Module 2
SBIRT: Brief Intervention and Other Treatments

Module 2

SBIRT: BRIEF INTERVENTION AND OTHER TREATMENTS

Goal:
The learner will be able to plan and implement a tailored brief intervention and education to patients with substance use problems.

After completing this activity participants will be able to:
Employ motivational interviewing techniques to develop rapport with the patient

Employ motivational interviewing techniques to facilitate change

Modify the brief intervention for substance use problem as appropriate to the patient or situation including substance used and severity

Provide the patient with education and resources needed

Professional Practice Gaps
Brief interventions in primary care have been shown to reduce alcohol use[1] and illicit drug use[2]. Unfortunately, few PCPs are routinely providing substance use screening or intervention with their patients[3,4].

INTRODUCTION TO BRIEF INTERVENTIONS

What Are Brief Interventions?
Brief intervention: Brief counseling and patient education that can be conducted in a few minutes during almost any clinic visit. Brief interventions include one or more of the following:

Further assessment of the problem
Making a recommendation for more healthy behavior
Suggesting a treatment approach

Example: Motivate the patient who admits having a substance use problem, but who is not seeking treatment. If successful, recommend the appropriate treatment.

All patients that screen positively for a substance use problem should receive a brief intervention – even patients requiring referral. Healthcare providers and/or other staff members can be involved.

Readiness Ruler
Indiana SBIRT has an SBIRT Readiness Ruler (found in the resources at the end of the module) that can help clinicians performing brief interventions. It provides a quick guide to the questions that can help guide a determination of where the patient falls within the range of thinking about change.

What change(s) are you considering?
How important is it that you make this change?
How confident are you that you are able to make this change?

How ready are you to make this change?

Brief Interventions Are Effective!

Even a brief intervention of 3 to 8 minutes can make a difference. Brief interventions are effective in decreasing:

Alcohol consumption[5]
Binge drinking[6]
Tobacco use[7]
Illicit drug use[2]

PRACTICE TIP

Repeating the brief intervention stage at each appointment can be very effective in leading patients to make changes.

GOALS FOR FUTURE PRACTICE

At the end of this module, we will ask you to set some goals for your practice based on what you learned.

BRIEF INTERVENTION: 7 STEPS

The basic steps in a brief intervention are:

Confirm your concern with the patient's responses to screening questions.
Ask the patient's view of the situation, barriers to quitting, and risk factors for relapse.
Discuss their personal responsibility for health effects and other consequences of substance use.
Provide the patient with non-judgmental advice and discuss the benefits of quitting.
Mention treatment options when appropriate and gauge patient's reaction.
Encourage and support the patient. Solicit commitment to a clear goal.
Provide patient education and resources.

PRACTICE TIPS

Ideas for fitting brief interventions in a busy schedule:

Do as many brief interventions as you can in an appointment, but even one is better than none.
For patients who return regularly, a step can be completed at each appointment. Ask if they have given any thought to what you talked about last time.
Involve the whole clinic team. Many of these steps can be achieved by nursing or other staff.

STEP 1: CONFIRM YOUR CONCERN

Present and Discuss Screening Results

Advise the patient that his or her screening answers about substance use indicate a health concern.

Point out your concerns by referring back to the patient's responses.
Verify that the patient was not confused by the questions and that they correctly completed questionnaires.
Give patients ample time to explain their positive answers.
Be clear that you are concerned, but not judging them.

Example Dialogue
I looked over your answers to the questionnaire about how much alcohol you drink. It suggests that the amount you drink in one sitting is sometimes beyond limits for safety and health. Can we talk about that?

PRACTICE TIP
Establishing rapport with the patient will help him or her be open to engaging in a process that will move toward change. Adopting open, encouraging, non-authoritarian body language can help – for instance, sitting at the same level as the patient rather than sitting behind a desk or looking down at a seated patient.

STEP 2: ASK THE PATIENT'S VIEW

Show Interest In Their View of the Situation
Gauge the patient's feelings about his/her substance use to help guide the intervention. Patients who don't think they have a problem will be more resistant to treatment. Labeling it as a problem, before the patient comes to view it that way, may work against establishing agreement on the issue. You can simply describe the behavior instead.

Example Dialogue
Instead of saying:

Provider: *How long have you had this problem?*

It would be better to say:

Provider: *How long have you been experiencing* blackouts *when you drink*?

Responding to the concerns from the patient's perspective will create rapport. For example:

Patient: *The guys I hang with would wonder about me if I didn't smoke weed with them.*

Provider: *It sounds like any plans you come up with to stop using marijuana will have to keep your social situation in mind.*

Identify Risks
Use this opportunity to help patients develop awareness of what factors in their environment make it more difficult for them to quit and stay abstinent.

STEP 3: DISCUSS PERSONAL RESPONSIBILITY

Discuss Personal Responsibility and Consequences
Next, discuss the patient's personal responsibility and consequences of their substance use, including health effects.

Relate the patient's substance use to specific health, medical, or social problems as much as possible.
Allow opportunities for questions, and summarizing, in order to assess the patient's understanding.

Example Dialogue

Provider: *As your health care provider, I'm concerned about the amount you are drinking and how it's affecting your health. It may be contributing to your stomach problem. It's also increasing your risk of heart disease and other harmful medical conditions. Given your family history of heart disease, this is worrisome. You could reduce this risk by drinking within healthy limits.*

It is important to help patients who have a substance use problem to see that they have a choice and to help them connect their substance abuse to its consequences.

Provider: *When you have 4 or more drinks in a night, what sorts of things happen that are not helpful in your life?*

STEP 4: NON-JUDGMENTAL ADVICE

Use non-accusatory language when discussing substance use. Emphasize to your patients that they are not powerless in the situation and help them discover ways in which they do have power. Patients who believe they are being forcefully pushed toward change may resist - a signal to change your approach[8].

Example Dialogue

Here is an approach that is **accusatory** and therefore not:

Provider: *(Example of accusatory tone) You're hurting your health with all your drinking and marijuana use. You've got to quit before it's too late.*

Patient: *You don't know anything about me! I don't think I have a problem. It's not affecting anything that I really care about in my life.*

Here is an approach using **non-accusatory** language:

Provider: *(Example with non-accusatory tone) At your level of use, both alcohol and marijuana could potentially affect your health in serious ways, and I'm concerned about that. For example, because you are of childbearing age and sexually active, drinking alcohol, any alcohol, could harm the development of your fetus if you became pregnant. So I recommend cutting down on the alcohol use and quitting marijuana altogether.*

Patient: *Yeah, well, I guess I knew that already...Like what would happen to the kid? And what other "serious ways" might I experience?*

Benefits Of Quitting

Offer the patient-specific advice about changing his or her behavior, including the benefits. Advise the patient to cut back or abstain, based upon the severity of the problem and the substance involved. Relate the advice directly to the patient's life and health as much as possible.

Provider: *I'm concerned that you have been drinking more lately. You said that drinking helps you relax, but there are other ways to reduce stress that do not involve alcohol. What types of healthy stress management have worked for you? You'll have the added benefit of reducing your risk for heart disease, too.*

PRACTICE TIP

Female patients of childbearing age who may become pregnant should be advised that any drinking can result in fetal alcohol spectrum effects. Depending upon the timing, severity of the alcohol use, and genetic factors, a baby could be born with fetal alcohol syndrome. CDC reports the prevalence of any alcohol use in pregnant women to be 10.2%. The CDC also reports the prevalence of alcohol use in non-pregnant women of childbearing age to be 53.6%.

Though there have been prior guidelines about alcohol use in pregnancy, the American Academy of Pediatrics has found that there is no safe level or time period during pregnancy in which alcohol can be consumed[9]. This means that all patients should be advised to abstain from alcohol throughout their pregnancy in order to prevent negative health effects.

STEP 5: GOALS AND TREATMENT OPTIONS

Once the patient is willing to change his or her problem substance use behavior, help them set realistic goals and agree on a plan to cut back on substance use or quit. Mention treatment options that will meet the patient's goals.

Treatment Plan Options

Many **patients with less serious problems, such as at-risk drinkers**, can be treated in primary care. Treatment options include:

Graduated reductions in substance use
A trial period of reduced substance use.
Total abstinence from the substance.
Medication-assisted abstinence
Naltrexone may be prescribed to help reduce cravings in alcohol use disorder. For example, a brief intervention might include a 30-day trial and re-evaluation. An injectable, long-acting form is also sometimes used in opioid use disorder after detoxification. These uses of naltrexone are FDA approved.
Alcohol abstinence, after detoxification, may also be supported with disulfiram (Antabuse)[9] and acamprosate (Campral®)[10] which are approved by the FDA for this purpose. Gabapentin[11,12] and topiramate[13] are also used in treating alcohol use disorder but this is an off-label use.

For opioid addiction, to prevent withdrawal symptoms, buprenorphine (can be started in the office of a waivered provider) or methadone (referral to a treatment clinic is needed) treatment is indicated.

Caution for Withdrawal from Some Substances

Patients with more advanced physical dependence on alcohol will need medical management of withdrawal, called detoxification until the worst of the symptoms have subsided. Individuals who have engaged in heavy drinking for around a month or more who stop or even significantly reduce alcohol use without medical management can experience severe withdrawal that is potentially life-threatening[14]. It is characterized by delirium tremens (tremors, fever, confusion, sweating, increased

pulse, possible hallucinations) and possible seizures. Treatment typically includes benzodiazepines. Withdrawal from barbiturates and benzodiazepines can be similarly severe. Patients with potential for severe withdrawal should be referred for management by addiction specialists.

STEP 5: GOALS AND TREATMENT OPTIONS (CONTINUED)

Clinical Steps

Help the patient develop a plan for the next 60 days. It should not include quitting until he or she is ready.
Review the treatment plan with the patient.
Make sure that you leave ample time for him or her to ask questions.
Ask the patient to repeat the treatment plan back to you ("teach back" approach) to ensure that he/she understands.
Plan to follow up with a phone call or another appointment.

Example Interventions Regarding Treatment

Provider: Would you be willing to change your drinking habits [or drug use]?

Provider: Can we set a specific date to reduce your alcohol use?

Provider: You may find that this booklet/this website offers some helpful advice on how to go about to cut back on your drinking.

Provider: What do you think would be a good first step in cutting back?"... "How do you feel about this goal and plan?

(Adapt dialogues like the ones above to drug or tobacco use, for which complete abstinence is the final goal.)

Provider: I want to make sure we're on the same page with the plan here. What's your understanding of the plan for the 2 weeks until your next appointment?

STEP 5 (CONTINUED): REFERRALS

Patients With Problems Beyond the Practice

Even patients requiring a referral should have a brief intervention in order to:

Gather details about the history and severity of the substance use
Gauge the patient's willingness for treatment
Enhance motivation
Refer the patient to the most appropriate expert or treatment center

Patients with more severe substance use disorders require referral to specialty treatments, such as a formal treatment program or self-help group, detox, and pharmacotherapy[8,15].

Consider Referral When

A brief intervention appears to be or has previously been insufficient treatment
DSM 5 criteria for severe substance use disorders are met
The patient has a comorbid psychiatric disorder
Patients with polysubstance use disorder

Pharmacological treatments for addiction are needed and are beyond the scope of your practice

Referrals are covered in greater detail in the referral guide.

STEP 6: ENCOURAGEMENT, SUPPORT, AND COMMITMENT

Encourage and Support the Patient

Encouraging and supporting patients as individuals is an important part of brief interventions. Remember that changing habits can be very difficult, but small failures can be reframed as opportunities to learn from mistakes. For example:

Provider: *Don't get discouraged that you drank more than your limit a few times. Try to learn from it instead and remember your goals. Think about what factors were involved and how important it is to you and your family that you lower the risks that are associated with a high level of alcohol use.*

Solicit Patient Commitment

Facilitate patient commitment to goals that are set. For example:

Provider: *Since it seems you are in agreement that cutting back on your drinking to keep it within the healthy limits is a good idea, how would you feel about making a commitment to doing that for the next few weeks until we meet again?*

PRACTICE TIPS

Capitalize on past successes and strengths. Successful weight loss, following a diabetic diet, getting a new job, etc. are all positive past goals that you can relate to treatment for substance use disorder, while still emphasizing the relative seriousness of the disorder. Explore and capitalize on the patient's strengths and existing resources, such as a supportive spouse or partner, family, or friendship network.

STEP 7: PATIENT EDUCATION

Provide Patient Education and Resources

Patient education materials help reinforce and expand upon the information discussed during the brief intervention. Provide verbal education supported by printed or online educational materials and also give information on community resources.

[8,15]

PRACTICE TIP

Consider your patient's health literacy level – it is not necessarily based on race, gender, education level, or socioeconomic status. A high income, middle-aged, aeronautical engineer may not have any better understanding of alcohol's effect on sleep or the liver than you have of space shuttle electrotechnology.

QUIZ: BRIEF INTERVENTION STEPS SUMMARY

Question: Of the seven steps of brief interventions for substance use problems that were just covered, please check any that you would like to focus on improving in your practice:

Confirm that the patient's screening answers indicate a concern
Feedback: Good choice!
Ask about the patient's view of the situation, including identifying barriers to quitting and risk factors for relapse
Feedback: Good choice!
Discuss the patient's personal responsibility, health effects and other consequences of substance misuse
Feedback: Good choice!
Provide the patient with non-judgmental advice and the benefits of quitting
Feedback: Good choice!
Mention treatment options, if appropriate, and gauge patient's reaction; help them set personal goals
Feedback: Good choice!
Encourage and support the patient, including soliciting patient commitment to a clear goal
Feedback: Good choice!
Provide patient education and resources
Feedback: Good choice!

VIDEO: BRIEF INTERVENTION: ALCOHOL

Video: The video "SBIRT: Brief Intervention: At-Risk Alcohol Use"[16], which illustrates follow-up after a positive screening for alcohol use, can be found here:
https://www.youtube.com/watch?v=ebsqETBWEdQ

The video shows a provider following up on a positive screening questionnaire for alcohol use, by reviewing the results of that questionnaire, asking a few additional assessment questions to clarify the patient's unique situation, and providing a brief intervention.

Steps that he takes include:

He first uses a motivational interviewing technique of building rapport and patient confidence by congratulating her on quitting smoking.
Reviewing and clarifying screening results, clarifying what is meant by one "drink."
Advises the patient of recommended limits for alcohol use, emphasizing the relevance to her health
Uses the motivational interviewing technique of evoking and eliciting her feelings about this information
Assesses the patient's readiness to quit
Enhances patient motivation through exploring positives and negatives of her drinking
Uses reflective listening
Facilitates the patient's planning to take steps toward quitting
Plans a follow-up appointment

QUIZ: CASE STUDY – MR. MIKE MARTIN

In this practice, the patient is given the AUDIT to fill out if they say they use alcohol during intake. Read the following case information and dialogue and answer the question at the bottom.

Patient: Mr. Mike Martin

Age: 31 years old

Scenario: Mr. Martin presents with mild flu-like symptoms. During the patient interview, you asked him about alcohol, tobacco, and illicit drug use. As well as, the misuse of prescription drugs. He reported that he used to smoke occasionally and currently drinks alcohol, but does not use illicit drugs or misuse prescription drugs.

Provider: *May I ask questions that help me understand your alcohol use?*

Mr. Martin: *Sure, go ahead.*

Provider: *I'll read them from a questionnaire. First, how often do you have a drink containing alcohol?*

Mr. Martin: *4 or more times a week (4 points)*

Provider: *How many drinks containing alcohol do you have on a typical day when you are drinking?*

Mr. Martin: *5 or 6 (2 points)*

Provider: *How often do you have six or more drinks on one occasion?*

Mr. Martin: *Less than monthly (1 point)*

Provider: *How often during the last year have you found that you were not able to stop drinking once you had started?*

Mr. Martin: *Never (0 points)*

Provider: *How often during the last year have you failed to do what was normally expected* of *you because of drinking?*

Mr. Martin: *Less than monthly (1 point)*

Provider: *How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?*

Mr. Martin: *Never (0 points)*

Provider: *How often during the last year have you had a feeling of guilt or remorse after drinking?*

Mr. Martin: *Monthly (2 points)*

Provider: *How often during the last year have you been unable to remember what happened the night before because you had been drinking?*

Mr. Martin: *Less than monthly (1 point)*

Provider: *Have you or someone else been injured as a result of your drinking?*

Mr. Martin: *Yes, but not in the last year (2 points)*

Provider: *Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?*

Mr. Martin: *Yes, during the last year (4 points)*

AUDIT Interpretation: 8 or more points identifies potential alcohol use disorder
([1], reproduced from WHO as part of the public domain)

Did Mr. Martin have a positive AUDIT for alcohol use problems?
Choose one

Yes
Feedback: Correct. Mr. Martin had a positive AUDIT. He scored 16 points and the cutoff for a positive test is 8.
No
Feedback: Incorrect. Mr. Martin had a positive AUDIT. He scored 16 points and the cutoff for a positive test is 8.
Not enough information/AUDIT administered incorrectly
Feedback: Incorrect. Mr. Martin clearly had a positive AUDIT. He scored 16 points and the cutoff for a positive test is 8. Having Mr. Martin fill out the questionnaire himself was appropriate.

QUIZ: MR. MARTIN – INTERVENTION 1

Read the following case information and dialogue and answer the question at the bottom.

Patient: Mr. Mike Martin

Age: 31 years old

Scenario: After using the AUDIT screening tool to conclude that Mr. Martin may have an alcohol use disorder, you define recommended drinking limits for men and mention that you are concerned about his drinking.

Provider: *I am concerned about the amount you are drinking because your 20 to 24 drinks per week is above the limit recommended for health of no more than 14 drinks per week.*

Mr. Martin: *Well thanks for caring, but I'm not really concerned. It's not a problem for me. It's no big deal.*

Of the following, what is best to say to Mr. Martin next?
Choose one

"I hear you. My concern is that the level you are drinking could eventually cause problems for your health and your life in general, and might be already. What do you think?"
Feedback:
This approach was effective because, first, it lowered Mr. Martin's resistance by using reflective listening skills to repeat back what he said. It then took advantage of the lowered resistance and invited him to consider more deeply whether drinking has the potential to cause problems in his life.
"You're putting yourself in real danger if you keep consuming alcohol at these levels."
Feedback:
Empty threats are not a useful approach. Instead, try to tie Mr. Martin's drinking to actual consequences in his life.
"What about other drugs then, what sort of other drugs do you use regularly or have you tried?"
Feedback:
You should assess the alcohol use problem before you ask about other substance use.
"OK then, come talk to me in the future if you want to cut back and we'll set up a treatment plan."
Feedback:
You should not let Mr. Martin off that easily. Gentle invitations to at least think about taking the next step can be motivating.

QUIZ: MR. MARTIN – INTERVENTION 2

Read the following case information and dialogue and answer the question at the bottom.

Patient: Mr. Mike Martin

Age: 31 years old

Scenario: After further discussion, Mr. Martin becomes open to cutting back on his drinking.

Mr. Martin: *I don't really think that I have a problem, but the hangovers are killing me so it probably wouldn't hurt to cut back a bit. I'm not as young as I used to be and drinking during the week makes it really tough to get up in the mornings.*

What would you say to Mr. Martin next?

Choose one

"Great! But instead, try to cut out drinking completely for a few weeks and see how that goes."
Feedback: Incorrect. Mr. Martin said that he was willing to cut back, but not quit drinking. Suggesting that he stop completely pushes him beyond his level of readiness and could lead to him making no behavior changes at all.
"Great! If you cut back on how often and how much you drink, I think you will feel better, find it easier to get up in the morning and improve your overall health."
Feedback: Correct! Repeating Mr. Martin's intention to cut back and his motivation of being able to get up in the morning lets him know that you understood him. Specifying that he should do less drinking on fewer days sets a clear goal for him. Note: Less than 3 minutes was spent on this brief

intervention so it is not billable, but it may help prepare him to be more receptive to a brief intervention at his next appointment.
"It's a start! But you really need to stop drinking entirely to have any health benefits."
Feedback: Incorrect. There is plenty of research that shows that minimal alcohol consumption is not harmful and may actually be beneficial in some instances, so this statement is not always true. Although many people do need to stop drinking entirely and this would be determined by a thorough assessment.
"Great! Hopefully, it's not too late to reverse the damage that you have already done by drinking heavily for years now."
Feedback: Incorrect. Making Mr. Martin feel guilty about his past drinking behaviors is not effective; instead, support and encourage his willingness to cut back on his alcohol intake.

QUIZ: MR. MARTIN – INTERVENTION 3

Read the following case information and answer the question at the bottom.

Patient: Mr. Mike Martin

Age: 31 years old

Scenario: Mr. Martin leaves, contemplating what has been discussed and just starting to think about quitting drinking.

Which of the following patient education materials do you want to provide?
Choose one

Rethinking Drinking
Feedback:
This title sounds like a good match. Mr. Martin is just starting to think about reducing his drinking and this might support that process.
Residential Alcohol Treatment Centers
Feedback:
It isn't clear that Mr. Martin needs this level of care and he is not at a stage where he is ready to seek treatment
How Much Is Too Much?
Feedback:
This is the 2nd choice after Rethinking Drinking. This topic was already covered in today's clinical encounter and he already is thinking about quitting. But patient education could be used to reinforce this information. Ideally, choose education materials that also help move Mr. Martin closer to quitting.
Alcohol in the United States
Feedback:
This topic sounds too broad, considering Mr. Martin is already starting to think about addressing his alcohol problem.

REIMBURSEMENT FOR ALCOHOL AND DRUG SBIRT

Using General Billing Codes

When insurance does not pay for SBIRT, one can "up-code" if the office visit meets the criteria, such as additional time or 3 chronic conditions (tobacco and alcohol use disorder could be two of those conditions). For example, you could use the 99214 code if you spend 25 minutes on the visit, and half is spent in health education[15]. This is used instead of code 99213, which is the code for a regular 15-minute office visit. The 99214 code is about 40 dollars more than a 99213.

Behavioral Health Providers

For Medicaid, the following conditions must be met in order to bill when a behavioral health provider (BHP) sees the patient rather than a Medicaid qualified medical provider:

Medical provider has initially seen patient
Medical provider must be able to provide evidence of management of the patient's care
Medical provider employs the BHP or BHP employed by same entity as medical provider
Medical provider must be readily accessible by phone or pager and able to return to office

Professionals who can apply as behavioral health providers include nurse practitioners, counselors, and social workers.

ICD Codes for Substances

When a diagnosis code is needed, ICD-10 codes in the F10 to the F19 section for mental and behavioral disorders due to psychoactive substances are used, for example:

F10 is for alcohol
F11 is for use of opioids
F14 for use of cocaine
F17 for use of nicotine

A modifier code is applied after a decimal point according to sub-type: F1x.1 is for harmful use, F1x.2 is for dependence syndrome, F1x.3 is for withdrawal state. For example, F10.2 is the code for "Alcohol Dependence Syndrome"

The ICD-10 version of codes is the current one and must be used by October 2015.

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SPECIFIC BILLING CODES

Example

Patient: Mr. Mike Martin

Age: 31 years old

Mr. Martin's Billing: In the case presented, Mike has insurance that covers SBIRT services. Twenty minutes of his visit was spent evaluating and counseling him regarding his alcohol use problem, so a 99408 CPT code was used and reimbursed.

Using Specific Billing Codes

Are you hesitant to perform screening and brief interventions in your office because you are not sure how to bill the service? SAMHSA published the following information on billing codes to assist with billing, but note that the amounts may be specific to a particular state or insurance carrier. Check with your own state for up to date and state-specific information.

Payer: Commercial Insurance

Code	*Description*	*Fee Schedule*
CPT 99408	Alcohol and/or substance abuse (other than tobacco) structured screening (e.g., AUDIT, DAST) and brief intervention services; 15 to 30 minutes	$33.41
CPT 99409	Alcohol and/or substance abuse (other than tobacco) structured screening (e.g., AUDIT, DAST) and brief intervention services; greater than 30 minutes	$65.51

Payer: Medicare

Code	*Description*	*Fee Schedule*
G0396	Alcohol and/or substance abuse (other than tobacco) structured screening (e.g., AUDIT, DAST) and brief intervention services; not provided as screening services, but performed in the context of the diagnosis or treatment of illness or injury, 15 to 30 minutes	$29.42
G0397	Alcohol and/or substance abuse (other than tobacco) structured screening (e.g., AUDIT, DAST) and brief intervention services; not provided as screening services, but performed in the context of the diagnosis or treatment of illness or injury; greater than 30 minutes	$57.69

Note: Medicare may not pay for screening unless specifically required by statute[15]. See the Medicare Learning Network for education on policy changes and up to date information.

Payer: Medicaid

Code	*Description*	*Fee Schedule*
H0049	Alcohol and/or drug screening	$24.00
H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	$48.00

MOTIVATIONAL INTERVIEWING

What is Motivational Interviewing?

> Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to stimulate personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion" [18].

Communication skills adapted from this counseling technique can help motivate patients toward change. Motivational interviewing differs from an advice-giving approach by recognizing the expertise of the patient on his or her own motivations and guiding the patient to examine and resolve his/her ambivalence about the problem[18]. These techniques have been shown to be effective in helping people overcome substance use disorders and other changes.

MOTIVATIONAL INTERVIEWING PROCESS

Four processes or areas are involved in Motivational Interviewing: Engage, Focus, Evoke, Plan[18].

1. Engage

Introduce the topic with openness, concern, and lack of judgment to establish rapport. Establishing rapport with the patient decreases defensiveness and increases openness to the possibility of change.

Skills helpful in the first stage and later stages can be remembered through the acronym OARS:

O

Open-Ended Questions

A

Affirmations – Express optimism and reinforce success. Expressing acceptance and affirmation are important[19]

R

Reflective Listening – Paraphrase what patient says to show you're listening

S

Summaries – Combines all the information that's been presented for clarification with a focus on content and feelings

[20]

Provider: *I found some signs of drug use in your physical exam and lab tests, and, because I care about your health, I'd like to explore ways I can help you. What can you tell me about it?*

2. Focus

Focusing involves collaboratively selecting a target behavior to focus on in the current appointment based on patient's concerns. Not only is identifying a target behavior necessary, but also the patient's

reasons, motivation level, and steps they will take. In this stage, a provider can utilize the ask-tell-ask method of communicating with patients:

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Example: In this process, the provider can include assessing how ready the patient is to make a change:

Provider: *How ready are you to quit – on a scale of 1 to 10?*

Ask – Ask permission to provide information or advice
Tell – Provide information that relates to patient's concerns
Ask – Pay attention to and ask for patient's reaction and understanding

MOTIVATIONAL INTERVIEWING PROCESS (PART 2)

Four processes or areas are involved in Motivational Interviewing: Engage, Focus, Evoke, Plan[18].

3. Evoke

Evoking involves directing the interaction toward increasing the patient's readiness for change. This involves evoking or reinforcing the patient's statements about changing or "Change Talk." A simple way to evoke motivation is to have the patient create a chart of advantages and disadvantages of changing their behavior versus not changing[20].

Use open-ended questioning and reflective listening to elicit the patient's own recognition or concerns about a problem; and desire, intention, and ability to change. For example, say:

Provider: *How is your drinking affecting your life?*

Patient: *It's ruining my marriage!*

Provider: *It sounds like your marriage is very important to you; you don't want to harm it.*

4. Plan

In motivational interviewing, the client comes up with his or her own plan for change[21]. Elicit a plan from the patient for the next 30 to 90 days. The plan is based on the patient's current stage of change and does not need to include quitting if the patient isn't ready. It is best if the plan is attainable and objectively measurable[20]. For example, ask:

Provider: *What* step*s, if any, can you do in the next month to move in the direction of thinking about quitting?*

If they cannot think of any, ask if they can commit to a follow-up appointment.

VIDEO: MOTIVATIONAL INTERVIEWING

The following video illustrates the use of motivational interviewing in a patient interview related to substance use.

Video: The video “Motivational Interviewing”[22], which illustrates a patient interview related to

substance use using Motivational Interviewing, can be found here: https://www.youtube.com/watch?v=cOlb7ADwsMw

As you watch the video, notice how the provider uses various techniques from motivational interviewing (MI), such as empathy, reflective listening, and open-ended questions, to achieve the four steps of MI:

Engage
Focus
Elicit
Plan

Note: Other modules in the program and the companion programs, https://bup.clinicalencounters.com/ cover how to navigate the treatment of patients with challenges such as those of the patient in the video. For example, this provider needs to determine whether she will prescribe 2 weeks of Vicodin, start a taper and alternative pain management treatment with or without medication-assisted treatment such as buprenorphine, encourage the patient to return to the last prescribing provider, or let the patient either suffer withdrawal or continue to obtain the medication from "friends."

MOTIVATIONAL INTERVIEWING COMMUNICATION SKILLS

Asking Rather Than Telling

Eliciting insights from the patient may take a little longer than simply providing advice. However, if time permits, this patient-centered approach can be used to increase the effectiveness of brief interventions.

For example, rather than **telling** the patient about all health problems that can be caused by using tobacco, try **asking** about the patient's knowledge about this instead. For example, you might say:

Provider: *Tell me what you already know about the health problems associated with smoking.*

Patient: *Well, everyone knows it can cause lung cancer.*

Provider: *Yes, that's a possibility – and there are many other possible health effects. [Names a few, including lung cancer] How does that compare to what you want for your own health?*

Patient: *Well, I certainly don't want lung cancer!*

Provider: *What effect does that have on your desire to continue smoking?*

Patient: *(long pause) I just always told myself I'd quit next week or next year. Now it's been 20 years. I guess it's time.*

Affirmations

By affirming that you think your patient can achieve sobriety and that others have been successful at it, you build their confidence.

Patient: *I don't know if I can do it. They say quitting is tough.*

Provider: *Yes, but I've known you for a while and I've seen you face some serious health problems and do what had to be done. I think you have it in you to do this with enough support. I want to help with that.*

Use of Pauses

Pauses are a powerful way to draw people out without asking further questions. After making a simple question or a reflective statement, pause and wait patiently. Most people will fill the pause.

Provider: *That sounds difficult. (Wait after asking the question. Try counting five breaths.) What do you think? (Count five more breaths.)*

Patient: *(Eventually, sighing) Yes, it is. I suppose it is time I do something about it.*

COMMUNICATION SKILLS (CONTINUED)

Employ Active Listening

Repeating back to the patient what you heard is called "active listening" or "reflective listening." Use your own style to reflect back to them a summarized version of what they said. Rather than repeating everything, choose statements that have a relatively strong emotional component. Discussing concerns using the same words and phrases as the patient helps them feel heard and understood. Use your judgment so you don't seem condescending. For instance:

Patient: *It's not easy quitting! My wife doesn't know. She's never had to kick an addiction. And my brother just says I brought it on myself.*

Provider: *So it seems no one understands what you're going through.*

Ask Open-Ended Questions

Avoid questions that have a yes or no answer. For instance, instead of asking, "Do you drink very much?" ask the following:

Provider: *How much alcohol do you drink in a week?*

Patient: *Maybe 12 beers.*

Provider: *What* is *the most you drink in a single night?*

Patient: *4 or 5 beers.*

PRACTICE TIP

Summarizing key elements of what the patient said also helps build rapport by showing them that you have been listening and understand.

QUIZ: MOTIVATIONAL INTERVIEWING APPROACH

Question: Which of the following statements is consistent with a motivational interviewing approach to working with a patient?

Choose one

You have to be tired of always waking up with a hangover.
Feedback: Incorrect. While this response shows empathy, it is also critical and tells the patient how they feel, rather than evoking their feelings.
Do you think you have a drug problem?

Feedback: Incorrect. While this question does elicit patient thoughts, it is somewhat judgmental by labeling drug use a problem.
You should not smoke around your family.
Feedback: Incorrect. This statement is authoritarian and directive rather than treating the patient as a partner, having authority in their own healthcare.
Can we look at any good or bad effects of drug use have in your life, first looking at the good?
Feedback: Correct. Exploring both sides of a poor health behavior is an approach used in Motivational Interviewing. Starting with the good can lower patient resistance.

MORE MOTIVATIONAL INTERVIEWING SKILLS

Highlight the motivation patients already have

When assessing motivation using a scale of 1 to 10 you can highlight the existing emotion by asking why their motivation is not *lower*. This is likely to elicit some statement of motivation, whereas asking, "Why not *higher?*" is likely to elicit excuses. Also gauge the patient's confidence in his/her ability to change and readiness for change[23]. For example:

Provider: *How ready are you to quit – on a scale of 1 to 10?*

Patient: *I'd say a 4.*

Provider: *Why not lower?*

Patient: *Lower?....'Why not lower?' Um, well, there's my job, that's important to me.*

Resolve ambivalence

Patients often have a high degree of ambivalence about changing their addictive behavior[20]; they want both the pleasures of indulgence and the benefits of restraint. Help the patient explore, articulate, and clarify ambivalence he or she may have about the problem behavior. Highlight discrepancies in what the patient says in order to produce internal tension that can lead to change. For example, say:

Provider: *From what you say, drinking is important to your social life, while at the same time, it is hurting your most important relationships. What do you think about that?*

Patient: *Keeping my boyfriend is really more important.*

MOTIVATIONAL INTERVIEWING PRINCIPLES

Understand the patient's view accurately

Verify that you understood what they said by using reflective listening.

Patient: *It's not that I don't want to quit. It's driving a wedge between me and my wife. But I just can't quit. It's what my friends and I do when we get together.*

Provider: *From what you say, drinking is important to your social life, while at the same time, it is hurting your most important relationships. What do you think about that?*

Patient: *Right. That pretty much sums up my problem.*

Avoid or de-escalate apparent resistance

Upon careful examination, what appears to be resistance can often be divided into:

The patient has strong reasons for continuing the behavior that needs to be discovered and addressed, and/or
Something has led to discord in the provider-patient relationship.

Discord in the provider-patient relationship in this situation often relates to the patient's strong reasons for continuing the behavior. It may also involve not feeling that you acknowledged them sufficiently. Additionally, the patient may be afraid to talk about the strong reasons to sustain the unhealthy behavior for fear of having to give up something very important to them.

One way to help the patient past the fear or taking offense is to attempt to repair any discord that has developed by offering empathy, compassion, and understanding;

Provider: *Sounds like you've been going through a rough time.*

Another way to approach apparent resistance is to be willing to compromise. If the patient is not ready to talk about the problem behavior, try talking about a less-threatening health behavior, like getting enough sleep or exercise, just to introduce the topic of change.

Provider: *Let's focus on your sleep problem first.*

Remembering a past success in changing a health behavior may build self-efficacy about the current problem. The patient may be more open to talking about the problem behavior at the next visit.

Provider: *I remember being impressed when you completely cut out all caffeine a couple years ago. How did you go from drinking 3 or 4 cups of coffee a day to not drinking any coffee at all?*

Another approach for apparent resistance is called Rolling with the resistance. Instead of confronting a patient who resists change, try agreeing with them.

Patient: *If I quit drinking I'll lose my friends.*

Provider: *That may be. Some of your current friends may not be supportive.*

Patient: *Well, I suppose the ones I'd lose aren't really my best friends.*

18,24,25

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[18,24,25]

QUIZ: MOTIVATIONAL INTERVIEWING SUMMARY

Question: Of the Motivational Interviewing skills, steps, and principles that were just covered, please check any that you would like to focus on more in your practice. Remember, you do not have to use all of them in one sitting. Even remembering and using one of them can be helpful in motivating a patient**(check all that apply)**:

Establish rapport through openness and expressing concern
Feedback: Good choice! After you have integrated rapport-building into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.
Evaluate and resolve ambivalence

Feedback: Good choice! After you have integrated evaluating and resolving ambivalence into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Use active listening; understand the patient's view accurately

Feedback: Good choice! After you have integrated active listening into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Ask open-ended questions

Feedback: Good choice! After you have integrated open-ended questions into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Be non-judgmental; use non-accusatory language

Feedback: Good choice! After you have integrated being non-judgmental and non-accusatory into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Express empathy

Feedback: Good choice! After you have integrated expressing empathy into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Avoid or de-escalate resistance

Feedback: Good choice! After you have integrated de-escalating resistance into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Assess motivation

Feedback: Good choice! After you have integrated assessing motivation into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Elicit statements of motivation

Feedback: Good choice! After you have started eliciting statements of motivation from your patients, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Ask rather than tell

Feedback: Good choice! After you have integrated asking rather than telling into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Help patients make their own plans for change

Feedback: Good choice! After you have integrated helping patients make their own plans for change into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Compromise on partial solution or treatment

Feedback: Good choice! After you have started compromising with patients on a partial solution in your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

Summarize the SBIRT discussion and treatment plan at the end of the appointment

Feedback: Good choice! After you have integrated summarizing the SBIRT discussion and treatment plan into your practice, select one or more other Motivational Interviewing techniques and continue until you have integrated all of them.

VIDEO: MOTIVATIONAL INTERVIEWING

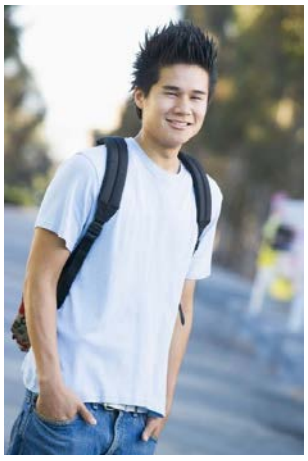
Video: The video “SBIRT Brief Intervention Pre-Contemplative Stage, Moderate Risk Client”[26] which illustrates a provider talking to a patient having moderate risk for substance use problems and in an early stage of change, can be found here: https://www.youtube.com/watch?v=25kE7p0-V0M

The video shows a provider talking with a client who is in the moderate risk category but only in the pre-contemplative stage, meaning he is not thinking of addressing his substance use problem. The provider completes the following motivational interviewing and other counseling steps to try to move him forward to at least the contemplating change stage by helping him recognize that he has a problem. She:

Affirms that the provider appreciates his willingness to answer questions and asks permission to discuss the patient's substance use.
Explains the provider's reasons for wanting to talk about the problem, using affirmation and reflection, to build rapport.
Highlights the discrepancies between the patient's values and goals and his behavior ("On one hand you...., but on the other hand you....").
Uses reflective listening.
Asks permission to provide feedback, and then provides education on unsafe drinking limits and its effects.
Elicits the patient's thoughts on information provided.
Facilitates the patient looking at the pros and cons of heavy drinking.
Elicits the patient's emotions and thoughts about the downside of heavy drinking.
Assesses the patient's stage of change and what it would take to move toward change.

MOTIVATIONAL INTERVIEWING WITH TEENS

Effectiveness and Limitations of MI With Teens



Effectiveness: Motivational Interviewing is also an effective intervention for substance use problems with teens[27]. It can be well suited for adolescents who are rebellious because it avoids confrontation.

The techniques for eliciting motivations and examining ambivalence can be especially useful for mobilizing teens who are not ready to consider quitting. Reflective listening in combination with a non-judgmental approach gives teens a sense of being heard, which they often long for at this age. Similarly, their typical craving for autonomy is met through the process of eliciting their opinions. Finally, their often shaky sense of identity and self-esteem is calmed by meeting them where they are, developing rapport, and providing positive feedback, such as admiring their resourcefulness or expressing your faith in them.

Limitations: There are some considerations when working with teens, however.

Complete autonomy in determining to drink cannot be achieved, because drinking is illegal for people under age 21.
Minors are subject to more social restrictions on drinking than adults. For example, by parents and school.
Confidentiality may need to be broken if the teen's safety is at stake – see guidelines below from the AAP for when to consider breaking confidentiality.
The goals teens set need to consider safety. Because they are still developing, they may need assistance in use of good judgment.

Considerations When Working With Teens

Include parents and potentially other family members in the patient education component.
For driving when using alcohol or drugs, or being a passenger for a driver who has used them, provide education on risk and a safety plan.
Other signs of acute danger include hospital visits related to substance use, IV drug use, combining substances (especially alcohol and benzodiazepines, barbiturates, or opiates), consuming potentially lethal doses or large volumes of alcohol.
If breaking confidentiality is being considered, discuss what details will be revealed with the teen.

PRACTICE TIP

Look for brief check-in appointments in which there might be time to add a discussion of SBIRT topics with teens, such as a follow up on acne treatment.

ESTABLISHING RAPPORT AND MEETING TEENS WHERE THEY ARE

Establishing Rapport

In order to encourage teens to open up to you enough to do an intervention about substance use, establishing rapport will be critical. The following steps are important:

Talk to the teen alone
Explain a confidentiality policy that you will not tell parents about your conversation if the patient is not in danger. Parents should be made aware of this policy, too.
Explain that you talk with all teens about this, not just them
Emphasize that you are on their side and your goal is their health and sound medical advice.

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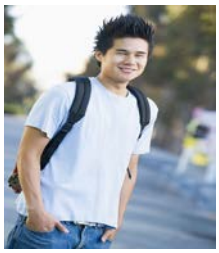
Motivating Teens According to Their Stage of Change

Stage	*Intervention*
Abstinence	Positive reinforcement; patient and parent education to prevent or delay substance use
Experimentation	Encourage abstinence/cessation and promote patient strengths
Limited use	Encourage cessation and promote patient strengths

Stage	***Intervention***
Problematic use (Mild)	Brief interventions to motivate behavior change, such as advice to stop and education on health effects and risks or a signed contract to stop problem use, close follow-up; consider breaking confidentiality and referral
Moderate substance use disorder	Same as for problematic (mild) use above, plus exploring ambivalence, refer for comprehensive assessment and treatment
Severe substance use disorder	Same as above plus encourage parental involvement, enhance motivation to accept referral

SAMPLE TEEN CASE

15-year-old Marco presents for a TB test to get a job at a restaurant. He answered the screening questions that he does have friends who drink and use drugs but answered no to these questions about himself.



Provider: *I see you have some friends who use alcohol and drugs. I want to encourage you to stay safe and healthy and not get caught up in their drug and alcohol use. How could you plan to stay safe and healthy around them?*

Marco: *Uh, I don't know. I just haven't done that stuff. (Looks at the floor, raising the clinician's suspicions)*

Provider: *The safest thing is to not take even just a little. How many times have you tried just a sip or just a little of a drug?*

Marco: *(Shrugs)*

Provider: *I know it's kind of hard to talk about, but I think it's really important. That's why I made sure we could be alone to talk about this and I want you to know that our conversation will remain just between the two of us – unless you are in danger. I talked with your parents and let them know that's my policy. I talk to all my adolescent patients about this, not just you, because I think it's so important.*

Marco: *Sure, okay.*

Provider: *So, what have you tried or thought about trying?*

Marco: *I did get drunk once... and I took something at a party, but I don't know what it was.*

Provider: *As a health professional, hearing that you didn't know what it* was, scares *me, because of the risk of overdose or other harmful effects of many substances. What do you think about it now?*

CULTURAL CONSIDERATIONS

Overview

Interventions for substance abuse and treatment may need to be individualized for different populations. Customization is based on needs and experiences, which can include mistrust, acculturation, discrimination, and family structure. Applying standard approaches in such circumstances can make diagnosis and treatment more difficult, and conversely, accommodating such circumstances can improve outcomes[28].

Racial and Ethnic Groups

Members of certain racial and ethnic groups have a relatively higher proportion of individuals who benefit from a particular form of therapy. For example, in comparison to standard therapy, Alaskan Native, and American Indian populations, on average, have responded well to Dialectical Behavior Therapy (DBT) including the use of mindfulness in order to overcome addiction cravings, combined with tribal and spiritual practices from their culture[28]. Another difference that may be encountered in a number of cultures is a preference for an authoritarian provider. For example, some Asians may have this preference. In this case, patients may prefer less participation in decision-making.

LGBT Populations

LGBT populations (lesbian, gay, bisexual, and transgender) may be at higher risk for substance use problems and may delay entering treatment until their issues are severe[28]. This may be linked to experiences with social isolation, homophobia/transphobia, family dynamics, or violence that make them more susceptible to substance use and more hesitant to seek out help when needed[28]. Treatment approaches should acknowledge these factors and tailor the treatment toward dealing with them alongside the substance use. CBT, social support therapy, contingency management, and motivational interviewing have all shown positive benefits when initiating addiction treatment with some LGBT populations[28].

Veterans

Substance use disorder affects a high percentage of veterans; 7.1% meet the criteria[28]. This may be connected to their high rate of PTSD, which is a risk factor for substance misuse. PTSD and substance misuse contribute to each other and must be addressed in combination for successful treatment. Acknowledging and treating both substance misuse and PTSD within treatment results in patient improvement in both areas[28].

In Custody

Individuals within the criminal justice system are at increased risk for substance use issues. About half of the prison population in the United States has a substance use disorder[28]. Compounding the issue is that fact that these populations undergo enforced abstinence while in prison, which often leads to untreated withdrawal. Being in custody also lowers tolerance for addictive substances and thus increases the risk of overdose when released[28]. In summary, this at-risk group needs specialized

care to ensure they receive appropriate treatment while incarcerated as well as have a good base of recovery when released.

CASE STUDY – MS. ASHLEY MASON

Adapting Brief Interventions to Quitting Tobacco

Patient: Ms. Ashley Mason

Age: 28 years old

Scenario: Ms. Mason is visiting the clinic for an upper respiratory infection, which she has frequently. She smokes one and a half packs per day and has smoked for the past ten years. Her drinking of alcohol is within recommended limits and she denies use of illicit drugs or misuse of prescription drugs. She said she is not interested in quitting tobacco.

Motivating a Smoker Who is Not Ready to Quit

To motivate a tobacco user who is not yet willing to quit, start with simple advice:

Advise the patient to quit.

> Deliver this advice in a straightforward clear, strong, supportive, positive, and personalized manner. For example:
>
> I feel it is essential to let you know that quitting tobacco use is one of the most important steps for you to take to protect your health, now and for years to come. My staff and I can help you quit.

Elicit awareness of the benefits or rewards of quitting using motivational interviewing techniques.

> For example, ask open-ended questions:
>
> What improvements in your health will you experience when you quit?

Be sure to include the personal, specific health issues and the effects of secondhand smoke and their loved ones.[7]. In Ms. Mason's case, mention her frequent upper respiratory infections.

Help patients identify challenges and roadblocks to quitting and ways to address each of them.

> For example:
>
> What's the biggest obstacle to your quitting? ...What's worked for you in the past when you faced similar obstacles?

Provide the local quitline number or the national one: 1-800-QUIT-NOW for continued support in finding the motivation to quit.

MS. MASON – READY TO QUIT

Ms. Mason

Treat Tobacco Use If They Are Ready to Quit

Ms. Mason returns two months later with another upper respiratory infection. She thought about what was covered in the brief intervention two months ago and says she is now ready to quit smoking.

How are brief interventions for quitting/reducing use **of a substance adapted for tobacco cessation?**

Brief interventions for tobacco cessation differ from those for other substances in that a medication is typically part of it. Furthermore, unlike alcohol, there is no healthy level of tobacco use, so complete cessation is recommended. A brief intervention to support a tobacco user in quitting ideally includes both of the following:

Counseling or referral for counseling to support quitting
Medication to support quitting

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MS. MASON – PREPARING TO QUIT TOBACCO

Ms. Mason

Several quick steps during an office visit or hospital stay can help the patient in their quit attempt. Using motivational interviewing techniques, help them develop a plan for quitting and facilitate problem-solving:

Set a date to quit. Note – For some people, starting immediately is effective. For others, getting everything in place first feels important.
Tell the people in their lives that they are quitting. This includes asking for support and asking those who use tobacco to join them in a quit attempt or not use it around them.
Anticipate challenges, including withdrawal symptoms, and address them. Review what was learned from previous quit attempts.

Remove tobacco and triggers to using it from their environment. For example, throw out cigarette lighters.
Recommend complete abstinence and avoiding alcohol.
Advise the patient of the local quitline number or provide the national number: 1-800-QUIT-NOW.

Note: Intensive interventions (longer, over 15 minutes) and more frequent sessions have been shown to be more effective than a brief intervention[7], so arrange for further sessions or make a referral to a local counselor or program specializing in tobacco cessation if the patient is interested.

Medication for tobacco cessation is covered on a following page. Most patients will have their chances of success in quitting tobacco improved by the addition of a tobacco cessation medication[7].

PRACTICE TIPS

Patients who are ready to quit should receive brief counseling to help them prepare for challenges they might experience when quitting.
Most patients quitting tobacco should be offered medication to support their quit attempt. Exceptions are specific groups for which there is no evidence of effectiveness, such as pregnant women or teens.
Patients may benefit from the local quitline number or the national quitline number: 1 800-QUIT-NOW (784-8669), a free resource.

QUIZ: MS. MASON – PREPARING TO QUIT

Read the following dialogue and answer the question at the bottom.

Provider: *Can we talk about some ideas that might make quitting easier for you?*

Ms. Mason: *All right.*

Provider: *How can you prepare the people in your life and your home so that you are supported and not tempted to start smoking again?*

Ms. Mason: *Well, I know that I need to throw out everything I use to smoke, like my lighter, my cigarettes, and my ashtrays. If I don't, I'll want a cigarette when I see them. I'll avoid the smokers at the bar. Also, I've got to get my boyfriend on board in supporting me.*

Provider: *These are some great ideas for preparing your environment and relationships! And avoiding alcohol will improve your likelihood of succeeding. What else have you learned from your previous attempts to quit that you can use now?*

Ms. Mason: *I need something to help stop the craving. It's so hard at times! Maybe chewing gum.*

Provider: *I understand and can sympathize that dealing with the craving can be difficult. Chewing gum may be a good distraction. We should also talk about adding a medication to help with withdrawal symptoms. With all this in mind, perhaps we can talk about setting a specific date to quit in the near future.*

Question: Of the following elements of Motivational Interviewing, which ones did the provider use during this sample dialogue with Ms. Mason?

Choose all that apply

Active listening
Feedback: Correct. This skill was used a little. For example, the provider reflected that Ms. Mason planned to prepare her environment and relationships for quitting and also reflected that cravings can be difficult and offered to talk about a treatment for them.
Open-ended questions
Feedback: Correct. Some of the questions were open-ended, but some were not, i.e., some led to yes or no answers, which can stop the interview if the answer is "no."
Ask permission and establish rapport
Feedback: Correct. Yes, the provider established rapport by asking permission to discuss a plan for quitting and endorsing Ms. Mason's ideas ("Great ideas!").
Assess motivation
Feedback: Incorrect. It did not come up during this part of the interview but is an important component of a brief intervention.
Elicit statements of motivation
Feedback: Incorrect. It did not come up during this part of the interview but could be a helpful component of a brief intervention.
Plan for change
Feedback: Correct! Planning for change was the focus of much of the dialogue.
Avoid or de-escalate resistance
Feedback: Incorrect. Ms. Mason did not express resistance during this part of the dialogue.
Express empathy
Feedback: Correct. Perhaps empathy was expressed a little when the provider said, "Yes, dealing with the craving can be difficult."

MS. MASON – TOBACCO CESSATION MEDICATION

Ms. Mason

Medication to Support Quitting

Because she smokes a pack and a half a day, is interested in quitting, and is not pregnant, Ms. Mason is likely to benefit from adding smoking cessation medication to the counseling described on the previous page.

Patients trying to quit are likely to experience withdrawal symptoms because tobacco is an addictive substance[7]. Medication helps to ease withdrawal symptoms. Medication approved by the FDA to help with tobacco cessation should be recommended to all smokers trying to quit, except the following groups for whom effectiveness is not sufficiently documented: pregnant women, smokeless tobacco users, light smokers, and adolescents.

First Line Medications For Tobacco Cessation

Nicotine replacement medications
Nicotine patch
Nicotine gum
Nicotine lozenge
Nicotine inhaler
Nicotine nasal spray
Non-nicotine replacement medications
Bupropion SR
Varenicline

Information on precautions, contraindications, and side effects; dosage; availability over-the-counter; prescribing instructions; and cost are available in *Treating Tobacco Use and Dependence* ([7], pp 47-54) available in the Related Resources section at the end of the module.

Pay careful attention to the associated specific contraindications, warnings, precautions, other concerns, and side effects on package inserts and FDA updates for these medications. For example, varenicline has been linked to a possible increased risk of suicide. The following two medication regimens are considered more effective than the nicotine patch alone[7]:

2 mg/day varenicline
Long-term nicotine patch use + ad libitum nicotine replacement therapy (nicotine gum or lozenge)

E-Cigarettes

A number of people who smoke are opting for e-cigarettes as nicotine replacement therapy. For these patients, it is important to mention to patients that

these products are unregulated and may contain toxins
e-cigarettes should not be used indoors or used around children due to the chemicals that are exhaled
this should not be seen as an indefinite replacement and a quit date should still be established.

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REIMBURSEMENT FOR TOBACCO SBIRT

Private Payer

Typically 4 sessions per year may be paid by private payers, but there is a wide variety, and in some instances, only phone counseling is covered. Check with particular private payers for up-to-date and policy-specific information, as well as documentation requirements. Check with your representative to learn which providers can provide counseling and have the code added to your contract.

Reimbursement for Ms. Mason's treatment

Ms. Mason has private insurance. The entire tobacco intervention and prescription took over 3 minutes, but less than 10 minutes, so a CPT code of 99406 was used.

Medicaid

Check with each state regarding tobacco cessation intervention reimbursement, and coverage for each plan, as it varies a great deal. Most states provide some coverage, but it is often limited. Over the counter and/or prescription medications are often covered but typically must be ordered by a prescription. A typical course of therapy is a 90 day supply of medication. Counseling services are reimbursed less often than medication. You may need to be pre-approved as a tobacco cessation program to get reimbursed for counseling.

MEDICARE REIMBURSEMENT

Medicare Reimbursement for Tobacco Use Disorder

As of January 2011, Medicare covers face to face tobacco cessation counseling from a Medicare-recognized practitioner (physician, physician assistant, nurse practitioner, clinical nurse specialist, qualified psychologist or clinical social worker) for all Medicare patients. Two G codes are used for which Medicare will waive the deductible and coinsurance/co-payment (Note: Routine screening is not covered):

G0436:
Long Descriptor: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
Short Descriptor: Tobacco-use counsel 3-10 min;
G0437:
Long Descriptor: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
Short Descriptor: Tobacco-use counsel >10 min.

Two attempts per year are covered, but each attempt can take four sessions. Applies to services under Medicare Part A and Part B. Medicare part D still covers physician prescribed smoking

medications (varenicline and, for some plans, nicotine nasal spray or inhaler with prior authorization, step therapy, and quantity limits). Inpatients are covered if tobacco use is not the primary reason for their hospitalization as long as they are alert and competent.

Documentation to Include

Time spent on the counseling
Type and quantity of tobacco used
Counseling provided and any prescriptions/therapeutic recommendations (e.g., "Advised patient to quit and described the risk of continued tobacco use")

A medical condition is no longer required to treat tobacco use disorder.

TOBACCO CESSATION CODES

CPT Tobacco Cessation Codes

HCPCS/CPT Codes	***Description***	***Fee Schedule***
99406	Smoking and tobacco-use cessation counseling visit; intermediate/ E/M counseling service; greater than 3 minutes up to 10 minutes, two to three sessions. Short descriptor: Smoke/Tobacco counseling 3-10. Note: 1 session, less than 3-minute sessions, are not reimbursed by Medicare.	$10-15
99407	Smoking and tobacco-use cessation counseling visit; intensive E/M counseling service; greater than 10 minutes, four sessions. Short descriptor: Smoke/Tobacco counseling greater than 10	$25-30

CPT Tobacco Cessation Codes Other Than 99406, 99407

HCPCS/CPT Codes	***Description***
S9075	Smoking Cessation Treatment
S9453	Smoking Cessation Classes, non-physician provider, per session Various Evaluation and Management Services (associated with acute or chronic care). When providing an E/M service, if greater than fifty percent of face-to-face time with the patient is spent in counseling, time may be used as a basis for selection of level of service.
99381-99397	Preventive medicine services
96150-96155	Health & Behavior Assessment/Intervention (Non-physician only)
99078	Physician educational services in a group setting

ICD Tobacco Cessation Codes

ICD-10 Codes	***Description***
F17.2	Nicotine dependence – use if there is no related illness (uncomplicated)

ICD-10 Codes	***Description***
Z87.891	History of nicotine dependence
O99.33x	Smoking (tobacco) complicating pregnancy, childbirth, or puerperium. (See ICD-10 manual for possible x values.)
T65.2	Toxic effect of tobacco and nicotine. List additional codes to specify the source of tobacco as well as the nature of the intoxication.

30.31

BRIEF INTERVENTION TO PREVENT RELAPSE

For the Patient Who Reports a Past Substance Use Problem

A brief intervention to prevent relapse for someone who quit using a substance in the past few years includes the following:

Congratulate them on any success
Offer strong encouragement to remain abstinent (or reduction of substance use, if appropriate)
Using open-ended questions, ask them to describe the following:
Benefits of quitting
Their success (How long? Resisted "temptations"?)
Any problems or concerns?
Remind them of the benefits of support, such as attendance at 12-step meetings. For tobacco cessation, remind them of quit-line counseling and their local number or the national number 1-800-QUIT-NOW.
Medication check. Is medication to prevent symptoms of withdrawal still being used? Effectiveness? Side effects? Adjust as needed. Refills needed? Any withdrawal if it is not being used?
Ask about negative mood or depression and address as needed.

7

MODULE SUMMARY REFERRAL TO TREATMENT

Here is a summary of **recommended** skills, organized by medical provider core competencies:

Provide evidence-based care

Brief interventions of a few minutes, or even less, make a difference! Don't assume the patient "already knows" about a problem and what to do about it.

Provide patient-centered care

Perform a brief intervention with all patients who screen positively for substance use problems
Review screening results, gauge patient's resistance, and mention treatment options
Refer to screening and interview responses when bringing up concerns
Discuss the harmful substance use is causing (health and family, work, etc.) and benefits of quitting or cutting back

For patients who show a willingness to change substance use, discuss a treatment plan of cutting back or stopping the use
Encourage, support, and even push patients, but remember that changing habits is difficult
Use past successes to convince your patients that they "can do it!"
Employ motivational interviewing techniques during the brief intervention:
Ask rather than tell. Ask permission and establish rapport
Evaluate and resolve ambivalence
Use active listening; understand the patient's view accurately
Ask open-ended questions
Be non-judgmental; use non-accusatory language
Express empathy
Avoid or de-escalate resistance
Assess motivation and elicit statements of motivation
Plan for change
Compromise on partial solution or treatment
Summarize the discussion and treatment plan at the end of the appointment.

Work in interdisciplinary teams

At-risk drinkers and tobacco users usually can be effectively treated in primary care; patients with a more serious alcohol problem or drug problem will usually require special treatment.

Utilize informatics

Provide oral instructions as well as printed or online patient education materials

RESOURCES AVAILABLE THROUGH THIS MODULE:

Critical Mental Health Resources for College Students
: Guide discussing the most common mental health issues facing students, and clearly outlines several options for finding treatment and support.

Helping Smokers Quit – A Guide for Clinicians
: A website that explains the 5 A's for tobacco cessation.

Medicare Learning Network
: Education and information on Medicare policy changes for fee-for-service providers.

NIAAA Alcohol Screening and Brief Intervention for Youth
: NIAAA guide for practitioners on alcohol screening and brief interventions for youth

NIAAA Clinician's Guide: Helping Patients Who Drink Too Much
: This Guide is written for primary care and mental health clinicians. It has been produced by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health, with guidance from physicians, nurses, advanced practice nurses, physician assistants, and clinical researchers.

Patient Handout: Basics of Nicotine
: Patient handout with information on the basics of nicotine.

Patient Handout: Withdrawal Symptoms
: Printable handout about tobacco withdrawal.

Patient Handout for Teens: Dealing With Physical Withdrawal Symptoms

Printable Handout about Tobacco Withdrawal for teens.

Patient Handouts on Marijuana Prescription Drug Abuse and Treatment

Links to patient handouts on marijuana, prescription drug abuse, and drug addiction treatment.

Rethinking Drinking

The Rethinking Drinking Web site and booklet have been produced by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a part of the National Institutes of Health. The NIAAA is the lead U.S. agency supporting research on the causes, consequences, prevention, and treatment of alcohol-related problems. The content of Rethinking Drinking draws largely from the results of major NIAAA population studies and clinical trials. (From Their Website)

SBIRT Readiness Ruler

This pocket-sized card assists clinicians with performing brief interventions.

Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians

Published online October 31, 2011

PEDIATRICS Vol. 128 No. 5 November 2011, pp. e1330-e1340 (doi:10.1542/peds.2011-1754)

Treating Tobacco Use and Dependence: 2008 Update

Treating Tobacco Use and Dependence: 2008 Update, sponsored by the Public Health Service, includes new, effective clinical treatments for tobacco dependence that have become available since the 2000 Guideline was published. This update will make an important contribution to the quality of care in the United States and to the health of the American people. (From Their Website)

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