Brief Intervention
Stages of Change and Motivational Interviewing

James Bray, PhD • Alicia Kowalchuk, DO • Vicki Waters MS, PA-C

InSight SBIRT Residency Training Program

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Learning Objectives

Explain the Stages of Change Model for use in SBIRT

Understand how to apply the stages of change in clinical practice

Explain Motivational Interviewing as a method for effective physician – patient communication

Discuss the processes of change
Stages of Change

- **The Transtheoretical Model**
- Prochaska & DiClemente, 1984
- 6 stages of change, leading to successful behavior change
- Non-linear process similar to stages of grief
- 10 processes of change
  - Experiential (5)
  - Behavioral (5)

*SBIRT: Brief Intervention*
## Stages of Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristic</th>
<th>Your Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>No intention to change behavior. Unaware or under-aware of problems</td>
<td>To get patient to consider they have a problem</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Aware of the problem &amp; seriously considering a change, but no commitment to take action</td>
<td>To raise awareness of problem by observation of behavior</td>
</tr>
<tr>
<td>Preparation</td>
<td>Patient intends to change and makes small behavioral changes</td>
<td>To encourage these steps and support change process; Commit to make change a top priority</td>
</tr>
<tr>
<td>Action</td>
<td>Patient decides to take decisive action to change</td>
<td>To make action plan suggestions, reinforce changes, provide support and guidance</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Work to prevent relapse and consolidate gains</td>
<td>To support continued change and help with relapse prevention</td>
</tr>
</tbody>
</table>
Goals by Stage

- Relapse
- Precontemplation
- Contemplation

Build commitment to change

- Preparation
- Action
- Maintenance

Make a plan for change
Motivational Interviewing (MI)

Directive, client-centered style for eliciting behavior change by helping clients to explore and resolve ambivalence

Miller & Rollnick (1991)

Goal-directed

Includes specific strategies, skills, approaches based on a general understanding of helpful interactions with patients (MI Spirit)
The MI Spirit

**Collaboration**
Patient is own expert; Physician creates atmosphere that is conducive rather than coercive, and built on partnership

**Evocation**
Patient has resources and motivation to change within; Physician must evoke this from patient

**Autonomy**
Patient has right and capacity for self-direction; Physician respects and affirms this
The Opposite

<table>
<thead>
<tr>
<th>Confrontation (Collaboration)</th>
<th>Patient is seen as impaired, unable to understand situation; Physician imposes “reality” of situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education (Evocation)</td>
<td>Patient is assumed to lack knowledge necessary for change to occur; Physician enlightens patient by forcing education</td>
</tr>
<tr>
<td>Authority (Autonomy)</td>
<td>Patient is assumed to lack capacity for self-direction; Physician tells patient what he/she must do</td>
</tr>
</tbody>
</table>
## The Four Principles of MI

<table>
<thead>
<tr>
<th>Principle</th>
<th>Goal</th>
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<tbody>
<tr>
<td>I. Express Empathy</td>
<td>Build rapport</td>
</tr>
<tr>
<td>II. Develop Discrepancy</td>
<td>Elicit pros and cons</td>
</tr>
<tr>
<td>III. Roll with Resistance</td>
<td>Respect patient autonomy</td>
</tr>
<tr>
<td>IV. Support Self-Efficacy</td>
<td>Communicate that patient is capable of change</td>
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</table>
Principle I: Express Empathy

Acceptance facilitates change
Reflective listening is fundamental
Ambivalence is normal

Goal: build rapport

http://blog.bioethics.net/2009/03/what-are-doctors-asking-teen-patients-about/
Principle II: Develop Discrepancy

Patient rather than physician should bring up reasons for behavior change

Change is motivated by a discrepancy between patient’s perceived goals and values versus current behavior

Goal: Elicit pros and cons of behavior
Principle III: Roll with Resistance

Physician avoids argumentation and persuasion, which pushes patient in opposite direction
Patient invites new perspectives; physician does not impose them
Client provides answers and solutions
Resistance is a SIGNAL for physician to respond differently

Goal: Respect patient autonomy
Principle IV: Support Self-Efficacy

Patient’s belief in possibility to change is key motivator

Patient is responsible for achieving goal

Physician asserts to patient this responsibility and thus supports them in their ability to achieve goal

Goal: Communicate that patient is capable of change
MI: Key Skills

OARS

- Open-ended questions
- Affirming and supporting
- Reflective listening
- Summarizing
Open-Ended Questions

Allow patient to express own views while physician follows patient’s perspective

Avoids yes/no answers

Example:
  – “What negative consequences have you experienced as a result of your drinking?”

As opposed to:
  – “Have you experienced negative consequences from drinking?”
Affirming and Supporting

Actively listen for patient strengths, values, aspirations, positive qualities
Reflect those to client in affirming manner

Example:
- “You were able to lose weight before because of your perseverance and determination. Those strengths can help you quit smoking.”

As opposed to:
- “Realistically, it’s going to be hard for you to quit smoking.”
Reflective Listening

Mirrors what patient says in a non-threatening manner
Collaborative and nonjudgmental
Deepens the conversation
Helps patients understand themselves

Want to avoid overstating or understating
Use language of patient or similar language
Summarizing

Interim summaries used throughout
Meeting ends with strategic, collaborative summary

May

– Reinforce patient’s motivation to change
– Highlight realizations
– Identify transitions, progress or themes
MI and Change

MI – evidenced-based approach to facilitating positive behavior change

– Addiction
– Weight-management
– Diabetes
– Anger management
– Medication compliance

MI relies on Transtheoretical Model of Change
The Brief Intervention

Perform the decisional balance
Assess patient’s readiness for change
Match appropriate brief intervention based on readiness for change
Decisional Balance

Motivational tool
Start with
– “What do you like about drinking/using___?”

Then
– “What do you not like about drinking/using___?”

End with
– Summary of pros and cons
  • Use patient’s terms to reflect back what they said
  • Start with pros, end with cons
  • Do not add your own cons
The Readiness Ruler

“On a scale of 0 to 10, how ready are you to stop drinking?”

<table>
<thead>
<tr>
<th>Score</th>
<th>Readiness</th>
<th>Stage of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>Not Ready</td>
<td>Pre-contemplation; Early contemplation</td>
</tr>
<tr>
<td>4-7</td>
<td>Unsure</td>
<td>Contemplation</td>
</tr>
<tr>
<td>8-10</td>
<td>Ready</td>
<td>Preparation; Action</td>
</tr>
</tbody>
</table>
Using the Readiness Ruler

Scores 0-3

<table>
<thead>
<tr>
<th>Elicit patient’s perceived negative consequences</th>
<th>Express concern</th>
<th>Offer information</th>
<th>Support and follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What kinds of things have happened while drinking that you later regretted?”</td>
<td>“I am concerned about how smoking is contributing to your asthma.”</td>
<td>“Would you like more information about the effects of cocaine use on your health?”</td>
<td>“I understand you aren’t ready to talk about your drinking and that’s ok. I would like to ask about it again at our next appt. Is that ok? Please call if you have any questions.”</td>
</tr>
</tbody>
</table>
Using the Readiness Ruler

Scores 4-10

Elicit patient’s motivation to change

Why a 5 and not a 2?
Why a 5 and not a 9?
Using the Readiness Ruler

Scores 4-7

Negotiate a plan to cut back or quit

“What are some steps you think you could take to start cutting back?”

Offer support & Follow-up

Support patient’s autonomy and ask about following up.
Using the Readiness Ruler

Scores 8-10

- Help patient develop action plan
  - “What would change look like for you?”
  - “Let’s identify the steps necessary to help you stop smoking. What would be your first step?”

- Identify resources
  - “Who’s been supportive of you before? How can he or she help you stop drinking?”

- Instill hope
  - “You’ve been successful in getting your diabetes under control, so you have the ability to stop using cocaine.”
Readiness to Change & Intervention

Limited intervention
Scores 0-3
- Elicit perceived negative consequences,
- Express concern,
- Offer information,
- Support & follow-up

Elicit patient’s motivation to change
Scores 4-7
- Negotiate a plan to cut back or quit,
- Offer support & Follow up

Scores 8-10
- Help patient develop action plan,
- Identify resources, Instill hope
Video & Discussion
# Badgecard

## Readiness Ruler

<table>
<thead>
<tr>
<th>Referral phone numbers</th>
<th>Low-risk drinking limits</th>
<th>Categories of drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AA Houston:</strong> 713 – 686 – 6300</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VA Intake Appointment:</strong> 713 – 794 – 8700</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Men:</strong> 14 Drinks/week, 4 Drinks/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Women:</strong> 7 Drinks/week, 3 Drinks/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALL &gt; 65:</strong> 7 Drinks/week, 3 Drinks/day</td>
<td></td>
<td>I Healthy</td>
</tr>
<tr>
<td><strong>ALL &lt; 21:</strong> 0 Drinks/week, 0 Drinks/day</td>
<td></td>
<td>II Risky</td>
</tr>
<tr>
<td></td>
<td></td>
<td>III Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AUDIT: 20+ DAST: 6+</td>
</tr>
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</table>
**Badgecard - Scripts**

**Screening**
- Do you smoke cigarettes or use other tobacco products?
- When was the last time you had more than 4 drinks in one day?
- How many times in the past year have you used an illegal drug or had a drug problem with a family member or friend?

**Brief Intervention**
- On a scale of 0-10, how ready are you to cut back your use?
  - If >3: Why that number and not a ___ (lower number)?
  - If 0-2: Have you ever done anything while drinking (using drugs) that you later regretted?
- As your doctor, I can tell you that drinking (drug use) at this level can be harmful to your health and possibly responsible for the health problem you came in for today.
- What steps can you take to cut back your use?

**Referral to Treatment**
- Assess readiness for referral using the readiness ruler.
- Collaboratively set specific, achievable goals with patients, and document these goals.
- Refer patients to specialty treatment services as needed.
- Verify that patient understands referral process.

**Brief Intervention**
# Let’s Practice

<table>
<thead>
<tr>
<th>1 Patient</th>
<th>1 Provider</th>
</tr>
</thead>
</table>
| • Each card has 1 alcohol (front) and 1 drug case (back)  
• Pick one case  
• All patient specifics are on card | • Follow instructions 1-5 on case card |
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Contact Information: (713) 798-7751

James H. Bray, Ph.D.
Project Director
jbray@bcm.edu

Alicia Kowalchuk, D.O.
Assistant Project Director
aliciak@bcm.edu

Vicki Waters, MS, PA-C
Core SBIRT Faculty
vwaters@bcm.edu

Larry Laufman, Ed.D.
Project Evaluator
llaufman@bcm.edu

Elizabeth Shilling, Ph.D.
Research Coordinator
ehshilli@bcm.edu

Nadallie Lopez
Administrative Assistant
nalopez@bcm.edu

Ygnacio Lopez, M.S., M.S.
Ygnacio.LopezIII@bcm.edu

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