



# Understanding Motivational Interviewing and SBIRT in Tobacco Cessation: Tobacco and Mental Wellbeing Masterclass Workshop

**Thursday, October 28<sup>th</sup> | 2:00 – 4:00 pm EDT**

Closed captioning:

<https://www.streamtext.net/player?event=UnderstandingMotivationalInterviewingandSBIRT>

# Welcome!



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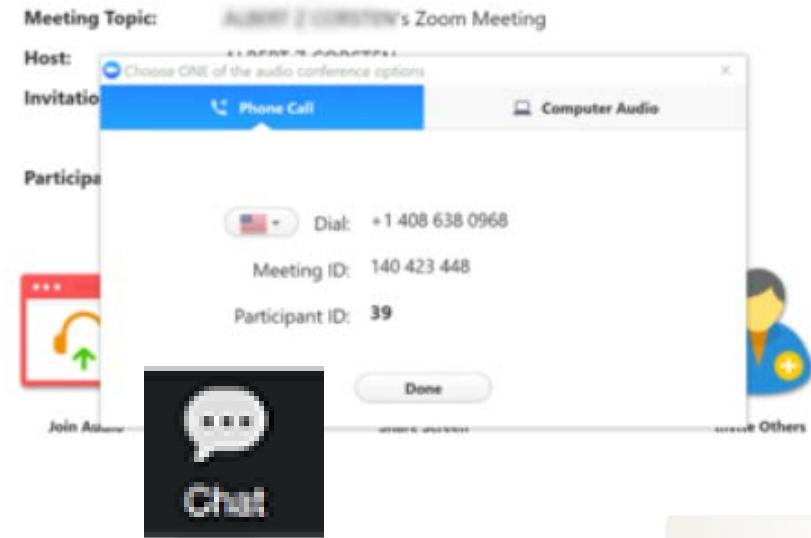


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Project Manager,  
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# Housekeeping

- This workshop is being recorded. All participants placed in “listen-only” mode.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chatbox or using the Q&A panel.
- Access to closed captioning:
  - <https://www.streamtext.net/player?event=UnderstandingMotivationalInterviewingandSBIRT>
- Slide handouts and recording will be posted here:
  - <https://www.bhthechange.org/resources/resource-type/archived-webinars/>



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# National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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# A Note on Language & Terminology

- **Mental wellbeing:** thriving regardless of a mental health or substance use challenge.
- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).\*
- \*All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.



# Today's Featured Speaker



**Pam Pietruszewski, MA**  
Senior Advisor  
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# Agenda

Strengthening your SBIRT services

SBIRT idea exchange

Motivational Interviewing strategies for tobacco

Q&A





SBIRT is a comprehensive,  
integrated public health model

**S**creening to identify pattern of use, level of risk, appropriate level of care.

**B**rief **I**ntervention to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.

**R**eferral to **T**reatment to facilitate access to specialized services and coordinate care for people with higher risk.

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# Why SBIRT?

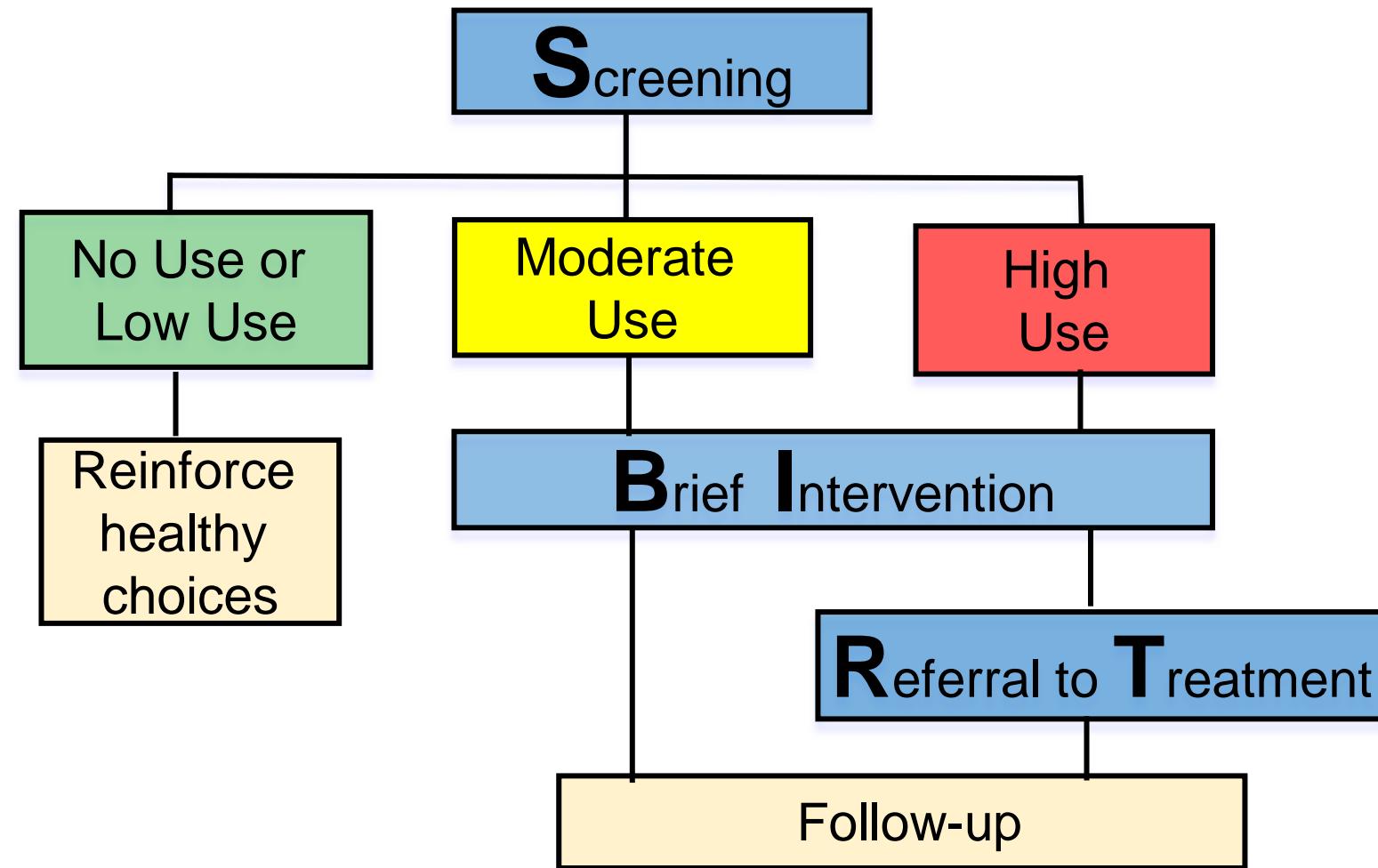
- Current actions are too far downstream
- Most addictions start with the initiation of tobacco, alcohol and marijuana
- Tobacco and alcohol – the two drugs currently legal for adults – are far more widely used & produce far higher health costs than does the use of all the illegal drugs combined.
- People with SUD diagnoses, especially OUD & tobacco use, are at significantly increased risk for COVID and significantly worse COVID outcomes



# What is your Why?



# SBIRT Process





# Developing an Operational Plan for SBIRT

- |   |   |
|---|---|
| <b>1. Workflow:</b> Staff roles & tasks, target population, process | <b>4. Referral and follow up:</b> Warm hand off process, internal vs external resources |
| <b>2. Screening:</b> Tools, frequency, delivery method              | <b>5. Record keeping:</b> Documentation, risk stratification, information flow          |
| <b>3. Brief intervention:</b> Scripting, practicing, resources      | <b>6. Training &amp; supervision:</b> Core competencies, onboarding                     |

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# Screening

A systematic way of identifying potential for problems  
using a standardized, reliable and valid tool



# Screening Tool Considerations



1. Valid and reliable?
2. Brief?
3. Free to use?
4. Recommended by authorities?
5. Available in multiple languages?
6. Widely used in the U.S. and Canada?
7. Used to identify unhealthy use?
8. Used to guide clinical next steps?
9. Used for monitoring change in use patterns?
10. A good fit with other screeners?
11. Easy to administer?



# Examples of Evidence-Based Screening Tools

ASSIST (alcohol, smoking, substance use)

TAPS (tobacco, alcohol, prescription rx)

BSTAD (tobacco, alcohol, drugs)

AUDIT (alcohol)

DAST (drugs)

CRAFFT (adolescents)

S2BI (adolescents)

PHQ-9 (depression)

GAD-7 (anxiety)



<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>



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# Screening Lessons Learned

- **Universal screening** reduces bias by standardizing the process and opens the opportunity for current/future disclosure
- **Self-administered** (paper, laminated, tablet, online) and a private setting is recommended
- **Culturally relevant** posters, messaging & processes
- Establishing a screening process requires **time and tailoring** to streamline workflows.
- What are your screening lessons learned?



# Brief Interventions

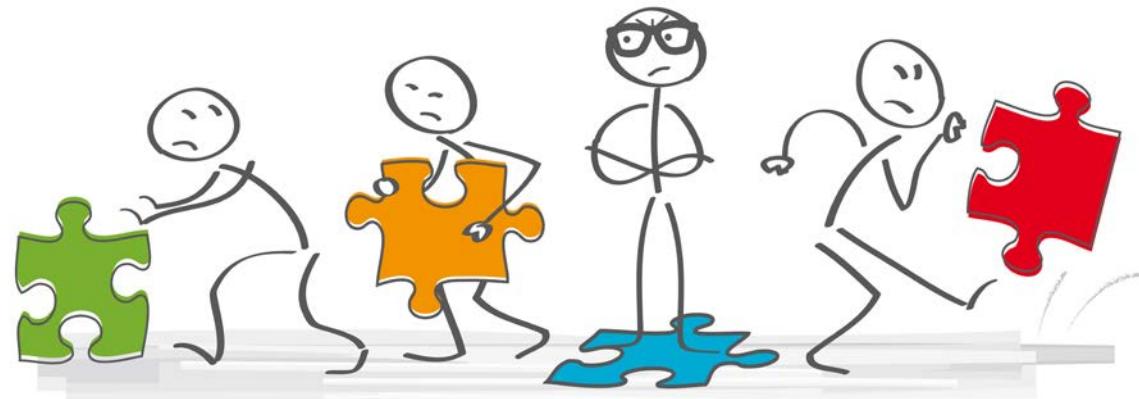


Short, timely conversations to increase insight and awareness, and identify motivation and options for change



# What can I use BI for?

- Substance use
- Dual diagnosis
- Depression
- Anxiety
- Tobacco Cessation
- Eating disorders/Obesity
- Health Promotion – nutrition, physical activity
- Medical Co-morbidity – cardiovascular health, diabetes, asthma, HIV, other chronic health conditions



# Example Brief Intervention Models



## FRAMES

Feedback

Responsibility

Advice

Menu of options

Empathy

Self-efficacy

## FLO

Feedback

Listen & understand

Options explored

## Brief Negotiated Interview

1. Raise the Subject
2. Provide Feedback
3. Enhance Motivation
4. Develop a Plan

## 5 A's

Ask

Advise

Assess

Assist

Arrange



# 1. Raise the Subject

Tell me more about...

What are the good/not so good things about...?



## 2. Provide Feedback



**Ask:** Can I share some information with you?  
What would you most like to know about...?

**Provide** information/resources

**Ask:** What are your thoughts?  
What might be your next step?



### 3. Enhancing Motivation

#### Open-ended questions

What impact could this change have?

How have you been managing?

#### Reflections, Affirmations

You're doing the best you can.

It's important to you to feel in control.



## 4. Develop a Plan

What would it look like if you decided to cut back?

How might you go about it?

What would a shift in use look like?

How can I support you?





## A Very Brief BI Example

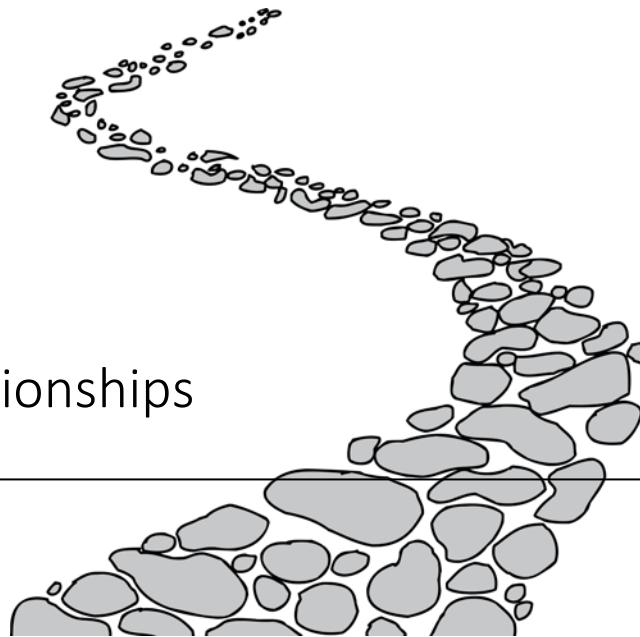
- F** Thank you for answering these questions. Would it be ok if we reviewed them together?
- L** You said you've been smoking for a long time. Tell me more about that.
- O** What would it look like for you to make a change in your use? How can I best support you?



# Referral to Treatment

## Many Paths, Not One Size Fits All

- Referral to specialty treatment programs
- Peer support
- Medications
- Counseling
- Self-management
- Remember- healing happens in relationships





## What If The Person Does Not Want a Referral?



Offer **additional brief intervention**. One or more additional conversations can significantly improve intervention effectiveness.

Even when people do accept a referral, **drop out rates** may be high and many still need ongoing support and services.



# Referral to Treatment Lessons Learned

- Do a warm hand off to leverage the team relationship
- Community partners sharing/exchanging information
- Defining “treatment”
- Key principles\* for addiction treatment and health equity include:
  - Timely, readily available
  - Focuses on the whole individual, not just substance use
  - Culturally responsive with cultural tailoring



\*From “Racial Inequities in Substance Use” M. Durham, MD. Providers Clinical Support System (PCSS) webinar 02/21 <https://pcssnow.org/event/racial-inequities-in-substance-use/>

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# SBIRT Care Pathway

What is our SBIRT policy & procedures?

- Target population for screening and intervention
- Screening frequency
- Purpose of intervention

Defines screening instruments

Defines appropriate clinical responses

Incorporates SBIRT into EHR

Identifies staff roles and responsibilities



# Systems Level Examples for Supporting Tobacco Cessation & Recovery

**SBIRT champions** improved sustainability for SBIRT by defining roles & responsibilities of staff, training & supervision expectations, standardized screening & documentation).

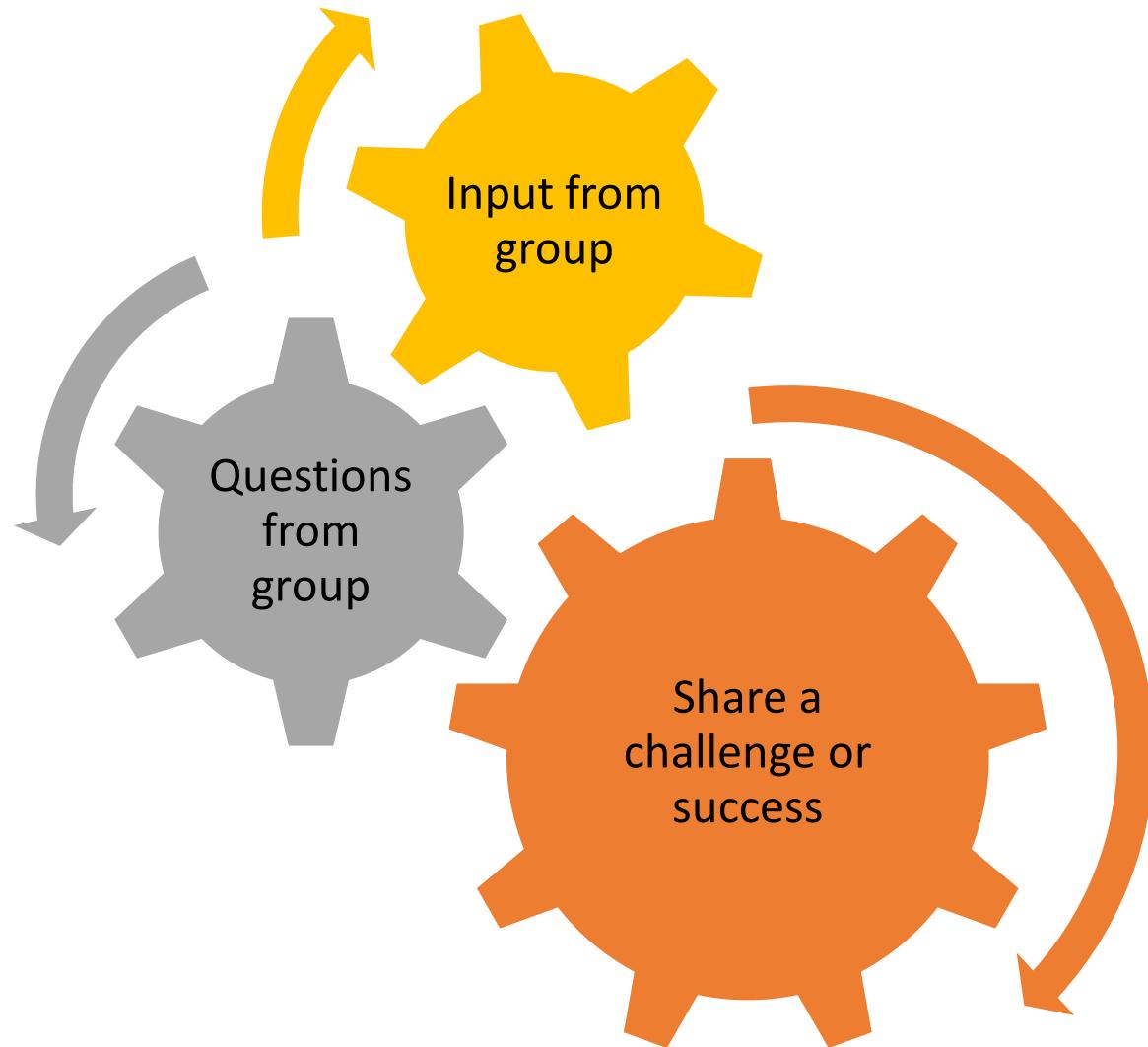
School-based health center hosted celebration for students participating in peer recovery support. School board invited - and was won over.

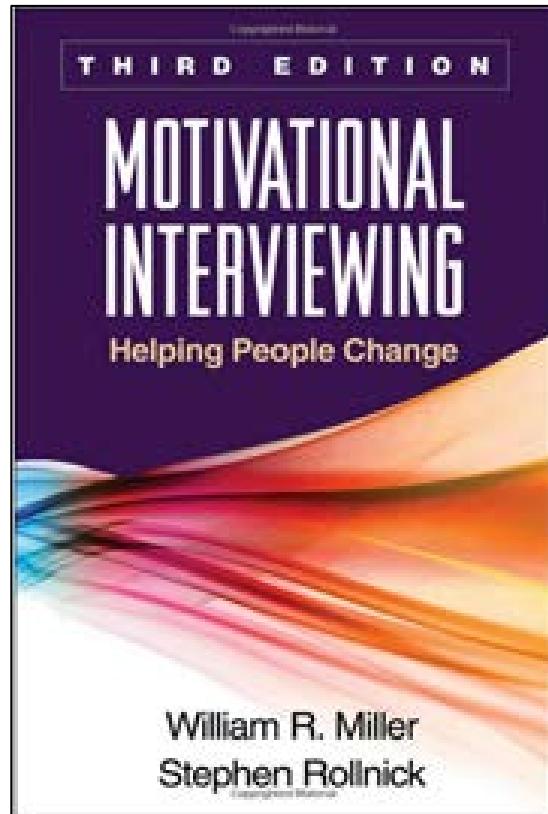
Space created for **cultural & social exchanges** among staff & clients so that acknowledgement & appreciation of differences is normalized.

**Value statements** developed for each stakeholder group investing in prevention & early intervention.



# SBIRT Idea Exchange

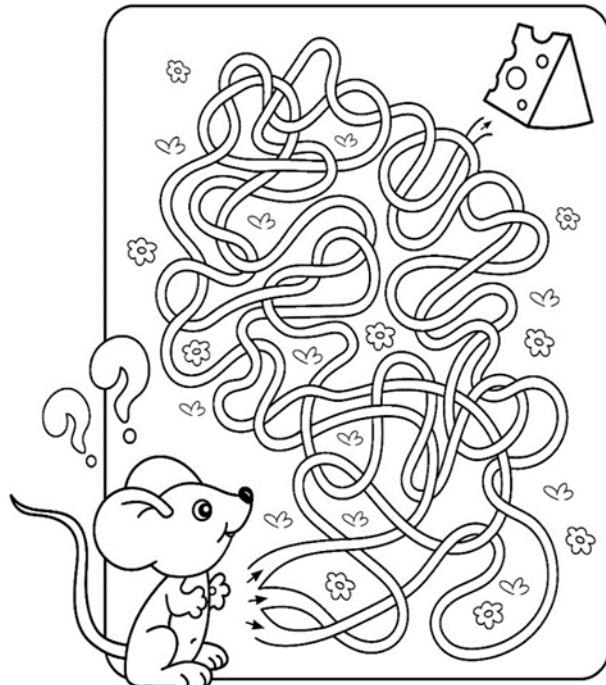




Motivational interviewing (MI) is a **collaborative conversation** style for strengthening a person's own motivation and commitment to change.

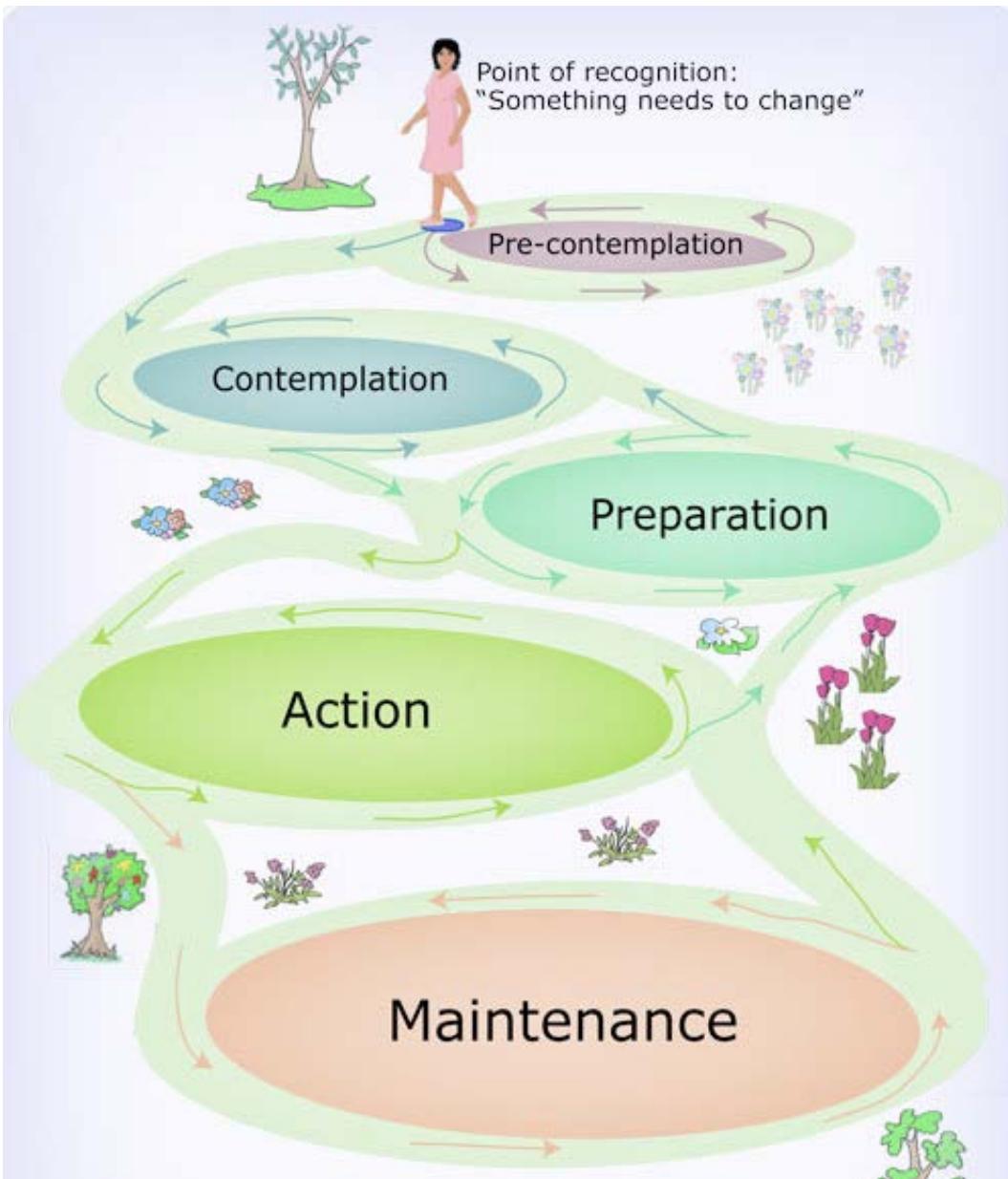


# Principles of Motivation



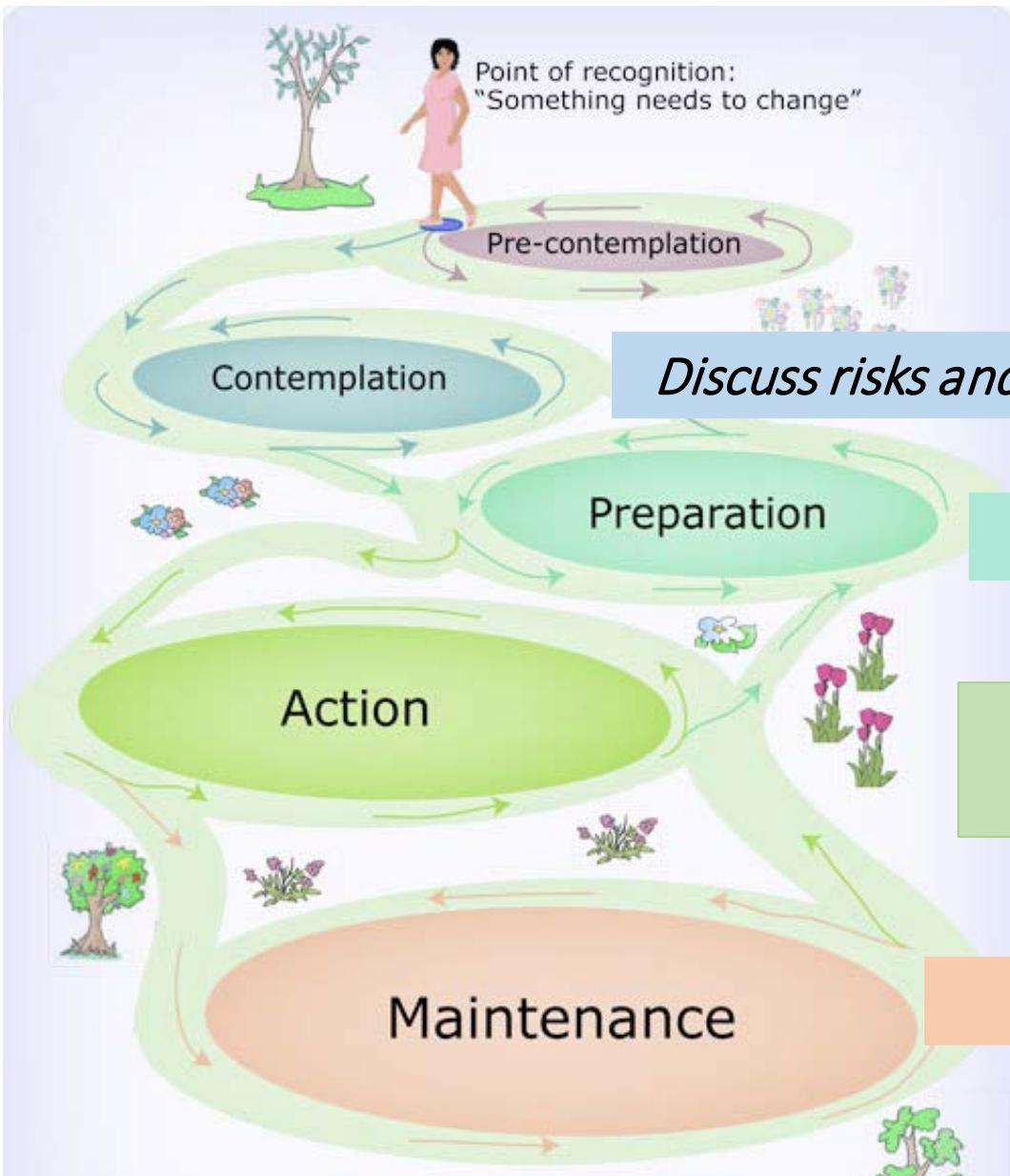
- **Change** rarely follows a straight line.
- **Ambivalence** is normal to the change process.
- **Pushing** too hard will evoke resistance to change.
- Evoking the person's **own change** talk will enhance behavior change.





## Stages of Change





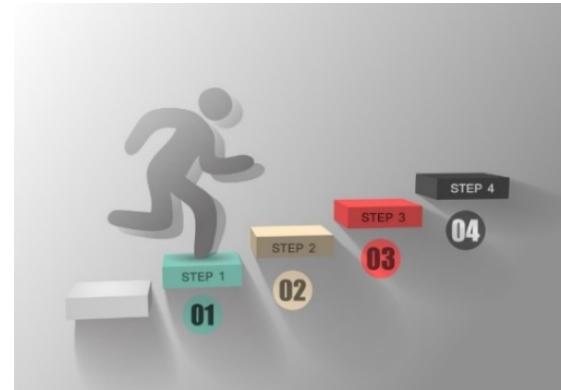
# Our Actions Need to Match Their Readiness



# Ready... Set... Go?

Intention to quit tobacco among people with a mental illness :

- Within the next 30 days = 20-25%
- In the next 6 months = 40%

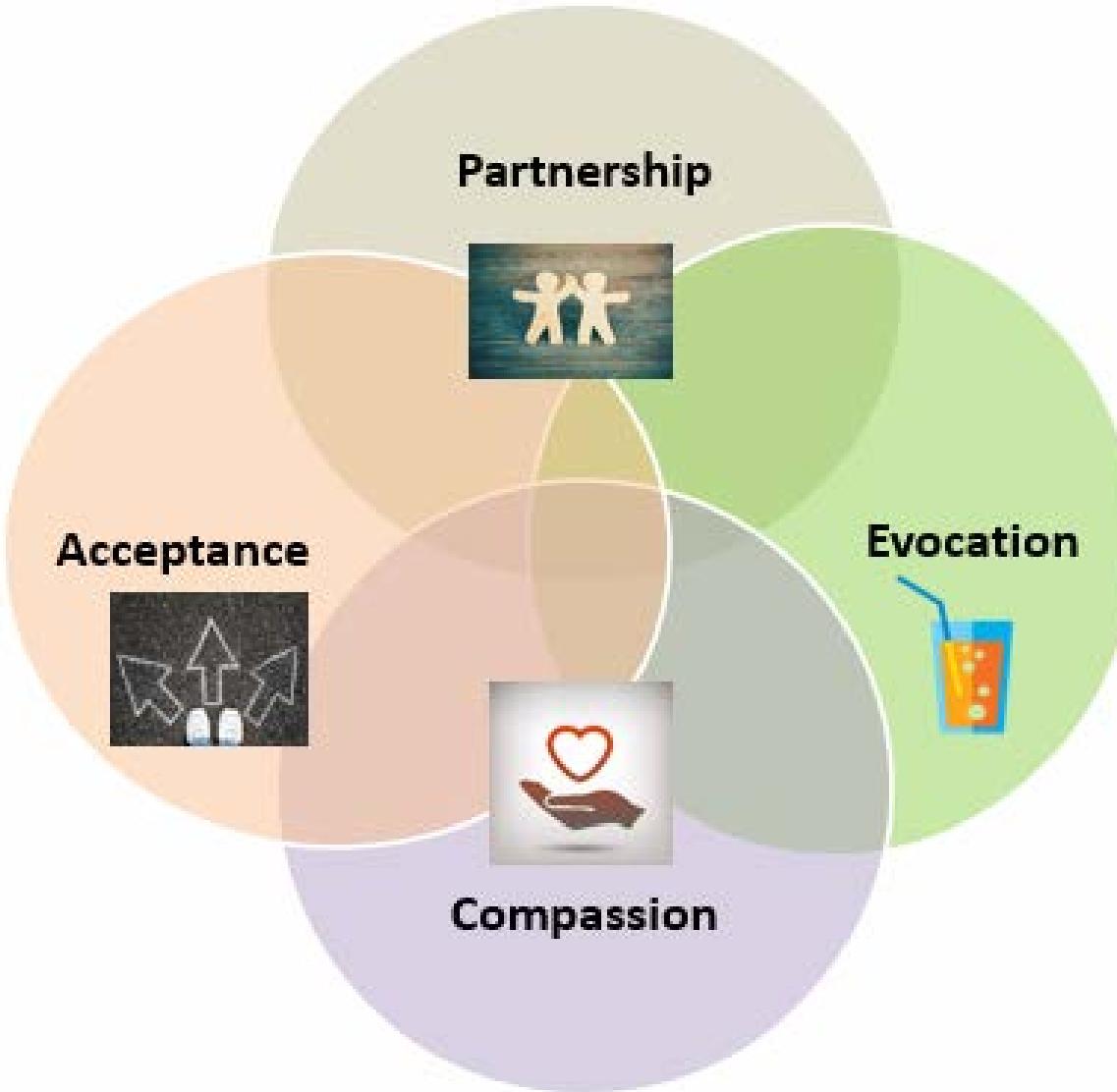


“Readiness appears to be unrelated to the psychiatric diagnosis, the severity of symptoms or the coexistence of substance use.”

*Prochaska 2011 Smoking and Mental Illness – Breaking the Link*



# The Spirit of Motivational Interviewing



# Substance Use and the MI Spirit



It's natural and normal to want to alter consciousness - to feel pleasure or change mood, attitude, point of view.



There are many paths to recovery and better health

- Quitting
- Cutting down
- Safer use
- Peers
- Treatment programs



# Poll question: Terry

Debra: I'm not sure I'm ready to quit vaping. I'm under too much stress and I don't think it's the right time.

Terry: Using vape devices, even for nicotine, is especially risky right now because of Covid. I'll help you get connected to services. I know you can do this!

To what extent Is Terry embracing the MI spirit?

- a. Not at all
- b. A little
- c. A fair amount
- d. A great deal



# Poll question: Kyra

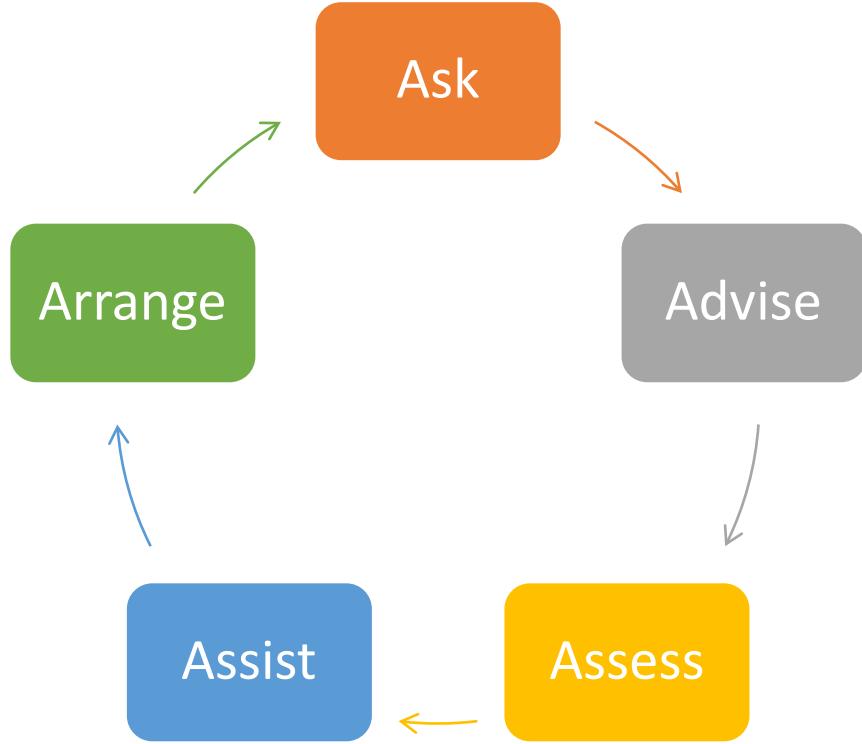
Evan: I want you to know I am not going to stop using tobacco. It is an important part of my culture.

Kyra: Thank you for sharing that with me. In what ways do your beliefs guide your health decisions?

To what extent does Kyra's response embrace the MI "spirit"?

- a. Not at all
- b. A little
- c. A fair amount
- d. A great deal



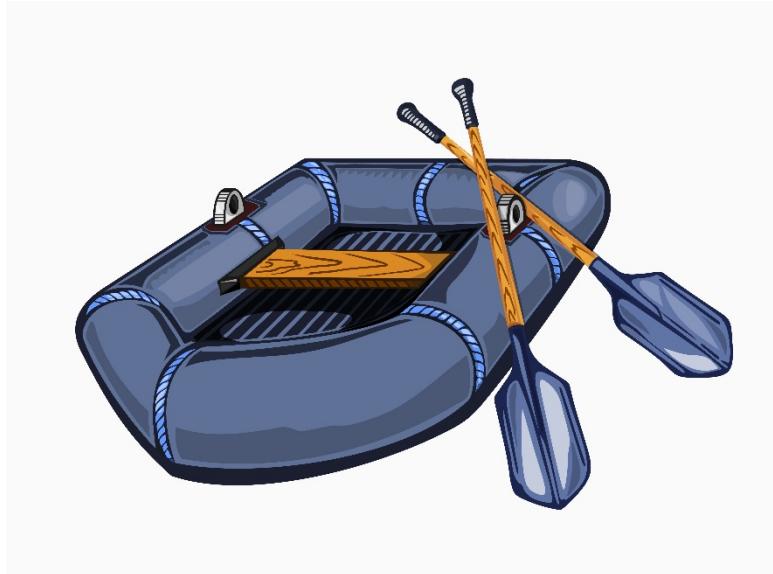


## The Five A's Tobacco Cessation

## The Four Processes of MI



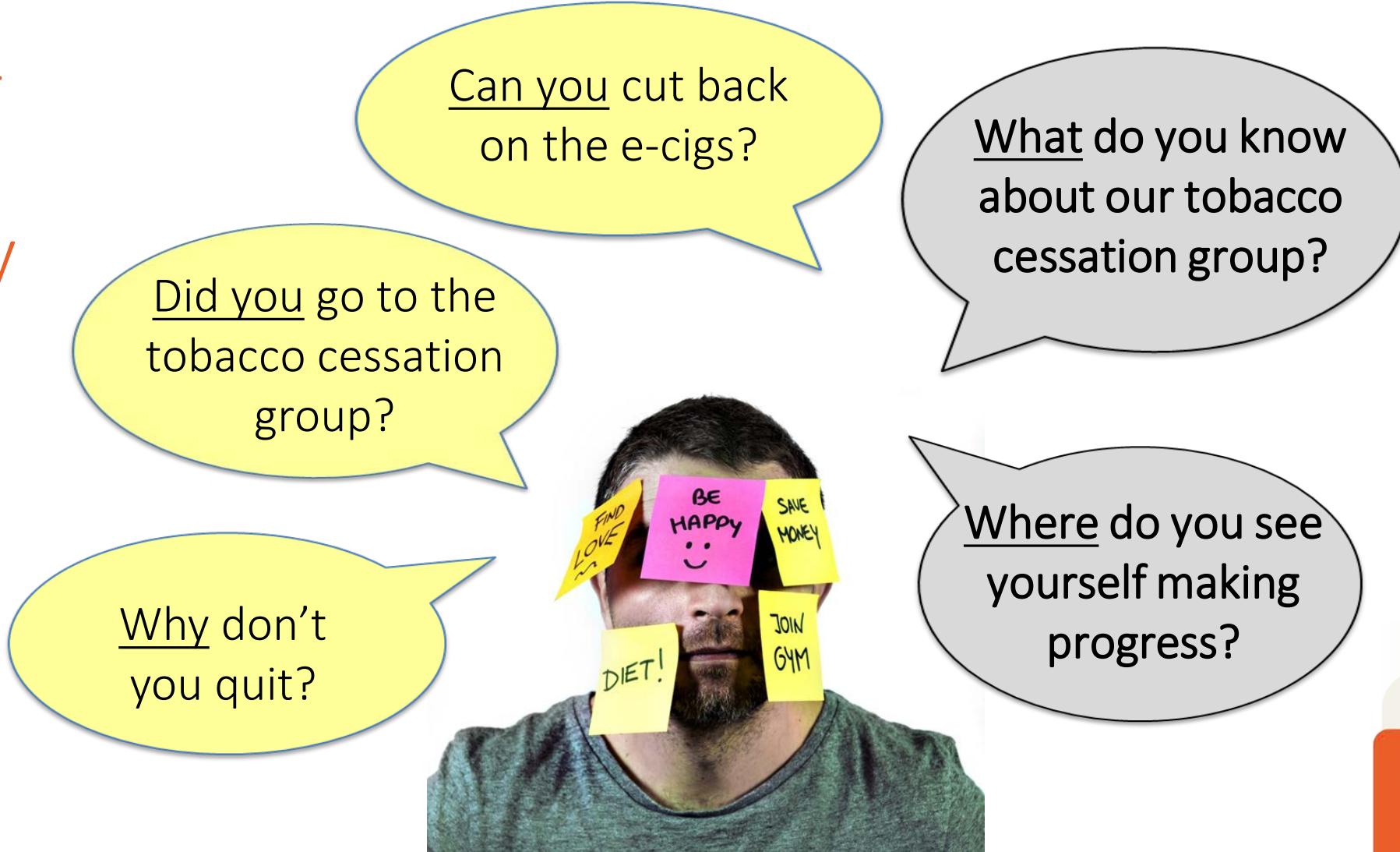
# OARS: Listening Style that Motivates Change



Open-Ended Inquiry  
Affirmations  
Reflections  
Summaries



# Open- Ended Inquiry



# Reflections



- Listening statement, not a question
- Simple reflection restates
- Complex reflection adds new meaning



I've been coming here for 6 months, ever since I got out of the hospital. I'm working really hard with my case manager to follow the treatment plan. Now the psychiatrist says I need to quit smoking but it's the one thing that I look forward to and I need it.

You've been really committed to your treatment plan.

You don't want to end up in the hospital again.

It's unsettling to be told to stop something that is important to you.

It's hard to imagine giving up smoking – and yet you've thought about the reasons your psychiatrist mentioned this.

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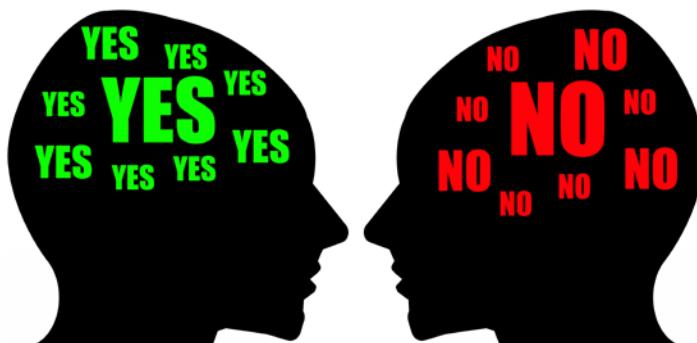
# Difficult Conversations

Confrontation will make it worse

Come alongside – clarify their needs, focus on engagement

Reflect, Reflect, Reflect

Then summarize



# MI Applications for People with Dual Diagnosis

Skill	Considerations	Example
<b>Open-Ended Inquiry</b>	Avoid compound questions. May be difficult to track or organize a response.	How are you feeling right now?
<b>Affirmation</b>	Use often to counter social stigma, feeling invalidated and incapable.	You're not someone who gives up easily.
<b>Reflections</b>	Use often, with simple terms, allow time to process and respond.	Quitting smoking is not something you want to do - and yet you've been told it might be making your anxiety worse.



# Group Practice: The 4 Chairs



Client uses tobacco. Readiness for change fluctuates between pre-contemplation and contemplation.

First names A-H: Ask an Open-ended question

First names I-P: Give an Affirmation

First names Q-Z: Offer a Reflection



# Readiness Rulers

On a scale of 0-10, how ready/important/confident?



## Increasing Importance

- What would have to happen for you to be ready to make this change?
- If you decided to change, what would be some of the benefits for you?
- Imagine for a moment that you decided to make this change. What would that be like?
- If things don't change what do you think may happen?

## Increasing Confidence

- What ideas do you have?
- Who/what could provide some support?
- What has worked in the past?
- What have you heard of that interests you?
- What seems like a good starting point?



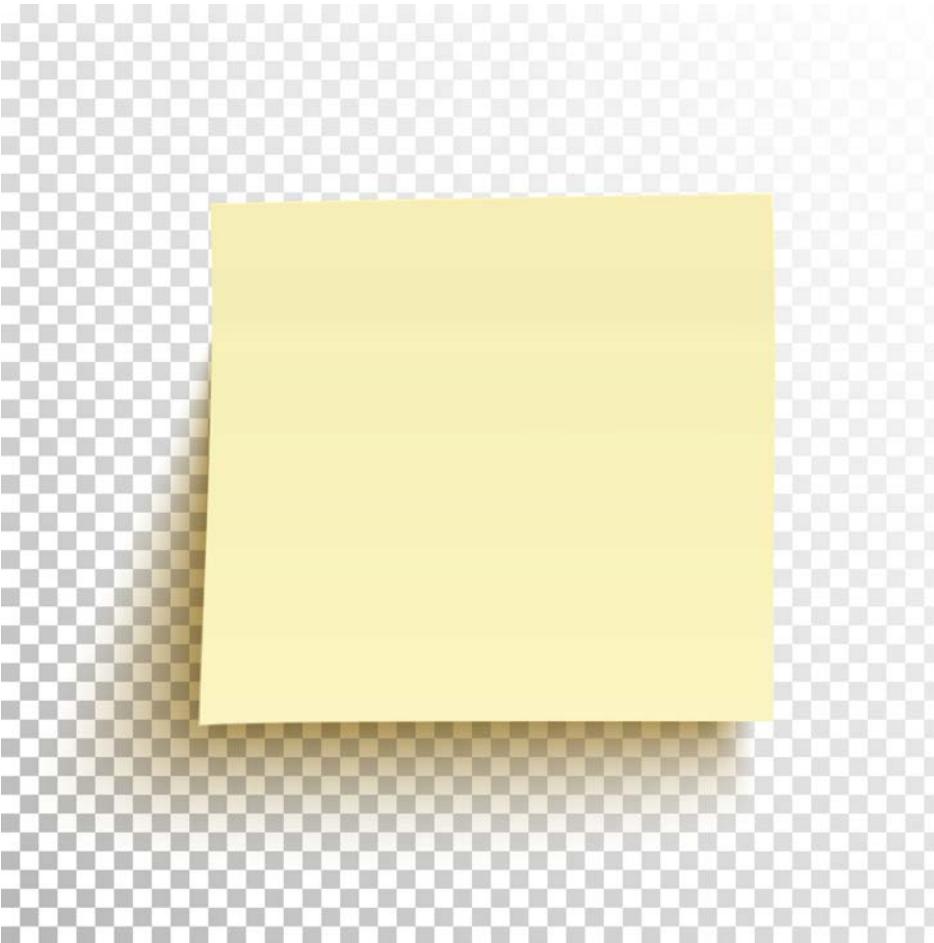
# Success Factors

- ✓ **Trusting relationship:** Empathy, acceptance and understanding. Person is allowed to tell their story and express their ambivalence.
- ✓ **Ability to adapt:** Open ended questions & reflections rather than forcing facts and ignoring the other person's perception. Express both sides of ambivalence.
- ✓ **Link goals with change:** Reflect stated goals & values AND the person's willingness/ability to change for them (change talk).

Dobber 2018. Medication adherence in patients with schizophrenia: a qualitative study of the patient process in motivational interviewing. BMC Psychiatry



# “MI” Next Step





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## Questions & Comments

Pam Pietruszewski [pamp@thenationalcouncil.org](mailto:pamp@thenationalcouncil.org)



Identifying and Addressing Health Disparities  
Related to Tobacco Use Among Individuals with  
Mental Health and Substance Use Disorders

## **AN IMPLEMENTATION TOOLKIT FOR STATEWIDE TOBACCO CONTROL PROGRAMS**

# Virtual Goodie Bag

- Identifying and Addressing Health Disparities Related to Tobacco Use Among Individuals with Mental Health and Substance Use Disorders: An Implementation Toolkit for Statewide Tobacco Control Programs



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