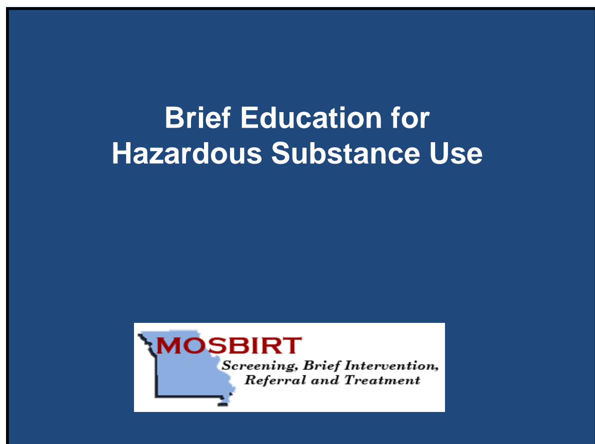
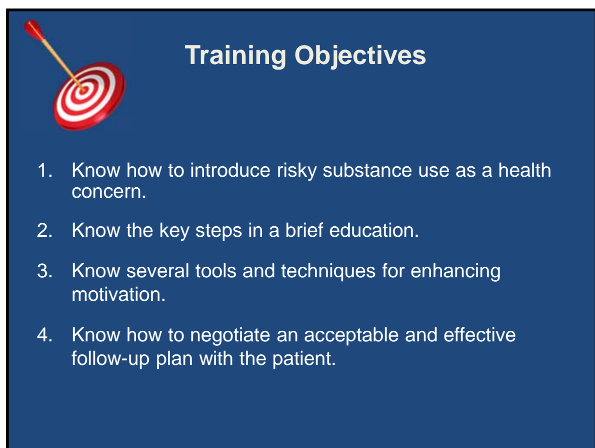




Levels of Care

ASSIST Total Score	Level of Risk	Treatment
0-10 for alcohol 0-3 for drugs	Low Risk	Reinforcement and Education
11-19 for alcohol 4-19 for drugs	Low Moderate Risk	Brief Education
20-26 for any substance	High Moderate Risk	Brief Coaching
27+ for any substance	High Risk	Referral to Treatment

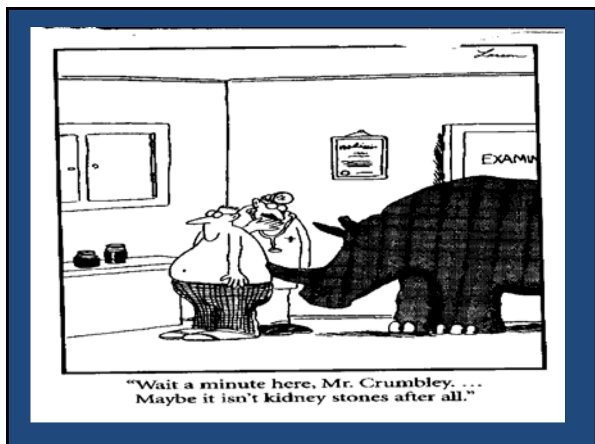
Question

How many health care providers does it take to change a light bulb?

Answer(s)

- None. The light bulb has to want to change.
- None. The light bulb will change itself when it is ready.
- Only one but the light bulb has to really want to change!

Treatment as Usual



"Wait a minute here, Mr. Crumbley. . . . Maybe it isn't kidney stones after all."

Brief Education Steps

1. Raise the subject
2. Provide feedback
3. Offer Advice
4. Enhance motivation
5. Negotiate a plan

1. Raise the subject

- Screening results serve as a convenient way to start the conversation.
- Ask permission to talk about the patient's substance use

For example:

Thanks for answering our screening questions. Would you mind taking a few minutes to talk with me about your alcohol use?

Your provider asked me to talk with you about your marijuana use. She has some concerns about how that might affect your health. Would it be ok if we talked about it?

Anticipate Patient Questions/Reactions

- Patients may question why you are asking about substance use:
  - ***We ask everyone about alcohol and drug use because it can affect your health.***
  - ***Sometimes health problems can occur at what many people think are safe levels of use.***
- Positive findings from the screening and assessment may trigger challenges, resistance, denial, guilt, shame, or anger. Negative reactions can usually be deflected by acknowledging the feelings and avoiding confrontation.
  - ***I can see this is upsetting to you. Let's talk about it.***
  - ***If you would rather not discuss this now, maybe we can pick it up on your next visit. It's your choice.***

2. Provide feedback

- The Personalized Feedback Report (PFR) is generated and individualized based on the patient's responses to the assessment.
- Providing a printed copy makes a convenient prop to start a difficult discussion and gives the patient something to take home and consider.
- The PFR provides a summary of the health effects associated with the patient's self reported substance use as well as a reflection of their readiness to change.

MOSBIRT - Personal Health Risk Assessment

Participant: Test, B 7-Jul (1000002) Assessed: Thursday, July 07, 2011

Key

Moderate: You run the risk of having health and other problems due to your current substance use.

High: Your risk of having serious problems due to your substance use is high. These may be health, social, money, legal, and relationship problems. You may become dependent.

Very High: It is likely you are having serious problems due to your substance use. These may be health, social, money, legal, and relationship problems. You may be dependent or addicted.

Alcohol

The following is based on what you have told us. Your chances of having problems because of your alcohol use are moderate.

These problems are common if you often drink a lot of alcohol.

- You can have hangovers.
- You may behave in an aggressive or violent way.
- You may have accidents or become injured.
- You may have reduced sexual performance.
- You may age earlier than you would otherwise.
- You have a higher risk of having ulcers, digestive problems, and high blood pressure.
- You may be anxious or depressed.
- You can have problems with relationships, work, and finances.
- It may be difficult to remember things and solve problems.
- You can suffer a stroke or permanent brain injury.
- You may suffer muscle and nerve damage.
- You may develop diseases of the liver or pancreas.
- You are more likely to develop cancers.
- You have an increased risk of suicide.

If you are pregnant or could become pregnant, you should know the following.

- If you are pregnant and drink alcohol, it can cause your baby to have birth defects. It can also cause your baby to have disabilities. The name for these problems is Fetal Alcohol Spectrum Disorders.
- When you drink alcohol, so does your unborn baby. There is no known safe amount of alcohol to drink while pregnant.

Your problems with alcohol use are as follows. You tried and failed to control, cut down, or stop using in the past three months. You had a friend, relative, or other person express concern over your use in the past three months.

How much is too much?

Some say any alcohol is too much. Others think you should only stop if you can not "control it." The truth is, a woman is at risk for serious problems from alcohol if she drinks more than 1 drink a day regularly. She is also at risk if she drinks more than 3 drinks at any one time.

Look at the chart. Compare how much you drink to how much other people drink in Missouri and the U.S.

Average Drinks per Week

50%
40%
30%
20%
10%
0%
0 drinks
Moderate
Heavy
Binge
U.S.
Missouri

Moderate: women 1 drink a day, men 2 drinks a day
Heavy: women more than 1 drink a day, men more than 2
Binge: women more than 3 drinks on an occasion, men more than 4

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

Cannabis

This drug is not the same today as it was in the 1980's. Tetrahydrocannabinol (THC) is what gives marijuana its effect. Marijuana today has twice the THC it did twenty years ago.

The following is based on what you have told us. Your chances of having problems because of your cannabis use are very high.

These are the effects of using cannabis.

- Your risk of heart attack is four times higher in the first hour after smoking cannabis.
- Your blood pressure and heart rate go up.
- You are less able to form memories and to remember things.
- You are less able to shift your attention from one thing to another.
- Your driving is impaired.

At this time, there is no proven link between smoking cannabis and cancer.

Your problems with cannabis use are as follows. You had health, social, legal, or financial problems daily or almost daily. You failed to do what is normally expected of you daily or almost daily. You tried and failed to control, cut down, or stop using in the past three months. You had a friend, relative, or other person express concern over your use in the past three months.

By using cannabis, you are in the minority. More than 9 out of 10 Missourians have not used cannabis in the last year.

Your Motivation To Change

You can change your behaviors. Based on what you have told us, you are in the precontemplative stage of change. You are not thinking about change at the moment. In fact, you may not have realized that your alcohol use was a potential problem. In terms of your drug use, you are in the contemplative stage of change. You are thinking about change at the moment and may be interested in trying some new behaviors to reduce your drug use associated risks.

Action Steps Based on Your Motivation To Change

Precontemplative: This level suggests that you may not have known about the risky behaviors we have identified in this report. Here are some questions to ask yourself based on what you learned.

- What might happen if you don't change?
- What would be the good things about changing your risky behaviors?
- Suppose you don't change what is the worst that might happen?
- Suppose you don't change what is the best that might happen?

Contemplative: This level suggests that you are thinking about changing your risky behaviors. You realize that you have a problem but may unclear as to what to do. Here are some questions to ask yourself to help clarify your thoughts and make specific plans.

- When you make changes what will be different in your life?
- What single behavior could you change to start reducing your risks?
- If you were to decide to change that behavior, what would you need to do to make it happen?
- Who in your life could help you make these changes?
- Who will you tell about your intention to change?
- What is your next step?

3. Offer Advice

- Ask permission to offer advice
- Provide advice that is appropriate to the severity of the problem.
  - ***I would like you to consider cutting down.***
  - ***Your drinking is causing problems. Maybe you should consider cutting down or even quitting.***
- Offer a range of options. Patients who are presented with choices are more likely to change.
  - A harm reduction approach can be effective as an interim step for patients with more serious problems or even a goal for patients with more moderate misuse.
  - Other choices could include self-monitoring, looking at some educational materials, getting feedback from family and friends.

Three Openings to Offer Advice

1. The person asks for advice
2. You ask permission to give advice:
   - ***Can I make a suggestion?***
   - ***Would you be interested in some resources?***
   - ***Would you like to know what has worked for some other people?***
3. You qualify your advice to emphasize autonomy:
   - ***A lot of people find that _____works well, but I don't know if that's something that interests you.***

4. Enhance motivation

Use tools and techniques that help the patient resolve ambivalence and build motivation

Tools

- Decisional balance worksheet
- Readiness Ruler
- Self evaluation ruler
- Informational handouts
- Online resources

Techniques

- OARS
- Rolling with resistance
- Elicit change talk

Key Concepts

Brief intervention is based on two interrelated and critical elements:

- **Stages of Change**

  Many people go through various stages before they are ready to make important changes in their behavior. Recognizing and addressing where patients are in the process is critical to facilitating behavior change.

- **Motivational Interviewing**

  MI is a set of intervention techniques to help patients move through stages of change and develop their own internal motivation. It is also a philosophy of care that recognizes and respects individual autonomy and self determination.

Transtheoretical Model of Behavior Change

- Described by James O. Prochaska, Ph.D. & Carlo C. DiClemente, Ph.D.
- The Transtheoretical Model identifies 5 **stages of change** people may go through in the process of changing problem behavior:
  - **Precontemplation**
  - **Contemplation**
  - **Preparation**
  - **Action**
  - **Maintenance**
- Interventions are most effective when they are geared to the patient's current stage.
- Change is understood as a process rather than an event; as a series of changes, not just one.

Stages of Change Model

Stage	Definition
PRECONTEMPLATION	• Patient is not considering change in the near future • May or may not know the potential health consequences of continued substance use
CONTEMPLATION	• Patient may be aware of the consequences of substance use but is ambivalent about changing
PREPARATION	• Patient has already decided to change and plans to take action
ACTION	• Patient has begun to cut down or stop use • Change has not become a permanent feature
MAINTENANCE	• Patient has achieved moderation in substance use or abstinence on a relatively permanent basis

How Do People Change?

People change voluntarily only when they:

– Become interested in or concerned about the need for change

– Become convinced that the change is in their best interest or will benefit them more than cost them, i.e., the decisional balance shifts to favor change

– Organize a plan of action that they are committed to implement

– Take the actions that are necessary to make the change and sustain the change.

Motivational Interviewing

- Motivational Interviewing (MI) is a directive, patient-centered counseling style for eliciting behavior change by helping patients to explore and resolve ambivalence about change.
- MI recognizes that patients may be at different stages of awareness and readiness to change.
- The central goal of MI is to increase the **intrinsic motivation** to change that arises from internal forces rather than external pressures.

Introspective Exercise

Think about a behavior that you've been successful at changing.

Something you've had to change in your life

How long did it take for you to decide it was a problem?

- < 1 mo.
- 1 to 6 mo.
- 7 to 12 mo.
- One to two years
- 3 to 5 yr.
- > 5 yr.

- How long between the first time you had a negative consequence/realized it was risky and first made an attempt to change the behavior?
- After you first made an effort to change the behavior, did you start the behavior again?
- How long between that first attempt and when you actually were successful in changing?

Conclusions about behavior change?

- Behavioral issues are common
- Change often takes a long time and the pace of change is variable
- Knowledge is usually not sufficient to motivate change
- Recurrence or relapse is the rule
- Our expectations of others regarding behavior change are often unrealistic
- Unrealistic expectations can lead to frustration and burn-out

Summary

- MI puts all this into perspective
- We've ALL tried to change behaviors!
- There is no us vs. them

MI Spirit

Motivational Interviewing is both a philosophy and set of techniques and skills. The philosophy is embodied in MI Spirit which includes four core values:

- **Collaboration - The patient is the expert in their own life and active partner in change rather than a passive recipient of your expertise.**
- **Evocation - Elicit the patient's own reasons for change rather than imposing your own.**
- **Autonomy - Change is up to the patient, not you!**
- **Compassion – YOUR motivation to help your patient achieve a good outcome**

Embracing these values will make the techniques and skills easier to perfect.

Motivational Interviewing: Key Principles

1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy

Motivational Interviewing

Express Empathy

See the world from the patient's perspective with a nonjudgmental attitude.

Examples:
- ***I can see how drinking and relaxing with your friends would be hard to give up.***
- ***Being a single parent can really be stressful.***

Motivational Interviewing

Develop Discrepancy

- Motivation is a function of the discrepancy between the patients' present behaviors and his/her values. Awareness of the discrepancy can motivate change.
- The provider elicits and explores the patient's own arguments for change as a path out of ambivalence.

Examples :
- ***You really care about your job but your drinking sometimes seems to impact on your performance.***
- ***You really want to be a good role model for your kids but you sometimes wonder what they think about your drinking.***

Motivational Interviewing

Roll with Resistance

- Resistance to change is viewed as normal and expected.
- Fears and apprehensions underlie ambivalence to change.
- The provider tries to understand and respect both sides of ambivalence. Arguments against change are met with acceptance and empathy.

Examples:
- ***If you would rather not talk about your alcohol use right now, let's just focus on why you came in today. Maybe we can discuss it another time.***
- ***I know this is difficult to talk about.***

Motivational Interviewing

Support Self-Efficacy

- Acknowledge the patient's capacity to change. Reinforce the patient's ability to be successful in making positive behavior change.
- Acknowledge and support the patient's autonomy in the change process.

Examples:
- ***You have accomplished a lot in your life. I think you are up to this challenge.***
- ***I have shared my concerns about the health risks but whether or not you cut back on your drinking is up to you.***

Tools

Self Evaluation Rulers
Readiness Ruler
Decisional Balance
Self Help Online Resources

TOOLS: Self Evaluation Rulers

Self evaluation and readiness rulers can be used at various points in the intervention:

- Near the beginning, after the health risks have been discussed, to help determine the patient's stage of change:

  Have you thought about cutting down? How ready are you?

- During the intervention to encourage the patient to talk about reasons for change:

  You rated your readiness to change at 5. Why not a 2 or 3?

- Towards the end of the intervention to solidify commitment:

  How confident are you that you can make a change?

TOOLS: Self Evaluation Rulers

On the following line, make an X at the point that shows how important it is to you to change your (target behavior).

0 **5** **10**

On the following line, make an X at the point that shows how confident you are that you can change your (target behavior).

0 **5** **10**

Note: This can also be presented verbally by asking the patient to rate importance and confidence on a scale of one to ten.

TOOLS: Readiness Ruler

On the following scale, which point best reflects how ready you are right now to change your [target behavior]?

0 1 2 3 4 5 6 7 8 9 10

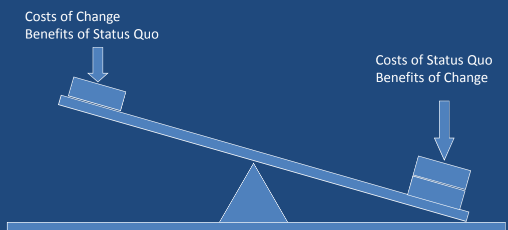
Not at all ready to change (Precontemplation)	Thinking about changing (Contemplation)	Planning and making a Commitment (Preparation)	Actively Changing (Action)

TOOLS: Decisional Balance Worksheet

- Decisional Balance is a key MI process is which the patient considers the pros and cons of their substance use **and** the pros and cons of changing.
- Many patients have never stopped to think about the negative aspects of their use. Asking about pros and cons can foster internal motivation.
- Some patients benefit from actually filling out a worksheet and looking at the pros and cons in black and white. This can be done in the office if there is time or as "homework". Or, the patient may benefit from looking at the worksheet while they explore pros and cons with you.

Decisional Balance

Brief interventions using Motivational Interviewing are designed to shift the decisional balance in favor of change to healthier behavior.



Decisional Balance Worksheet

Good things about my current use of _____ (e.g., alcohol):	Good things about changing my current use of ______ (e.g., alcohol):
Not so good things about my current use of ________(e.g., alcohol):	Not so good things about changing my current use of ________ (e.g., alcohol):

Tools: Online Resources for Providers and Patients

- National Institute on Alcohol Abuse and Alcoholism
  - http://www.niaaa.nih.gov
- National Clearinghouse for Alcohol and Drug Information
  - http://ncadi.samhsa.gov/
- Rethinking Drinking
  - http://rethinkingdrinking.niaaa.nih.gov/default.asp
- National Institute on Drug Abuse
  - http://www.drugabuse.gov/

Techniques

OARS

Eliciting Change Talk

Generating Commitment

TECHNIQUES: OARS

- Ask **O**pen-ended questions rather than yes/no questions.
- **A**ffirm strengths and movement in a positive direction.
- **R**eflect what the patient says to convey that you are listening and to confirm understanding.
- **S**ummarize the interaction to bring closure, confirm mutual understanding and next steps.

"I've got it, too, Omar … a strange feeling like we've just been going in circles."

OARS: Open Ended Questions

- Cannot be answered yes or no or with one or two words
- Are not rhetorical
- Probe widely for information
- Help uncover the individual's priorities and values
- Avoid socially desirable responses
- Draw people out

Closed vs. Open Ended Questions

Closed ended	Open ended
Would you like to quit smoking?	What are your thoughts about smoking?
How much pot do you smoke?	Tell me about your pot use.
Have you had problems with your alcohol use?	How has your alcohol use affected you?

- Providers tend to ask close-ended questions to collect specific information and also because they are often pressed for time and concerned about getting into time consuming discussion.
- Open-ended questions may seem more time consuming but can actually be more efficient because they elicit more reliable and complete information and, when skillfully managed, do not have to lead to lengthy discussions.

OARS: Affirmations

Affirmations can help your patients feel more comfortable, forthcoming and open to feedback. Affirmations can be brief but powerful in building a therapeutic alliance:

- Affirm a person's struggles, achievements, values, and feelings
- Emphasize a strength
- Notice and appreciate a positive action
- Express positive regard and caring

Examples

- ***It takes courage to face such difficult problems.***
- ***You quit before. That took a lot of strength.***
- ***I know you didn't come here today to talk about your alcohol use so I think it is great that you are willing to work with me.***

OARS: Reflections

Reflections repeat or rephrase what the patient has said. This communicates that you have heard the person and that it is not your intention to get into an argument with the person.

Simple reflections are an effective, non-confrontational way to reduce resistance. Reflections can also expand on the meaning of what the patient has said.

Example:

Patient: ***But I can't quit drinking. I mean, all of my friends drink!***
Provider: ***Quitting drinking seems nearly impossible because you spend so much time with others who drink.***
Patient: ***Right…. But maybe I should cut down a little.***

Universal Safe Reflections

- It sounds like you are feeling……..
- It sounds like you are not happy with….
- It sounds like you are having trouble with…..
- So you feel like..
- You're wondering if…
- In other words, you're saying….
- Let me see if I heard you correctly….
- What I hear you saying is…

OARS: Summarization

Summarization brings closure, affirmation and consensus to what has been discussed and next steps.

Examples:

- ***What you've said is important.***
- ***I value what you say.***
- ***So, what I think you are saying is….. Did I hear you correctly?***
- ***We covered that well. Now let's talk about ...***

TECHNIQUES: Eliciting Change Talk

- Change talk is patient speech that favors movement in the direction of change such as when the patient:
  - Recognizes the problem
  - Expresses concern
  - Expresses awareness
  - Sees the benefits of change
  - Sees the cost of not changing
- Change talk increases the chances that your patient will make actual changes.

How to Elicit Change Talk

Change talk can be elicited with strategic questions:

Examples:
- ***What are some of the pros and cons of drinking?***
- ***How would you like your life to look a year from now?***
- ***How would things be different if you stopped using?***
- ***You have quit before. What made that work for you then?***

By probing for elaboration and examples:

Examples:
- ***Tell me more about how this is affecting your family life.***
- ***You want to be a good student but smoking pot sometimes leave you foggy. Can you tell me more about that?***
- ***You mentioned that cost is one negative consequence of your drinking. Can you think of any more negatives?***

Techniques: Generating Commitment

- Generating commitment should follow closely after a patient begins to talk about change.
- Formulating an action plan – even if the first steps are small – helps to translate thought into commitment and actual behavior change.

- Help the patient formulate **SMART** goals based on his/her readiness to change:

  Specific **M**easurable **A**ttainable **R**ealistic **T**ime limited

- The goals could be as simple as counting drinks or reading. The important thing is that the patient **do something** that will raise awareness and build commitment.
- Make a plan to follow up and check with the patient on how they are doing. Accountability helps build commitment.

5. Negotiate a plan

- Summarize the discussion
- Discuss a menu of optional SMART goals:
  - Keep track of substance use
  - Read informational materials provided or available online
  - Set a short term goal to cut down
- Even if the patient doesn't want to address the problem now, reinforce any positive action (e.g., willing to discuss it).
- Negotiate but emphasize patient autonomy and control:
- ***We are talking about your health. This is your decision.***

Take Home Points

- Changing behavior is hard. Most of us don't have to look any further than ourselves to understand that and find compassion for our patients.
- Brief education offers an evidence based framework and structure to help your patients make difficult changes.
- Brief education tools and techniques are like surgical instruments that can be selected based on circumstances to promote behavior change.

Practice Instructions and Closing

- Blue Folders pair up with Beige Folders
- Blue – Blue and Beige - Beige pairings are illegal in Missouri.
- Each folder contains three sets of forms:
  1. One complete set of all forms to take back to your clinics to copy and use when all else fails!
  2. One set of blank forms for the provider to complete in a brief education including the PFR
  3. One set of completed forms for the patient to use in responding to provider queries that will generate a BE.

- Two scenarios representing what you will see most often:
  - BE level alcohol use
  - BE level alcohol + marijuana use
- Blues will go first as providers using the blank set with the PFR. Beiges will be the patient using the completed forms in their folders. (Stop at 25 minutes)
- Reverse roles. Beiges will be the provider using the blank set in their folders with the PFR. Blues will be the patient using the completed forms in their folders. (Stop at 25 minutes).
- Regroup for debriefing, closing and evaluation forms
- Remember to ………..

Stick to the Five Steps and Keep it Moving

1. Raise the subject
2. Provide feedback
3. Offer Advice
4. Enhance motivation
5. Negotiate a plan