

KyPQC's Guidelines & Sample Script for Brief Intervention

Brief Intervention Guidelines

Brief intervention combines [giving information](#) and [showing concern](#). The purpose of a brief intervention is to raise awareness of a problem, recommend a specific change (for example abstinence or reduced substance use or accepting a referral), and discuss it with the patient to determine exactly what they are willing and able to do.

- Research has shown that **encouragement and educational input** from a prenatal care provider significantly increases the chance that the patient will abstain or reduce their substance use during pregnancy.
- The person delivering the brief intervention **should be empathetic, warm and encouraging**, allowing the patient to consider the possibility of change without getting defensive. If the clinician slows down to ask the questions and listens carefully to the answers, the patient will feel that the clinician cares about them, and be more likely to give honest answers.
- The patient should be **offered several options of actions** and encouraged to take responsibility for choosing an action and for **working on behavioral change** in a way that is manageable for them.
- Remember, change is a process that may take time. Continue to ask about use in subsequent visits, **encourage even small positive changes**, and let them know that you believe they can change.
- After completing the screening questionnaire(s), ask: “Is it alright if we talk for a minute about these questions?” In this step, the clinician seeks to **build rapport** with the patient, define the purpose of the conversation, and **gain permission** from the patient to proceed.
- If they do agree to be referred to a behavioral health specialist for a substance use assessment, KY Moms MATR Case Management or KY Moms Prevention Education: Follow the best practice protocol for a “warm hand off” by scheduling the appointment before they leaves your office, and by trying to schedule it on the same or next day.
- **Best practices for referrals:** **1)** Establish protocols for referrals and care coordination with local substance use treatment providers to ensure seamless care; **2)** When contacting a community mental health center, be sure to state that the patient is pregnant, because these providers are required by federal regulation to meet with pregnant women within 48 hours of your phone call; and **3)** Follow up with the patient soon re: whether they met with the behavioral health specialist.

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Brief Intervention Steps

1	Raise Subject	<p><u>State your medical concern:</u></p> <ul style="list-style-type: none"> • Being warm and nonjudgmental and using information gathered in the screening, give brief feedback about how the patient’s behavior might affect the outcome of the pregnancy. No matter what substance needs to be addressed, it is important to use an “I am concerned” message and be nonjudgmental. Be direct, but avoid pushing too hard. • Thank you for answering my questions. “You mentioned that you have used ____ (marijuana/ heroin/ pain pills/ methamphetamines/ etc.) in the past. I am concerned because we know that when (specific substance) _____ is used during pregnancy, it can cause the baby to go through withdrawal when it is born.” Is it OK if we talk more about XX and pregnancy? • OR “You said that you used some alcohol during the last month. I am concerned because research shows that alcohol exposure during pregnancy can cause a child to have serious learning problems, or even developmental disabilities. • Help me understand, through your eyes, what connection (if any) do you see between your use of XX and this pregnancy? • People use drugs for many reasons: what do you like most/least about using XX?
2	Provide Feedback	<p><u>Advise abstinence:</u></p> <ul style="list-style-type: none"> • Suggest abstinence, and then ask for the patient’s reaction, negotiating what they are willing/ ready to do. It is important to listen and refrain from arguing or trying to convince her. Simply return to statements of your concern. Offer change options that match her readiness for change. Be realistic: recommend abstinence, but if they are not ready, accept harm reduction. • Because of those risks, I recommend avoiding drugs and alcohol use during pregnancy. For women using opioids regularly, medication assisted therapy, such as Methadone or Buprenorphine is recommended during pregnancy and after to improve outcomes for both mom and baby. • “The best thing you can do for your child is to stop using (specific substance) (pause and see if the patient will respond to your statement). How difficult do you think that might be for you?” (Listen and reflect.) • Sometimes patient’s who give similar answers are continuing to use drugs and alcohol during their pregnancies. • I have some information on risks substance use in pregnancy. Would you mind if I shared them you? Share Education Handouts
3	Investigate Readiness	<p><u>Discuss her reaction:</u></p> <ul style="list-style-type: none"> • Using open-ended questions, explore her readiness to change. Accept where they are, but accentuate any indication that they see a problem or that they think they can make a change. • What are your thoughts about the information I just shared and do you have any concerns? • On a scale of 1-10, with 10 very ready and 1 not ready, how ready are you to make any kind of changes in your use of XX? You marked ____ . That’s great. Why did you choose ____ and not a lower number like a 1 or 2?
4	Create Action Plan	<p><u>Agree on a plan of action:</u></p> <ul style="list-style-type: none"> • Find a plan of action that they are willing to take, and agree on it. Accept that they may only be ready to take a small step. A menu of options might include: talking with someone (i.e., accepting a referral to the KY-Moms MATR case manager or a KY-Moms MATR prevention education, meeting with a behavioral health provider, or calling Kentucky’s Tobacco Quit Line); reducing her level of use; enlisting the help of a supportive friend or family member; and/or thinking about it and checking in with you at her next appointment. • What are some steps you could take to reduce the things you don’t like about using that you shared with me earlier like ____? Related answers the patients shared earlier • What steps can you take today to reach your goals of having a healthy pregnancy and healthy baby? • Those are great ideas! Is it OK for me to write down. The steps/plan you just shared with me? What exactly should I write? • I have additional resources and people that patients often find helpful, would you like to meet with them? Discuss options, schedule consults, identify navigator and make referrals to MAT/ BH counseling/ recovery services. Introduce SW. • Thank you for talking with me. Can we schedule a date to check in again