

Pearls for Brief Motivational Interventions Within Clinical Visits: 2-5 minutes

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Motivational Interviewing Principles: (Miller/Rollnick, 1991, 2002, 2008)

- R** Roll with Resistance (if resistance is increasing, change strategies!)
- E** Express Empathy (often with effective reflections)
- D** Develop Discrepancy (between patient's goals and behavior)
- S** Support Self-Efficacy (Confidence in patient's abilities; other support)

Motivational Interviewing Methods: "OARS"

- O** Open questions (can't be answered with a yes/no)
- A** Affirm (patient's character/values, things they've done well, good grades, etc.)
- R** Reflective Listening (Rephrase content; guess at feeling, meaning. "Sounds like...")
- S** Summarize ("what I hear you saying is...and we talked about...and the plan is...")

"Spirit:" Collaborative, Evocative, Honors Autonomy: Patient voices reasons to change

Alcohol/Substance Abuse Screen, Brief Intervention: (CRAFT younger; AUDIT older)

CRAFT (Knight JR 2002; Massachusetts Behavioral Health Partnership): **In the past year:**

Part A: Alcohol, Marijuana, Anything else to get high? ("No" to all, still ask: "Car")

Part B: Car, Relax, Alone, Forget, Family/Friends' concern, Trouble with alcohol/drug use (Part B Scoring: 2 or more "Yes" = highly predictive of alcohol/drug-related disorder)

AUDIT (10-question); **AUDIT-3** (binge question); **AUDIT-C** (3 consumption questions).

FRAMES: Feedback, Responsibility, Advice, Menu of options, Empathy, Self-efficacy

"ABC ENDS" (Grossberg, University of Wisconsin 2010)

- A** AUDIT/Alcohol: Quantity, Frequency, Heavy use
- B** Blackouts/Brain (memory loss after drinking; "what do you think about that?")
- C** Clinician Concern/Confidentiality ("As your clinician, I am concerned about...")
- E** Enjoy ("What do you enjoy/like about drinking?")
- N** Not Enjoy ("What are some not so good things about drinking?")
- D** Do ("What would you like to do?"). Ex: Abstain; Or, max 3 drinks 2x/week; etc.
- S** Support ("Who will support you in your efforts?")

Medication / Treatment Adherence: "The Choice Triad" (Shea SC. 2008, 2009)

Adherence stems from patient's personal belief that:

1. something is wrong and I want relief;
2. medication or treatment may help now or prevent future problems; and
3. the pros outweigh the cons.

"Target Sx" or "Magic Pill": "Of all of your (Sx), which one(s) do you most want help with?"
"If I had a magic pill—and I don't—to completely take away just one of your symptoms, which one would you want me to get rid of?"

"Inquiry into Lost Dreams": "Is there anything your diabetes/depression/asthma/wt./etc. is keeping you from doing that you really wish you could do again?"

"Envelope" and "Medication Interest": "If I were to hand you an envelope, what would the message inside have to say for you to think more about taking this medication/treatment?"

Smoking connection:

"Do you smoke? [pause] ...anything?" ...everyday?? [observe body language] or...

"It says here that you smoke..." "What do you think about that?"

Patient: "I should probably cut down/quit." Clinician Response: "Why?" (elicits change talk)

"Do you smoke more when you drink?... What are your thoughts about that?"

“Top Ten” Clinical Tools (Grossberg 2010; also attached Table with examples).

1. Summary of Patient’s Drinking Level
2. Drinking Likes and Dislikes
3. Discussing Life Goals
4. Risk Reduction Agreement
5. Drink Tracking Cards
6. Readiness to Change, 0-10 Scale
7. Drinking Consequences Overall
8. Drinking Consequences: Calories
9. Drinking Consequences: BAC
10. Alcohol Use Norms (Pt. v Peers)

Readiness to Change: “Given what we’ve talked about...

...how **willing** are you, on a 0-10 scale, to make a change (even small one) in your _____?”

...how **important** is it for you to make a change (even a small one) in your _____?”

...how **confident** are you that if you decided to make a change you could do it?”

... **“Why are you not a (lower #)?”** (patient’s answer= change talk).

Eliciting “Change Talk:” critical goal of Brief Interventions within clinical visits

Patient-expressed **Desires, Ability, Reasons, or Need** to change (“DARN” statements)

Elicit “Change Talk” using Open Questions:

Disadvantages of the Status Quo:

In what ways does this concern you?

What difficulties or hassles have you had from your (drinking, smoking, weight...)?

Advantages of Change:

How would you like for things to be different?

What would be the advantages of making this change?

Optimism About Change

What do you think would work for you if you decided to change?

What personal strengths do you have that will help you succeed?

Intention to Change (can use “**might**” questions)

What do you think you might do? Why might you want to lose wt/reduce drinking?

Of the options we’ve generated, which ones sound like a good fit for you?

Rolling with Resistance (or “Sustain Talk”) using Reflections and Open Questions:

Patient: “I’m fine. I don’t think I have a problem with alcohol”

Examples of Responses to minimize resistance:

You enjoy drinking and don’t think reducing it would work for you right now...

How would you know if you are having a problem?

Compared with your friends, is your drinking light, medium, or heavy?

How do you decide how much you will drink when you go out?

What are your thoughts about your (family member) who had alcohol problems?

So there are no bad things about drinking for you...?

Why do you think I/we care about your___? or spent this time talking about___?

Patient: “There’s nothing to do in this town if you don’t drink”

Examples of Responses to minimize resistance:

Your options seem extremely limited.

It’s hard to imagine changing your drinking *and* having a satisfying social life.

Life here might get pretty boring if you decided to change your drinking..

...and that’s not a choice you’re ready to make now.

You’re probably not the only student who has felt this way.

Brief Intervention follow-up visits: build on patient’s motivation and change talk.

Applicability: Alcohol/substance use, STI prevention, weight, eating/nutrition, exercise, medication and treatment adherence, pain management, chronic disease, other behaviors.

If you don’t occasionally have a patient (or parent) get upset with you, you are probably not doing a thorough enough job of talking about alcohol and other sensitive behaviors.

Table II. Top Ten Clinical Tools

Black Bag Tool [MI Core Principle]	Case Example	MD Questions/ Statements [Patient Responses]
1. Drinking Likes and Dislikes [Express Empathy and Roll with Resistance]	"Michael", a 20 year old college junior, often drinks >15 drinks per night on weekends, recent break up with girlfriend	<p>"What do you like about drinking?" ["It's fun, social, relaxing...takes my mind off the stress of school."]</p> <p>"What don't you like about drinking?" ["Hangovers, and I get a little nasty when I'm drunk...I don't think that helped things with my girlfriend."]</p> <p>"On the one hand you enjoy the social aspects of drinking, but on the downside, it often causes troubles for you in relationships and in what you say to people." ["Yeah, exactly."]</p>
2. Life Goals and Alcohol Use [Develop Discrepancy]	"Melinda", 18 year old freshman, with fatigue and history of 15-20 drinks per week.	<p>"What are your goals for the next few months?" ["Feel better, improve grades, save money for travel]</p> <p>"...and the next few years?" ["...graduate with a 3.5, get a good marketing job."]</p> <p>"If you kept drinking at these current amounts, do you think those goals would be 'easier, harder, or no effect?'" ["Harder..."]</p>
3. Reducing Risk Agreement [Support Self-Efficacy]	"Justin", 24 year old MBA student with a DUI and a car accident last year.	<p>"So what do you think you can do to prevent this in the future?" ["I should really cut down...And I will never drink and drive, or drive with anyone else who's been drinking (my friend Ben thought he was fine to drive, but totaled my car)."]</p> <p>"I agree completely. What's a realistic amount you can cut down to when you drink?" ["Maybe 5 or 6 drinks max, over several hours, no more than twice a week."]</p> <p>"That sounds good. Who will support you in these healthier goals?" ["My girlfriend, Sarah, and George...I'm afraid Ben is a bit of a lost cause."]</p> <p>"When will you talk with them about this?" ["Tonight."]</p>
4. Feedback on Alcohol Use, Binges per Month [Express Empathy]	"Tina", a 21 year old sorority junior, return visit for routine annual exam.	<p>"From your health history it looks like you're staying fit and eating well, but you seem to drink quite a bit, and I wonder if this might be a risk for you...what do you think about this?" ["Yeah, I sometimes think I should cut down a little..."]</p> <p>"Why?" ["Well, I've been trying to work out more, but it's hard when I've been drinking the night before."]</p>
5. Tracking Numbers of Drinks [Roll with Resistance and Support Self-Efficacy]	"Brianna", a 19 year old, recent ankle sprain, enjoys her sorority and her partying, resistant to change.	<p>"Sounds like you're not really interested in changing your drinking at the moment. Would you be willing to keep track of your alcohol drinks using these pocket-sized cards over the next month?" ["Sure...that's fine."]</p> <p>(follow-up visit 1 month later) "How'd it go?" ["When I wrote it down, I was really surprised at how much I was actually drinking. I still like going out, but I've cut way down from before."]</p>

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<p>6. Readiness to Change 1-10 Scale <i>[Roll with Resistance]</i></p>	<p>“Kevin”, a 22 year old senior, with recent treatment for a wound infection; has 30 drinks weekly, hangovers, occasional blackouts.</p>	<p>“So, given what we’ve talked about, how willing, on a scale of 1-10, would you be to make a change in your drinking?” <i>[“About a 5 or a 6, I guess.”]</i></p> <p>“Good. Well, how come you’re not at a 1 or 2?” <i>[“Well, I really don’t like the hangovers or blackouts, and I need to improve my grades this semester...”]</i></p>
<p>7. Drinking Consequences: Overall Compared With College Students Nationally <i>[Roll with Resistance and Develop Discrepancy]</i></p>	<p>“Steven”, 25 year old biology grad student, with allergies and recurrent sinusitis, occasional cigarette smoker (when drinking), 20 drinks weekly.</p>	<p>“Have you regretted something you did or has anything bad happened to you as a result of your drinking?” <i>[“Yeah, I have a set of twins in Texas...”]</i></p> <p>“What do you think about these infections with your current drinking and smoking?” <i>[“Well, I can tell they’re not good for me...my throat and lungs feel sore afterwards, and it’s probably pretty bad for my immune system.”]</i></p> <p>“What do you think you could do about that?” <i>[“I should really stop smoking, then I would drink a lot less, too...”]</i></p>
<p>8. Drinking Consequences: Calories <i>[Roll with Resistance and Develop Discrepancy]</i></p>	<p>“Rosalie”, 20 year old junior, moderately overweight, rarely exercises, 18 drinks a week.</p>	<p>“In a month, if you have 72 drinks, you are consuming about 10,000 calories, just from alcohol; that’s the equivalent of about 30 cheeseburgers, or one a day. What are your thoughts about that?” <i>[“Ugh. That’s gross. I knew some of my weight was from drinking, but not that much...I think I better cut down.”]</i></p>
<p>9. Drinking Consequences: BAC <i>[Roll with Resistance and Develop Discrepancy]</i></p>	<p>“Clayton”, a 23 year old senior, drinking 10-12 drinks twice a week, admits to hangovers, but denies needing to change anything.</p>	<p>“You know, you told me you really like that ‘relaxed buzz’ you get from a few drinks, but then it seems you continue to drink until you not only lose that pleasant feeling, but pass out and “feel like crap” the next day. What do you make of that?” <i>[“Well, I don’t know...guess I’d rather not blow off the next day...”]</i></p> <p>“What could you do differently?” <i>[“I could stop at 8 beers and leave out the shots and I’d feel better the next day...”]</i></p>
<p>10. Alcohol Norms: Personal Use Compared with Peers’ Use <i>[Roll with Resistance, Develop Discrepancy, and Support Self-Efficacy]</i></p>	<p>“Victoria”, an 18 year old sophomore, drinking about 7-8 shots on weekend nights, relationship problems, mild depression.</p>	<p>“As you can see from these charts, compared with other young adults (age 18-25), your 15 drinks a week is in the 8th percentile; that means you drink more than 92% of your peers...What do you think about that?” <i>[“Whoa. That’s hard to believe.”]</i></p> <p>“What do you notice about your moods or energy level after you’ve been drinking?” <i>[“Well, it starts out fun and all, but after partying I kind of feel down and wiped out.”]</i></p> <p>“What do you think about that?” <i>[“You know, it seems kinda fake, the good feeling you get when you’re drunk...I think I’d feel better about myself if I didn’t get to that point”]</i></p>

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