



Trainer's Name:

Trainer's Email:

SBIRT:
Screening, Brief
Intervention
and Referral to
Treatment

Quick Virtual Tutorial

We are so glad you could join us for this
As you see, we are using Zoom today.



While using Zoom, we ask that you put your name up on your video but do mute yourself. Zoom picks up background noise very easily.

Mute can be done hovering over the upper hand corner of your picture or lower left hand corner if you are in full screen. To unmute do the same thing.

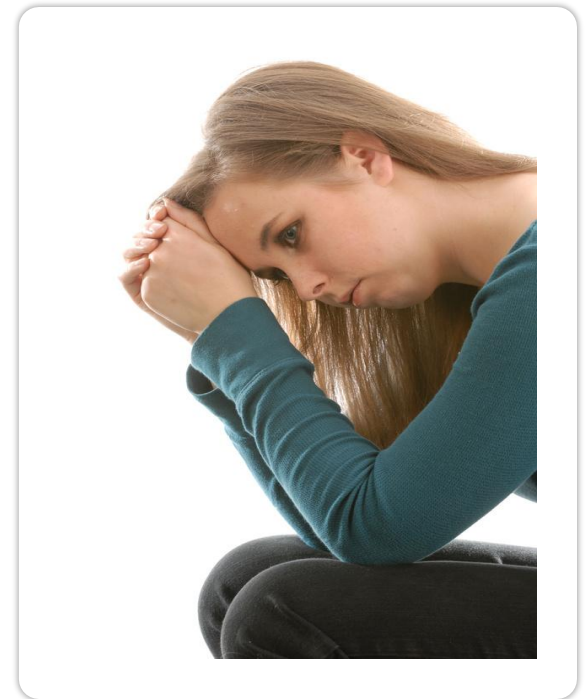
www.earlyimpactva.org

We will take time to explain each virtual modification and how to do it.

LEARNING OBJECTIVES

Participants will be able to:

1. Describe the prevalence and risks of domestic/intimate partner violence, mental health issues, smoking and substance use in pregnancy and early parenting, and why Family Support Professionals should screen for these risks.
2. Comfortably introduce these topics to clients and administer several evidence-based screening tools.
3. Confidently give feedback and conduct a brief intervention with clients, using motivational interviewing skills.
4. Demonstrate how to effectively make a referral for behavioral health services when indicated.



AGENDA

DAY 1

9:00—10:30 Module 1: Review of Risk Areas and Why Screen

10:30 – 10:40 Break

10:40 – 12:00 Module 2: Intro to SBIRT and Screening

DAY 2

9:00—10:30 Module 3: Brief Intervention

10:30 – 10:40 Break

10:40 – 12:00 Module 4: Brief Intervention and Referral for Treatment

What This Course Covers

1. Why Family Support Professionals should screen women for substance use, intimate partner violence and mental health concerns
2. Using screening tools, including Virginia's *Behavioral Health Risks Screening Tool for Women of Childbearing Age*
3. How to do a “brief intervention” using motivational interviewing techniques
4. How to effectively make an appropriate referral

MODULE 1

Review: “Why
Screen?” Concepts

Review: Behavioral
Health Risk in
Women Concepts

Review: How Family
Support
Professionals can
help



POLL # 1

- How comfortable are you with talking with women about behavioral health issues?
 - A little comfortable
 - Somewhat comfortable
 - Very comfortable

Virginia's Home Visiting Services for Families and Children Prenatal to Five



- Virginia's Home Visiting programs serve families and children prenatal through age five.
- Many have difficulties that may be further compounded by intimate partner violence, substance use and mental health disorders.

Behavioral Health Problems

Women are at *greater risk* to experience difficulties with their physical and emotional health and well-being if they also have a history of:

- Intimate partner violence
- Substance use
- Emotional problems

These problems can also affect the health of her children and her efforts to parent.

Virtual Partner Discussion

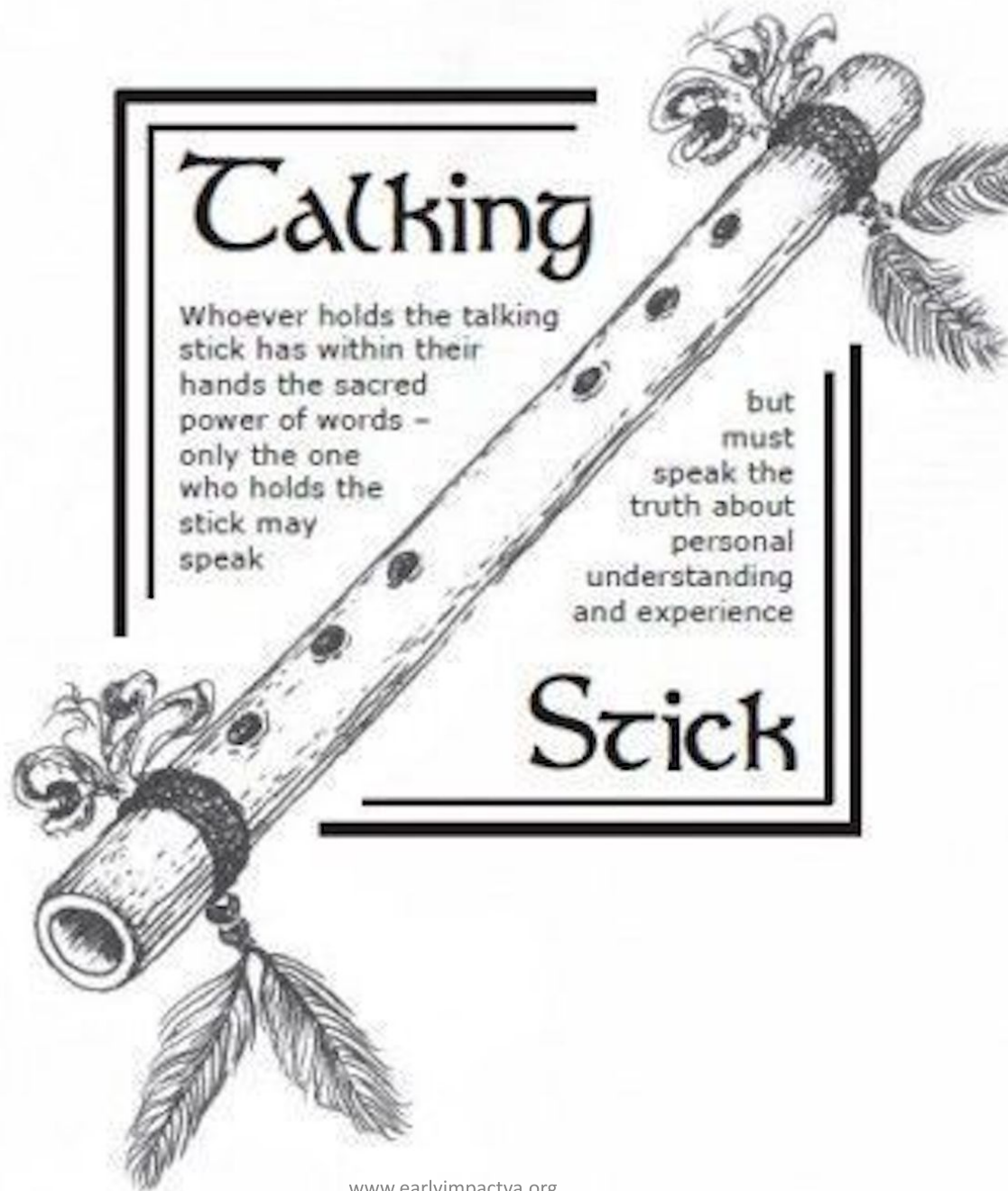
- In a moment, you will be assigned a partner in a virtual “break out room”
- You will see the request to go to a breakout room appear on your screen
- Accept it
- You and your partner(s) should appear in your own private breakout room to complete the exercise
- You can return to the virtual main room at any time by hovering in the bottom right hand corner of your screen: Return to Main Room/ Say Yes
- We will have a timed session and I will send a reminder message to all groups when it is time to return. You will see it appear. It might say, “ You have a minute to wrap up then come on back to the main room.”
- You can always ask the facilitator to come to your virtual “break out room” if you are having trouble.

Talking

Whoever holds the talking stick has within their hands the sacred power of words - only the one who holds the stick may speak

but must speak the truth about personal understanding and experience

Stick



Activity # 1

- In Break Out Rooms of 4 people:
 - Discuss common behavioral health challenges (IPV, SUD, MH) you encounter with families
 - Discuss change goals you and/or your families want to or could achieve to help make families healthier and stronger
 - Give examples, stories, to bring it to life
 - Use “talking stick”
 - 8 minutes in Break Out rooms then return
 - Debrief in large group

DEBRIEF



Identifying Women at Risk

- Intimate partner violence, substance use, and mental health problems threaten the health and safety of women.
- Women who experience one or more of these problems are often reluctant to acknowledge it.
- These risks often co-occur, placing women and their children at even greater risk.
- The best way to identify who is at risk is to routinely screen all women at regular intervals.

Pregnancy Increases Risks

Pregnant women are at greater risk to experience depression and/or domestic violence than non-pregnant women.

Pregnant women who use drugs and alcohol place their unborn infant at risk.

- 1 in 4 U.S. women report having experienced physical and/or sexual violence by a partner (Black et al, 2011)
- 10.2 % of women drank alcohol during pregnancy (PRAMS, 2013)
- 8.4% smoked during pregnancy (PRAMS, 2013)
- 15%-20% of new mothers experienced depression or anxiety in the year following birth. (PSI, 2014)

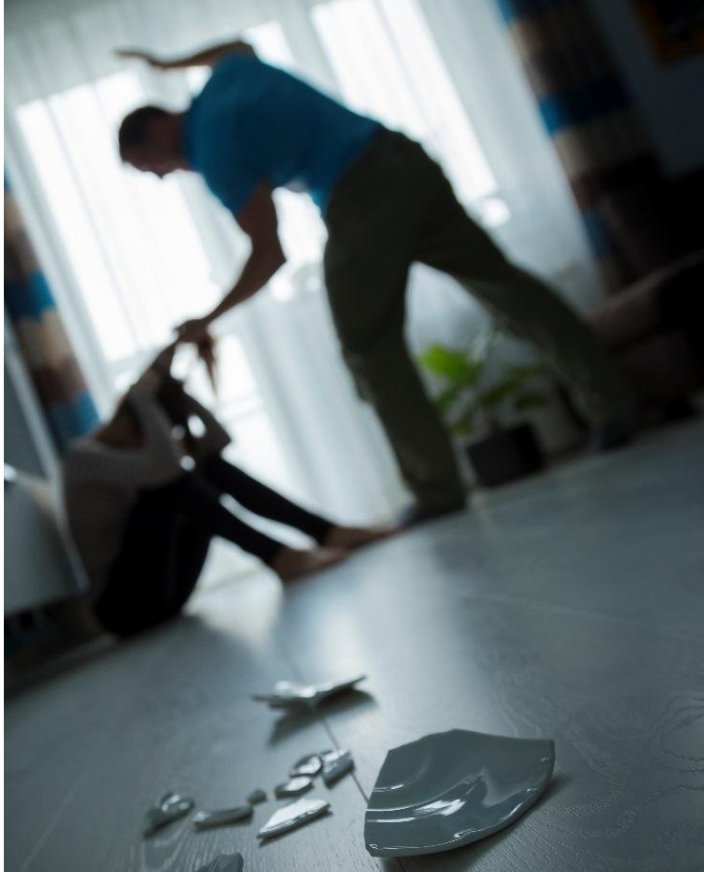
Video

- First Person Experience: Stella's Story
- www.youtube.com/watch?v=iDEE_54zobU

DEBRIEF



Intimate Partner Violence



- Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans.
- The term, intimate partner violence, describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

*<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

Behaviors may include:

- Physical violence – pushing, choking, shaking, etc.
- Progressive social isolation
- Stalking
- Deprivation
- Intimidation
- Psychological abuse
- Sexual violence
- Threats

Intimate Partner Violence (IPV)

- Intimate partner contact sexual violence, physical violence, and/ or stalking was experienced by 37.3% of U.S. women during their lifetime
- 1 in 9 men (11.0%) have experienced contact sexual violence, physical violence, and/ or stalking by an intimate partner in their lifetime

<https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
(2017)

Why ask about IPV?

- Women may be too ashamed or embarrassed to bring up the issue
- They may not recognize partner's behavior as problematic
- They may feel hopeless/ trapped / fearful of repercussions if they report abuse
- They may not be ready to leave relationship
- Devastating consequences: physical injury, physical and mental health problems, psychological trauma, death. Can cross generations and last a lifetime. (NCADV; Marques)

POLL # 2

- Which warning signs of IPV have you observed or heard about from your clients?
- Extreme jealousy and possessiveness
- A bad temper
- Extreme controlling behavior
- Controls all the finances
- Demeaning the victim publicly or privately/ verbal abuse
- Forced sex or disregard for their partners unwillingness to have sex

Source: National Coalition Against Domestic Violence

SAFETY/PRIVACY

- Importance of privacy and confidentiality: Now, with virtual visits
 - Having a code word that you establish that the client can use at any point and you will change the conversation, or call for help
 - Using chat box to share information
 - “Resource Sandwiching”: Sharing resources about IPV in a list of a lot of generic resources e.g. food bank, diaper bank, parks, etc. so it doesn’t draw attention if found by abuser
 - Others?

Substance Use

- Substance use can lead to medical, financial, legal, social and family problems.
- Excessive substance use can interfere with an individual's ability to care for and parent their children.
- More than 10% of U.S. children live with a parent with alcohol problems (NIAAA, 2012).
- Substance use disorders often co-occur with mental health issues and domestic violence.

Women Who Use Drugs or Alcohol

- Women develop substance use problems sooner than men, even if they consume less. They are also more likely to experience health problems because of their use.
- Women who use substances during pregnancy place their infant at risk



Risks to Newborn

- Premature delivery
- Low birth weight
- Neurological and congenital problems
- Increased risk of SIDS
- Developmental delays
- Neglect or abuse
- Mental health and substance use problems as the child ages



A collection of substances including alcohol, cigarettes, and various pills on a wooden surface. In the foreground, there is a glass of amber-colored liquid, a stack of cigarettes, and a large pile of colorful pills and capsules. In the background, two syringes are visible, and a bottle of alcohol is partially seen. The scene is set on a dark wooden surface.

Why ask about substance use?

Activity # 2

- In Break Out Rooms of 4 people:
 - What is your experience in discussing/addressing substance use with your clients?
 - Do your clients bring it up?
 - Do you ever initiate conversation about substance use in the home? When might you do this and how do you go about it?
 - Use “talking stick”
 - 5 minutes in Break Out rooms then return
 - Debrief in large group

DEBRIEF



Mental Health

46% of all American adults have symptoms of a mental illness at some point in their life - 17.9% in the past year.

Mental health problems can interfere with a woman's physical health and her ability to function and care for her family.

Pregnancy can be time of joy but it is also a time of change. About 15 % -20% of women experience depression and/or anxiety during or following their pregnancy.

Mental Health: Early Warning Signs of Problem

- Experiencing one or more of the following feelings or behaviors can be an early warning sign of a problem:
 - Eating or sleeping too much or too little
 - Pulling away from people and usual activities
 - Having low or no energy
 - Feeling numb or like nothing matters
 - Feeling helpless or hopeless
 - Smoking, drinking, or using drugs more than usual
 - Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
 - Yelling or fighting with family and friends
 - Experiencing severe mood swings
 - Having persistent thoughts or memories you can't get out of your head
 - Hearing voices or believing things that are not true
 - Thinking of harming yourself or others
 - Inability to perform daily tasks like taking care of your kids or getting to work

Source: <https://www.mentalhealth.gov/basics>

Mental Health and Wellness

- Positive mental health allows people to:
 - Realize their full potential
 - Cope with the stressors of life
 - Work productively
 - Make meaningful contributions to their community
- Ways to maintain positive mental health include:
 - Getting professional help if you need it
 - Connecting with others
 - Staying positive
 - Getting physically active
 - Helping others
 - Getting enough sleep
 - Developing coping skill
- Source: <https://www.mentalhealth.gov/basics>

Why ask about mental health, perinatal depression, and anxiety?



What have you experienced?

- While on a home visit, have you ever suspected that someone was using substances, struggling emotionally, or had been a victim of violence?
- What caused you to wonder?
- What did you do?



How Family Support Professionals Can Help



What can family support professionals do?

- Provide **routine screening** using a validated screening tool
- Give **feedback** and **education**
- Engage the parent in a **brief intervention** to support strengths and motivation for change
- **Refer** individuals for treatment if appropriate
- **Follow up** to provide support and ensure the parent completes the referral

Use a Trauma-Informed Approach (TIC)

- HOW you talk about these topics is as important as WHAT you say.
- What does it mean to be trauma-informed?
 - Trauma is prevalent
 - Assume that there are survivors among us
 - Be aware of your reactions and take care of yourself first
 - Respect confidentiality

Trauma/Trauma-Informed Approach

Definition of trauma: the “Three E’s”

- Event(s)
- Experience(s) of the event
- Effects

Definition of a trauma-informed approach

- Realize
- Recognize
- Respond
- Resist re-traumatization

*Source: SAMSHA website, 2017

Vicarious Trauma and Self Care

- Vicarious trauma is a change in one's thinking (worldview) due to exposure to other people's traumatic stories
- Self-care is essential in this work!
 - Step out and take a break
 - Talk with someone you trust
 - Do something relaxing

How does TIC apply to screening for behavioral health risks?

- Families will be sharing intimate stories of their experiences and behaviors, some of which may include traumatic experiences.
- The way we listen and care, and the way we care for ourselves, can make all the difference in the person feeling supported.

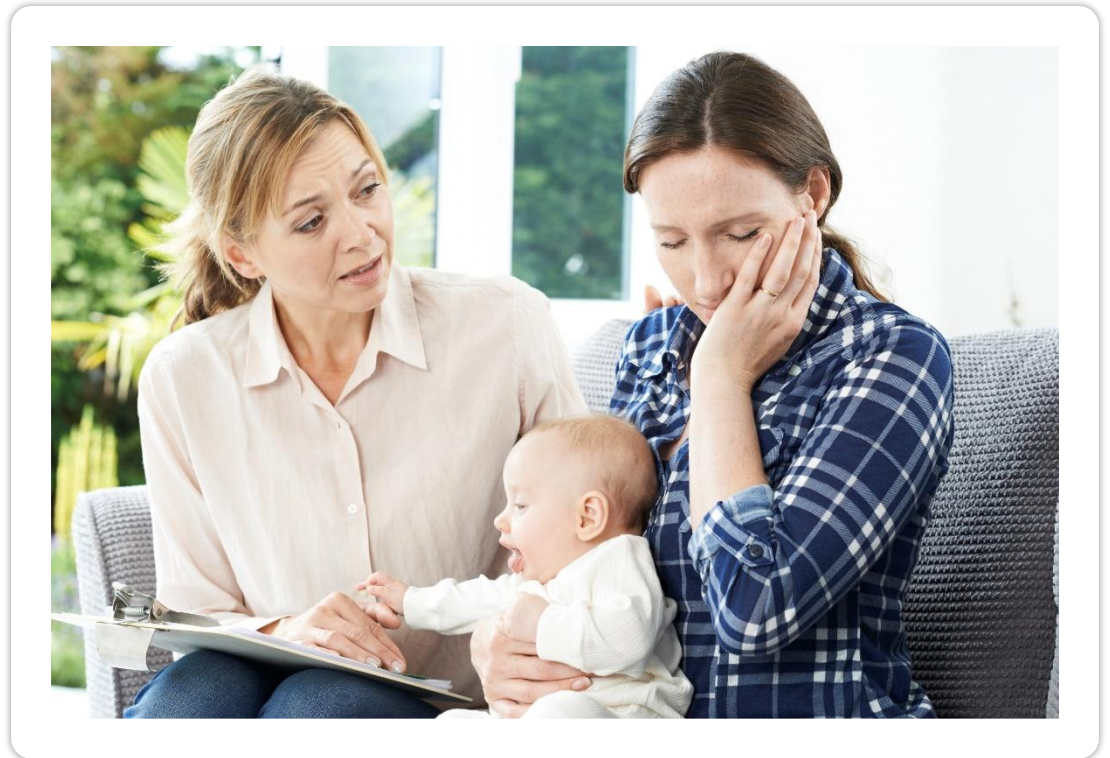
Resiliency

Circle your strengths from the choices below, or add your own at the bottom.

Wisdom	Artistic Ability	Curiosity	Leadership
Empathy	Honesty	Open Mindedness	Persistence
Enthusiasm	Kindness	Love	Social Awareness
Fairness	Bravery	Cooperation	Forgiveness
Modesty	Common Sense	Self-Control	Patience
Gratitude	Love of Learning	Humor	Spirituality
Ambition	Creativity	Confidence	Intelligence
Athleticism	Discipline	Assertiveness	Logic
Optimism	Independence	Flexibility	Adventurousness

MODULE 2

Overview of SBIRT
Screening vs. Assessment
Effective Screening Tips
Review of Screening
Tools
Practice!





SBIRT

**Screening, Brief Intervention and
Referral to Treatment**

www.earlyimpactva.org

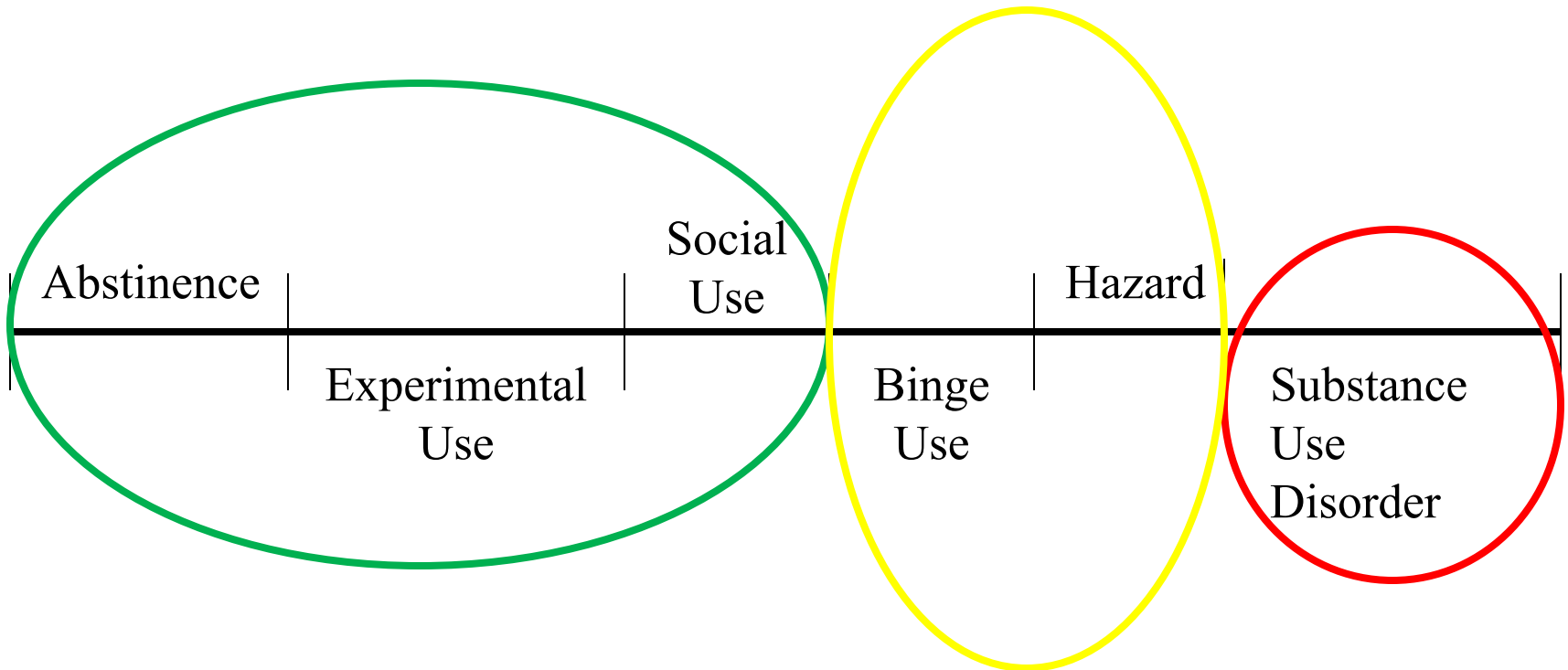
What is SBIRT?

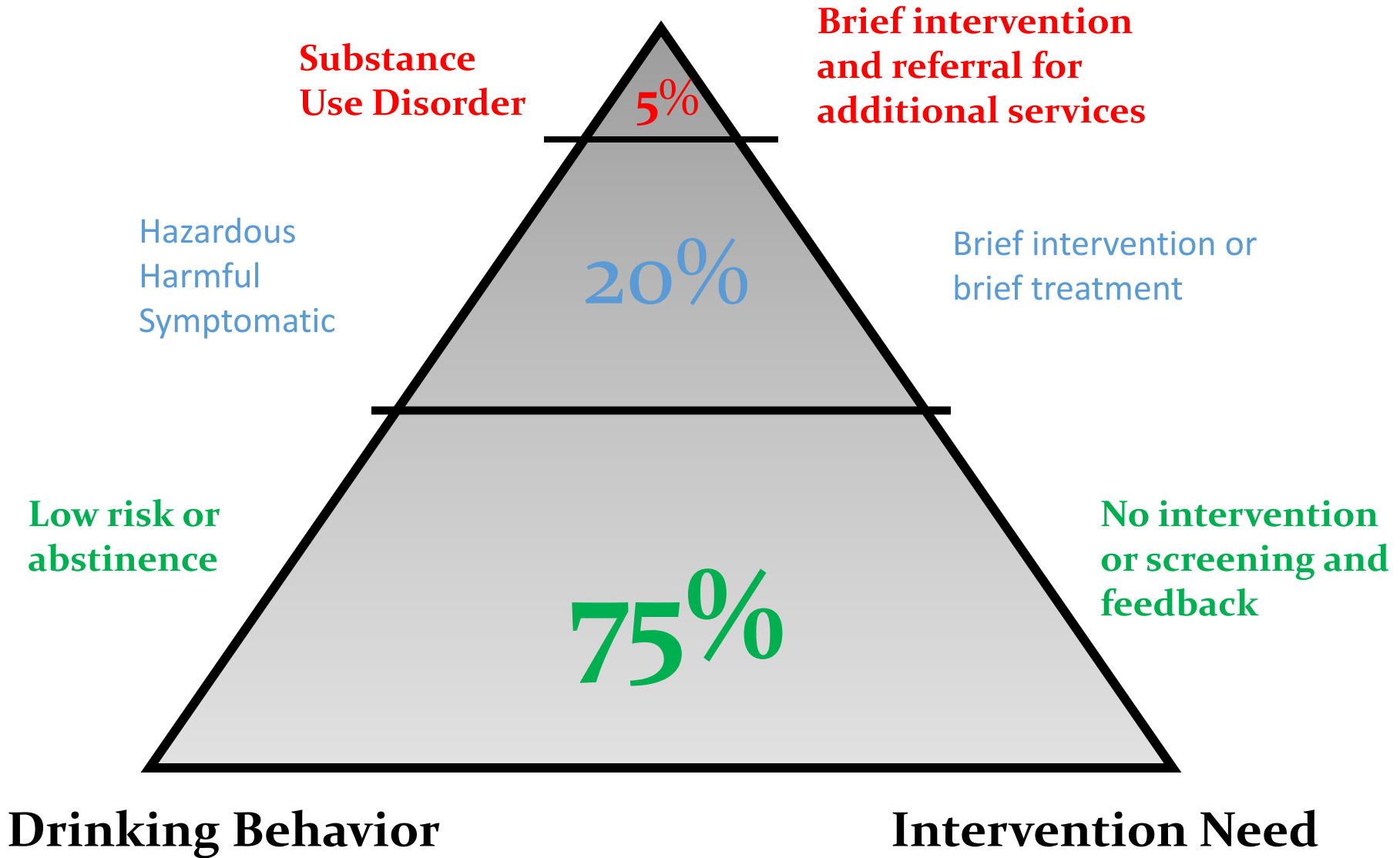
- A **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services for substance use.
- Based on science about levels of problems related to substance use.
 - Some people may use with few problems.
 - Others use and have mild problems.
 - Still others (a minority) use and have significant problems, and usually, a substance use disorder diagnosis.

What is SBIRT?

- Those with few problems or mild problems who are at risk may benefit from a brief intervention with a non-substance use specialist (YOU!)
- Those with significant problems usually need specialty care, like addiction treatment services. Family support professionals do not provide this service!

The SBIRT Model: A Continuum of Substance Use





Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA

SBIRT's Core Components

- **Screening**: Administer a brief screening tool that can identify whether an individual may have a substance related problem or IPV or MH problem.
- **Brief Intervention**: If she screens as at risk, in 3-5 minutes, elicit the woman's perspective on the issues and what risks she may experience as a result. The intervention is matched to her level of knowledge and motivation. Only bits of information are provided to supplement what she knows. No pushing or arguing is involved. Invite her to discuss again at next visit.
- **Referral to Treatment**: If she screens extremely high, and she's receptive to being referred, refer her for treatment.


How does SBIRT fit in with home visiting?

Virginia home visiting programs want family support professionals to use the SBIRT model to:

- Identify women at risk for intimate partner violence, substance use disorders, **as well as** mental health disorders such as perinatal mood and anxiety disorders.
- Support women's efforts to make important changes in their lives.
- Improve linkages between themselves, healthcare services and other appropriate resources.

Poll # 3

- At this time I am MOST comfortable:
 - Conducting screenings with my clients
 - Using motivational interviewing skills to help my clients build motivation and confidence to make difficult and positive changes in their lives
 - Linking my clients to resources in the community, including therapy or treatment programs.



SBIRT Screening

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Screening versus Assessment

Screening:

- is a set of questions you ask – not a medical test or exam
- indicates whether a thorough assessment is needed
- does not determine a diagnosis or what type of treatment is needed
- can be completed by a variety of service providers

Assessment:

- must be completed by a qualified service provider (QSP) in that field
- to determine an individual's diagnosis and develop an initial treatment plan, the QSP obtains a comprehensive history of their
 - past and current functioning
 - other related problems and risks
 - social supports and motivation

Screening Best Practices

- Screen **all clients** (“universal” screen)
- Screen periodically
- Utilize a standard tool or protocol
- Ask questions in a health context
- Use everyday language; be honest and direct
- Use a positive, non-judgmental and non-confrontational approach
- Use a trauma-informed approach

Screening Tool

- A brief instrument or set of questions that is intended to detect the possibility of a problem
- Cannot diagnosis a problem but can indicate if further assessment is needed
- Ideally, it should be:
 - Brief and easy to use
 - Inexpensive
 - Non-intrusive
 - Tested (validated) on the population its to be used with
 - Within the expertise of a wide range of professionals

When Using a Screening Tool

- Ask the questions in order.
- Allow women time to elaborate on their answers if they need it.
- It's okay to ask clarifying questions but stay on track.
- Provide your “brief intervention” after you complete the screen. Use motivational interviewing skills to determine and decide how you will respond.

Create and Maintain a Respectful Environment for Screening

- Find a time and place where you won't be disturbed or will have the fewest disruptions
- To be sure a woman is comfortable and can answer questions honestly, interview her alone.
- If it's difficult to obtain privacy, try to schedule a time/place when its available.
- If you have trouble arranging any of the above, consult with your supervisor for ideas.

Use a Trauma-Informed Approach

- Approach each participant in a manner that would be safe and engaging to a trauma survivor
- Explain why these screening questions are important and relevant for all women
- Give participants as much information and as many choices as possible to help them feel safe about revealing information
- Address confidentiality and be sensitive to legal implications

Before You Screen

- Select a tool that has been tested with the population you serve, e.g. women.
- Find out if your program requires that you use specific tools. If not, select tools you are comfortable with and will use.
- Learn about services and treatment resources in your community so you're prepared to make a referral if needed.
- Learn about laws e.g. child abuse, confidentiality etc. that affect your practice.

When You Screen

- Remember that all women want to give birth to a healthy baby and have healthy children.
- Be empathetic, nonjudgmental and supportive.
- Many women feel ashamed, fearful and/or guilty about the problems they experience.
- Ask questions in a health context, which lessens the stigma. It also conveys that you are concerned about her health and that of her baby.

Activity # 3

- In Break Out Rooms of 4 people:
 - **DISCUSS:** Which behaviors help to build trust ? Which behaviors can discourage trust?
 - What concerns do you think your clients might have?
 - What could get in your way of discussing these issues?
 - Are some behaviors more difficult to discuss than others? What are these?
 - How can you deal with your own feelings? How might your feelings and reactions influence discussions.
 - Use “talking stick”
 - 8 minutes in Break Out rooms then return
 - Debrief in large group

DEBRIEF



Suggested Screening Tools

Suggested Screening Tools for Pregnant and Parenting Women

- ❑ **Substance use, mental health (including perinatal depression) and tobacco use:** Virginia's Behavioral Health Screening Tool
- ❑ **Substance Use:** 4 P's or 5 P's; AUDIT if not Pregnant; CRAFFT
- ❑ **Mental Health:** Edinburgh, PHQ2 or PHQ9
- ❑ **Perinatal Depression:** Edinburgh Depression Scale or Edinburgh 3
- ❑ **Intimate Partner Violence :** AAS, WEB/RAT, HITS

Questions About Intimate Partner Violence

- Two popular tools are the Abuse Assessment Screen (AAS) and the Relationship Assessment Tool (RAT), formerly known as the WEB. Also, some use HITS-Hurt, Insult, Threaten, and Scream
- The Virginia tool also asks about IPV and recommends using the AAS or WEB/RAT if a problem is suspected.

Each of these drinks has the same equivalents of pure alcohol

1 bottle
of wine
cooler
12 oz.



1 can of
ordinary
beer or
ale
12 oz.



1 single shot
of spirits:
whiskey,
gin, vodka
1.5 oz.



1 glass
of
wine
5 oz.



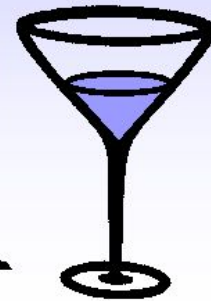
1 small
glass
of
sherry
4 oz.



1 small
glass of
liqueur,
aperitif
4 oz.



1 small
glass of
martini
1.5 oz



The 5 P's

- Explores substance use by the woman's **P**arents, **P**artners and **P**eers, as well as her own **P**ast and **P**resent use and tobacco use.
- A women's substance use is often influenced by those around her – Parents, Partners and Peers. Research shows that women are more likely to use if their parents or partners use. Past use is also the best indicator of future use.
- Women may minimize or not acknowledge their own substance use due to stigma. Encourage them to talk about these relationships and their past use to help identify their risks to use substances.
- Identifies if a woman is at risk to have an SUD. but cannot diagnosis an SUD.

Edinburgh Postnatal Depression Scale (EPDS)

- Designed to detect perinatal and postpartum depression
- A set of 10 screening questions that can indicate whether a woman has symptoms common in women with depression and anxiety during pregnancy and in the year following the birth of a child
- Three questions (the ePDS-3A) have been found to identify women struggling with anxiety

The Edinburgh 3

- Shortened version consists of the three emotional health questions from the EPDS. Research suggests that these questions alone may be sufficient to identify perinatal depression.
- This tool is part of the Virginia tool. If a woman scores positive on one of the three questions, further screening may be necessary.
- Administer the Edinburgh if she's pregnant or up to one year postpartum.

Virginia Behavioral Health Risks Screening Tool

- Simple, effective way to screen women for high risk behaviors, tobacco use and perinatal depression all at one time.
- Combines validated screening tools
 - The “5Ps” screens for substance use in women
 - The “Edinburgh 3” screens for perinatal depression
 - Questions on intimate partner violence (IPV)

Virginia's Behavioral Health Risks Screening Tool

- Intended for service providers who work with women of child bearing age (15-44). Is used by MIECHV's centralized intake programs
- Also available in self-complete format
- Reimbursable by the Department of Medical Assistance Services fee-for-service programs (Medicaid, FAMIS, FAMIS Plus and FAMIS MOMS) under the female enrollee's benefit as well as the infant enrollee's benefits, depending on the billing codes.

Activity # 4 (If time allows)

- In Break Out Rooms of 4 people:
 - **DISCUSS:** Look over the screening tools together to familiarize yourselves with the questions on the tools
 - Which tools are you familiar with? Which tools do or will you use at your agency?
 - How does your agency screen for IPV, MH, SUD? Whose responsibility is it to screen, what does the screening process look like? How do results of screening get communicated to others on team? Is it a team approach, nurse does screening, FSP, social worker....?
 - Use “talking stick”
 - 5 minutes in Break Out rooms then return
 - Debrief in large group

DEBRIEF



Before Starting

I would like to ask you some personal questions that I ask all my clients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential, unless there are safety or child welfare concerns. If you feel uncomfortable just let me know. Would you like to get started?

Activity # 5

Spend a few minutes writing an introduction to screening the way you might say it to a client, using the four components we just talked about.

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What if she doesn't identify any risk areas?

- Recognize and support her accomplishments
- Elicit from her the importance of remaining risk free, and add information as needed.
- “Based on what you’ve said today, it seems that you are not at high risk for these types of problems. If any of this changes, let me know if you want to talk about it.”
- Let her know that help is available if something changes.

Activity #6: Screening Session Demonstration



ACTIVITY # 6

- In Break Out Rooms: Divide into groups of **two or three** (depending on time constraints) for role plays.
- **Provide each group with a copy of the Virginia Behavioral Health Risk Screening Tool.**
- One participant will be the client, one the family support professional and if triad, one an observer to provide feedback.
- Allow enough time so each person has a chance to be a family support professional and administer a screen.

DEBRIEF



Wrap Up Day 1

- One thing you learned today.....
- One thing that surprised you.....
- Popcorn style
- Quick preview of Day Two


MODULE 3

Brief Intervention
Overview
Motivational
Interviewing:
Providing Feedback
Listening and
Understanding
Motivating Change



Brief Intervention and Referral to Treatment

- **Step 1:** Use MI style to engage, provide feedback based on the screening, ask permission and raise a concern.
- **Step 2:** Use MI to listen, establish a focus/goal, and motivate change. Use MI skills to identify an area to explore and possibly change, motivate positive changes, and help her build confidence in her ability to make the change.
- **Step 3:** Use MI to explore options for change and begin to plan for change.
- **Step 4:** Referral to Treatment



SBIRT :

SBIRT
Brief Intervention

Can a Brief Intervention Really Help?

- Brief interventions can trigger change.
- One or two sessions can yield much greater change than no counseling.
- A little counseling can lead to significant change.
- Brief interventions can yield outcomes that are similar to those of longer treatments.

Brief Intervention

- The SBIRT model incorporates motivational interviewing (MI), a method of having a constructive conversation about change.
- MI is based on the belief that:
 - People are ambivalent about change and continue harmful behaviors because of their ambivalence.
 - MI helps people resolve their ambivalence and increase their motivation to change.
 - Motivation for change can be fostered by an accepting, empowering, and safe atmosphere.

Foundation of Motivational Interviewing (MI)

Review of Key Concepts and Skills:

- MI Spirit/Style
- Motivation
- Ambivalence
- Reflective Listening/OARS
- Evoking Change Talk-to build motivation
- Exploring Options

No matter whether you're addressing substance use, intimate partner violence or a mental health concern, the same MI principles apply.

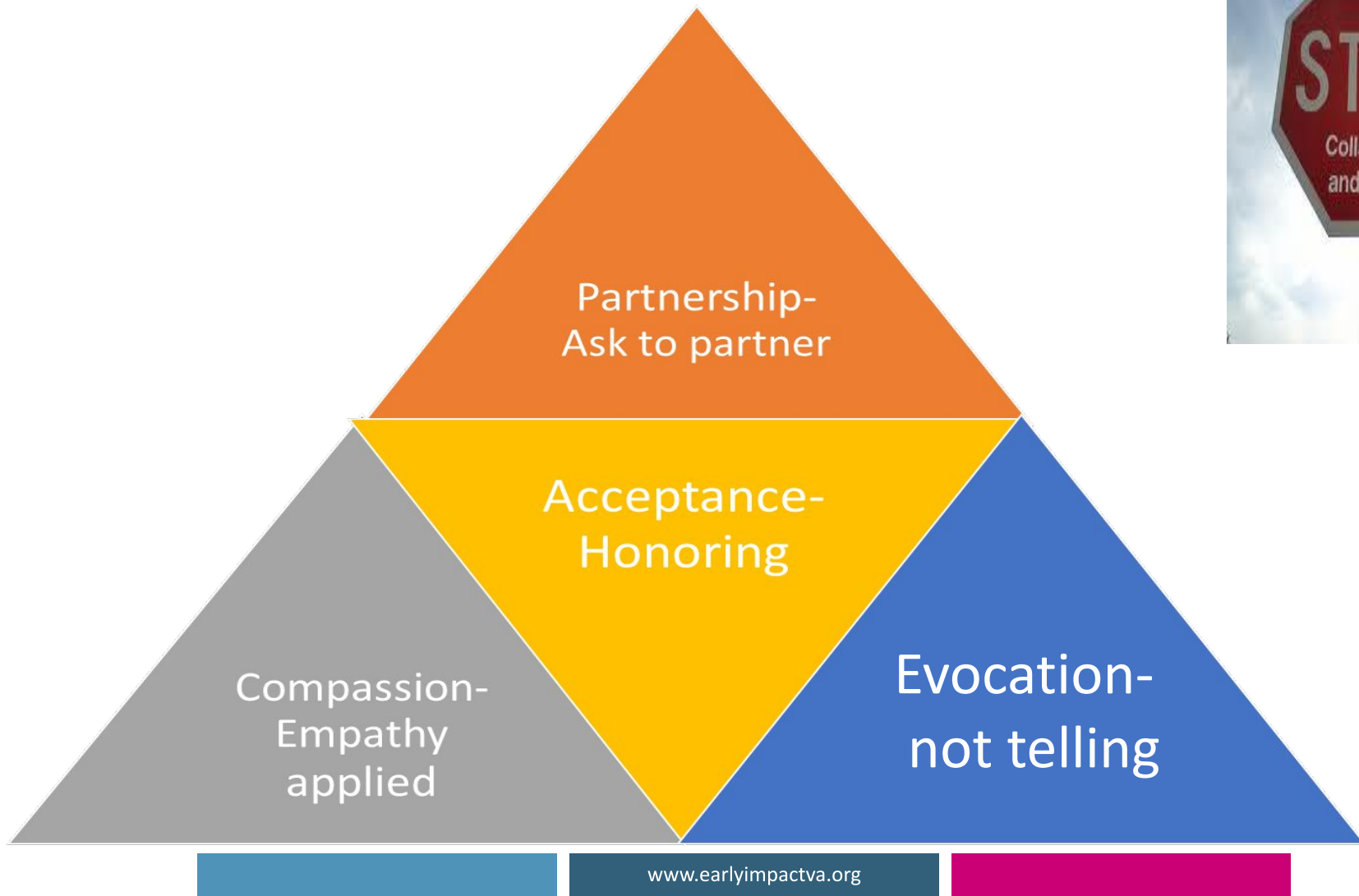
MEETING CLIENTS WHERE THEY ARE...



"FREEDOM" Sculpture by Zenos Frudakis.
On 16th and Vine in Philadelphia.



MI Spirit or Style



Understanding Motivation

- Resides within the person
- Part of an interpersonal process
- State not a trait
- Works on a continuum (from less to more motivated)
- Fluctuates, not static
- Influenced by helper's expectancies about change
- Influenced by person's own belief about change



Ambivalence

- Feeling two ways about change
- Ambivalence is a normal component of change
- It does not mean that some one does not have motivation to change
- Acknowledge and **protect** the side that doesn't want to change
- Explore pros and cons of change
- Specifics are unique to each person so avoid assumptions



Core Skills: OARS

- Open Questions
 - Clients should do most of the talking
 - Follow question/response with a reflection
 - Use at least 2-3 reflections for every question
- Affirmation
 - Focus on client strengths, efforts, values, what impresses you about them
- Reflective Listening
 - Reflect client's perspectives, thoughts, feelings, experiences
- Summarize
 - Capture essence, link topics, transition conversation

Four Processes of MI

- **Engaging:** The process of establishing a trusting, collaborative relationship
- **Focusing:** Together finding and maintaining focus on area of positive growth or change
- **Evoking:** Eliciting the person's own motivation (importance and confidence) and commitment to change
- **Planning:** Strengthening commitment and forming a plan for change

Evoking: Building Motivation to Change

Change Talk

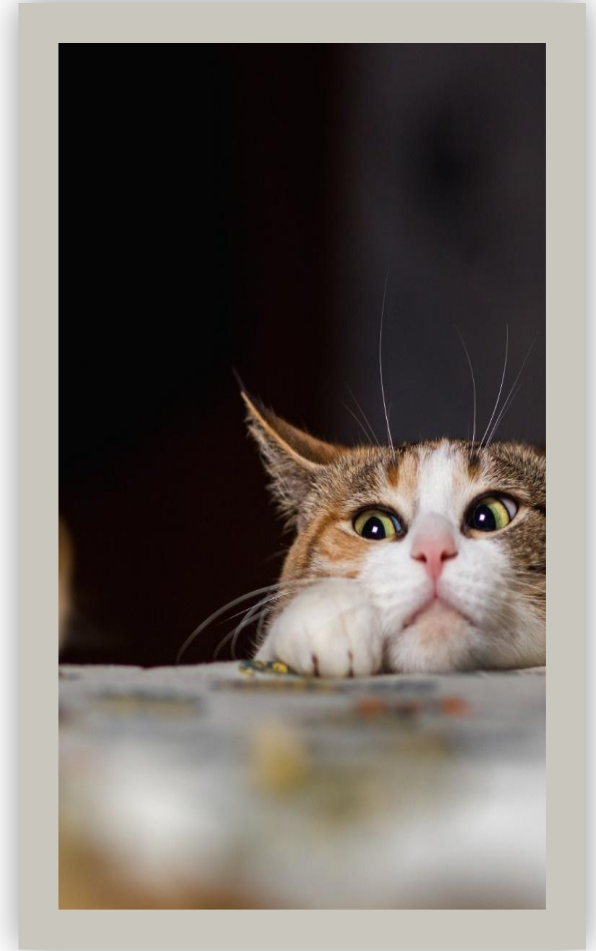
- The client's own stated reasons to possibly make a change.
- Any statement that indicates the client is moving toward change.
- Goal: The client, not the helper, presents the arguments for change.
- Exploring the importance of change and one's confidence to change increases motivation to change.
- Our task is to recognize, elicit and build upon the change talk.

Evoking: Building Motivation to Change

Recognizing Change Talk

DARN-CATs

- Desire: “I want to change”
- Ability: “I can change if I decide to”
- Reasons: “I am thinking about changing because”
- Need: “I *must* change because”
- Commitment: “I am determined to change”
- Activation: “I am getting ready to change”
- Taking Steps: “I am doing”



Practice 1: MI Scripted Refresher

In Break Out Rooms with a partner:

- Use the following script to explore whether a mom wants to do something about her smoking, drinking, or weight.
- You don't have a lot of time, but are still relaxed and interested in what she's thinking.
- While you aren't a therapist, you are a competent family support professional with a good relationship with the client, and the time is right for this conversation.

Family Support Professional: Your Challenge

- **The situation: You are a busy family support professional.**

- You have just provided the results of a risk screen to a mother with very young children.
- You only have about 10 minutes for your first discussion with this mother.

- **The client:**

- This mother smokes 10 cigarettes per day, drinks about 6 beers a night, and one of her children has diabetes.
- She was pulled over for suspicion of DUI with her kids in the car, but was not arrested.
- She is a single mother, has three children and has been unemployed for five years.



- *We've touched on some concerns about your children's health, your smoking, and your drinking. Which of these would you prefer to talk about today?*
- *What change might you make in _____?*
- *Why would you want to make this change?*
- *If you did decide to make this change, how might you go about it in order to succeed?*
- *What are the three best reasons for you to do it?*
- **After you have listened carefully to the answers to these questions, give back a short summary of what you heard, of the person's motivations for change. Then ask one more question:**
- *So what do you think you'll do? **and listen with interest to the answer.***

DEBRIEF



Step 1 : Provide Feedback and Raise Concern

- Provide her score, affirm healthy lifestyle choices, ask permission and convey any concerns using MI style. Provide any feedback based on normative data (written on VA screening tool.)
- If you have concerns based on what she told you in the screening, share your concerns and elicit her thoughts and feelings.
- Ask her what she thinks about making a change, and what change she might want to make.

Exchanging Information

Elicit-Provide-Elicit (Ask-Tell-Ask) Formula

- **Elicit:** Ask what the client already knows about a particular topic
- **Provide:** Give information tailored to what the client already knows. Give one piece of information or fill in a gap.
- **Elicit:** The client's reaction to the information presented
 - “What is your take on this?”
 - “How does it feel to hear this?”
 - “How is all this hitting you right now?”
 - “Where does all this leave you?”

Step 1 : Provide Feedback and Raise Concern

- In Break Out Rooms: Divide into groups of **two or three** (depending on time constraints—trainer will determine) for role plays.
- **Provide each group with a copy of the Virginia Behavioral Health Risk Screening Tool.**
- One participant will be the client, one the family support professional and *if* triad, one an observer to provide feedback.
- Allow enough time so each person has a chance to be a family support professional to practice the skills.

Practice 2: Let's Practice Step 1!

- Use OARS to begin to engage the woman in a Brief Intervention:
- Use one of the screens. Pick one of the “hits” and use it to begin the following conversation:
 - **O: Tell me about some of your own concerns about x.**
 - **A: Affirm her thoughts, actions, or feelings about x so far**
 - **O: Tell me more.**
 - **R: Reflect what you hear**
 - **S: Summarize the main points about x**

DEBRIEF



Step 2: Explore Concern and Build Motivation

- Ambivalence is normal
- Listen for the side of them that recognizes a desire or need to change (change talk.) You know individuals are starting to think about change when they:
 - *Express a desire to change*
 - *Express a concern about the problem-reasons and need to change*
 - *Express ability to change or confidence in themselves*
 - *Express a decision or commitment to change, or have begun taking steps to change*

Step 2: Explore Concern and Build Motivation

Listen for the change talk. It may sound like this...

- *Maybe I'm just making excuses for him.*
- *If I wasn't using, this never would have happened.*
- *I probably should take my medication every day.*
- *I feel like I'm walking on eggshells around him.*
- *I know I can quit because I've stopped before.*
- *I'm tired of feeling this way.*

Step 2: Explore Concern and Build Motivation

Ask open questions to identify and explore a change goal:

- I would really like to hear your opinions about ...
- What role do you think alcohol/drugs played?
- What are some things that bother you about your (drinking/use/smoking, relationship, mood swings, etc)?
- How would you like your (life/substance use/etc) to be five years from now?

Summarize what you heard her say.

Say it again so she hears it twice.

Step 2: Explore Concern and Build Motivation

There are several strategies you can use to help individuals build their motivation to change:

- *Weighing the pros and cons:*

Invite your client to discuss the down side of change first-the cons of change; use reflective listening to show empathy

Then invite your client to explore reasons or benefits to making the change-the pros of change

Step 2: Explore Concern and Build Motivation

Weighing the Pros and Cons Exercise

For example:

- *“What do you like about ... (identified behavior)?”*
- *“What do you see as the downside of ... (identified behavior)?”*
- *“What else?”*

Then summarize the pros and cons (ending on the side of change) ...

- *“On the one hand you said ... ,”*
- *“and on the other hand you said”*

MI Decisional Matrix

What do you like
about?

What is the
downside of?

What would you like
if you changed?

What would be the
downside of
changing ... ?

Step 2: Explore Concern and Build Motivation

Importance and Confidence Scales

- Ask women, on a scale of 0–10, about changing...
 - How **important** is it for you to change your drinking/drug use; address IPV or mood concerns?
 - How **confident** are you that you can make a positive change (in any of those areas)?
- For each of the scales, explore her answer..
 - What made it an X and not a ____ (lower number)?
 - What would it take to raise that number just a bit?

Topic: _____

IMPORTANCE RULER

- ⇒ For a moment, forget about everyone else. How important is it to **you** to make a change around _____?
- ⇒ On a scale of 0-10, with “0” being “NOT AT ALL IMPORTANT” and “10” being “EXTREMELY IMPORTANT,” where are you on the ruler?

Not At All Important

Extremely
Important

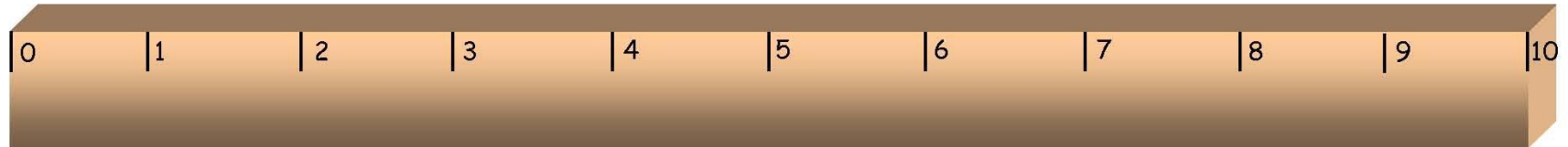


CONFIDENCE RULER

- ⇒ If you decide that you **do** want to make a change around _____, how confident are you that you would be successful in achieving your goals?
- ⇒ On a scale of 0-10, with “0” being “NOT AT ALL CONFIDENT” and “10” being “EXTREMELY CONFIDENT,” where are you on the ruler?

Not At All Confident

Extremely
Confident



Evoking:

Building Motivation to Change

Increasing Importance to Change

- Evocative questions (see list in handout)
- Pros and cons
- Decisional balance
- Looking forward/Looking back
- Querying extremes
- Focus on values, hopes, dreams, interests, passions
- Importance ruler

Evoking: Building Motivation to Change

Increasing Confidence to Change

- Listen for themes that imply confidence. Reflect preferentially
- Explore confidence to change
- Focus on past successes
- Reframe negatives into positives; Reflecting “up”
- Explore strengths and supports
- Hypothetical change
- Confidence ruler

Evoking: Building Motivation to Change

Responding to Change Talk

- **Elaborate:**
 - Describe the last time this occurred
 - Ask for clarification: In what ways? Ex: good week, easier being around other people
 - Ask for a specific example
 - Ask “What else?” or “Tell me more.” Invite details; paint a picture that envisions change and a better future
- **Affirm:**
 - Comment positively on the person’s strengths
- **Reflect:**
 - Listen for change talk and respond preferentially
- **Summarize:**
 - Include change talk in summary

Practice 3: Step 2--Explore Concern And Build Motivation

- In Break Out Rooms: Divide into groups of **two or three** (same as Practice 2) for role plays.
- **Provide each group with script in chat box**
- One participant will be the client, one the family support professional and **if** triad, one an observer to provide feedback.
- Allow enough time so each person has a chance to be a family support professional and administer a screen.

Practice 3: Step 2--Explore Concern And Build Motivation

Use **OARS** to **EVOKE**:

- “Tell me about the one part you’re most interested in changing now.”
- Affirm her thoughts, actions or feelings about the change so far.
- “Tell me more.” Explore values related to the one part.
- Reflect what you hear.
- Use the Importance and then the Confidence Rulers
- How would things be different once you’ve made this change? What would life look like then?
- Summarize the main points.
- “Where does this leave you now?”

DEBRIEF



SBIRT Video Demonstration-Option 1

**“How to Do a Bad Screening
and Brief Intervention”**

versus

**“How to Do a Good Screening
and Brief Intervention”**

Merlo Labs You Tube Videos:
The Ineffective and the Effective Physician

SBIRT Video Demonstration-Option 2

**“How to Do a Bad Screening
and Brief Intervention”**

versus

**“How to Do a Good Screening
and Brief Intervention”**

Alan Lyme You Tube Videos:
The Not Good and the Good Intervention

Poll # 4

- What stood out to you the most about the ineffective way? (Single Choice)
 1. The doctor's/social worker's tone
 2. The doctor's/social worker's disrespect for personal choice and telling the client what to do
 3. How little the doctor/social worker found out about the resilience of the individual
 5. How this must feel for clients when we try to persuade them
 6. The doctor/social worker wasn't really listening

MODULE 4

Exploring Options for
Change

Making Effective
Referrals



What Does Work...

“People are better persuaded by the reasons they themselves discover than those that come into the minds of others.”

- Blaise Pascal

What Doesn't Work

- Challenging
- Warning
- Finger-wagging
- Moralizing
- Giving unwanted advice
- Guilt tripping
- Shaming
- Labeling
- Confronting
- Being Sarcastic
- Playing expert
- Getting angry

When All Else Fails

- “I care about you.”
- “I am concerned about you.”
- “I will be here for you.”

Step 3: Explore Options for Change

Explore what your client thinks about trying to change.

Ask your client questions like...

- *What do you think you will do?*
- *What changes are you thinking about making?*
- *What are your options?*
- *Who will provide support? What resources are available?*
- *What happens next?*
- *What roadblocks do you see ? How can you avoid them?*

Help her identify and develop a plan

Planning: Building on Strengths

- A process in which you evoke the client's own ideas about how to change.
- Determine when to move from evoking to planning. It's unwise to move to planning before client is sufficiently motivated
- Use clinical judgment to determine whether or not planning is needed
 - May be changing as you go along or know how to change once decided

Planning: Building on Strengths

Example Change Plan

- What is the change you want to make?
- What are the most important reasons to make this change?
- What could get in the way?
- How could you overcome any obstacles to change?
- What is the first step?
- If that is successful, then what would be the next step?
- Who could support you in this effort? How might they help?
- How will you know if the plan is working?
- What might be a Plan B?

Planning: Eliciting and Strengthening Commitment to Change

- Where does this leave you now?
- Check-in on confidence in the plan, using ruler
- Explore commitment using ruler
- End with evocative question: What will be the best thing about making this change?

Practice 4: Step 3—Explore Options for Change

- In Break Out Rooms: Divide into groups of **two or three** (be consistent with practice 2 & 3) for role plays.
- **Provide each group with script in chat box**
- One participant will be the client, one the family support professional and **if** triad, one an observer to provide feedback.
- Allow enough time so each person has a chance to be a family support professional and administer a screen.

Practice 4: Step 3—Explore Options for Change

- “Tell me about why this change would be good for you.”
- Reflect what you hear.
- “What makes this change important to you? What might happen if you don’t make this change?”
- Reflect the person’s motivations and vision.
- What are some options for how to move forward?
- “Where does this leave you? What’s the next step?”

DEBRIEF



What's the difference?

Change Talk, Sustain Talk, and Discord

- Change talk versus sustain talk
- Sustain talk versus discord/resistance

Intimate Partner Violence



- <http://www.youtube.com/watch?v=lrnkEQRUvJM>

DEBRIEF



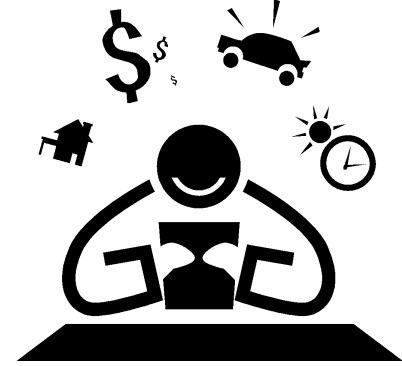


SBIRT

Referral to Treatment

www.earlyimpactva.org

Step 4: Make a Referral



Know Your Community Resources

- Learn what resources are available in your community and how to access them.
- Maintain an updated list of important resources, contacts and numbers. Call them to ensure they're current. Keep your list handy to refer to when the need arises.
- Learn about the federal confidentiality regulations and any state legislation that may impact on your clients or patients.

Make a Referral

Funding for Treatment

- DMAS and many insurance providers cover treatment for substance use and mental health disorders. DMAS also covers smoking cessation counseling for pregnant patients.
- CSBs provide public services. They also accept Medicaid, FAMIS, FAMIS Plus and FAMIS MOMS, third-party reimbursement and offer sliding fee scales.

When Making a Referral

- Let your client know that the first step is for them to be assessed by a professional who will determine what type of problem they have and what kind of treatment will be most helpful.
- Explain that they will be asked about:
 - past and current difficulties they've had in this area
 - other problems that might be related
 - their feelings about making changes in their life
 - what type of support they have

When Making a Referral (Be Trauma informed)

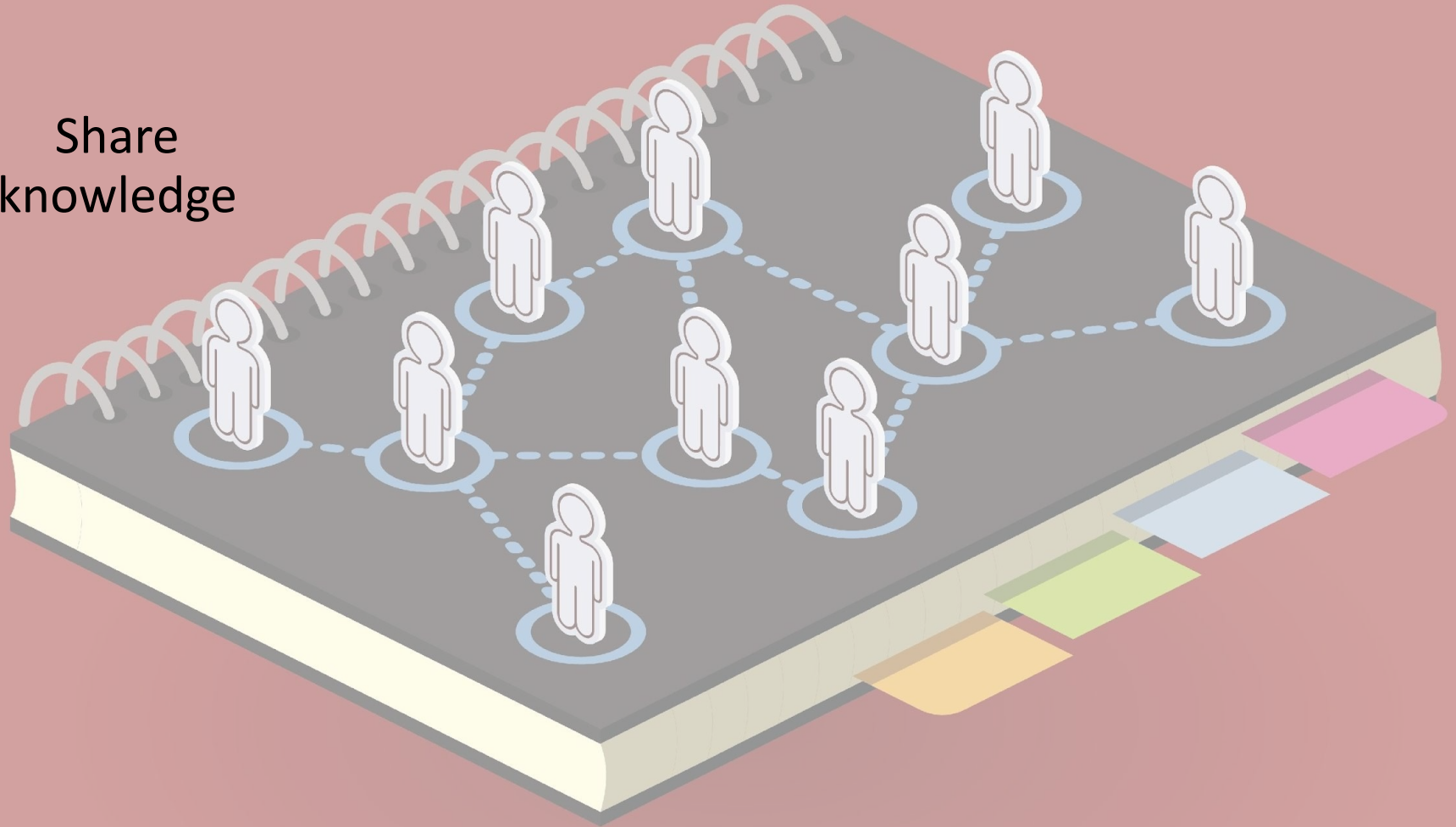
- Explain the referral process, the importance of sharing information and your role in coordinating their treatment with the new provider.
- Explore and address any questions or concerns your client might have about the referral as well as how it may affect your role with them.
- Discuss confidentiality. Have your client sign a release so you can make the referral and share critical information. Encourage them to sign a release so the new provider can share information with you too.
- Help the client make their appointment. Provide support and encouragement.

When Making a Referral

- Help individuals overcome barriers such as transportation, childcare or funding.
- Follow up to be sure they contacted the organization, received necessary services and were helped.
- If needed, work with parents to develop a safety plan for their children.

Talk About Local Resources

Share
knowledge



Wrap Up

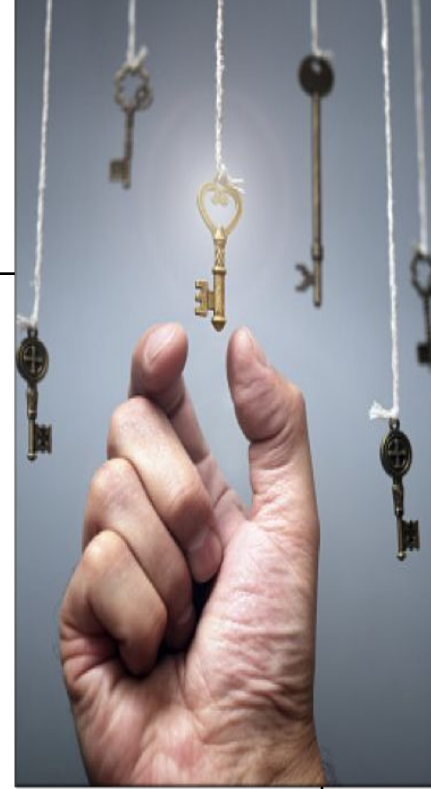
Items for discussion?

Areas of your own strengths?

Areas for you to develop?

Key Take Aways

- Something I learned or relearned:
- Something I was surprised by:
- Something I can definitely incorporate into what I already do:





Thank You!

Please watch your email for the online evaluation and your certificate of completion.

<https://www.surveymonkey.com/r/2>

DZNP8T

Please watch your email for the online
evaluation and your Certificate of
Completion.



ALLIANCE FOR FAMILY EDUCATION AND SUPPORT IN THE HOME

FOR MORE INFORMATION ABOUT THE
EIV PROFESSIONAL DEVELOPMENT PROGRAM:

info@earlyimpactva.org

(804) 359-6166