



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Brief Negotiated Interview

Measuring Fidelity – Step-by-Step



Acknowledgements

UMKC SBIRT

Heather Gotham, Ph.D.

Sarah Knopf-Amelung, MA-R

Jan Wrolstad, M.Div.

BI Step-by-Step Slide Development

David Jefferson, MSW



Objectives

- Present the UMKC SBIRT Training Model
- Learn how to use the Brief Intervention Observation Fidelity scale
- Deconstruct a BNI into its basic components and explore wording that enhances the interview and specific steps to improve the quality
- Discuss lessons learned from the UMKC SBIRT Academic Training and Fidelity Project



Overview of Project

Transforming the Academic Preparation of Health Professionals: Competency-Based SBIRT Training (UMKC SBIRT)

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- September 1, 2013 – July 31, 2016
- One of 14 grantees
- Previously funded states, medical residency programs



Project Goals

Purpose: Develop a sustainable SBIRT training program

- **Goal 1:** Integrate SBIRT into baccalaureate nursing (BSN), nurse practitioner (NP), and master of social work (MSW) programs.
- **Goal 2:** Train to competency 300 BSN, 330 NP, and 130 MSW students.
- **Goal 3:** Ensure the continuation of the program and disseminate SBIRT training.



SBIRT Curriculum

Didactic Training

- Threaded throughout multiple courses covering:
 - Introduction to Substance Use Disorders
 - What is SBIRT and Why Use It?
 - Screening for Substance Use
 - Referral to Treatment
 - Brief Intervention
 - Medication-Assisted Treatment

Role Plays

- Students conducted two role plays with classmates.
- Students debriefed with classmates and faculty during role play sessions.

Standardized Patients

- Students practiced a brief intervention with two standardized patient actors (sessions were rated for fidelity).
- Students received feedback via the Brief Intervention Observation Sheet (BIOS).



Fidelity

- “To achieve long term effects, SBI must be implemented with fidelity through targeted training for providers”
- “The term fidelity denotes how closely a set of procedures were implemented as they were supposed to have been”

Cameron et al., 2010; Seale et al., 2005; Christensen et al., 2004; Bray et al., 2009; Ronzani et al., 2008; Furtado et al., 2008; Heather et al., 2004; Tollison et al., 2008; Babor et al., 2004; Brown & Fleming, 1998.

<http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>

http://en.wikipedia.org/wiki/Fidelity#Program_evaluation



Fidelity Rating

- **Skills** assessed by expert coding of an audiotaped brief intervention with a standardized patient actor using the Brief Intervention Observation Sheet
 - Sum of 10 items assessing completion of steps of the brief intervention, rated yes/no
 - 1 item assessing overall motivational style used during the brief intervention, rated on a scale from 1 = Not at All, to 7 = Very Effectively



Brief Negotiated Interview



Raising the Subject



Providing Feedback



Enhancing Motivation



Negotiating a Plan



Follow along

Provider #: TL1234
Rater: David Jefferson
Date: 5-18-14

Brief Intervention Observation Sheet

Did the Provider ...

1) Explain role and respectfully ask permission to have a discussion about alcohol/drug use **Yes** No

Comments
Practitioner respectfully raised the subject ✓

(1)
Raise the subject

2) Review patient's alcohol/drug use patterns **Yes** No

Client shared pattern
4x's a week 2-3 drinks plus the weekend ✓
Could have summarized amounts as a way to have a good clear idea of use.
For example: "You have about 12 during the week and about 12 on the weekends, does that sound about right?"
Note: Practitioner summarized amounts later in this section, said, "we could be at the 16 drinks"
Later clarified alcohol quantities

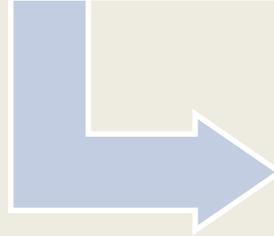
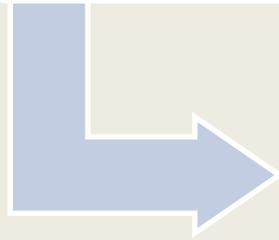
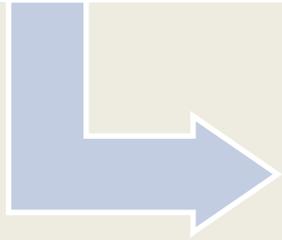


Interview Preparation

- What is their AUDIT and DAST scores?
- What Zone did they score in?
- What is your recommendation?
- Do you have your zone education information ready?

Raise the Subject

- **Step One**





Raising the Subject Tips

- Be prepared to explain what the AUDIT and DAST zones indicate
- Be prepared to tell client what you are going to do
- Clarify your role in the clinic
- Use open ended questions, reflections and summaries
- Key opportunity to increase engagement and trust – be interested and curious



Raising the Subject Fidelity

- Explain role and respectfully ask permission to have a discussion about alcohol/drug use

- Review patient's alcohol/drug use patterns



Raising the Subject Tips

➤ Provider respectfully raised the subject of alcohol/drug use

- “Hello, I am _____. I’m a behavioral health counselor here in the clinic. As a part of the routine medical care we provide to our patients, we are now screening everybody for substance use, which is why you filled out the questionnaire about alcohol and drug use the nurse gave you.”
- May I talk with you for few minutes about alcohol and drug use?



Raising the Subject

- Explain role and respectfully ask permission to have a discussion about alcohol/drug use

- Review patient's alcohol/drug use patterns



Raising the Subject





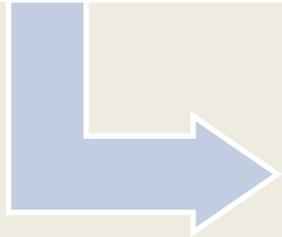
Raising the Subject tips: OEQ

- What else can you tell me about your alcohol/drug use?
- Tell me about what your alcohol/drug use looks like in a typical week?
- What are some of the good things about drinking? What are the not so good things? (pros and cons)



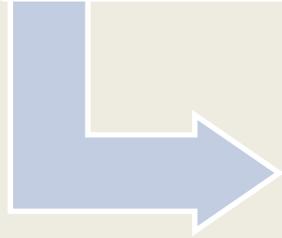
Raising the Subject

- Step One

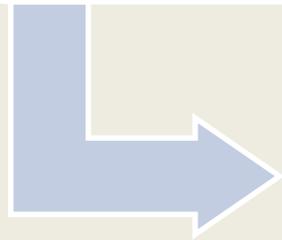


Providing Feedback

- Step Two



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Providing Feedback

- Research has highlighted that one of the primary mechanisms of brief interventions is normative feedback. Therefore one needs to have a way to administer questions that allows for creation of useful feedback for the patient which can include;
 - frequency norms
 - binge/consumption norms
 - risk factors
 - negative consequences, and
 - dependence symptoms



Providing Feedback Fidelity

- Share the patient's AUDIT/DAST scores and zones
- Review NIAAA guidelines relevant to his/her sex and age group (Men: 14/wk & 4/day; Women: 7/wk & 3/day; All age > 65: 7/wk & 3/day)
- Explore possible connection to health, social, work issues and express concern(s) (if relevant)

Use your tools.....

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and Referral to Treatment
Primary Care Integration



2



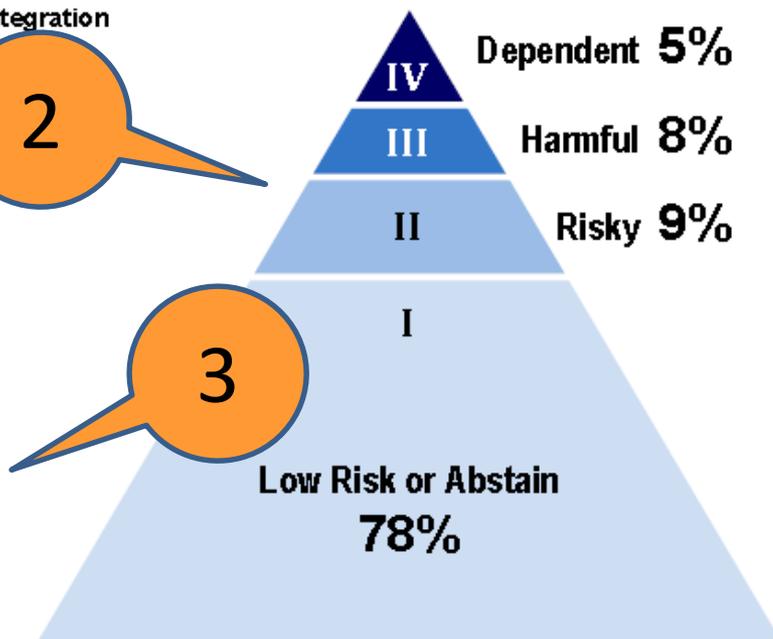
A drink is:

A 12 ounce can of beer

A 5 ounce glass of wine

A shot of hard liquor (1 ½ oz)

Risk Levels



1

Low Risk Drinking Limits

MEN 18-65



No more than:

= **14 drinks per week**

AND no more than:

= **4 drinks per day**

WOMEN 18-65



No more than:

= **7 drinks per week**

AND no more than:

= **3 drinks per day**

ALL AGE 66+



No more than:

= **7 drinks per week**

AND no more than:

= **3 drinks per day**

Not
at all

0

1

2

3

4

5

6

7

8

9

10

Very



Providing Feedback





Providing Feedback

- Share the patient's AUDIT/DAST scores and zones
 - 7 = Zone 3 and makes correction to 2
 - Let him know he is in the Risky Zone
 - Shared consequences related to the low risk zone
 - Then shared consequence of the higher zones and possible progression of use



Providing Feedback

- Review NIAAA guidelines relevant to his/her sex and age group
 - Shared low risk limits for men 14/4
 - Asked, “what does being in a risky category and exceeding limits make you think about?”
 - “that is really interesting and I would not consider myself risky and about the same as the people I go to lunch with”
 - Coaching: A reflection here would have been useful
 - For example, “this is news to you and your drinking looks the same as your co-workers and clients”





Providing Feedback

- Explore possible connection to health, social, work issues and express concern(s) (if relevant)
 - Sometime we don't see a connection, can cause stomach pain, she ask, “does that concern you?”
 - “Did not consider it before but can see how it could be affecting me”
 - Reflection
 - “This new information has given you something to think about”





...cont. *Providing Feedback*

- Has the stomach pain interfered with life?
- “Can affect me when I am at home and around the kids. I have a drink to relax me.”
- Reflection opportunity, for example,
“Sometimes you come home with stomach pain and you have a drink to try to make it better”
- Practitioner gives feedback that drinking may be having the opposite effect
- Summarized and suggested the drinking may be related to stomach pain





Providing Feedback-Tips OEQ

- According to your answers, you drink 2-3 times a week and have about 5 or 6 drinks, does that sounds about right?
- What else should I know?
- What are some of the good things about drinking? What are the not so good things? (pros and cons)



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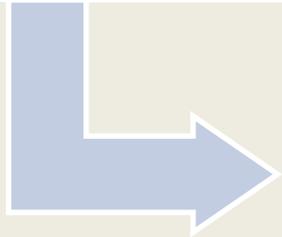
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Questions

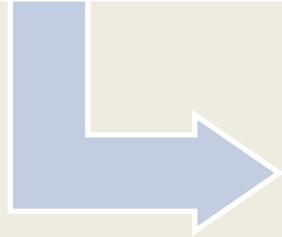
Raising the Subject

• Step 1



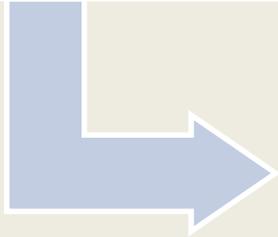
Providing Feedback

• Step 2



Enhancing Motivation

• Step 3





Enhancing Motivation Fidelity

- Ask patient to select a number on the “Readiness Ruler”
- What was the number?
- Ask patient: *why didn't you pick a lower number?* OR Ask patient: *how would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?* OR Discuss patient's pros and cons of use

Use your tools.....

wasbirt·pci

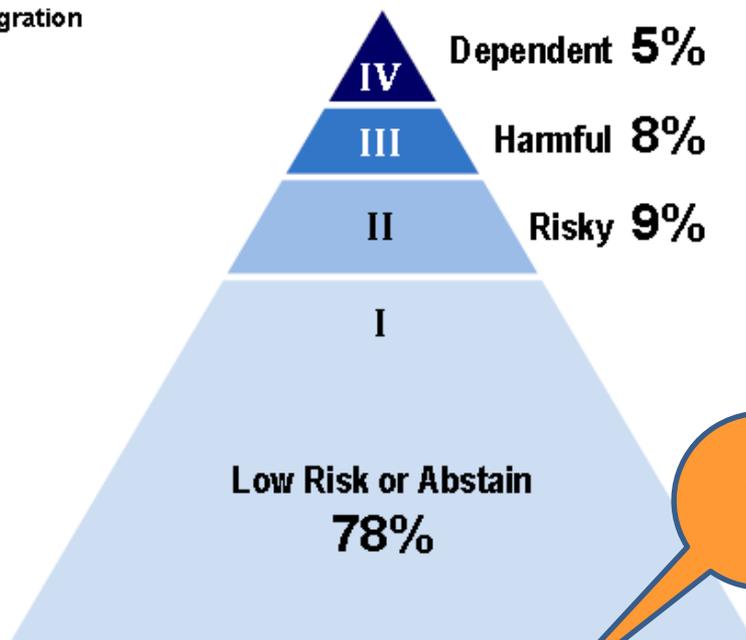
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A drink is:

- A 12 ounce can of beer
- A 5 ounce glass of wine
- A shot of hard liquor (1 ½ oz)

Risk Levels



Low Risk Drinking Limits

MEN 18-65



No more than:

= **14 drinks per week**

AND no more than:

= **4 drinks per day**

WOMEN 18-65



No more than:

= **7 drinks per week**

AND no more than:

= **3 drinks per day**

ALL AGES



No more than:

= **7 drinks per week**

AND no more than:

= **3 drinks per day**

Not
at all

0 1 2 3 4 5 6 7 8 9 10

Very

1



Enhancing Motivation





Enhancing Motivation Fidelity

- Ask patient to select a number on the “Readiness Ruler”
- What was the number?
- Ask patient: why didn’t you pick a lower number
 - Clear explanation of ruler
 - Client selects a “5”
 - Practitioner ask why not a “1 or 2?”



Enhancing Motivation Fidelity

–“If it is true, I can see how this could help me, would like to stay in the less risk category”



–Reflection instead of statement

–“If cutting back could ease the pain you might consider doing something and you want to be in the less risk category”

–Could ask, “what else”

–Goal: Explore reasons (change talk) why the client may want to make a change



Enhancing Motivation Fidelity

➤ Ask patient: how would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?

➤ Samples;



–“What would it take for you to consider changing any part of your drinking?”

–“If you decided to make a change, what would it look like?”



Enhancing Motivation Fidelity

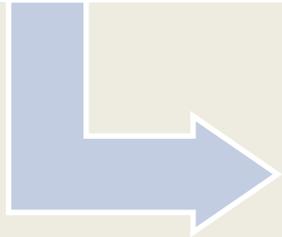
➤ Discuss patient's pros and cons of use



- Explore both sides and use reflections in-between
 - Note: Sometimes providers use this strategy during the feedback portion
 - “tell me what you like about drinking”
 - “tell me what is not so good”
- Thinking about change
 - “reasons to make a change”
 - “reasons not to make a change”

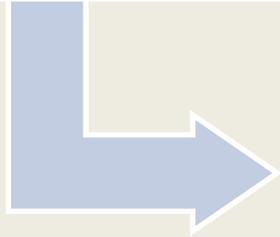
Raising the Subject

• Step 1



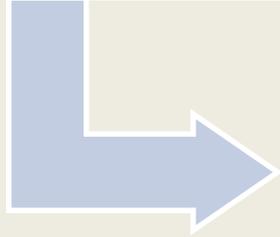
Providing Feedback

• Step 2



Enhancing Motivation

• Step 3



Negotiating a Plan

• Step 4





Negotiating a Plan Fidelity

- Provide a summary of readiness (You said ...)
- Negotiate a goal with the patient based on his/her response to: What steps would you be willing to take?
- Offer a menu of choices for change, provide recommendation, secure agreement



Negotiating a Plan





Transition from Enhancing Motivation to Negotiating a Plan

➤ Provide a summary of readiness (You said ...)

“you discovered there might be a chance alcohol is aggravating your stomach, you don’t want to be in the Risky Zone and your drinking is above the NIAAA limits. Given all this, what steps would you be willing to take to change your drinking?”





Negotiating a Plan

- Negotiate a goal with the patient based on his/her response to: What steps would you be willing to take?
 - Practitioner advises him to cut back and offers to explore options with him
 - Practitioner asks, “...about his ideas to manage the times he drinks?”
 - “Client says change to a club soda or something. One drink at night.” (2 a day?)
 - What about the weekends?
 - If client meets goal, how much will they be drinking?
 - Goal is unclear, hard to know





Negotiating a Plan

- Offer a menu of choices for change, provide recommendation, secure agreement
 - Practitioner started section offering a recommendation
 - Solidified a follow up in 4 weeks
 - Menu of choices would have been used if client needed help exploring options
 - What will provider ask when client returns?





Menu of Choices for change

- Cut down on quantities
- Reduce the amount days
- Change weekly pattern
- Change potency of product
- Meet NIAAA guidelines
- Trial of abstinence
- Change friends and places you frequent
- Consider talking with a professional



Use of MI

- To what degree did the provider use a motivational style (open-ended questions, reflective listening, not confrontational)?
- What to say in the final narrative feedback?





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Questions



Models for Fidelity Rating

Model varies by cohort size (all audio-taped for larger cohorts).

- **Model 1: all audio-taped**
 - Student completes first audio-taped brief intervention.
 - Student receives written fidelity rating ~2 weeks after.
 - Student completes second audio-taped brief intervention.
 - Student receives written fidelity rating ~2 weeks after.
- **Model 2: live coach + audio-taped**
 - Student completes first brief intervention with a live coach observing. Receives immediate verbal feedback guided by BIOS.
 - Student completes second brief intervention immediately after, which is audio-taped.
 - Student receives written fidelity rating for second audio-taped brief intervention ~2 weeks after.



Aggregate Standardized Patient Fidelity Ratings (608)

*Each student had 2 attempts

Step of Brief Intervention	Completed Step
1. Explain role and respectfully ask permission to have a discussion about alcohol/drug use	96.2%
2. Review patient's alcohol/drug use patterns	95.8%
3. Share the patient's AUDIT/DAST scores and zones	97.0%
4. Review NIAAA guidelines relevant to his/her sex and age group	86.0%
5. Explore possible connection to health, social, work issues and express concern(s) (if relevant)	87.4%
6. Ask patient to select a number on the "Readiness Ruler"	96.5%
7. Ask patient: why didn't you pick a lower number? OR Ask patient: how would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back? OR Discuss patient's pros and cons of use	92.0%
8. Provide a summary of readiness (You said ...)	55.7%
9. Negotiate a goal with the patient based on his/her response to: What steps would you be willing to take?	86.8%
10. Offer a menu of choices for change, provide recommendation, secure agreement	82.4%



Standardized Patient Fidelity Ratings, Continued

Overall Motivational Style (Scale of 1-7)	Mean Rating
11. To what degree did the provider use a motivational style (open-ended questions, reflective listening, not confrontational)?	3.98



Lessons Learned

- Most students demonstrated a **high level of completion of the steps of a brief intervention**, with moderate levels of use of a motivational style.
 - Fidelity to brief intervention steps does not necessarily equate with motivational style throughout.
- **Live coach + audio-taped model (Model 2) has been preferable.**
 - Although nervous beforehand, students exhibit **increased confidence** following live coaching.
 - Live coaching is also a good **opportunity for faculty to become more engaged** in SBIRT curriculum and reinforce importance with students.



Lessons Learned, continued

- Analyzing fidelity ratings is a means of evaluating curriculum and **identifying areas for improvement.**
 - e.g. lower average rating for “Provide a summary of readiness (You said ...)” prompted curriculum revisions.
- **Students prefer simplified feedback.**
 - Fidelity rating tool was revised after the first semester due to student feedback.
 - Initially had rating scale for each step; changed to yes/no.
 - Rating scale for each item felt like a “grade.”
 - Comment section used to provide additional feedback.



References

Onofrio, G. D., Pantalon, M.V. et al (2008) SBIRT Training Manual. Yale University School of Medicine. New Haven, CT.

Pantalon, M.V., et al. (2012) Development of a scale to measure practitioner adherence to a brief intervention in the emergency department. *Journal of Substance Abuse Treatment* (43) 382-388

Brief Intervention Observation Sheet (SBIRT Oregon Medical Residency Project)

Readiness Ruler – Washington SBIRT Primary Care Integration Project – based on the SBIRT Oregon Readiness Ruler

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