

# UNC SON ECHO for MOUD

Addiction and Behavioral Clinic for Medication for Opioid Use Disorder Treatment

# SBIRT: Brief Intervention – Motivational Interviewing

Screening, Brief Treatment and Referral to Treatment Kelly Bossenbroek Fedoriw, MD Primary Care Hub Member

Thanks to Victoria Soltis-Jarrett

UNC SON ECHO for MOUD is made possible by funding from the Health Resources & Services Administration (HRSA) Grant numbers: T94HP30882 (2017-2027) and T14HP33207 (2019-2024)





# **Disclosures**

NONE







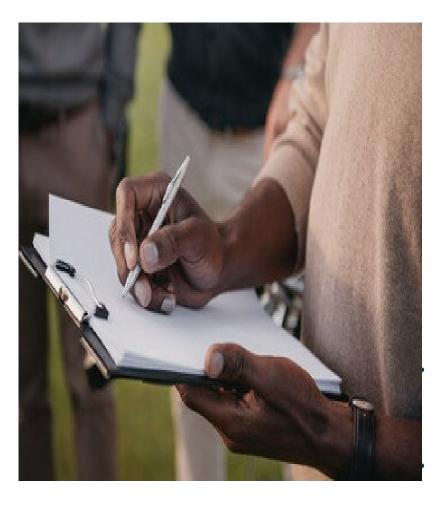
# Objectives

- 1. Define motivational interviewing
- 2. Practice MI
- 3. Understand how it can be used in primary care with substance use









# **SBIRT Defined**

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated approach to the delivery of early intervention and treatment services.
- Screening quickly assesses for the presence of risky substance use, follows positive screens with further assessment of problem use, and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing ore extensive treatment with access to specialty care.







# Screening







#### PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?  (Use "" to indicate your answer)		othered Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure	0	6	2	3	
2. Feeling down, depressed	0		2	3	
3. Trouble falling or staying	uch 0	1	2	3	
4. Feeling tired or having lit	0	1	D	3	
5. Poor appetite or overeati	0	1	2	3	
Feeling bad about yourse have let yourself or your	ire or	1	2	3	
7. Trouble concentrating on newspaper or watching t	ne 0	0	2	3	
<ol><li>Moving or speaking so sl noticed? Or the opposite that you have been movi</li></ol>	tless	1	2	3	
Thoughts that you would yourself in some way	be better off dead or of hu	rting 0	1	2	3
	For o	FFICE CODING 0 +		+ +	
If you checked off any prowork, take care of things			ade it for	you to do y	our
Not difficult at all □	Somewhat difficult	Very difficult □		Extremely difficult	





**Instructions:** For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

NIDA Quick Screen Question:  In the past year, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol					
<ul> <li>For men, 5 or more drinks a day</li> </ul>					
<ul> <li>For women, 4 or more drinks a day</li> </ul>					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

- If the patient says "NO" for all drugs in the Quick Screen, reinforce abstinence. Screening is complete.
- If the patient says "Yes" to one or more days of heavy drinking, patient is an at-risk drinker.







# Feedback?

Phrases you liked or didn't like?

Different ways to approach this patient?







#### Moving from precontemp to contemplative to action







## Practice

Groups of 3

5 min

Come back – share experiences

5 min – change roles

Try precontemp and contemplative stages







#### 1. Precontemplation.

The client needs information linking his problems with his/her substance abuse.

EXAMPLE: Abrief intervention might be to educate him/her about the negative consequences of substance abuse.

# MI: Based on the Stages of Change

#### 2. Contemplation.

The client should be encouraged to explore feelings of ambivalence and the conflicts between her substance abuse and personal values.

EXAMPLE: The brief intervention might seek to increase the client's awareness of the consequences of continued abuse and the benefits of decreasing or stopping use.

# MI: Stages of Change

#### 3. Preparation.

The client needs work on strengthening commitment.

EXAMPLE: A brief intervention might give the client a list of options for treatment, then help the client plan how to go about seeking the treatment.

#### 4. Action.

The client requires help executing an action plan and may have to work on skills to maintain sobriety.

EXAMPLE: The clinician should acknowledge the client's feelings and experiences as a normal part of recovery.

#### 5. Maintenance.

The client needs help with relapse prevention.

EXAMPLE: Abrief intervention could reassure, evaluate present actions, and redefine long term sobriety plans.

# Setting a goal

Facilitate the patient coming up with their own goal

Support Self-Efficacy

**S**pecific

Measureable

**A**ttainable

Relevant

Timely







# Practice goal setting

Groups of 3

3 min

Come back – share experiences

3 min – change roles







# Rulers – Help Develop Discrepancy

How important?

How confident?

How ready?

12345678910







Why X and not X-2??

What would it take to get to X+2??







# Motivational Interviewing

Proven to help patients move forward toward healthier lifestyle







## Practice

How important?

How confident?

How ready?

Why X and not X-2??

What would it take to get to X+2??





