

SBIRT – Brief Intervention

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Agenda

- A quick look at the SBIRT Definition
- What the heck is a “Brief Intervention?”
- Motivational Interviewing Tips and Scripts
- Video and Role Play



SBIRT Step by Step

4 Phases of SBIRT

Phase 1 ESTABLISH RAPPORT

ASSURE CONFIDENTIALITY AND
ADMINISTER ASSESSMENTS

Phase 2 ELICIT THOUGHTS - PROVIDE FEEDBACK

EXPLORE PROS AND CONS OF CHANGING,
PROVIDE EDUCATION

Phase 3 ENHANCE MOTIVATION

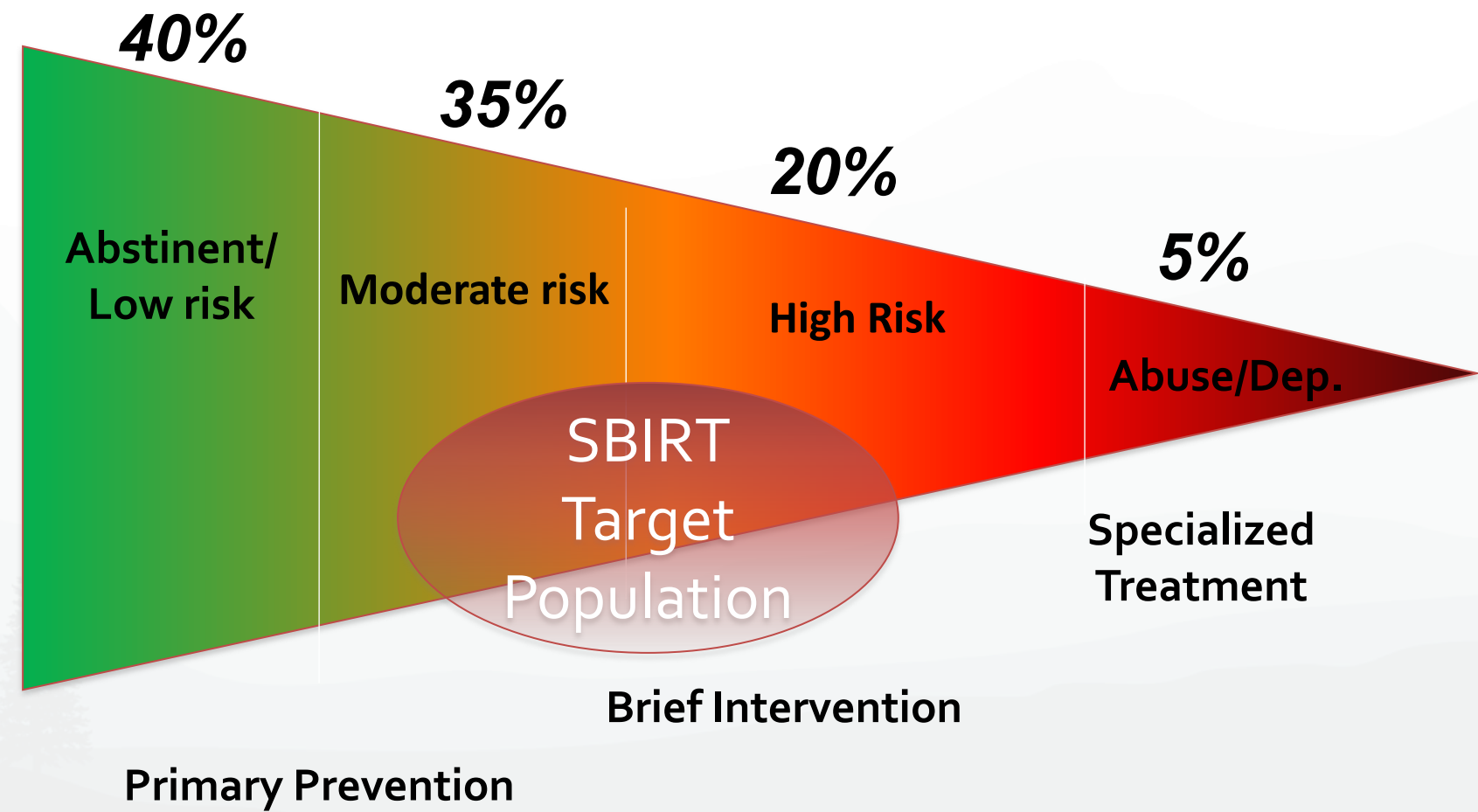
ASSESS READINESS TO CHANGE AND
ENHANCE MOTIVATION

Phase 4 NEGOTIATE A PLAN

SUMMARIZE SESSION, INVITE THEM BACK

- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- An evidence-based approach to identify patients who use alcohol or other substances at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries.
- Risky substance use is a health issue and often goes undetected.

The Continuum of Use



Dawson, Alcohol Clin Exp Res 2004;
Grant, Drug Alcohol Dep 2004



Brief Interventions:

- ❖ Engaging a patient that has risky substance use behaviors in a short conversation, providing feedback, motivation, and advice.
- ❖ Could be a conversation that happens only once.
- ❖ Could be a conversation that happens annually at their Wellness Visit.
- ❖ The conversation is guided by the patient's answers to the validated screener using Motivational Interviewing.



What is MI?

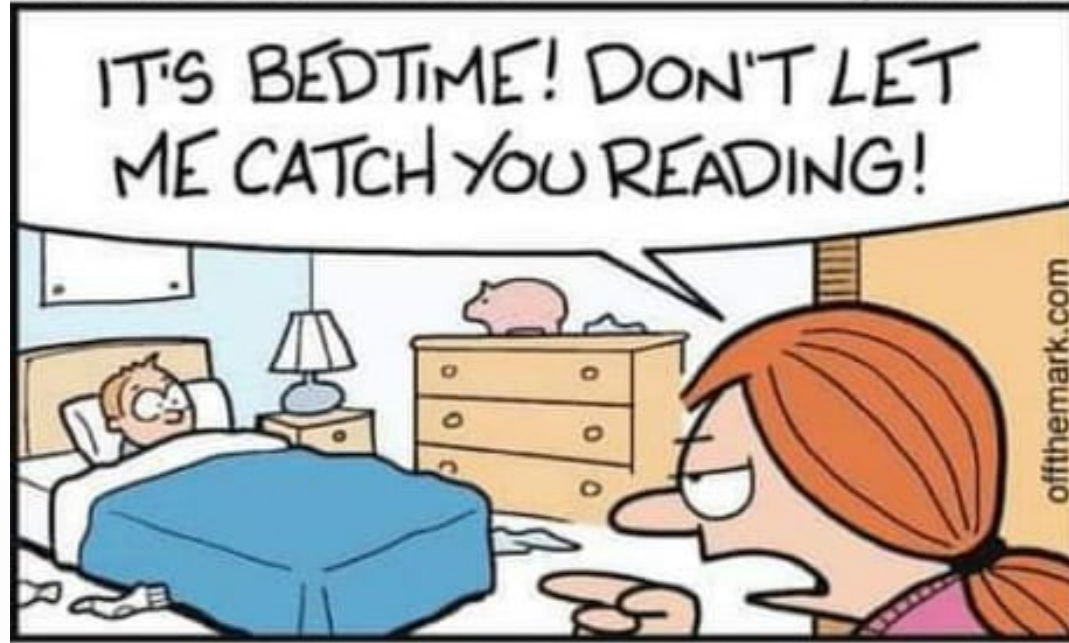
- A particular way of talking with people about *change and growth* to strengthen their own motivation and commitment.
- MI flows like a normal conversation
 - It's not something being done **to** a patient.
- Directional and Purposeful
- Compassionate attention to the person while watching/listening for change and growth
- MI is a way of doing what you already do.
- It is person-centered.
- It is **not** primarily seeing deficits, diagnoses or problems to be solved.
- It sees a person with strengths, hopes, and relationships who wants to be heard, valued, and viewed as competent.



Our Role as Interviewers:

- We are not responsible for the individual's decision to change or not.
- We are like a tour guide...
 - Listen well to where they want to go
 - Don't just follow them around.
 - Don't push them where you want them
 - Share your knowledge.
 - Combine your expertise with what they care about and want.





Spirit of Motivational Interviewing

- Partnership
 - People are experts on themselves, and if they are the ones wanting to change, you need THEIR expertise!
- Acceptance
 - Belief that people have inherent worth and do not need to earn or prove that they deserve respect.
- Compassion
 - A commitment to support positive growth that is in the best interest of your patient.
- Empowerment
 - Helping people realize and use their own strengths and abilities.
 - *Adjusted in the 4th Edition to emphasize the importance of people's own strengths, motivations, resourcefulness, and autonomy.*



Brief Intervention



- Can take as little as 5 minutes, or as long as 30 minutes to educate individuals and increase their motivation.
- Using Motivational Interviewing techniques, individuals are provided information specific to their use.
- Brief intervention consists of:
 - The clinician will have a brief motivational conversation with a patient to guide the person through the standard drink sizes and Safer Drinking Guidelines.
 - The clinician gauges the patient's readiness to change and motivation for change or offers a warm hand off to a behavioral health consultant.



Brief Intervention

- For patients with **at-risk** use but no alcohol or substance use disorder: conduct a brief intervention, provide follow-up and ongoing care.
- For patients with **high-risk use and possible alcohol or substance use disorder**: conduct brief intervention, offer menu of additional support options, & negotiate a plan that may include referral.



Brief Intervention

Raise the
subject

Provide
feedback

Enhance
motivation

Negotiate plan



Raise the Subject

1. Ask Permission
2. "Thank you for completing the screener."
3. "Can I share some information about the screener you took today?"
4. "Is it okay if I share what I know about the results of the alcohol screen you did today?"
5. "Is it alright with you if I tell you what I am concerned about?"
6. If they say, "Yes" then continue.
7. If they say, "No" then be respectful.



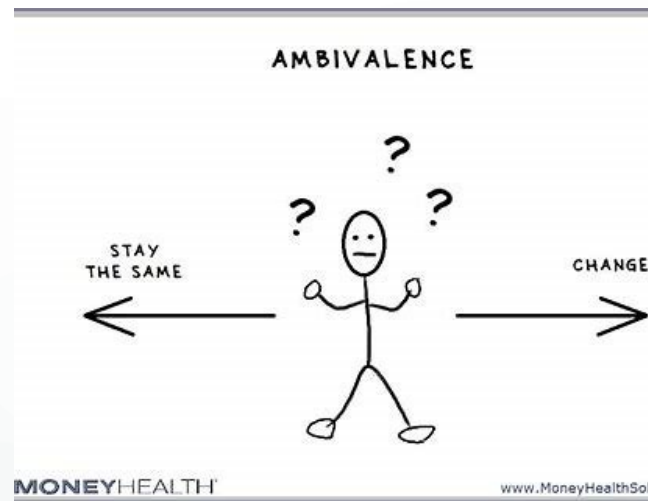
Provide Feedback

- **Set the stage, Discuss the Screening Results**
- **Range** – “Scores on the AUDIT range from 0-40. Most people who are social drinkers score less than 8.” (Or whatever screener you used)
- **Results** – “Your score was 18.”
- **Interpretation of results** – “That is the moderate to high use range. At this level, your use is putting you at risk for a variety of health issues (physical, mental) now or sometime in the future.”
- **Norms** - “A score of 18 means that your drinking is higher than 75 percent of the adult population.”
- **Patient Reaction** – “What are your thoughts?”



Side Note: Ambivalence

- No one is unmotivated.
- We are not **creating** motivation but **evoking** it.



- Ambivalence – simultaneously wanting and not wanting something
 - This is a normal part of the change process.
 - Not resistance
 - Not pathology



Enhance Motivation

- Listen to understand –
Not to respond.
- They will give us our
road map.
- If you find the thing
THEY want to do, you
have had a successful
intervention.



Preparatory Change Talk:

- Desire – “I want...”
 - Want, wish, like, and love
- Ability – How confident they are that they could make the change
 - Can, could, able, and possible
- Reasons – “if, then...” Advantages and disadvantages
 - Changing my diet would help me manage my diabetes.
- Need – Emphasizes urgency to change; it is important, but doesn't specify *why* it is
 - “Have to, need to, must, etc.”



Mobilizing Change Talk:

- Commitment Language
 - Assurance it will happen
 - “I will.” “I promise.” “I guarantee.”
- Activation Language
 - Leaning towards action but haven’t quite decided
 - “I’m willing to.” “I’m considering it.” “I’ll think about it.”
- Taking Steps Language
 - The person indicates they’re already taking steps.
 - “I filled my prescription.” “I called 3 places about possible jobs today.” etc. “I bought a ring.”





We opened the can of worms...

NOW WHAT DO I DO!?



Montana Primary Care Association

Evoking Skills:



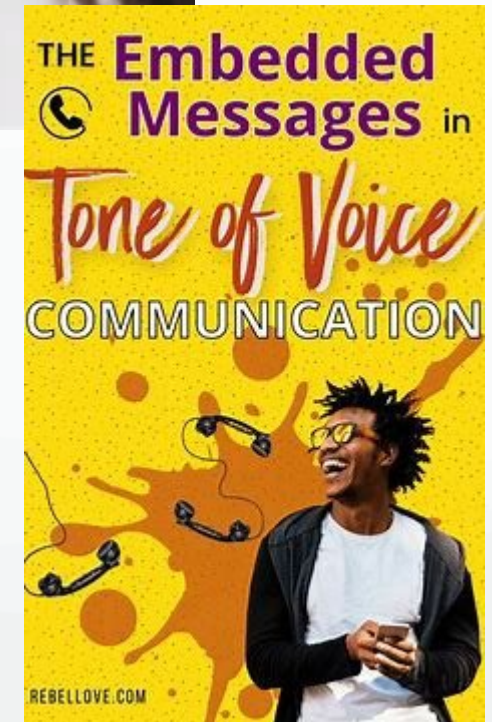
- ❖ What makes you want to do this?
- ❖ How much does it matter to you?
- ❖ What reasons are there for you to do this?
- ❖ How important is this?
- ❖ ***The change must be important, and they must have confidence.***



Directional Questions

- ✓ Elicit Change Talk
 - ✓ **How would you like things to be different...(Desire)**
 - ✓ **How might you...(Ability)**
 - ✓ **What are your reasons...(Reason)**
 - ✓ **How important is it... (Need)**

- ✓ Reflect what you've heard them state
- ✓ "You would like to cut back on your alcohol use for your kids. It's impacting your relationships."



Importance and Confidence

- "How important is it for you right now to cut back on your alcohol use?"
- Why a 4 and not a 2?
 - Notice you get change talk
- Why a 4 and not a 7?
 - Notice you get sustain talk.
- On the confidence scale, we want the patient to rate themselves 7 or higher.

Importance & Confidence Ruler

IMPORTANCE SCALE:

How important is it for you right now to...? On a scale from 0- 10... what number would you give yourself?

0 _____ 10

CONFIDENCE SCALE:

If you did decide to change, how confident are you that you would succeed? On a scale from 0 -10... what number would you give yourself?

0 _____ 10



Sustain Talk



- *“Drinking is how I relax.”*
- **Ask** - elicit what they already know. what concerns do you have about alcohol use?
- **Offer** - ask permission - then share advice or feedback - get consent then offer
- **Ask** - what do you think? what would you want to do with that? etc
- *“Drinking has become a coping skill.”* (Reflection) Explore what is helpful about smoking. Use reflections.
- **LISTEN**
- *“What is not so helpful about drinking?”*
- **LISTEN**
- *“Can I tell you what I know?”*
- **ASK**
- *“What do you think?”*



What if they say....

I don't know...

- **Ask Permission**
 - “ I have some ideas about things that have worked for other people and I'd like to share those with you to see if it generates any ideas for you. Would that be OK?”

I don't want to do anything...

- **Reflect** – “You aren't motivated to do anything right now.”
- **Ask Permission** – “Could I run an idea by you?”
- “How about you do nothing and observe. Just notice what you use, maybe how much or when you tend to drink. Notice and make a note and then let's talk about it the next time we see each other.”
- It is a win/win



Encourage Autonomy

- Even when you have permission...
- “It’s up to you what you decide...”
- “You probably already know this...”
- “I wonder what you would think of...”
- “I can tell you what has worked for others, but at the end of the day, it’s up to you. Would you like to hear some ideas you could consider?”
 - Then give multiple options to consider and ask an open-ended question.



Choices:



- People are more likely to follow through on action they've chosen themselves.
- Suggesting one thing at a time will often lead to sustain talk...
- "Some people have had success using medications for SUD, attending group or IOP. Some people prefer 30 days of inpatient to get their feet under them, and some people continue seeing me for a while to see how things go. What do you think you would like to try?"



Example...

- Pt: What do you think I should do?
- BH: We could look at medications that could help you to stop drinking.
- Pt: I don't believe in meds. They are a crutch.
- BH: There are some support groups in town.
- Pt: I've been to support groups. It is just a way to meet people to go use with.
- BH: There are in-patient options we could refer you to.
- Pt: I would have to miss too much work. I'd lose my job and home.
- BH: We could look at IOP. They have group in the evening.
- Pt: Group is triggering for me. I get too anxious around people.



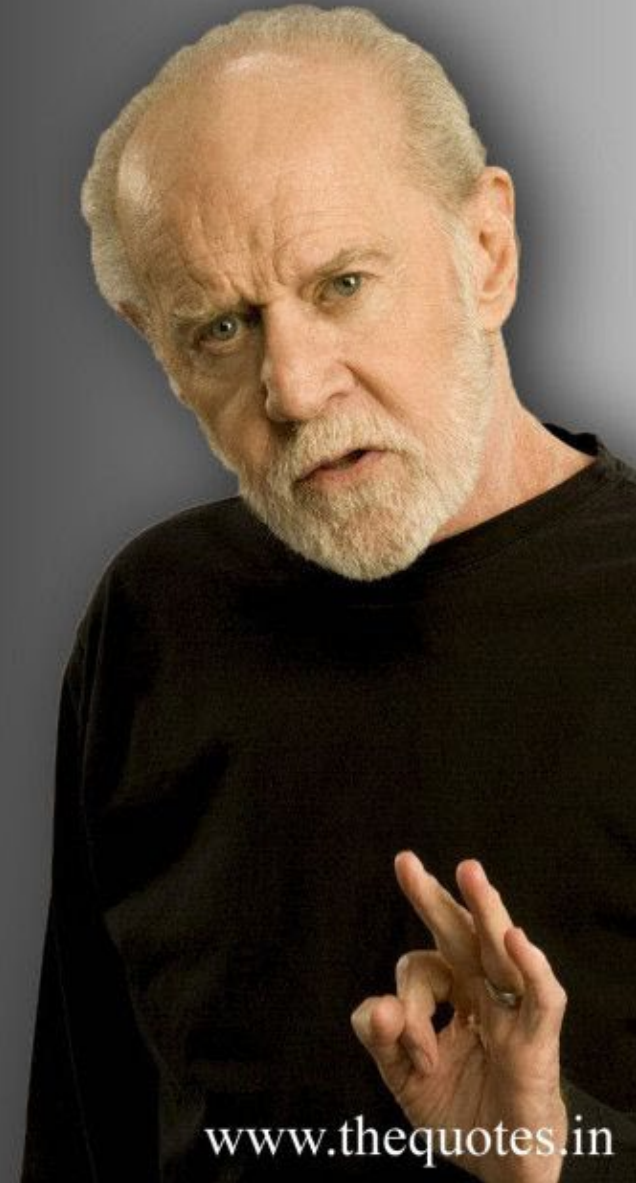
Moving from Why to How...

- Summarize
- And ask... "What next?"
 - What are you considering?
 - What might you try?
 - How do you want to move forward?
- "You know yourself best, how do you think you could move forward?"
- "How **important** is this to you?
How **confident** are you?"
 - Not "are you ready?"



The reason I talk to myself is
because I'm the only one whose
answers I accept.

George Carlin



www.thequotes.in



Planning

How will you get there?

- Evoking the “how” of their change
 - What will you do...(Commitment)
 - What are you considering...(Activation)
 - What have you already done...(Taking Steps)
- Focusing on the specifics of the plan
- Must fit into the person’s lifestyle – their daily patterns and routines
 - Where, when, and how etc.
- Only the individual knows what will work for them
- What are they willing, and able to do?



Evoke Hope and Confidence

The change plan is an **experiment** – "Let's try and see how this goes..."

If this doesn't work, we will try something different next time.

Their belief that this is possible is a predictor of change happening.

Affirm strengths to boost confidence!



8 Clinical Skills

Even when therapists follow a structured treatment manual, research shows that some therapists are just more effective than others regardless of years' experience...

1. Accurate Empathy
2. Hope
3. Positive Regard
4. Acceptance
5. Shared Goals
6. Evocation
7. Offering Information and Advice
- 8. Genuineness**



An Example...



Discuss:

- Did the interviewer hit all the steps:
 - Raise the Subject
 - Provide Feedback
 - Enhance Motivation
 - Negotiate a Plan

How do you think he did? How did the patient respond?

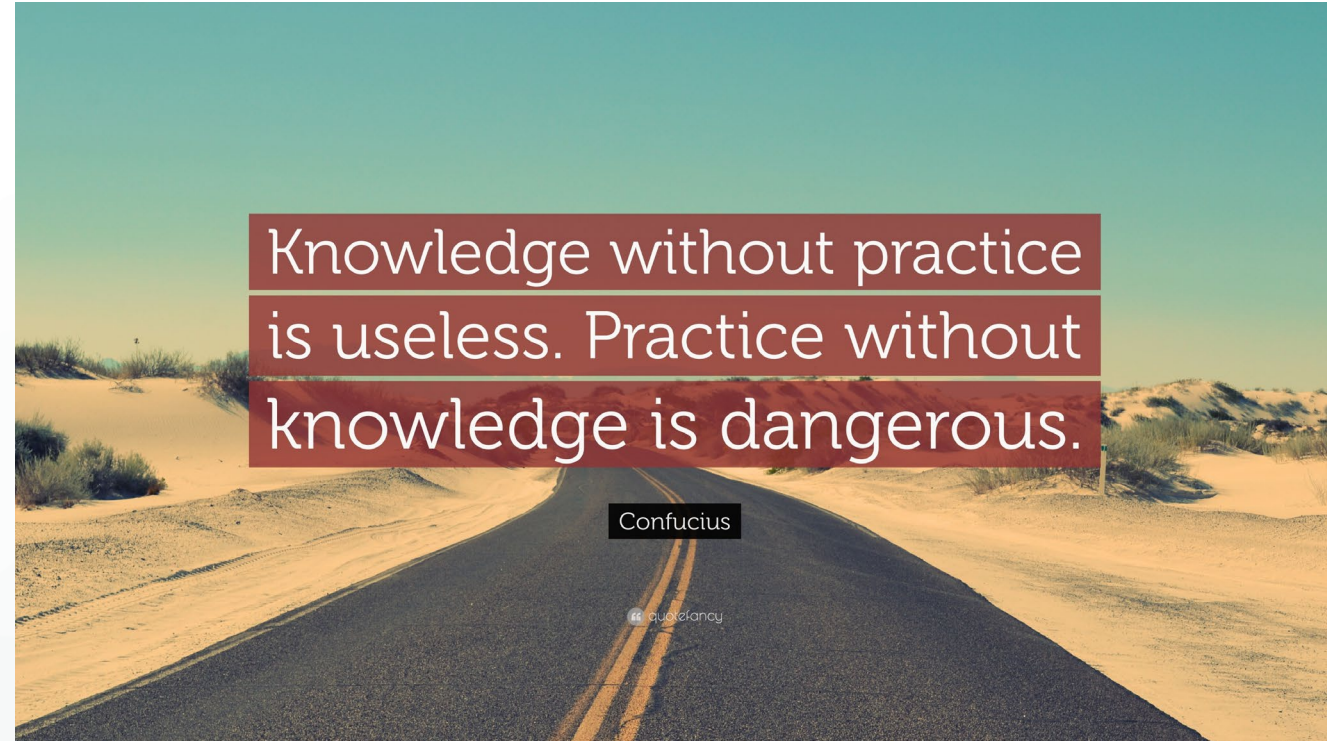
What would you do differently?



Role Play

Break Out Groups:

- Select an interviewer and person willing to play as the “patient.”
- Keep it simple. Don’t be the hardest patient you know.
- Pretend you did a screener, raise the topic, provide feedback, enhance motivation, and negotiate a plan.
- Reflect on how this felt.



Resources

- [SBIRT Oregon](#)
- Miller, W. Rollnick, S. (2023). *Motivational Interviewing; Helping People Change and Grow*, 4th Edition
- www.motivationalinterview.net (training tapes, articles, bibliographies, training opportunities)
- www.motivationalinterview.org (MI resources ATTC website)

