



SBIRT Training Session #8

Monday, May 15, 8:30 to 11:30am Eastern Time



SBIRT Training Session #8

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

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)



AGENDA

- 1 The barriers to durable change in substance use
- 2 How to address those barriers in follow-up visits

OBJECTIVES

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

- Delineate the barriers to durable changes in drinking and drug use
- Address those barriers during follow-up visits

Steps and Barriers to Durable Change

Steps	Barriers to Address
Commitment to a change plan	Lack of commitment to change
Earnest attempts to implement the plan	Lack of earnest attempts to implement the plan
An effective plan	A flawed plan
Patient realizes benefits of change	Lack of benefits of change



Follow-Up Visits

1. Greet the patient warmly
2. Ask how the patient is doing in general
3. Ask about drinking and drug use
4. Ask about change plan implementation
For each element:
- Attempted? - Effective? - Modify?
5. If the plan was not earnestly implemented, assess commitment to change
6. If commitment has waned, try to strengthen it: elicit change talk, summarize, and ask a key question
7. If repeated attempts to change have not succeeded, recommend referral
8. If the patient has changed, what benefits have occurred?
9. Confirm and accept patient's decisions
10. Seek follow-up



1. Greet the patient warmly



2. Ask how the patient is doing in general

HOW ARE YOU?



3. Ask about drinking and drug use

Example

When we met two weeks ago, we talked quite a bit about your drinking and drug use, and you set some limits for yourself. How did that go?



4. Ask about change plan implementation

For each element

- *To what extent did you try/do it?*
- *How well did it work?*
- *What change would you like to make in a new plan?*

Change plan

- | | |
|----------------------------|---------------------|
| 1. Limits | 6. Social support |
| 2. Triggers | 7. Medication |
| 3. Ways to manage triggers | 8. Rewards |
| 4. Alternate behaviors | 9. Contingency plan |
| 5. Environmental change | 10. Follow-up |



5. If the change plan was not earnestly implemented, assess commitment to change

- *What's your level of commitment to quitting/cutting down?*
- *How important do you feel it is for you to quit/cut down?*
- *How confident are you that you can quit/cut down?*



6. If commitment has waned, try to strengthen commitment to change

- Elicit change talk on **importance**
 - *What made you decide last month to cut down?*
 - *How important are those reasons now?*
 - *What would be the advantages of quitting?*
 - *What are the worst things that could happen if you don't quit/cut down?*
- Then reflect, reflect, reflect to elicit more change talk.



6. If commitment has waned, try to strengthen commitment to change

- Elicit change talk on **confidence**
 - Reframe failures as partial successes:
Cutting down halfway was a huge change.
How were you able to do that?
What strengths did you have to make that happen?
If you set out again to quit/cut down more, how could you make that happen?
- Then reflect, reflect, reflect to elicit more change talk.



6. If commitment has waned, try to strengthen commitment to change

Then summarize and ask a key question

Example for a patient who set out to quit drinking:

Since our last visit, you eliminated over half your drinking. This was a huge change in a pattern of drinking that lasted over 20 years. To make this change, you followed most of your plan. You were driven by your desire to patch things up with your daughter and start seeing your grandchildren again, and this remains the top priority in your life. You're not sure you can quit right away. You're confident that you can cut down even more with a stronger plan for handling certain friends of yours who drink a lot. Where does this leave you thinking about how you'd like move forward?



7. If repeated attempts to change have not succeeded, reconsider dependence and recommend referral to a specialist

Example for a patient who tried for 3 months and couldn't cut down on drug use:

When people try really hard and cannot control their drug use, that raises the possibility of dependence or addiction. Dependence is nobody's fault. It happens when regular drug use hijacks the part of the brain that makes people want to eat and have sex so it drives more drug use. You continue to want to get off the street, get your kids back, and have the kind of normal like you used to have, and it seems that working with me is not getting you where you want to be. Would it be OK if I gave you a suggestion?

I'd suggest you see a specialist, who would do a much more complete assessment than I've done, and would make some recommendations. Of course, it'll be up to you to decide what you'll do. What do you think about that?



More about Motivational Interviewing

Where does motivation to change unhealthy behaviors come from?



More about Motivational Interviewing

Where does motivation to change unhealthy behaviors come from?

Behavior



Goals



More about Motivational Interviewing

Another way to elicit change talk: Develop Discrepancy

(Amplify in the patient's mind perceptions of discrepancy between current behavior and goals)

Example for patient whose behavior change plans repeatedly result in no change:

After 6 meetings, your drinking is about what it was when we first met, and you'd like to continue working with me. How do you see that helping you reach your goal of saving your liver and living another 20 years?



8. If the patient has changed, what benefits have occurred?

- *You stopped drinking during the week, and you cut way down on weekends. How has that improved your life?*
- *You've been in treatment now for a month. What benefits are you noticing after a month off pain pills?*
- Then reflect, reflect, reflect to elicit more change talk!



9. Confirm and accept the patient's decisions

- *You decided that you're going to continue to avoid alcohol and drugs Sunday through Thursday and cut down further on Fridays and Saturdays.*
- *You've decided that you're going to see a specialist and consider his or her recommendations.*
- *You've decided for now that you're going to take a break from thinking about change and continue what you've been doing.*



10. Seek follow-up

- *When would you like to get together next so we can talk about how things are going and keep working together on your goals?*
- *What you think of talking again in, say, a month, and seeing where you're at then?*



Practice in Small Groups

Week 9, the week of May 22

- **No class**
- **Each trainee will interview a simulated patient**
- **Interview will be videotaped on Zoom**
- **Trainee and instructor will**
 - **Independently review videotape and complete rubric**
 - **Meet, discuss, set goals for improvement**

Repeat during Week 10, the week of June 5



Logistics

- **For each week, sign up for 2 slots**
 - Interview with simulated patient
 - Discussion with Rich
- **Between interview and discussion with Rich**
 - Review the videotape of your interview
 - Complete the appropriate rubric - BI or RT
- **For the discussion with Rich, bring your completed rubric**