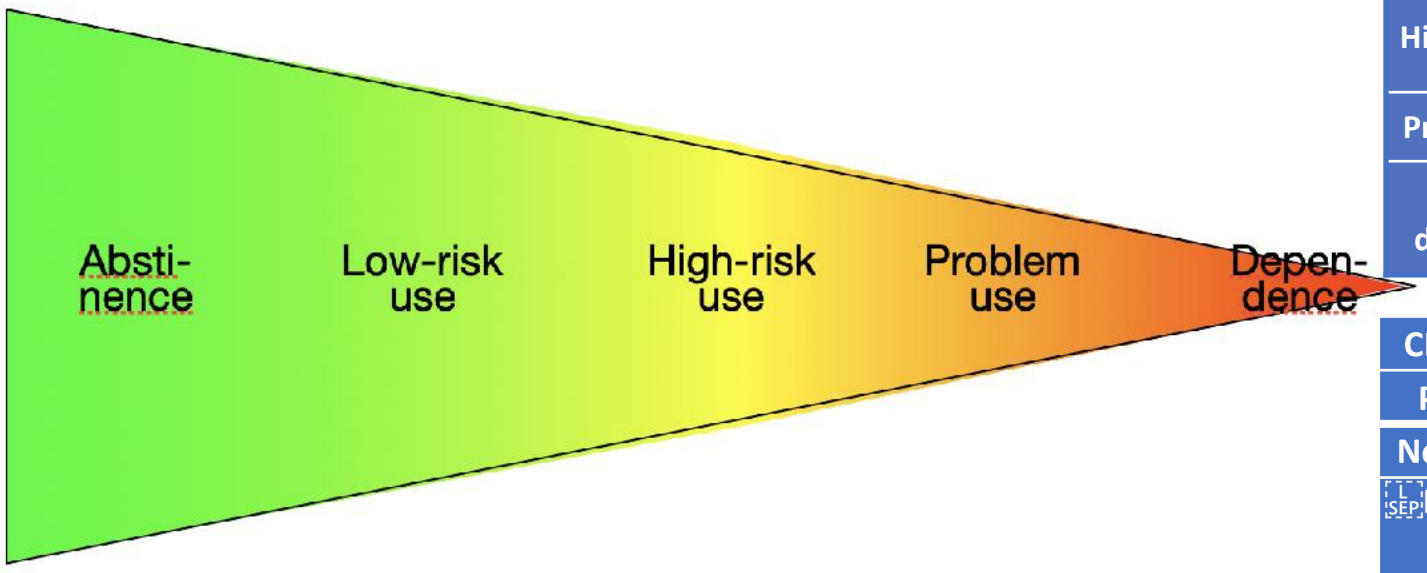
4. Accurately identify the patient's category of use



ADULTS

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

TEENS

CRAFFT Results		Category	Management
Part A	Part B		
Negative	–	Abstinence	Reinforcement
Positive	0	High-risk use	Brief intervention
	1		
	2	Problem use	
	3		
	4	Likely dependence	Referral to treatment
	5		
	6		

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5. Give appropriate feedback on the patient's category of use

Examples:

*Your lack of drinking and drug use puts you in the category of **abstinence** - a healthy and safe category.*

*Your moderate drinking and your lack of drug use put you in the category of **low-risk use** - a healthy and safe category.*

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5. Give appropriate feedback on the patient's category of use

Example:

*Your drinking and/or drug use put(s) you in the category of **high-risk use**. This suggests that you're not suffering negative health or other consequences of drinking and drug use, but you're likely to suffer consequences in the future unless you quit or cut down.*

	Per week	Per occasion
Men	>14 std drinks	>4 std drinks
Women	>7 std drinks	>3 std drinks

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5. Give appropriate feedback on the patient's category of use

Example:

*Your drinking and/or drug use puts you in the category of **problem use**. This suggests that your drinking and/or drug is is causing negative health or other consequences in your life, and the consequences will probably continue or get worse unless you quit or cut down.*

This doesn't mean you have a problem. It means that your drinking and/or drug use is causing you problems in your life.

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5. Give appropriate feedback on the patient's category of use

Example:

*Your responses suggest that you are in the category called **dependence**. This means that your drinking and/or drug use is causing significant negative health and other consequences in your life, and the consequences will probably continue or get worse unless you quit or cut down. It also means that it might be difficult for you to quit or cut down without help.*

It's nobody's fault that they become dependent. Other than drinking or using drugs, the strongest risk factor is genetics, which nobody can control. Dependence happens when a part of the brain that makes people feel pleasure and want to eat and have sex is hijacked so it drives people's drinking and/or drug use.

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6. Elicit response to the feedback

Example:

What do you make of that?

What do you think about that?

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7. Ask permission to make a recommendation

Example:

Would it be OK if I make a recommendation?

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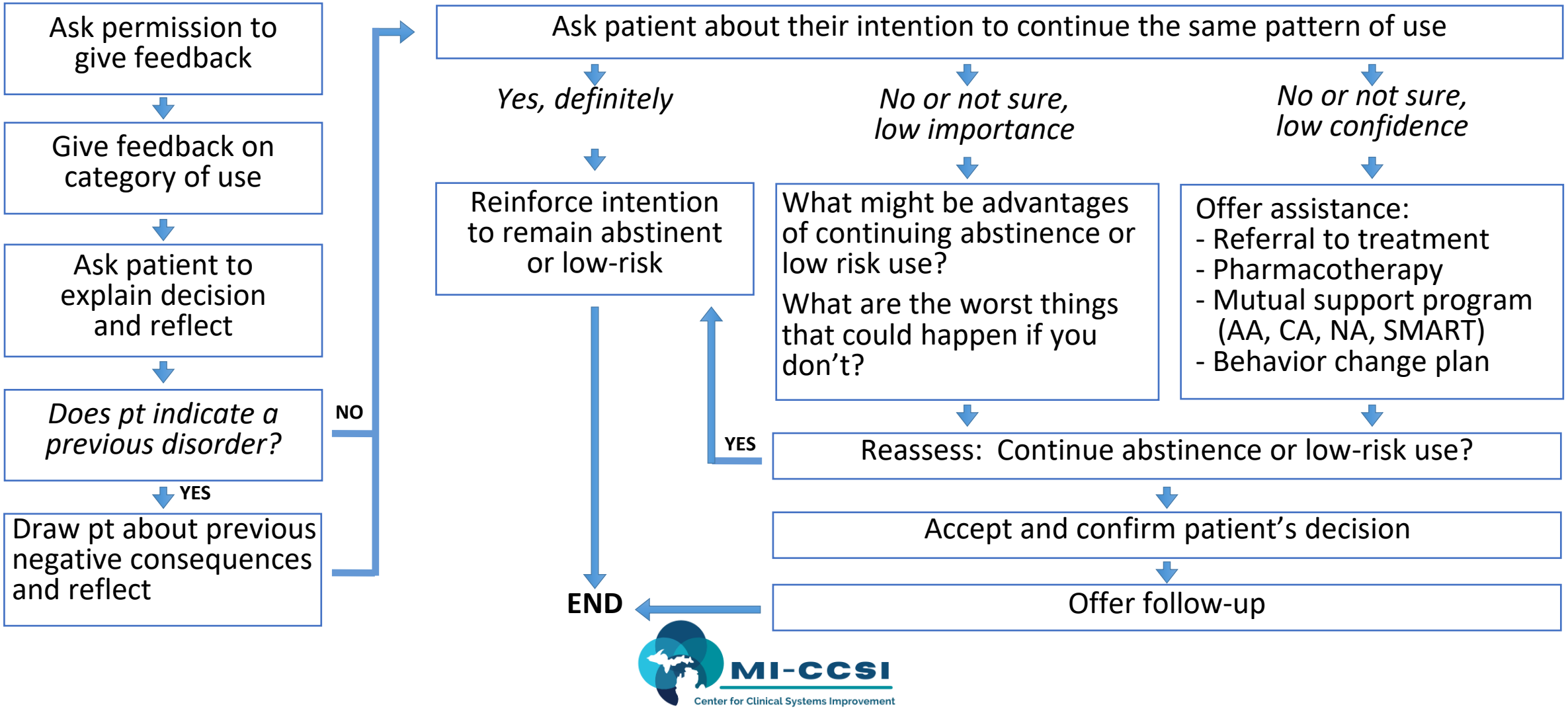
Protocol for Abstinent/Low Risk Users



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8. Make an appropriate recommendation

	Initial Recommendations	Alternative Recommendations
High-Risk Use or Problem Use	• Cut down to low-risk drinking levels • Quit drug use	• Cut down somewhat on drinking • Cut down somewhat on drug use
Dependence	• See a specialist for a more detailed assessment and consider the specialist's recommendation	• Try at least 3 to 5 mutual support meetings • Consider medication for an alcohol or opioid use disorder • Try working with me to quit or cut down

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9. Emphasize autonomy

Example:

- *Of course, the decision will be completely up to you. The best recommendation would be …*
- *The best recommendation would be … Of course, the decision is completely up to you.*

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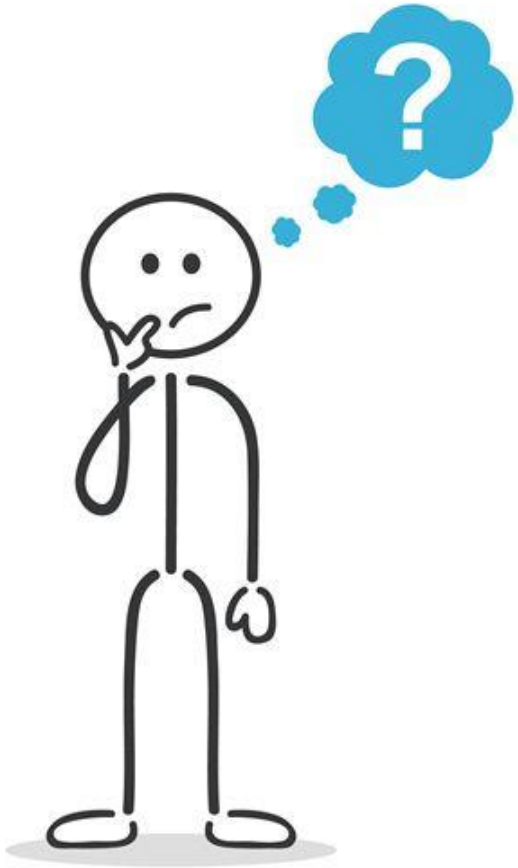
10. Elicit the patient's response to your recommendation

Example:

- *What do you think about that?*
- *How does that sit with you?*



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11. Explore for and reinforce change talk on importance

Example:

- *What are some downsides or fears you have about your drinking / drug use?*
- *What would be some advantages of quitting / cutting down?*
- *What would be the worst things that could happen if you keep on drinking / using drugs like you've been?*
- *Could we go back to your responses to the questionnaires? I'm curious what was behind your response to question #__. Would you please tell me more about that?*

Reflect change talk to get more change talk!

Incorporate "feeling words" into your reflections to deepen change talk!

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12. Explore for and reinforce change talk on confidence

Example:

- *What difficult things have you accomplished in the past?*
- *What strengths do you have that would help you quit / cut down?*
- *What could help you quit / cut down?*

Reflect change talk to get more change talk!

Incorporate “feeling words” into your reflections to deepen change talk!

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13. Summarize and ask a key question

Example:

So on one hand you enjoy drinking with your buddies at the bar. On the other hand, you're tired of the hangovers. A DWI cost you lots of money and your job. As a result, you're living in your brother's shed, which you can't stand, and you're finding that nobody will hire you.

Summary with strong emphasis on change talk

Where does this leave you?

Key question

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14. Support the patient's decision

- Reflect back what the patient decided
- Show positivity, hope, and no judgment

Examples:

- *You've decided for now that you'll just give this some thought.*
- *You're going to give up drinking and cocaine during the week and limit yourself to a six-pack and two lines of coke on Friday and Saturday nights. This would be a huge step toward getting your boss off your case at work and keeping your job.*

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15. Help set a plan, if appropriate

- What would you think about setting limits for yourself, perhaps by the day or by the week?
- Some people find it's helpful for them to have a detailed change plan to help them stick to their limits. If you like, I could help you design your own plan to maximize your chances for success. I could suggest various parts of the plan to consider, and you'd make all the decisions. What would you think of that?

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15. Help set a plan, if appropriate

- Limits - Set limits for each day and/or week
- Triggers - Identify triggers that might make it hard to stick to your limits
- Trigger management - Decide in advance how you'd avoid or handle those triggers
- Alternate behaviors - Identify things to do that will help keep you away from alcohol and drugs
- Environmental change - Change things in your home, office, and car to make it easier to stick to your limits

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15. Help set a plan, if appropriate

- Social support - Identify people who you could support you
- Medication - Consider medication (alcohol and opioids only)
- Rewards - Establish rewards for yourself if you stick with your plan for a certain period of time
- Contingency plans - Plan what you'll do if you're about to exceed your limits
- **Set follow-up** - Decide when and how to meet next time

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16. Briefly summarize, set follow-up if not already done, and close

Example:

John, thank you for trusting me to talk with you today about your marijuana use. You were surprised to learn that marijuana can cause addiction and other health problems. With that new information, you decided to cut down quite a bit, and you're confident you'll be able to do so. What would you think of checking in with me in a couple of weeks to talk about how things are going? …

Great. I'll talk to you then, John. Bye now.

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1	Brief intervention - overview
2	Brief intervention - steps
3	**Brief intervention - rubric**
4	Brief intervention - practice and feedback

Rubric

- A scoring guide used to evaluate the quality of an individual's performance of a complex task
- Makes performance goals clear
- Guides individuals in improving performance

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Brief Intervention Rubric

Includes 19 measures

- 1 measure for each of the 16 steps
- 3 global measures:
  - Shows empathy and partnership and no judgment
  - Avoids unwanted advice and information, warning, and persuasion
  - Avoids premature planning - shifts to planning only after the patient commits to change

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Brief Intervention Rubric Scoring

	Poor	Fair	Good	Maximum SEP Score
For each of 16 steps	0 points	2 points	4 points	16 x 4 = 64 points
For each of 3 global measures	0 points	6 points	12 points	3 x 12 = 36 points
Total				100 points

To pass: ≥60 points AND “Fair” or “Good” on all 6 key measures

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Brief Intervention Rubric - 1 of 2

Must get a "Fair" or "Good" to pass

Element	Poor	Fair	Good	Rating	Points
Introduces session	Includes fewer than 5 of: Interviewer's name, role, session purpose, expected duration, confidentiality, autonomy, patient's preferred name, permission seeking	Includes 5 or 6 of:	Includes 7 or 8 of:	Good	4
Asks at least one initial open question on substance use and reflects	Skips this item or executes it poorly	Asks an open question, does not reflect	Asks an open question and reflects	Good	4
Asks permission to give feedback on screening and/or brief assessment responses	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Accurately identifies substance use category when giving feedback*	Skips this item or does not identify the correct category	Vaguely identifies the correct category	Clearly identifies the correct category	Good	4
Gives appropriate feedback on that category*	Feedback is omitted, very vague, incomplete, or incorrect	Feedback is vague or incomplete	Feedback is clear and detailed	Good	4
Elicits response to the feedback	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for and accepts response	Good	4
Asks permission to make a recommendation	Skips this item or executes it poorly	Asks half-heartedly and/or does not attend to the response	Asks genuinely and attends to the response	Good	4
Gives an appropriate recommendation*	Recommendation is omitted, very vague, incomplete, or incorrect	Recommendation is vague or incomplete	Recommendation is clear with appropriate detail	Good	4
Emphasizes autonomy	Skips this item or executes it poorly	Vaguely emphasizes autonomy	Clearly emphasizes autonomy	Good	4
Elicits response to the recommendation	Skips this item or executes it poorly	Asks unclearly, fails to wait for response, or does not accept response	Clearly asks for, waits for, and accepts response	Good	4

Brief Intervention Rubric - 2 of 2

Must get a "Fair" or "Good" to pass

Element	Poor	Fair	Good	Rating	Points
Explores for and reinforces change talk regarding importance	Does not seek change talk on importance	Seeks change talk on importance once or twice with open questions or reflections	Seeks change talk on importance at least 3 times with open questions or reflections	Good	4
Explores for and reinforces change talk regarding confidence	Does not seek change talk on confidence	Vaguely seeks change talk on confidence	Clearly seeks change talk on confidence at least once with open questions or reflections	Good	4
Summarizes and asks a key question	Skips this item or executes it poorly	Summarizes with little detail or omitting important change talk, or does not clearly ask a key question about readiness to change	Gives robust summary emphasizing change talk and clearly asks a key question about readiness to change	Good	4
Supports the decision	Skips this item or executes it poorly	Vaguely enunciates support	Clearly enunciates support	Good	4
Helps set a plan, if appropriate	Inappropriately skips this item or executes it poorly	Helps set limits	Helps set limits and offers to help with other aspects of a plan – or avoids planning if inappropriate	Good	4
Summarizes, offers follow-up and closes the session	Skips this item or includes 1 of: briefly summarize, offer follow-up, and say good-by	Includes 2 of: briefly summarize, offer follow-up, and say good-by	Includes all of: briefly summarize, offer follow-up, and say good-by	Good	4
Shows empathy and partnership and no judgment*	Shows lack of empathy or lack of partnership or judgment	Verbalizes empathy with at least 2 reflections and shows no judgment	Verbalizes empathy with at least 3 reflections and makes a statement of partnership and shows no judgment	Good	12
Avoids unwanted advice and information, warning, persuasion*	Gives unwanted advice or information, warns, or persuades twice or more	Gives unwanted advice or information, warns, or persuades once	Avoids completely	Good	12
Avoids premature planning*	Plans inappropriately with more than one question or statement	Starts to plan inappropriately with one question or statement	Avoids completely	Good	12

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Brief Intervention Practice

- 2 small groups for the remainder of this session
- For each case, you have:
  - Completed assessment questionnaire(s)
  - Information for the patient
  - Information for the interviewer
- You will rotate roles: patient, interviewers, and observers
- When in role, please stay in role or call time out
- Interviewer(s) may pass or ask for help
- Use your Brief Intervention handout as a guide

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SBIRT Training Session #5

Referral to Treatment

Monday, April 24, 8:30 to 11:30am Eastern Time

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