

Welcome to the third module of the “Screening, Brief Intervention, and Referral to Treatment Core Curriculum.” In this module, we’ll review the Brief Intervention.



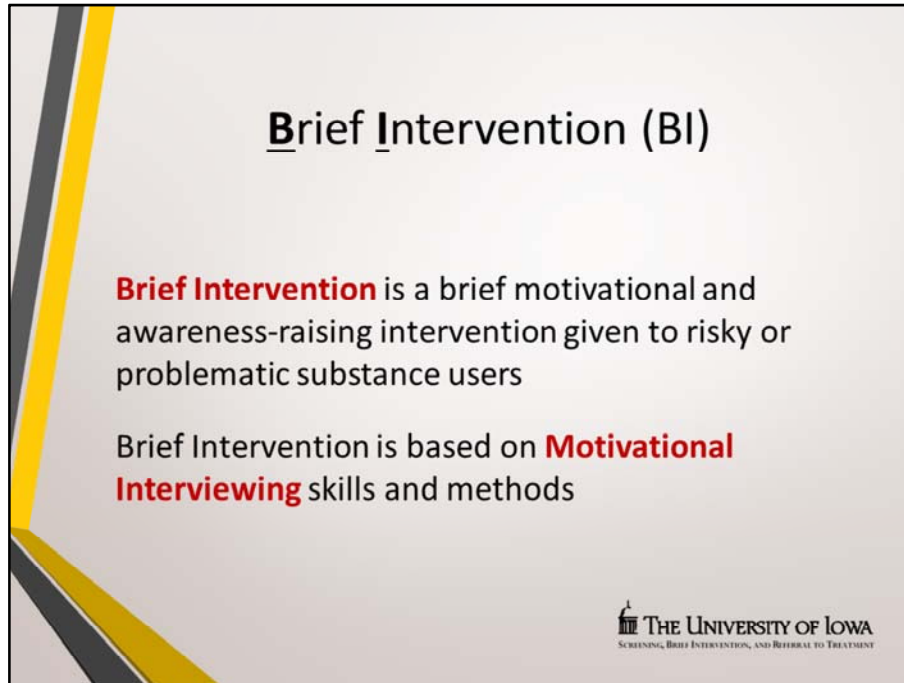
The slide features a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title 'Goals for Today' is centered at the top in a large, black, sans-serif font. Below the title, there is a bulleted list of three items. In the bottom right corner, the University of Iowa logo is displayed, consisting of a small building icon followed by the text 'THE UNIVERSITY OF IOWA' and 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' in smaller font below it.

Goals for Today

- Identify key components of the Brief Intervention
- Apply specific motivational interviewing (MI) skills to the Brief Intervention
- Describe the semi-structured Brief Negotiated Interview (BNI)

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The goal of this session is to provide you with the information, tools, skills, and resources to successfully conduct a brief intervention with your patients. You will learn how this is done through the use of the Brief Negotiated Interview.



The Brief Intervention is intended to raise awareness of problematic behaviors and increase motivation to change. Because Motivational Interviewing strategies are used in the Brief Intervention, let's take a few minutes to review some of the strategies that the Brief Intervention builds on.

Strategies in Brief Intervention

- Change talk
- Decisional balance
- Readiness ruler
- Personalized reflective discussion



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Motivational Interviewing strategies that are most commonly used in the Brief Intervention are listed on the slide. After reviewing these strategies, we will incorporate them into the specific steps of the Brief Intervention. Let's look at "change talk" first.



Change Talk

Change talk is at the heart of MI. Through our conversations, we elicit:

- **D**esire – I wish/want to...
- **A**bility – I can/could...
- **R**easons – It's important because...
- **N**eed – I have to...

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“Change talk” is at the heart of MI. As the amount of patients’ “change talk” increases, so does their commitment to change. Through our conversations, we can **evoked and affirm** desire, ability, reasons, and need. To remember those, use the acronym **DARN**.

Change Talk

As change talk emerges, the goal is to **affirm and reinforce it**

- Reflect and summarize consequences of the behavior identified by the patient
- Example: *"You are quite concerned about the effects your drinking may be having on your family. Being a good parent is important to you."*



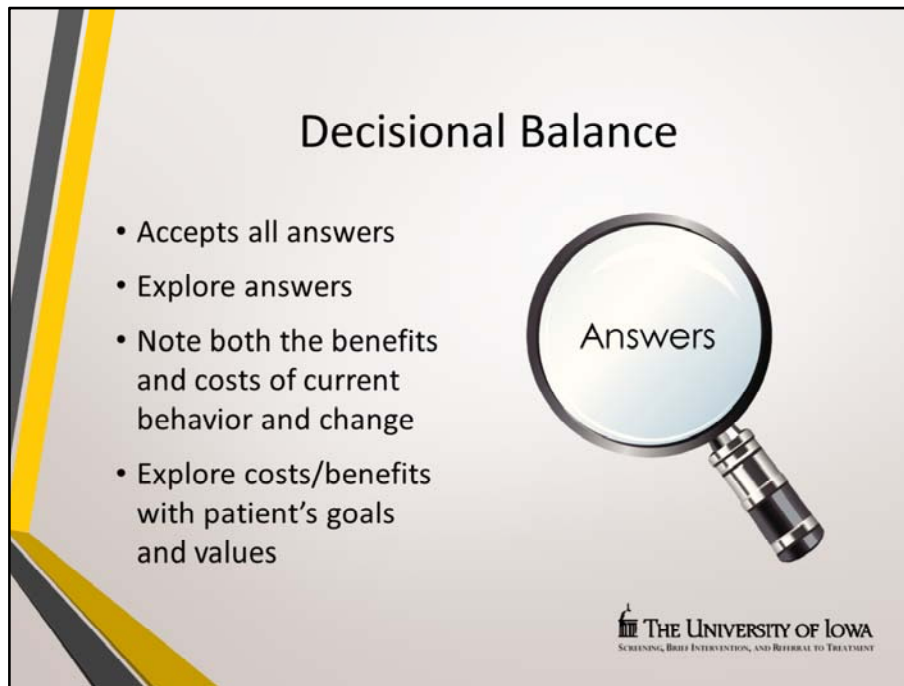
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You may remember the acronym "OARS" from the Motivational Interviewing training modules. "O" stands for "open-ended questions"; "A" for "affirmation"; "R" for "reflective listening"; and "S" for "summaries."

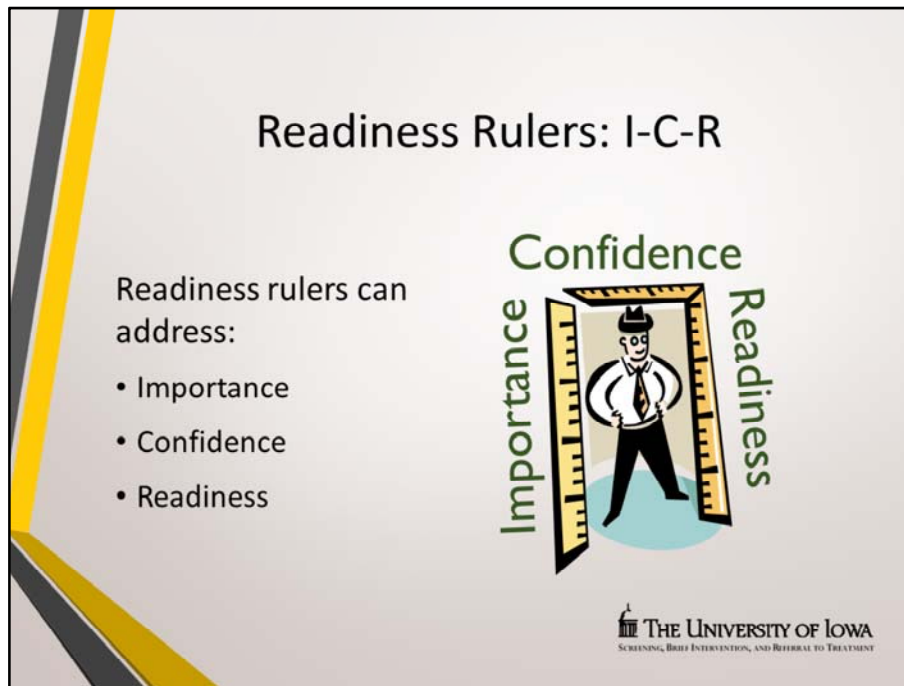
The A from OARS – Affirmation – is critical in change talk. Gently reflect and summarize consequences of the behavior, focusing on those that have been identified by the patient.



Another key strategy is decisional balance. The point is to help the person look at factors that may support staying the same versus changing a behavior. In some ways, it's a cost versus benefit assessment based on the person's concerns that aims to leverage benefits of change against the status quo.




When conducting a decisional balance discussion, accept all answers given by the patient. Avoid the urge to disagree or argue with their views; instead, explore them. Be sure to note both the benefits and costs of current behavior and of change. This exploration should include your patient's goals and values. What is important to them?




Another MI strategy in the Brief Intervention is the readiness ruler. Readiness rulers can measure three things: Importance, or the priority to change; Confidence in one's own ability to change; and Readiness, which is a willingness to change.

Readiness Ruler

On a scale of 1 to 10, how ready are you to make a change?



1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

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Using the readiness ruler is a great way to gauge how ready they are to change.

Personalized Reflective Discussion

Use screening/assessment results to generate a specific type of reflective discussion aimed at gently increasing readiness and the desire to change.



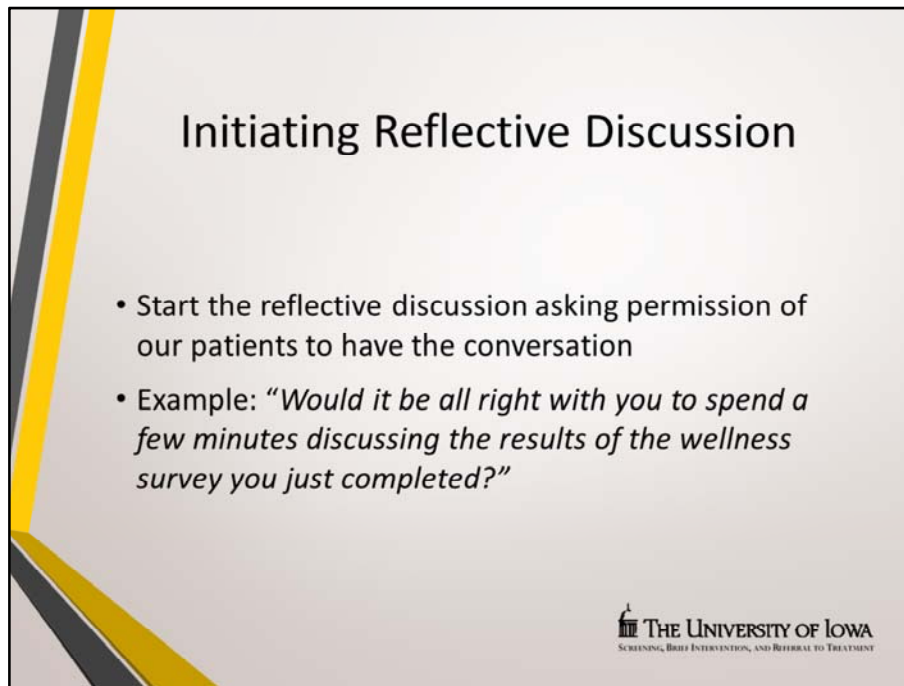
Sampl & Kadden, 2001

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Personalized reflective discussion is also key to the Brief Intervention. In SBIRT, we use the AUDIT and/or DAST scores – and other health-related information – to explore the person’s readiness and commitment to change.



Remember, there are five steps in the personalized reflective discussion, beginning with initiating a reflective discussion.



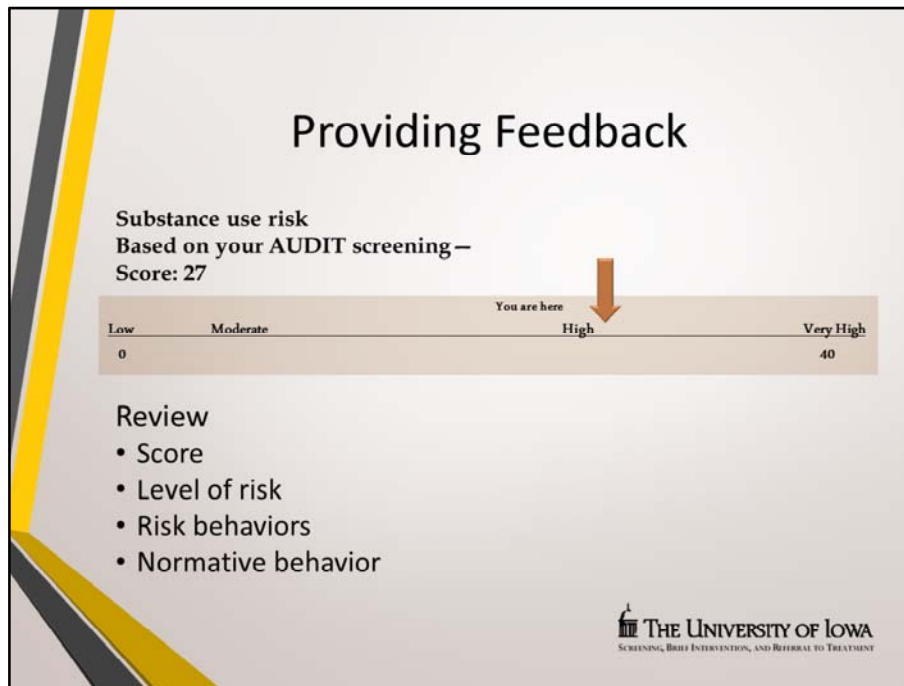
The slide features a light gray background with a decorative yellow and gray diagonal stripe on the left side. The title 'Initiating Reflective Discussion' is centered at the top. Below the title, there are two bullet points. The first bullet point states: 'Start the reflective discussion asking permission of our patients to have the conversation'. The second bullet point provides an example: 'Example: *"Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?"*'. In the bottom right corner, there is a logo for 'THE UNIVERSITY OF IOWA' with the text 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' underneath it.

Initiating Reflective Discussion

- Start the reflective discussion asking permission of our patients to have the conversation
- Example: *"Would it be all right with you to spend a few minutes discussing the results of the wellness survey you just completed?"*

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Reflective discussion between a clinician and patient usually follows other conversation. As noted earlier, the relationship and rapport with the person is critical. The first step is to ask for the person's permission to have the conversation. Asking permission shows respect for the person's autonomy.



After being invited to discuss findings, the clinician can review the results of related health assessment data. The example shown on this slide is for the Alcohol Use Disorders Identification Test, or AUDIT.

Brief Intervention

- Goals are fluid and depend on a variety of factors
 - ✓ The person's primary concerns
 - ✓ The person's **readiness** to change
 - ✓ The person's specific needs
- Let the person direct discussion of how they can best be helped to make changes!!!



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The Brief Intervention is a fluid process; there is no one right or wrong way. It all depends on the person and the situation. Staying focused on the person's perceptions, values, and needs throughout the discussion is the main goal.

Brief Negotiated Interview

The **Brief Negotiated Interview (BNI)** is one model of **Brief Intervention**.

BNI is a semi-structured interview process based on MI that is an evidence-based practice and can be completed in 5–15 minutes.



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Our training focuses on the Brief Negotiated Interview (or BNI) developed by Miller and Rollnick, the authors of Motivational Interviewing. The approach is attractive to busy clinicians since it can be completed in 5 to 15 minutes and it follows a semi-structured format that is easy to remember and use.

Reference: *Motivational Interviewing: Helping People Change*; William R. Miller and Stephen Rollnick, 2013.

Brief Negotiated Interview Steps


- Build rapport—raise the subject
- Explore the pros and cons of use
- Provide information and feedback
- Assess readiness to change with the “readiness ruler”
- Negotiate an action plan




The illustration shows a clipboard with a yellow sheet of paper containing a checklist with several boxes. A blue pen is resting on the clipboard. The clipboard is attached to a blue ring.


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The five main steps in the Brief Negotiated Interview are listed on the slide, and we'll review each one in a few minutes.

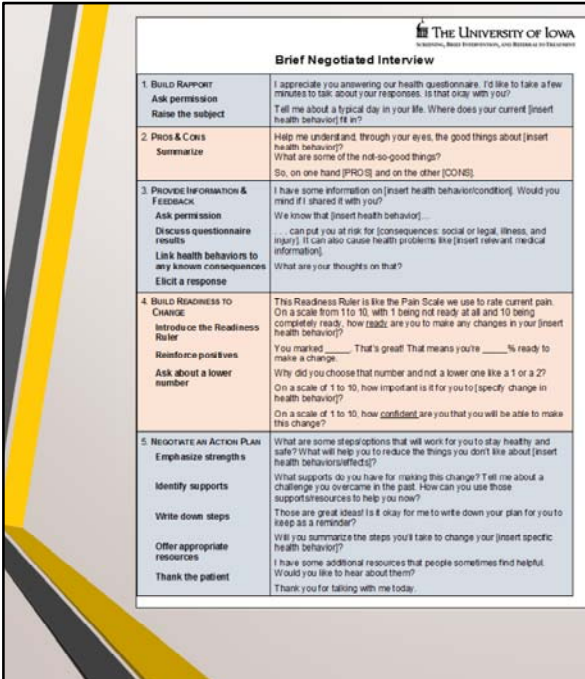


 Brief Negotiated Interview – Substance Use	
1. BUILD RAPPORT Ask permission Raise the subject	I appreciate you answering our health questionnaire. I'd like to take a few minutes to talk about your results. Is that okay with you? Tell me about a typical day in your life. Where does your current [alcohol/drug] use fit in?
2. PROS & CONS Summarize	Help me understand, through your eyes, the good things about using [alcohol/drugs]. What are some of the not-so-good things? So, on one hand [PROS] and on the other [CONS].
3. PROVIDE INFORMATION & FEEDBACK Ask permission Discuss screening findings Link substance use behaviors to any known consequences Elicit a response	I have some information on low-risk guidelines for drinking/drug use. Would you mind if I shared them with you? We know that drinking _____ (amount) _____ and/or using drugs such as _____ can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert relevant medical information]. What are your thoughts on that?
4. BUILD READINESS TO CHANGE Introduce the Readiness Ruler Reinforce positives Ask about a lower number	This Readiness Ruler is like the Pain Scale we use to rate current pain. On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how [PROS] are you to make any changes in your drinking/drug use? You marked _____. That's great! That means you're _____% ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2? On a scale of 1 to 10, how [important] is it for you to decrease or quit drinking/drug use? On a scale of 1 to 10, how confident are you that you will be able to make this change?
5. NEGOTIATE AN ACTION PLAN Emphasize strengths Identify supports Write down steps Offer appropriate resources Thank the patient	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [alcohol/drugs]? What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now? Those are great ideas! Is it okay for me to write down your plan for you to keep as a reminder? Will you summarize the steps you'll take to change your alcohol/drug use? I have some additional resources that people sometimes find helpful. Would you like to hear about them? Thank you for talking with me today.

UI-branded form
for the Brief
Negotiated
Interview related
to substance use


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This is the Brief Negotiated Interview form, developed by Rollnick and colleagues, that includes language that is specific to substance use.



Brief Negotiated Interview

1. BUILD RAPPORT Ask permission Raise the subject	I appreciate you answering our health questionnaire. I'd like to take a few minutes to talk about your responses. Is that okay with you? Tell me about a typical day in your life. Where does your current [insert health behavior] fit in?
2. PROS & CONS Summarize	Help me understand, through your eyes, the good things about [insert health behavior]. What are some of the not-so-good things? So, on one hand [PROS] and on the other [CONS].
3. PROVIDE INFORMATION & FEEDBACK Ask permission Discuss questionnaire results Link health behaviors to any known consequences Elicit a response	I have some information on [insert health behavior/condition]. Would you mind if I shared it with you? We know that [insert health behavior]... ...can put you at risk for [consequences: social or legal, fitness, and injury]. It can also cause health problems like [insert relevant medical information]. What are your thoughts on that?
4. BUILD READINESS TO CHANGE Introduce the Readiness Ruler Reinforce positives Ask about a lower number	This Readiness Ruler is like the Pain Scale we use to rate current pain. On a scale from 1 to 10, with 1 being not ready at all and 10 being completely ready, how ready are you to make any changes in your [insert health behavior]? You marked _____. That's great! That means you're _____% ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2? On a scale of 1 to 10, how important is it for you to [specify change in health behavior]? On a scale of 1 to 10, how <u>confident</u> are you that you will be able to make this change?
5. NEGOTIATE AN ACTION PLAN Emphasize strengths Identify supports Write down steps Offer appropriate resources Thank the patient	What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about [insert health behavior/condition]? What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now? Those are great ideas! Is it okay for me to write down your plan for you to keep as a reminder? Will you summarize the steps you'll take to change your [insert specific health behavior]? I have some additional resources that people sometimes find helpful. Would you like to hear about them? Thank you for talking with me today.


UI-branded form for the Brief Negotiated Interview that was adapted for general use in Motivational Interviewing related to other behavioral health challenges


It's important to know that in our Motivational Interviewing modules, we talked about both substance use and other behavioral health problems that MI is useful in addressing. This adapted version of the BNI form uses "health condition" as opposed to "substance use."

1. Build Rapport → Raise the Subject

Begin with a general conversation

- Ask permission to talk about alcohol or drugs/score on the scale
- Be prepared: They may not want to talk about their use. *What then?*



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The first step in the BNI is to build rapport with the patient. This often starts with general conversation. At the point where the patient appears to be gaining comfort, show respect by asking permission to talk about alcohol and/or drugs. For example, you could say:

“Would you mind taking a few minutes to talk with me about your alcohol and drug use? What's a normal day look like for you, and where and how do alcohol and drugs fit in?”


Although very few refuse the invitation, that's their choice. Keeping the discussion open is the main goal. Here is an example of how you could respond:


“That's absolutely your choice. But part of my job is to ask everyone these questions. I think it's also important that you know I am concerned about health risks related to your drinking. If you change your mind, I'm here to listen and talk.”

2. Discuss the Pros and Cons

“Help me understand through your eyes...”

- “What are the good things about [key issue]?”
- “What are some of the not-so-good things about [key issue]?”



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It's best to start by discussing the positives about substance use. This often is experienced by the patient as novel and disarming. It also provides the clinician a better understanding of why the patient uses substances.

The second part of this discussion is to talk about the down side of use. Generally, it's better to ask about the “not-so-good” things about use, rather than asking about the “bad” things about use.

2. Discuss the Pros and Cons

Use open-ended questions

- Requires more than a simple yes/no response
- Gathers broad descriptive information
- Encourages engagement
- Opens the door for exploration
- *You learn more about the person's view about their use – which helps in making any plans for change!!!*




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Going back to the OARS, use open-ended questions to clarify and to elicit information. You might also want to reflect back to the patient what he or she has said so that they know you're listening and understand what they're saying.

2. Discuss the Pros and Cons

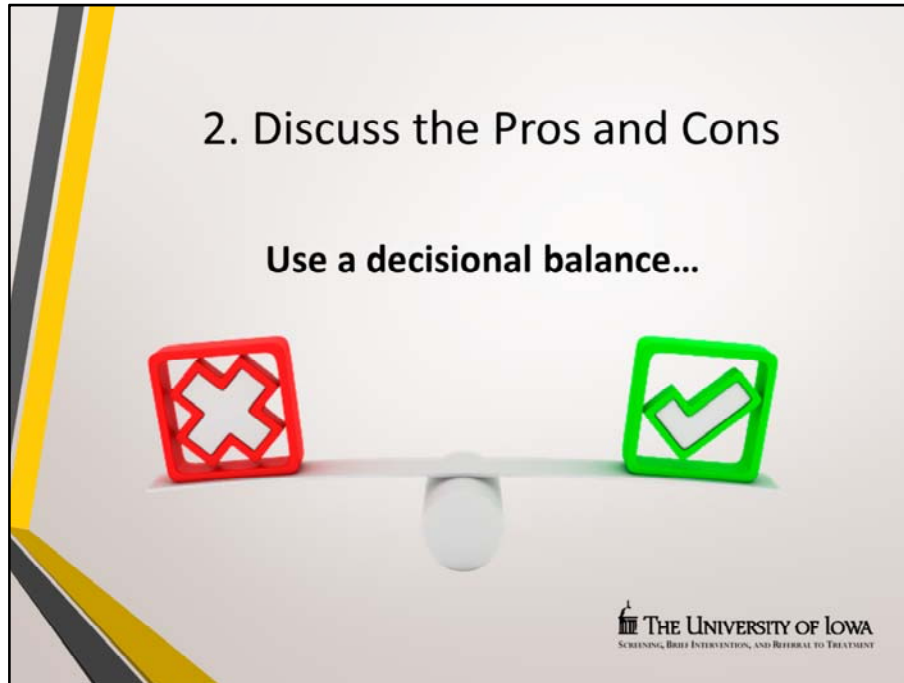
Summarize

- Reinforces what has been said
 - ✓ Double checks your understanding
 - ✓ Puts information in a balance →
*"On the one hand, you enjoy...
But on the other hand, drinking
is causing some problems with..."*
- Shows careful listening



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Periodically summarizing what has occurred in the counseling session reinforces what has been said, shows that you have been listening carefully, and prepares the patient to move on.





A double-sided reflection is often useful. For example, *“So, on the one hand, the pros of use are.... And on the other hand....”*

2. Discuss the Pros and Cons

Evoke a response

- Positive reaction—move forward
- Negative reaction—revisit the pros and cons




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In this discussion, it's important to think about the person's reaction, and use it to decide next steps. If it's a negative reaction, go back to the pros and cons. Remind the person that your responsibility, as a clinician, is to provide feedback so that they can make informed decisions. However, also convey that decisions and choices are theirs to make.

3. Provide Information & Feedback

Main tasks:

- Ask permission to give information
- Discuss screening/health findings
- Link current behaviors to any known consequences
- Check perceptions/view



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The third step in the BNI is to provide feedback. Start by asking permission to provide information. Feedback should include a discussion of screening findings, known consequences that are linked to use behaviors, and a description of healthier behaviors regarding the use of substances. For example:


“I have some information about low-risk drinking guidelines. Would you mind if I share them with you?”

“For a female, we know that 4 or more drinks in one sitting or more than 7 drinks in a week and/or the use of illicit drugs can put a person at risk for illness or injury and other problems. For a male, we know that 5 or more drinks in a sitting or more than 14 drinks in a week can put a person at higher risk for illness or injury and other problems.”

3. Provide Information & Feedback

- **Ask:** I have some information on [problem/issue]. Would you mind if I shared it with you?
- **Explain:** Talk about risks, using educational handouts or other supportive materials



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Looking at the BNI form we're providing, note that offering feedback starts with asking permission to discuss the issue, followed by information-sharing about the results of the screening scales or other related health information.

At this point, sharing brief educational materials can be useful. We advise using handouts only if you are discussing the points included in the materials.


3. Provide Information & Feedback


Explain (continued)

- Discuss issues (e.g., lab results, weight, scale scores)
- Link risks to the person

"We know that drinking can put you at risk for falling, plus it can complicate problems with your heart."

Ask: What are your thoughts on that?



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As you discuss the results of the AUDIT, DAST, or other finding, link the information to the person and their life. The most important and powerful element of providing feedback is to make it real, so feedback must be personalized.

Help the person make the connections by asking questions like, *"What are your thoughts (or feelings) about this information?"*

4. Use a Readiness Ruler

- On a scale from 1 to 10...
 - ✓ How **ready** are you to make a change?
 - ✓ How **important** is it?
 - ✓ How **confident** are you?


1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely Ready

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Step 4 in the BNI is Build Readiness to Change. This is when you will discuss the person's potential interest in making a change. The Readiness Ruler is an effective tool for focusing this conversation.

4. Use a Readiness Ruler

- **Ask:** “Could we talk for a few minutes about your interest in making a change?”
- **Explain:**
 - ✓ “This Readiness Ruler is like the Pain Scale that we use to rate pain...”
 - ✓ “On a scale from 1 to 10...”




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Start with: *“Could we talk for a few minutes about your interest in making a change?”*

Offer a brief summary to help frame the question of readiness. Then ask the question, *“On a scale from 1 to 10, with 1 being ‘not ready at all’ and 10 being ‘completely ready,’ how ready are you to make any changes in your substance use?”* Show the person the laminated Readiness Ruler that is provided in our Pocket Card Tool Kit to make it visual.

4. Use a Readiness Ruler

- **Reinforce positives:**
“You marked 5. That’s great! That means you’re 50% ready.”
- **Ask:** “Why did you choose 5 and not a lower number?”



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If the patient says, “*I am at a 5,*” rather than asking why not a higher number, you should respond with affirmation. For example, “*You marked 5. That’s great! That means you’re 50 percent ready to make a change.*”

Next, you can ask why they didn’t choose a lower number. Asking why the number isn’t lower invites the patient to articulate reasons and motives for considering change.

If you ask why the number is not higher, it can elicit barriers and reasons for staying the same. In effect, it showcases resistance talk rather than change.

5. Negotiate an Action Plan

- A plan for reducing use to low-risk levels
- OR
- An agreement to follow up with specialty treatment services
- Note: It's also possible that help is not wanted at this time, and they "turn you down" on making changes



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The final step in the BNI is to negotiate a plan for change. Start the discussion by focusing on what the patient is willing and able to do. For example, *"What are some steps that will work for you to stay healthy and safe?"*

Remember! The person may have marked a 1 or 2 on the Readiness Ruler, meaning they are not really at the point of making changes. In the change model, that means they are in the "precontemplation" stage.

As before, keeping the discussion open is the main goal. This is another place you may want to reinforce that the choice is theirs, but that you are concerned and hope to talk about it again later.

5. Negotiate an Action Plan

Main steps:

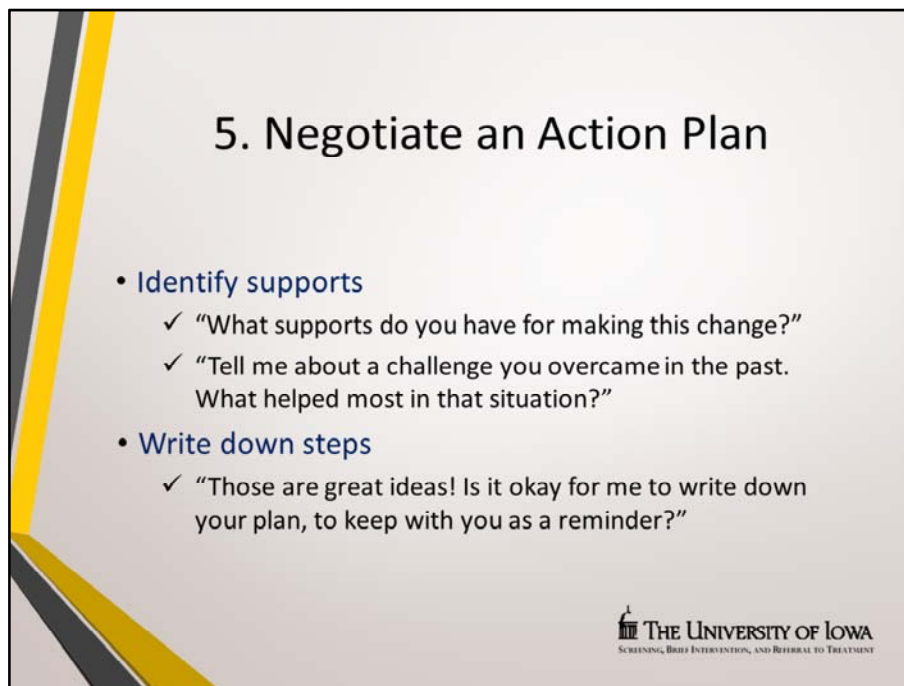
- **Introduce change**
 - ✓ “What are some steps/ options that will work for you to stay healthy?”
 - ✓ “What will help you reduce the things you don’t like about drinking [effects of drugs]?”
- **Emphasize strengths**
 - ✓ “From our conversation I believe you... [list strengths]. What do you think will most help you make this change?”



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Remember that this is the patient’s plan, not yours. Work toward concrete steps the person is willing and able to take. For example, *“What specifically will you do to reduce use? How will that help you in reducing risk?”*

Pointing out strengths that the person may have to make changes is also important. Think about the conversation and use affirmations to reinforce abilities, then reflect that back to the person.



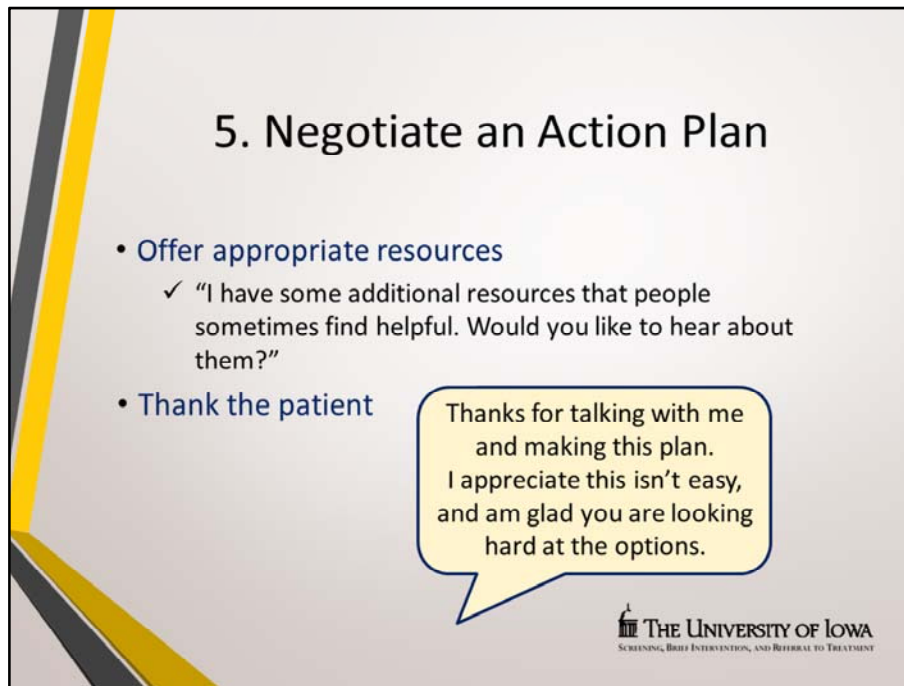
5. Negotiate an Action Plan

- Identify supports
 - ✓ “What supports do you have for making this change?”
 - ✓ “Tell me about a challenge you overcame in the past. What helped most in that situation?”
- Write down steps
 - ✓ “Those are great ideas! Is it okay for me to write down your plan, to keep with you as a reminder?”

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Considering supports that can help the person be successful is also important. Who or what has helped the person overcome problems in the past?


Whatever is decided, the plan is written down and the patient takes it with them as their personal plan for change. To the extent possible, the plan should be simple and measurable – meaning the person knows if he or she is achieving the goals. It shouldn’t be complicated, or “perfect”; as before, keep it simple and focused on steps the person is willing to take.



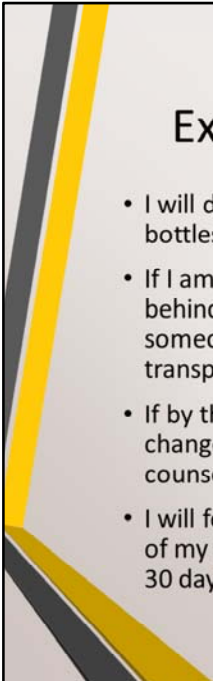
5. Negotiate an Action Plan

- Offer appropriate resources
 - ✓ “I have some additional resources that people sometimes find helpful. Would you like to hear about them?”
- Thank the patient

Thanks for talking with me and making this plan. I appreciate this isn't easy, and am glad you are looking hard at the options.


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Offering information or ideas is also acceptable at this point. But ask first, so the person doesn't feel like they are being "told what to do." And at the end, be sure to thank the person for talking about an issue that can be difficult. Also thank them for their time and interest and for their willingness to explore options to improve their health and well-being.



Example: At-Risk Drinking Plan

- I will drink no more than 4 times per week and no more than 3 bottles of beer or glasses of wine per day.
- If I am out, I will not drink any alcoholic beverage and get behind the wheel of my car. I will either ride home with someone who has not been drinking or take another mode of transportation.
- If by the end of 30 days I have not been able to sustain this change, then I will schedule an appointment with an alcohol counselor to complete a full assessment and get counseling.
- I will follow up with my healthcare provider about the results of my actions, either in person or by telephone, by the end of 30 days.

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Here is an example of an action plan for a patient who is at-risk. It includes specific actions that the patient will take to help them change their substance use behavior, prevent negative consequences, and ensure they stay in touch with their healthcare provider.

A presentation slide titled "Example: High-Risk Drinking Plan". The slide has a light gray background with a decorative yellow and gray diagonal stripe on the left side. It contains a bulleted list of five commitments. In the bottom right corner, there is a logo for The University of Iowa SBIRT program.

Example: High-Risk Drinking Plan

- I agree that I will make and keep an appointment with a professional alcohol counselor within the next week in order to complete an assessment and to develop a plan to stop drinking.
- Until I have the first appointment with the counselor, I will work to reduce my drinking to 5 drinks or less in a given day.
- I will not drive a motor vehicle if I have had anything to drink.
- I will follow up with my healthcare provider in 30 days with the results of my work with the counselor.
- I will sign a release of information so that my healthcare provider and my counselor may communicate with each other.

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This is an example of an action plan for a patient who is dependent on alcohol.

Remember, these are JUST examples. The agreements you reach with your patients may be far more simple, like making one change and reporting back to you on the next visit. As before, the Brief Intervention is fluid, and it depends on the person, the situation, and their readiness to make changes.

Summary: OARS throughout!

- **Open-ended questions**
 - ✓ Generate ideas
- **Affirmations**
 - ✓ Support ideas
 - ✓ Focus on strengths
 - ✓ Thank the patient
- **Reflective listening**
 - ✓ Shows you're engaged
 - ✓ Can stimulate additional ideas
- **Summaries**
 - ✓ Pros and Cons
 - ✓ Action plan
 - ✓ Overall session



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Remember: the Brief Negotiated Interview is based on Motivational Interviewing – so keep the OARS clearly in mind!

Summary

- **Brief Intervention** relies on:
 - ✓ Building the relationship
 - ✓ Being non-judgmental
 - ✓ Listening carefully
 - ✓ Asking permission to discuss, share information
 - ✓ Showing care, compassion, interest
 - ✓ Giving advice in limited situations (e.g., if the person refuses to engage; asks for your thoughts)



*Follows a structure, but
there is rarely ONE “right” way!*

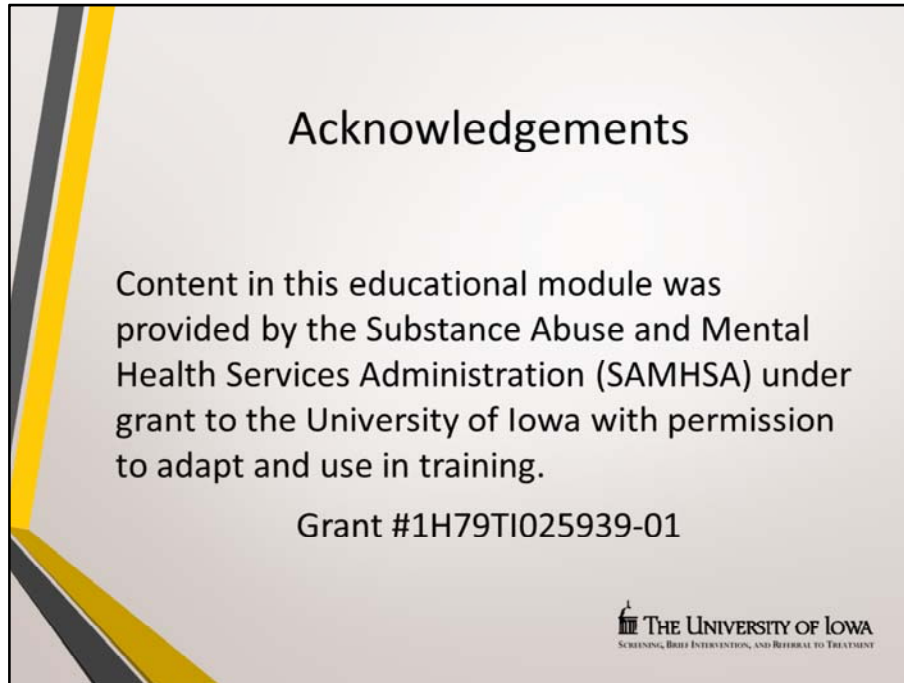
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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

In summary, the Brief Intervention and, more specifically, the 5- to 15-minute Brief Negotiated Interview, follows a structure, but there is no single right way. It all depends on the person, their problem, and the situation!

And as we said in Motivational Interviewing, the skills are not easy to learn – they do take practice! The more often you use the BNI, the easier and more comfortable it will be!



In the next session, which is the last of the core modules, you will learn about referring patients to treatment.



Thank you to our funding agency for supporting this program.

