INTERVENTI BREVI: PROMOTING THE PROCESS OF CHANGE AND TREATMENT ENGAGEMENT IN OPPORTUNISTIC SETTINGS

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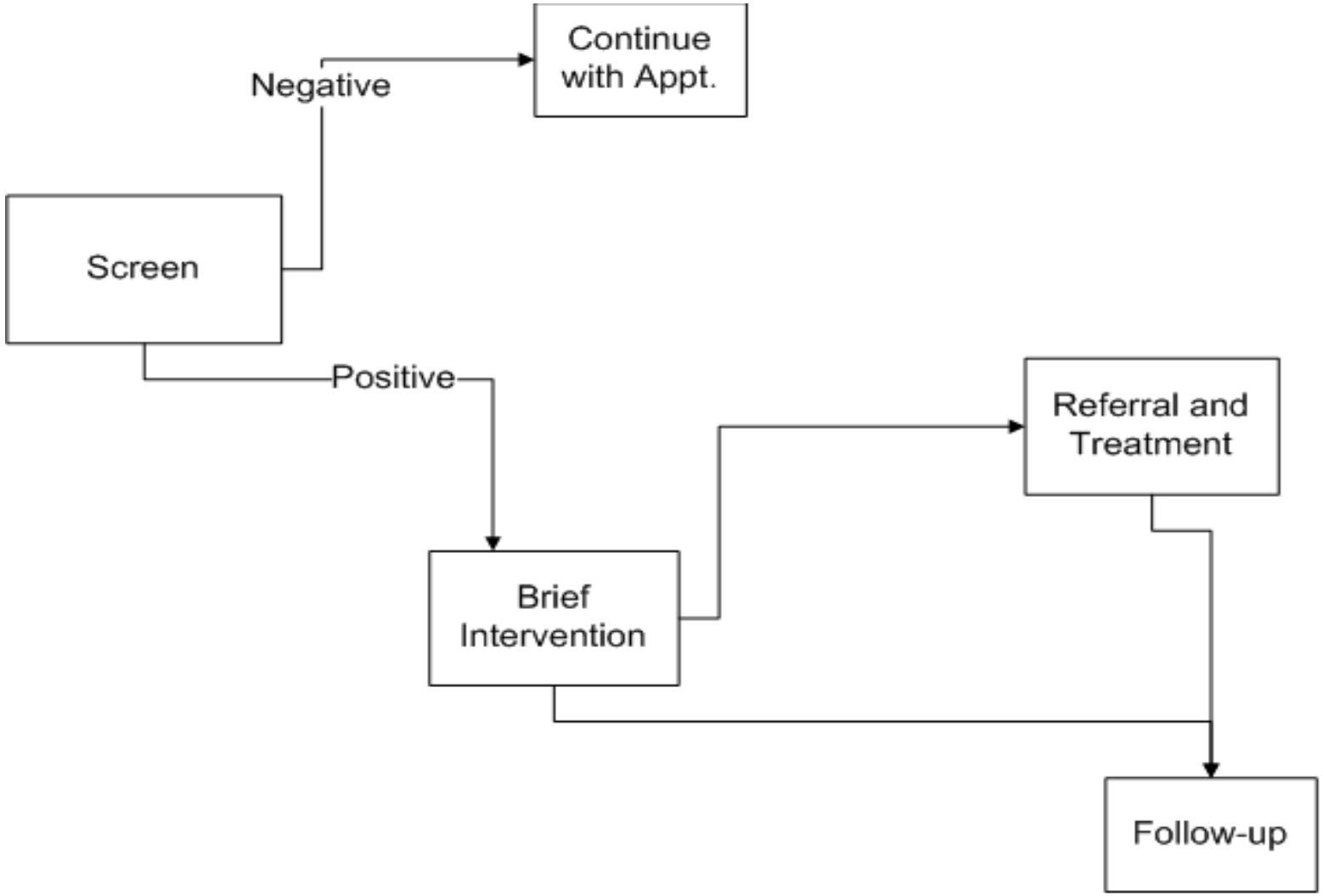
What is Brief Intervention and Why do it?

- Brevi interventi sono colloqui che avvanza la motivazione foccalizatto sul paziente con il gol di crescere coscienza e comprensione al riguardo di un rischio or comportamento salutario importante per la salute del individuo e crescere motivazione intrinsico per cambiamento.
- Consiste di un solo incontro o multi incontri
- Possono essere un intervento per individui a rischio e possono anche essere um modo di motivare alcunni di entrare nel servizi specializzati.
- <u>Identificazione ed Avvisoi beneficano la salaute se sono fatti in un modo motivazionale</u>

Possible Flow chart of Screen to Brief Intervention



How do Brief Interventions Work: “Teachable Moment”

- La parola ‘teachable moment’ (TM) descrive eventi del salute nel contesto della vita che occure spontaneamente pensato di motivare individui spontaneaments di addottare comportamenti che reducono rishci allla salute.
- Gravidanza, una visita a Pronto Soccorso, una visita annuale al dottore, danni alla salute possono essere opportunita o “teachable moment” per la salute

Rationale

- Brief interventions are designed to be:
  - Time efficient
  - A possible first step in change
  - Helpful with patient's not ready for change
  - Based on key techniques simple to use and easy t

Brief Intervention in research

- Support for BI has been found in multiple settings, even via web, with populations of all ethnicities and ages, and for a variety of health behaviors.

Sources: Cheng, Samet, and Palfai, 2010; Kypri et al. 2008; Saitz et al. 2010, Saitz & Naimi, 2010

So what is a Brief Intervention?

- Brief intervention is a systematic, focused process that relies on rapid assessment, quick engagement of the patient, and immediate implementation of change strategies. (Babor & Higgins-Biddle, 2001)
- Think of this as an opportunity to elicit motivation to change from the patient. Every patient has some level of motivation. It is your challenge to increase that motivation to make a healthy behavior change in your patient's life.

The Basics

- Length of time: 3-5 minutes
- Typically conducted face to face
- Can be done with additional materials to supplement
- Purpose: “A brief intervention is a single session or multiple sessions of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change.” CSAT 2005

Critical Components

- Assessment
- Some contact and interaction around a specific behavior or problem or constellation of behaviors
- Advice or Information related to behavior
- Personalized
- Empathic or Patient Centered
- Negotiated, Collaborative Action

Critical Components of Brief Interventions

- Assessment (Screening)
- An interaction focused on a specific behavior or problem or constellation of behaviors
- Feedback about the assessment
  - Generic
  - Personalized
- Advice or Information related to behavior
- Usually offered in Empathic or Patient Centered approach
- May or may not explore or offer Options, Strategies
- Can be connected to referral to specific treatment options

THE CHALLENGE FOR BRIEF INTERVENTIONS

- Focus on a target behavior or set of behaviors
- Capitalize on developmental considerations and environmental events
- Create a clear, credible, and compelling message
- Don’t alienate or undermine credibility
- Influence movement in terms of process of change goals:
  - Prevention of Initiation, Deterioration
  - Promotion of Initiation, Modification, or Cessation

Physician Advice regarding Smoking & Drinking

- Evidence that in the context of a physician visit brief advice can make small but significant differences in rates of smoking and drinking (Fleming, Ockene, Fiore, et al. Cochrane Collaborative)
- 5 As: Ask, Advise, Assess, Assist, Arrange for Follow-up for smoking
- Ask and Advise is most feasible; Assist and Arrange seem important with most problematic or dependent
- A3C is our latest effort to simplify Ask, Advise, Assess, and Connect

Alcohol and Drug: Emergency Room Interventions

- For adults it seems that the event creates some reduction in drinking that in several studies has been increased significantly and sustained longer for brief intervention group (Gentiello, Bernstein, Sommers, Cherpitel, Soderstrom)
- For adolescents there also seems to be a benefit of event and brief interventions for consequences and not necessarily quantity of consumption (Monti and colleagues)

Assumptions of Brief Interventions

- Motivation is a state of readiness to change, which may fluctuate from one time or situation to another. This state can be influenced.
- Motivation for change does not reside solely within the client.
- The provider's style of interacting is a powerful determinant of client resistance and change.
- An empathic, patient-centered style is more likely to bring out self-motivational responses and less resistance from the client (and reduce negative interactions and potential litigation)

Assumptions of BI (continued)

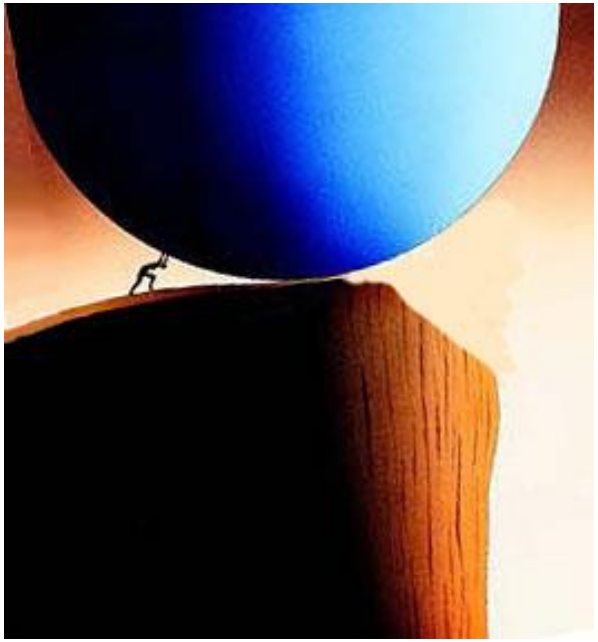
- People struggling with behavioral problems often have fluctuating and conflicting motivations for change, also known as **ambivalence**.
- Ambivalence is a normal part of considering and making change and is NOT pathological.
- Each person has powerful potential for change.
- The task is to release that potential and facilitate the natural change process inherent in the individual.
- You cannot force individuals to be motivated or be motivated for them

Goals of Brief Interventions

- These can vary depending upon the needs of the patient and the focal target behavior:
  - Change the way a client sees, understands, or feels about a particular risk factor or behavior.
  - Empower individual clients to take action.
  - Support naturally occurring events and influences .
  - Reduce the risk of harm for the substance of abuse.
  - Promote treatment adherence and engagement.
  - Increase awareness of the impact of substance abuse on current medical issues.

Motivation in more specific terms…

- Motivation is the tipping point for making change happen
- Most of the time it is defined post hoc: if you are successful, you were motivated
- Not a simple or single construct nor best thought of as an "on-off" switch



What Do We Know About Natural Change

- There are numerous patterns of change that occur without any formal intervention.
  - Drinking and smoking from middle school to high school, college drinking, dietary consumption, drug use
- Social, developmental, environmental influences are always present to encourage or discourage behavior change
- It is possible to promote self-change with encouragement, advice, consequences, and feedback in family, healthcare, legal, and social systems (brief interventions)

CRITICAL CONSIDERATIONS

- Age and Developmental Tasks
  - It matters if the child is 11 or 17, the adult is 25 or 40, and the senior is 65 or 80.
- Surrounding Life Events
  - Pregnancy, Admission to Trauma or Emergency Department, New Job, Graduation
- Seriousness or Severity of the Status Quo
  - How bad is it; how vulnerable am I?
  - What are the consequences of not changing?
- Readiness and the Process of Change
  - How prepared is the person for a change?

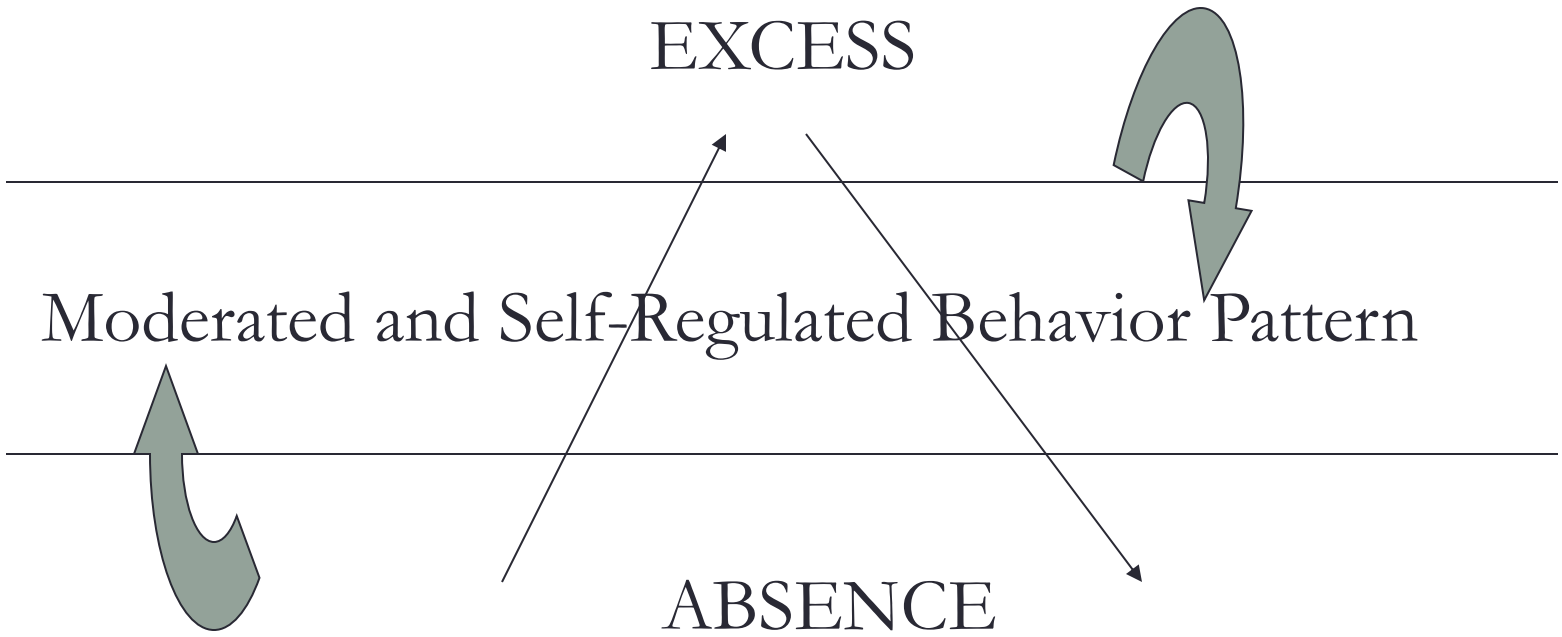
Framework

- Transtheoretical Model (TTM):
  - The Transtheoretical Model is an integrative, biopsychosocial framework to conceptualize and understand the process of intentional behavioral change.
  - One of the key constructs of this model is the Stages of Change.

Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992; DiClemente, 2003

Different Patterns of Behavior Change

Initiation, Modification, Cessation



How Do People Change?

- **People change voluntarily only when:**
  - **They become *interested and concerned* about the need for change**
  - **They become *convinced* the change is in their best interest or will benefit them more than cost them**
  - **They organize a *plan of action* that they are *committed* to implementing**
  - **They *take the actions* necessary to make the change and sustain the change**

The Stages of Change

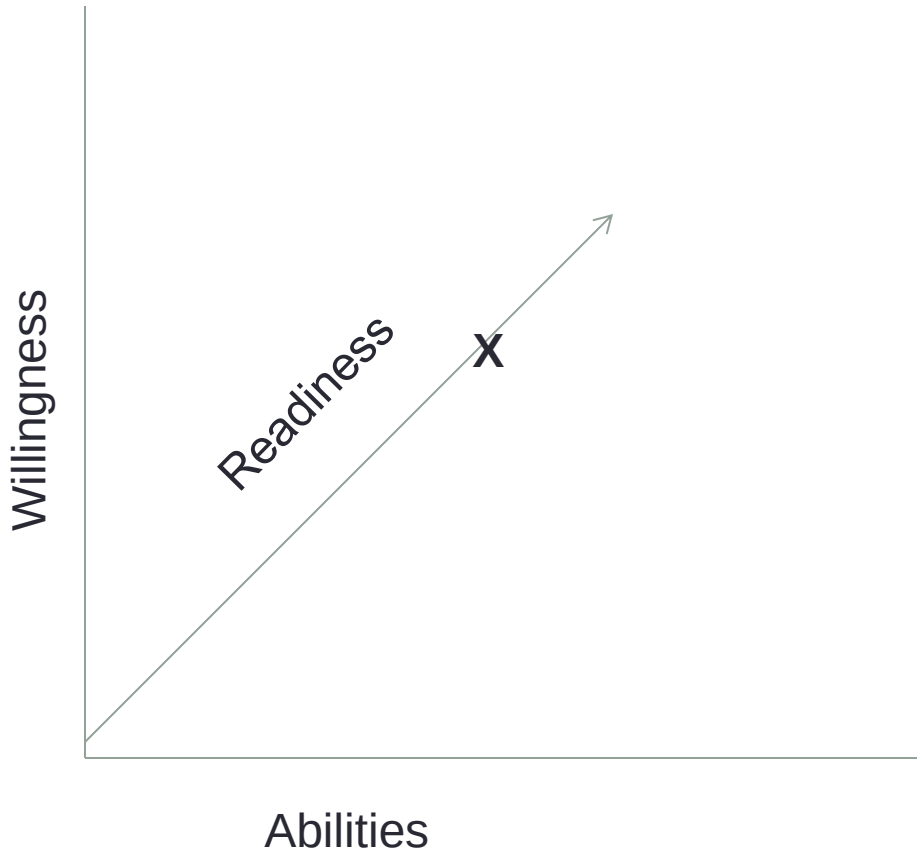
Stages of Change	Associated Tasks
Precontemplation	Interested and concerned.
Contemplation	Risk-Reward Analysis and Decision making.
Preparation	Commitment and creating an effective, acceptable, and accessible plan.
Action	Implementation of Plan and Revising as needed.
Maintenance	Consolidating change into lifestyle.

Adapted from HABITS lab website, http://www.umbc.edu/psyc/habits/content/the_model/index.html

Why don’t people change?

- Not convinced of the problem or the need for change — *unmotivated*
- Not committed to making a change — *unwilling*
- Actual or perceived ability to make a change — *unable*

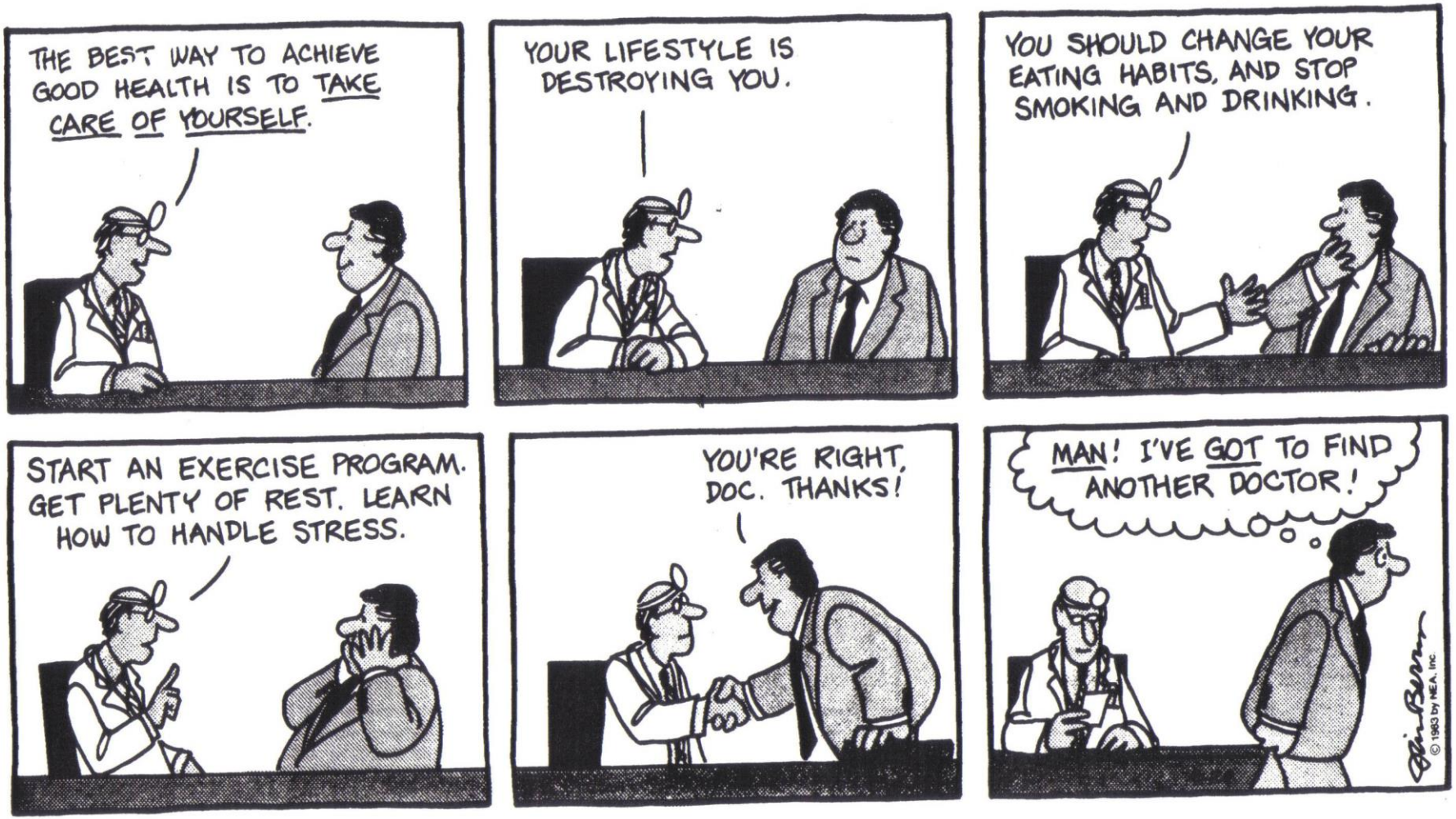
Readiness to Change: Being Ready, Willing and Able



Motivation and the Change Process

- Patients are not unmotivated!
  - They are just motivated to engage in behaviors that others consider harmful and problematic

    OR
  - Are not ready to begin behaviors that we think would be helpful
- Motivation, willingness and ability all belong to patients and their process of change.
  - However, they can be enhanced or hindered by interactions with others and events in the life-context of the patient
- Motivation is best viewed as the patient's readiness to engage in and complete the various tasks that are outlined in the Stages of Chan**ge.**


THE BEST WAY TO ACHIEVE GOOD HEALTH IS TO TAKE CARE OF YOURSELF.
YOUR LIFESTYLE IS DESTROYING YOU.
YOU SHOULD CHANGE YOUR EATING HABITS, AND STOP SMOKING AND DRINKING.
START AN EXERCISE PROGRAM. GET PLENTY OF REST. LEARN HOW TO HANDLE STRESS.
YOU'RE RIGHT, DOC. THANKS!
MAN! I'VE GOT TO FIND ANOTHER DOCTOR!
© 1983 by NEA, Inc.

The Transtheoretical Model of Intentional Behavior Change

STAGES OF CHANGE

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

PROCESSES OF CHANGE

COGNITIVE/EXPERIENTIAL	BEHAVIORAL
Consciousness Raising	Self-Liberation
Self-Revaluation	Counter-conditioning
Environmental Reevaluation	Stimulus Control
Emotional Arousal/Dramatic Relief	Reinforcement Management
Social Liberation	Helping Relationships

CONTEXT OF CHANGE

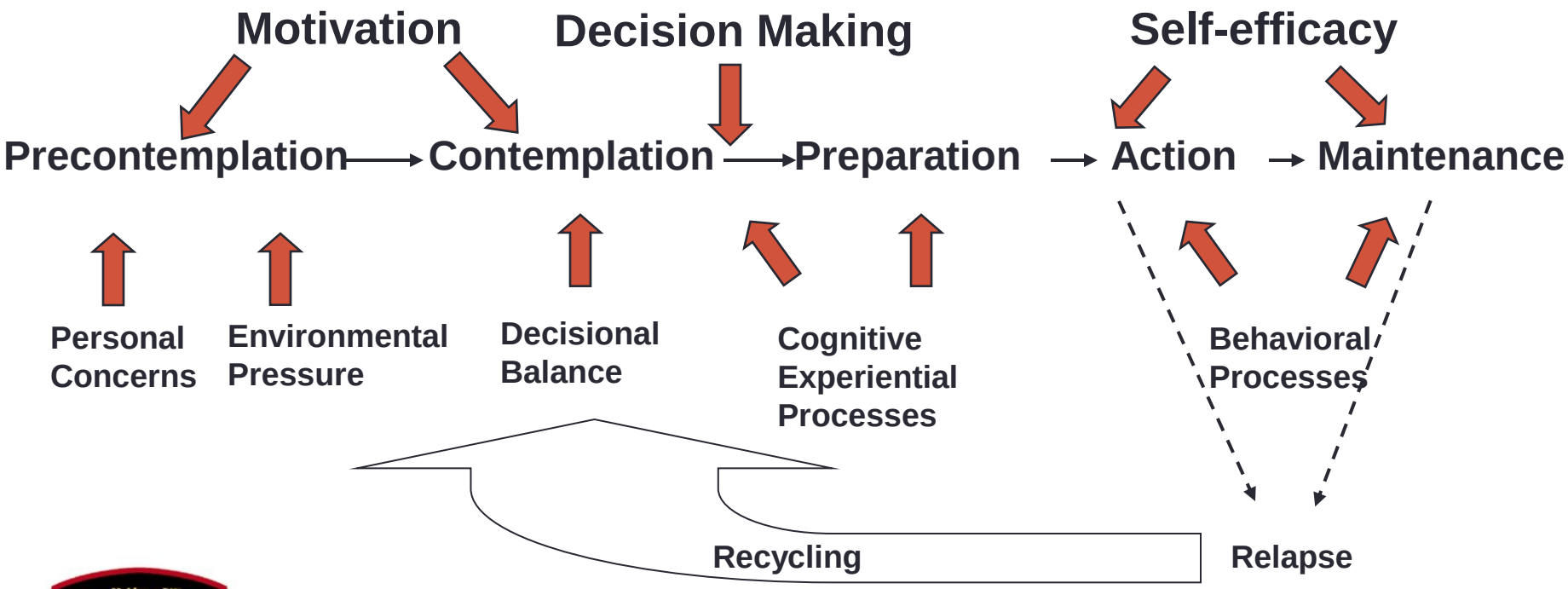
1. Current Life Situation
2. Beliefs and Attitudes
3. Interpersonal Relationships
4. Social Systems
5. Enduring Personal Characteristics

MARKERS OF CHANGE

Decisional Balance

Self-Efficacy/Temptation

Theoretical and Practical Considerations Related to Movement Through the Stages of Change



The “Five R’s” of How and Why People Stay in Precontemplation and MI language

Sustain Talk

- Reveling
- Reluctant
- Rebellious
- Resigned
- Rationalizing

Change Talk

- Desires
- Abilities
- Reasons
- Needs
- Commitment

Need to activate processes of consciousness raising, self re-evaluation, environmental reevaluation, emotional arousal to Overcome sustain talk and create change talk then engage the Self liberation and behavioral processes of change.

MOTIVATED TO CHANGE

- Admit that the status quo is problematic and needs changing
- The pros for change (at least experimenting) outweigh the cons
- Change is in my best interest
- The future might be better if we make changes in these behaviors
- But this is only the first two steps toward making a change happen

Decisional Balance Worksheet

NO CHANGE

PROS (Status Quo)

_____

_____

_____

CONS (Change)

_____

_____

_____

CHANGE

CONS (Status Quo)

_____

_____

_____

PROS (Change)

_____

_____

_____

WILLING TO MAKE CHANGE

- COMMITMENT TO TAKE ACTION
- SPECIFIC ACCEPTABLE ACTION PLAN
- TIMELINE FOR IMPLEMENTING PLAN
- ANTICIPATION OF BARRIERS
- BUT YOU STILL HAVEN'T DONE IT YET (either initiating a new behavior, modifying one or creating recovery)

ABLE TO CHANGE

- Continued Commitment
- Skills to Implement the Plan
- Self Control Strength that is not exhausted by other problems
- Long-term Follow Through
- Integrating New Behaviors into Lifestyle or Organization
- Creating a New Behavioral Norm
- Now you are really getting there

Motivating Movement through the Early Pre-Action Stages of Change

- Critical tasks of the early stages are eliciting concern, dealing with ambivalence regarding change, decision-making, creating commitment, careful and comprehensive planning.
- Motivational Interviewing/Enhancement approaches are important strategies to engage and work with clients helping them successfully complete these tasks.

Underlying Principles of Brief Interventions

- Coaxing Patients through the process of change
- Enhancing completion of stage tasks
- Patient centered communication
- Motivational Interviewing (MI) Style/Spirit:
  - Empathetic, collaborative
  - Handle Resistance skillfully
  - Aim to elicit patient's motivation to change
  - Caring concern
  - Appreciation for patient's experiences and opinions
  - Shared decision-making

Basic Principles of Motivational Enhancement

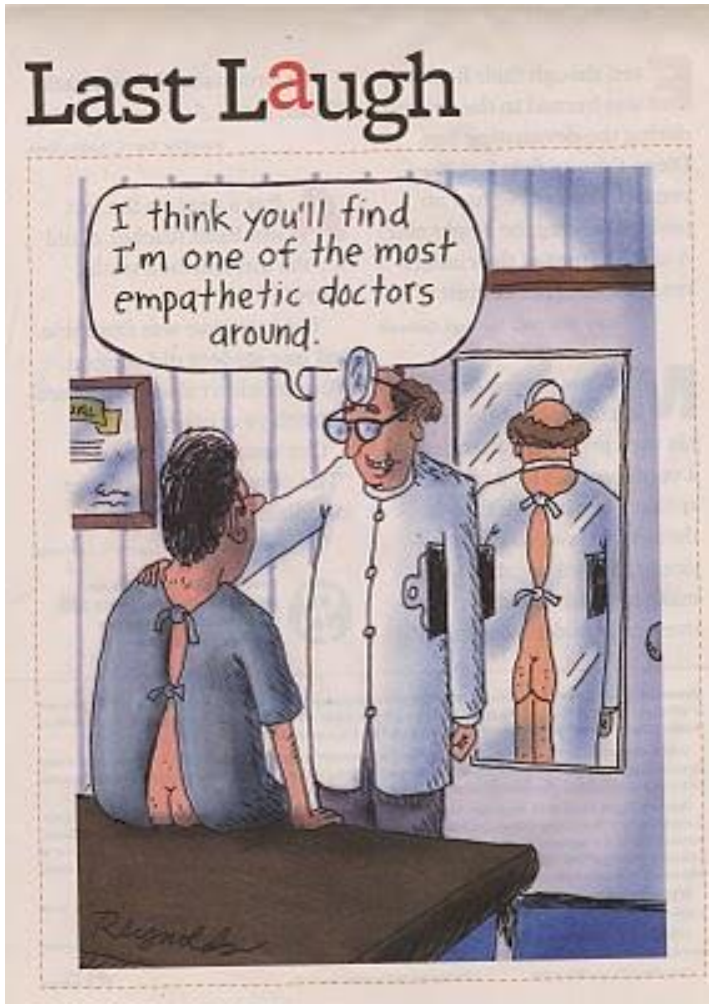
- READS:
  - **R**oll with resistance
  - **E**xpress empathy
  - **A**void argumentation
  - **D**evelop discrepancy
  - **S**upport self-efficacy

Rolling with Resistance

- Resistance is not directly opposed.
- New perspectives are invited but not imposed.
- The patient is a primary resource in finding answers and solutions.
- Resistance is a signal to respond ·ently.

Express Empathy

- Acceptance facilitates change.
- Skillful reflective listening is fundamental
- Ambivalence is normal.
- Understanding the patient's perspective.



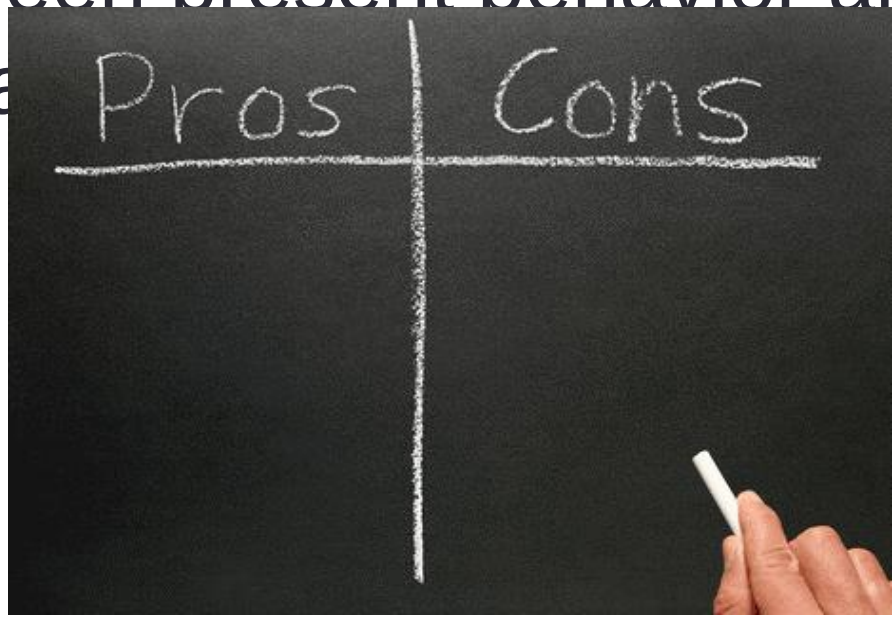
Avoid Argumentation

- Avoid arguing with the patient for change.
- Patient generally feels a need to defend themselves when directly opposed.
- Increases resistance.

point may be accurate but the
ess is problematic

Develop Discrepancy

- The patient rather than the counselor should present the arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important persona



Support Self Efficacy

- A patient's belief/confidence in his or her ability to change is an important motivator.
- The patient, not the doctor, is responsible for choosing and carrying out changes.
- However, doctor's belief in the patient's ability to change can become a self-fulfilling prophecy.

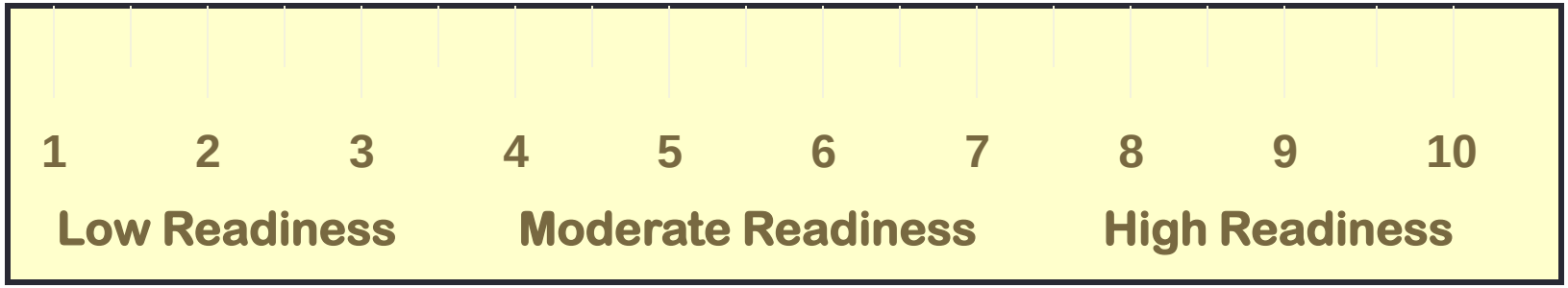
Resistant or Not Ready?

- Many patients are reluctant to change a behavior especially if they do not see it as a problem, believe it is useful, or are ambivalent about it
- Lack of readiness becomes resistance when the individual feels they are being made to change or the change is being imposed on them
- Forcing a change on someone creates resistance and rebellion
- It is more functional to talk about readiness than resistance

Basic Motivation Enhancement Techniques

- OARS
  - **O**pen ended questions
  - **A**ffirmations
  - **R**eflective listening
  - **S**ummarizing

Assessing Readiness to Change a Specific Behavior



- A ruler can be used to assess motivation, efficacy, and importance to change a patient's substance abuse behavior.
- Similar rulers can assess confidence to change

In Reality: Patients are open to discussing their substance use to help their health

Survey on Patient Attitudes:

	Agree/Strongly Agree
"If my doctor asked me how much I drink, I would give an honest answer."	92%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	93%
	Disagree/Strongly Disagree
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%

Source: Adapted from The Oregon SBIRT Primary Care Residency Initiative training curriculum (www.sbirtoregon.org); Miller, et al. (2006)

Review of the SBIRT steps

Screening → Brief Intervention → Referral & Treatment

Hot Handoffs

Warm Handoffs

Cold Handoffs

Referral & Treatment as a Decision-Making Process

- Step 1: Identifying the Problem
  - Screening
  - Knowledge of medical comorbidities
- Step 2: Assessing the Problem and the Need
  - Severity and readiness to change
  - Possible levels of care and treatment options
- Step 3: Adequacy of Referral
  - Internal vs. External Referral
  - Communication style to enhance tx engagement
- Step 4: Feedback and Follow-Up
  - Possible Treatment planning
  - Planning follow up with the patient

Handoffs

- Communication styles that impact treatment engagement and adherence:
  - Hot Handoff:
    - Matching patient to provider, aiding in direct contact, Meet-n-Greet
  - Warm Handoff:
    - May match patient to provider, indirect notification to provider (e.g., note in chart, electronic message)
  - Cold Handoff
    - No notification to provider, requires self-activated referral by patient

In conclusion

- "SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders." CSAT 2005
- SBIRT has been shown to:
  - Decrease the frequency and severity of drug and alcohol use,
  - Reduce the risk of trauma, and
  - Increase the percentage of patients who enter specialized substance abuse treatment.
- This process can be adapted to use in any health setting for a variety of health behaviors and diverse populations.

Final Notes

- SBIRT is about saving lives
  - Lives of patients and children
- Pretending Substance abuse or other problems are not there will not make them go away
- Only you can make this happen for your patients
- Practice is needed to become proficient
- Patience is needed to foster change
- How you can incorporate it into standard practice is the challenge
- To make the change in what you do involves going through the same change process: Think, Decide, Prepare, Commit, Implement, Sustain

SBIRT & SETTINGS

- How can SBIRT be adapted to work for positive health behaviors – diet, exercise, adherence to medications?
- Work settings – Employee Assistance Programs; Risk assessments,; health coaches; websites; incentives
- Medical Settings – Workflow critical- who, when, where to refer (Medicina di familiglia, emergencia, pediatrica, oncologico, obstetrico)
- School Settings – Identifying without stigmatizing; health office; computer based screening and interventions
- Hospital Settings- where screen and who does BI and follow-up

Che Succede nel Breve Intervento: Livello Individuo

Per Questo Rischio Dov'e nel Processo Prima del Intervento

B R E V E I N T E R V E N T O

Attivare Iniziare Coinvolgere I Processi Esperientiale o Comportamentale Personali

I compiti degli Stadii Completi

Cambia Di comporta mento

Salute Benessere

Meno Rischio, Malattie Chroniche Morte Prematura

Che Succede nel Breve Interventi: Livello Popolazione

Dovete anche cambiare I normi, prattiche culturale, accessibilita ai risorse, il sistema delivery

Per Questo Rischio Dov'e nel Processo Prima dei Interventi

B R E V E I N T E R V E N T i

Attivare Iniziare Coinvolgere I Processi Esperientiale o Comportamentale Personale e della Societa Agenzie Organizzazione

I compiti degli Stadii Completi

Cambia Di comporta menti

Salute Benessere

Meno Rischio, Malattie Chroniche Morte Prematura

MD Docs Making a Difference
MD3
Tobacco Alcohol Drugs