Clinical Education Initiative
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ECHO: ADVANCED MOTIVATIONAL INTERVIEWING SKILLS FOR DRUG USER HEALTH

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[video transcript]

00:08
Thank you. Hi, everyone. Thank you for having me today as a presenter. So as Cherry mentioned, we're going to be talking about advanced motivational interviewing skills for Drug User Health. And we thought a really good way to do that would be through an understanding and review of SBIRT. Screening, Brief Intervention and Referral to Treatment, I call it SBIRT. And particularly focusing on the brief intervention component, where am I is utilized. So what this also means is that I'm assuming that most of you have not all of you have a basic understanding of motivational interviewing. And by that I mean, like you have an understanding of the spirit, the processes, the principles, the different communication strategies, what ambivalence is and change and sustain talk. But if you don't, that's okay, just please let me know in the chat, if you would, like a refresher or don't know what motivational interviewing is, and I have a separate set of slides, ready for that if need be to kind of review MI if you would like to do that. But yeah, so anyway, I personally love motivational interviewing. And I think it's an intervention that I use in my life, like my daily living, or strategy that I use constantly. And I think it can really help clinicians in particular and practitioners. When working with individuals, I find MI to be a supportive strategy for us as practitioners, so that we can better support the people that we work with. So I do not have any relevant financial disclosures. So by the end of our time together, I'm hoping that you will all be able to like, know when to assess for and know when to intervene for substance use, provide a brief motivational interviewing intervention, like I would like for you all to be able to do that by the end of this training to help address unhealthy substance use. And lastly, I would like for you all to be able to identify when to refer to treatment for unhealthy substance use. If you worked at a primary care office and screened all of your patients for unhealthy alcohol and or drug use. What percentage of patients do you think would screen positive? What do you think? Okay, so we're living like somewhere between 15 and 50%. So, this was a little bit of not a trick question, I guess, but the wording, right. unhealthy alcohol and drug use. And we're gonna talk about this a little bit more. I think that's the key word is unhealthy alcohol and drug use. For substance, I feel somebody said like over 100 over 50 or 100%. So I think, like who uses drugs? If we ask that question, maybe we would get a very high percentage or who uses substances sorry, like alcohol, cigarettes or drugs, we may get the high percentage, but unhealthy alcohol and drug use is what the key is, and actually, it will be around 15 to 25% may screen positive for that. So let's talk a little bit more about that. So when we talk about unhealthy substance use, what do we mean unhealthy substance use includes anyone who is engaging in risky substance use and anyone who may screen positive for a substance use disorder. So if you were to screen everyone at your clinic around 15 to 20%, may screen positive for what we consider to be unhealthy use on unhealthy substance use and within that group of 15 to 25, you may find around 5% will screen positive if you were to do a further assessment, may screen positive for substance use disorder.

04:09

And then when we talk about risky use, right, what is risky use mean? Any use that increases the likelihood of health consequences is what we mean by that. And when we talk about alcohol in particular, there are specific parameters and guidelines to consider a lot of the research on SBIRT has been done with alcohol use some has been done with drug use, but this intervention is fairly like effective and has been very heavily researched when it comes to alcohol use. But the guidelines right for those that may not know is for men up to 65 years old. If they consume more than four drinks, alcoholic beverages in a day or more than 14 alcoholic beverages in the week that may be considered risky alcohol use, and for women and men over the age of 65. It would be if they consume more than three drinks per day, and more than seven drinks per week. And then they would also be considered as having risky alcohol use. But the reality like I mentioned earlier, when we, when you screen everyone, if you were to screen 100% of your patients, most of them would screen negative, and would be very low risk and not need any form of an intervention. But clinicians are encouraged to develop an action strategy and workflow to screen 100% of your patients for unhealthy substance use. When we think about substance use, like I mentioned, the reality is that many adults engage in some form of it, right? Whether it's drinking, smoking or using any drugs. Also, like it's important to screen right because unhealthy substance use is one of the most common causes of preventable morbidity and mortality. So screening can be extremely helpful in identifying people who could benefit from further interventions and referrals. So, this leads me to that first learning objective of knowing when to assess and when to intervene. So basically the short answer, right, so when do we screen or assess for substance use all the time? Right, you that's what the recommendation is, you should be screening for the time. But we because we want universal screening, right? But when do you intervene, you only intervene for unhealthy substance use also known as risky use, and substance use disorder, right? Any of those two are when you would want to intervene? I wanted to take a moment, though, to kind of talk a little bit about the numbers for risky alcohol use. Like, I'm curious what other people think about this, but I found it so interesting that it's based on like gender and age, and not like height and weight. So I'm kind of curious, and I wanted to post this question, personally posing this question, because I think it's super important to consider, like, you know, just to ask ourselves these types of questions, as we're looking towards, you know, changing and transforming the health system, a health system in particular, that's predicated on oppression and bias towards specific groups. So like, I'm curious what others think about that particular, like risky alcohol use parameters or guidelines. And if there are other like, guidelines that you use to determine what may be risky alcohol use, opening it up for open discussion, I want this to be more interactive. What are some thoughts?

07:48
Well, I can't see you guys, because I see the screen up. But one thing I would consider would be comorbidities. So it's very different for somebody that has, hypothetically, let's say somebody that has Hepatitis, the risk factors around drinking are going to be very different than somebody that has a healthy liver. For instance,

08:11
thank you. And, you know, this is Andrew, um, for me, I also kind of think about the sort of structural factors that increase substance, like, you know, fentanyl contamination, and meth use, so a person who

thinks they're using a stimulant is actually getting fentanyl and is at greater risk of overdose, and maybe that doesn't have access to Narcan and things like that.

08:40

What about others? Any particular thoughts around like, the fact that it's seems like it's solely based on like, men or women? Like, I'm just curious why? What determines why can men have 65 and younger, up to 14 drinks in a week and women and men that are 65 and older can only have seven in a week in order for it to be considered risky use? I'm just curious, like, what are other people thinking? Because as soon as I saw that, I was like, what? This seems extremely biased and gendered and why I'm so just thinking about it. Like, what if I'm working with someone, like who's physically comparable to the weight and height of a man that's younger than 65, and they're still being held to the same concept that a petite woman might be held to? I don't know, I don't know. Just planting that seed, maybe for you all to consider and continue to question these things. Let's talk about some screeners now. Because I wanted to just make sure that we all understood like, the brief into the whole concept of experts, so screeners, there's different screeners right that you can use. There's so so many and I highly encourage you to explore right? All the ones that are out there and kind of figure out what is the best one to fit your setting. And to fit your practice, like the way you mission, but for particularly SBIRT, you are encouraged to screen for substance use, like just do like a general assessment or screen of like, Do you drink? Or do you do juice drugs first and then go into a little bit of a deeper assessment, but still not fully right? You're not fully assessing for like, you're not diagnosing people necessarily during the screeners. But for alcohol, you're encouraged to use the audit-C, as like a starting point. And the audit-C, only has three questions, right? How often do you drink? How many drinks containing alcohol do you have on a typical day? And how often do you have five or more drinks on one occasion, and then you you scale that, like you score it, it's zero to four and you and you score it and depending on the score, will then let you know if you need to then follow up and do that audit that deeper assessment that's around seven questions long, and assesses for the severity. Either way if anyone scores like positive for audit-C, or definitely if anyone, if once you use the audit you to do a brief intervention, depending on the results of the audit-C, you may need to do an intervention if it's negative, and people are at that they're like drinking often like you don't necessarily need to do an intervention, it's there no risk. And you can reinforce any positive like any healthy, like behaviors that they may be engaging in. And this is similar thing for the screeners for other drugs, you asked that single question that basically just asked how many times in the past year, have you used an illegal drug or use a prescription medication for non medical reasons. And if the person confirms that this has happened, then this is considered a positive stream. And then you can follow it up with the DAST 10. That will screen for severity as well. And that does 10 has 10 questions and can be answered with a yes or no. For every guess you give a point for every No, you get zero points. And again, if a person has a score here of less than three, then it is considered risky use, right. And you may still want to provide some form of anova of a brief intervention. But if it's the score is three or more, then you're definitely encouraged to do further diagnostic evaluation because the person may be possibly made me have like a disorder or substance use disorder.

12:31

But yes, so that is Oh, and then you also have this this possibility of doing a quick approach. And the quick approach. It's just basically focuses on asking close ended questions about alcohol and other drug use. And if somebody like screens positive for that, then you would do the cage AID, which has four questions answered with yes or no. And the same thing, every guest gets a particular point. And the questions focus on like on attempts to cut down being annoyed by others criticizing feeling guilty about drinking or kind of waking up and drinking early and drinking or using drugs early in the morning as a way of settling the body. All of these things indicate if a person again, if you're using the cage AID the DAST-10 or the audit, you're going to want to then proceed to do a brief intervention, depending on the results of an audit, see, or even the close under questions that you may ask in the beginning. You depending on the like and the severity, you may not need to intervene at all, you may just want to share concerns. You can make a decision about that like on your own once you're there any questions so far about this about these screeners? And I'm curious, too, I wanted to ask like what screeners? Do you guys currently use in your settings?

13:46
If you use any? I see somebody put here in the chat, maybe something.

13:54
Odyssey and DAST-10 is what people do use. Okay. Anybody else want to share? Do it? Does anybody use something different? I'm curious about that.

14:08
Okay, somebody said they don't currently use any screeners at all. So let's good to consider and it's good. Like, there is like a whole entire kind of like implementation manual out there for SBIRT to consider considering, like, does it make sense to do it in your setting? Who's gonna do it? When your going to do it with all of those things, consider but it seems to be again, like I said, a very research intervention that has shown to be effective. So again, let's do another polling question. Think about a difficult change that you had to make in your life. And it can be anything, anything that you would like it to be, but I'm curious, how long did it take you to move from considering the change? I really think I should do this. I'm interested in do this. I want to do this. I need to do all of that to like actually taking action The point of this particular question is just to indicate and highlight how we're also different, right. And then literally, like change has its own process for each individual person. And there's not like a one size fits all, or like this rule applies to everyone. It can be very different for each person. And there's so many different things to consider as to like, what determines that timing. But just know that it can take time, it can take time, but any intervention in any little bit that you do, can be super supportive and helpful. For foresight, just to highlight that, that it's been proven that like, even 5-10 minutes of motivational interviewing, can support and help shift them even if it's just like, one little thing, one little step. So let's talk about motivational interviewing, and terms of providing a brief intervention. So I wanted to get started by just defining, am I, again, I think you may all know this. But I like to start with a foundation, right? So motivational interviewing, is a guiding Person Centered counseling style for eliciting behavior change, by helping someone explore and resolve ambivalence. It's particularly designed to empower people to change, right by exploring meaning, importance and capacity for change. And an MI is all about the clinician being respectful, curious, and honoring of autonomy. So this

has all to do. This particular like definition, I believe, really connects to the spirit of motivational interviewing, as well as the principles of motivational interviewing. And what the strategy is particularly based on is the relationship, right, it's extremely relational. So the more of an established or connected relationship you have, the higher the chance the chances of this of a brief intervention being effective. And I think it's important to recognize that right to just know that, so you know how to approach the different scenarios that you may find yourself in, right. So if you don't have an established relationship with someone, it does not mean necessarily that the intervention won't be effective or won't work. It just means I believe that you must like really showcase your care, your compassion and understanding for the person in like the very short amount of time that you may have with them. So a brief intervention, right? It's a collaborative conversation with another person, it's not you telling them what to do or how to do, you're also looking to get information from them and understand their experience and perspective. And there are many options and ways of structuring that we've intervention based on motivational interviewing, I came across multiple ways of doing it. And I'm going to highlight just a few of them, for all of us to know, but we will discuss different ones as we discuss the specific tools as well.

18:02

So first, right, I think when we think about providing a brief intervention, this particular strategy of how to do it of following these kind of four steps, comes from the Department of Health in Massachusetts, I found a really good resource on this and kind of felt that it really captured very concretely all the different elements of motivational interviewing, and how to use them when you're doing a brief intervention. So for them, step one, right is understanding the person's view of their use. And you can do this by working towards kind of developing that discrepancy between a person's goals and values and their actual behavior. So beginning to understand, right, like, what, how did this How does this person understand their use, view their use? What do they think about their use? Understanding also like, what are their ultimate goals, possibly around their use? Or goals around their lives, right? If they're trying to be around, to watch their children grow up to go to college, like these are all things that can it's information that you can obtain, to then kind of, again, develop that discrepancy of like, so you want to live a long time and be here for your kids, and you are also engaging in risky use that can basically increase your chances of other health risks, right, especially if a person already has certain diagnosis of certain health conditions. Right. You also want to focus on asking the and thinking about questions that that kind of allow you to understand what are the positive things and what are the not so positive things, the good things or the not so good things about this person's use and seeing what do they think right before you kind of shared that? You can first understand what is their view on that because sometimes we work with people and they might not have the same view we have. So I think it's important to to capture that information first. And you can also at this moment as your, someone talk to us, after you ask these open ended questions, you can then kind of use some of those double sided reflections to summarize what you've heard, and what your understanding as well. And doing that can again, just place two things that may be opposing on the same plate for that person to like, look at and consider and be curious about. So you're also going to step two, right in the Massachusetts Department of Health, Department of Public Health Resource, you want to enhance motivation. So you, readiness and competence scale motivation, on unit one, for sales that said are used we they use, we use a readiness to change ruler, like an importance and competence ruler. So how important is it for you right now, right to create this change on a scale of zero to 10? And you want to ask people, once they answer

you, and same thing, like in terms of confidence, how important is it? How confident are you? And how ready? Are you to do this to create this change, you want to put it on this scale? And always then follow it up with further exploratory questions around like, you know, why, how come you put yourself out of out of five, and not a four, and not a three or two, and that elicits more change talk that elicits more like pointers for for you to understand why this person sees themselves further along in the scale, and also allows them to tell you, you know, where they may need to be to, to possibly move forward. And you can also inquire about that you can directly ask like, what would need to change, what would need to happen to move you from a six to a seven. And sometimes you can even ask from a six to a six and a half, right? Like depending again, on what you know, this person and your relationship to them, you may want to just kind of give it like, be realistic about the fact that you can literally go from six to 6.1, to 6.2, and on and so forth, until you get to that seven, there's just so many different things that you can do.

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You use I mentioned, you want to ask the follow up questions. And you also want to look towards the past and inquire about the future, right. And another way of doing that, like during this particular the scales portion is asking someone about like, five years ago, like Okay, so maybe right now on a on a scale of zero to 10? How important is this for you? You may put yourself out of five, but where did you put yourself? Where would you have put yourself five years ago, you know, and that person may say 0, 1, right, and then they have moved along from a from zero to now be right and further explore and be curious about like what shifted, what changes happened in those last five years that took that person from that zero to that five. And all of these things are like you're being curious about it, because you're trying to understand and get more information that can then support you and supporting that person and expressing the concern to expressing about their potential risky use. So this is when you can begin to give I mean, you can throw out the s the brief intervention be giving information and feedback but like I mentioned, the Massachusetts health kind of uses this model of step three, after you have an understanding of the person's use. You then may be will give some information and feedback in motivational interviewing before you provide any form of information and feedback, right? Like we're so used to and thinking like, well, knowledge is power, people need to know these things. I'm going to tell them they might not know. But in MI you want to always ask for permission, you want to first ask the person if it's if they're okay or are comfortable with us discussing that was us talking further about maybe what they reported on the screeners right? And you want to wait to get an answer right and if the person does not want to discuss it, this may not be the opportunity or the time for full in depth or brief intervention, but you may be doing more of like okay, you know, that's okay, then we won't discuss it. I there were some things that concern me and I wanted to further explore but maybe we can do that next time. What do you think about that, you know, and at least getting that okay that maybe next time you can then bring it up again. And you haven't seen him the person will agree to it. I want to acknowledge that again, relationships matter here. And if you don't have a well-established relationship, the person may not be as open or interested but if you do, they may be more open. When you're given information and feedback, you always want to provide like an MI, we use this elicit provide a message. So you already in doing the last two steps, you were eliciting getting a lot of information. And now you're ready to provide some concrete information. And you want to reduce risks, right? You want to say and ask about or at least share your concerns around the person's use and what they reported. And then after that, kind of ask them again, that question to the open ended question on like, what are your

thoughts like I shared this with you, I've shared my concerns with you, what are your thoughts about it, and the person may then share some concerns they have, or they may disagree with you, so on and so forth. But again, it's an opportunity to really let them know what you're thinking and feeling about drug use substance use, but also how it relates to their health, and why they may be putting themselves at a higher risk. And last, in this four step model is that you want to give advice and negotiate a goal, right. So whenever you review, like you're about to give advice, you want to review those concerns, as mentioned, the health risks provide harm reduction counseling as best you can. You may want to also begin to negotiate a goal, right by asking the person questions about their power to act, and the agency that they feel they have in being able to act. So anything that you're going to kind of set and again, a plan can be as simple as, for example, the person doesn't want to talk about it today, you're asking if you can talk about it next time that's already setting up a plan. A plan can be that they're going to talk about this with someone else, right? Like it can be so many different things. But you want to just ensure that you know, if the person feels they have capacity, right to do that. And before you wrap up, after you're giving some advice on negotiating that goal, you want to then summarize everything that you've discussed, and review the plan moving forward, you want to maybe even suggest discussing progress at the next appointment, right. And that, again, is already setting up a plan. And you want to obviously express gratitude, and thank the patient for sharing. I'm going to stop sharing real quick because I wanted to share this other screen. Oh, let me get it out. Just because I found this to be kind of

27:23

just something that can be helpful, right? For you all. Let me see if I can get it up Chrome, here we go. So this was like a prescription for change. Um, I never, I had never seen it. And I was like, I want to share this with people but you put the date, you set the goal, what are the three steps right next appointment and who to contact but that can be something that you kind of have just like you do your medicine, right, you give a few gifts, you prescribe different medicines to people, we can begin to prescribe, you know, certain things for change. And to help people move forward in their change process. I thought this was great. And then they also have this as another thing that I came across just a little kind of like cards that you can print out, that just keeps gives you the SBIRT the SBIRT kind of all in one, so that you know what our low risk was high risk, kind of the percentage of assessment here, but also a list here, right race, a subject, provide feedback and has motivation, negotiate a plan, it gives you the little brief intervention pointers, again, a little bit different than what I just shared. But you're gonna find that all throughout that there are different kinds of models and ways of doing this. So I'm going to ask any questions thus far again, before I move on? Or thoughts, experiences. Okay, so I'm going to continue, but at any point, please stop me if you do have any questions. Okay. So it's important, right? When we're thinking about motivational interviewing this brief intervention to elicit self-motivational statements. And you can do this by focusing on four very, very, very simple areas, right, like asking the person, what are their thoughts about their use, right, seeing if there's any acknowledgement or recognition of their use possibly being problematic or not, you may want to ask about concerns, right? Like, what are this person's concerns about their use, if there are any, it's important to do so because again, all of the things that they're going to be sharing a response to that is what we've to call of change, talk, right? Like can be changed talk and it can also be information that you do to encourage the person to create change, and even ask them certain questions that may elicit that may talk about their own motivation to want to create a change, right? Like if we're talking about concerns As the person might

share, right, that they've found themselves to be put at risk in terms of their use, that they find themselves more prone to being attacked on the streets, because they're not, you know, super aware of what's happening, right? And if they're, if they don't say like, Yes, I need to change that. Yes, I want to change that. Right? You can ask a question like, well, how does that make you feel, you know, to be in that position. And that can obviously also elicit more self- motivational statements. You want to talk about intention to change, right? Like I think we all assume, sometimes right? I see a problem. I think this is a problem. So I'm like, this needs to change, but the person may not. So what is their intention to change? Where are they at? And this is really good for those stages of change, to consider the stages of change model. And in this in terms of where this person may fall based on what they may share with you. And you can also ask about optimism, right? Like, I think it's important to try to get that information out of people as well. We focus on issues and problems and detriments and, you know, impact deterioration, and all that stuff. But I'm also I think it's so important to talk about optimism. I read an article recently, I think it was called hard to talk about like harm reduction as a term. And including not just harm reduction, but also like happiness and health. So like, now I work with another social worker at REACH. And now in all of his, like, epic notes, medical records, he puts like provided harm reduction, and happiness and health counseling, or something like around those lines, where he's making a point of not just talking about ways of reducing harm, but let's also talk about, you know, joy, and your health and other things that have to do possibly connected to your substance use or not. But I think it's super important to kind of like have that conversation and include that in as joined.

32:05

So when we think about providing a brief intervention, this is a slide that I wanted to put up just to ensure that we know like when someone is low risk, like a new what you do, or the therapeutic strategies, you want to maybe provide feedback, education, right, reinforce healthy use, use, offer positive reinforcement, right and supportive. They're like keeping on like, this is more like low, low risk, meaning like the person, maybe when you did the audit-C, maybe they scored a four. Right, but it's just sort of that one question like the first question, in particular, someone scores a four, but answer's no to the other two, they may not actually be risky, like the score indicates a risk, but they're actually low risk, right? Because if you were to further explore and ask about the month, it doesn't meet, right, the risky criteria, the risky use criteria, but you can still provide something, if it's moderate risk, you definitely want to do a brief intervention. And that brief intervention then can include feedback advice, assessment of readiness to change, right? Where is this person at in terms of, of wanting to take next steps, and then assistance in changing what may they need? If the person has high risk, you definitely want to do the brief intervention and include what's included in the moderate risk clock, right, and a referral to specialty treatment. When the person has high risk, you definitely want to refer out or have you have the services in referring and make sure that the person is connected. Now this is a second kind of like framework that I came across as well for providing the brief intervention. And it's an acronym of frames. Great. So you want to first start off and this I think, was developed with Miller and Miller is one of the creators of motivational interviewing. So you want to start off by feedback, right in this model of provide constructive, right, non-confrontational feedback about the patient's degree and type of substance use based on the information that you gathered from those assessments. It taught, they talk about responsibility, and this idea that you want to include the patient right, because who ultimately is responsible for taking the steps and creating the change? It's not us, right? It's the person. So how are

you including them in having and taking on an active role, not a passive one, in taking responsibility right for their own change. You want to then also provide advice right and share any knowledge that you may have, like I said about substance use any consequences that may that you can, like share with the person in a gentle, respectful manner. To encourage positive behavioral change and you want to again here ask for permission. You want to also offer a menu of options and this menu of options can include many different things, right? So you want to work with the patient to generate a range of alternative strategies to cut down or if it's in their interest to stop the substance use. And again, why do we want to offer a menu of options because we know that like, not everyone has the same desire in terms of what they want to do. Abstinence is not for everyone, right. And as we know, you can, for example, when it comes to drinking, have a relationship with alcohol, have a relationship with drugs, that doesn't necessarily negatively impact or affect your life. And substances can provide an outlet that can be very actually adaptive, and constructive, and positive. Which again, I'm learning more about from Carl Hart. I encourage you all to check out the drug use for grownups, I've been just reading little snippets. But yes, and then empathy is like a cornerstone, it's a pillar, it is what motivational interviewing I think is very deeply having empathy for the other person trying to exercise and express warm, respectful, caring, committed, active, compassionate, loving, kind of like energy. Within every session that you have, you also want to focus and encourage that like self-efficacy, that confidence for the person to change their own belief that they can actually create a change. And when in doubt, right, because this is why I love SBIRT, you can always provide like, for example, if you have five minutes, five minutes with this person, you may want to be eight like you can do a brief intervention in five minutes. And these are the five things that you need to include. You want to review the results and offer feedback compared to norms, assess the client's view of their substance use, as were kind of

36:55

suggested, offer some suggestions and options on goals based on the severity. You want to provide educational materials or links, right. And that you can have already printed out some of these materials that you can provide for during these brief interventions can be kind of like pamphlets, things that you have, there's our goal tools, and then always set up a follow up appointment, that idea of ending each session with some form of a plan, I think is super important. And again, doesn't need to be some kind of like very high level kind of like design, like, it can be simple. We're going to talk more about this next time. Very What is it low stakes doesn't have to be some high stakes kind of goal. But this can be done fairly quickly. And again, just being mindful about how you are sharing how you are showing up and engaging, since it's very much like I mentioned relational. And then we want to do if necessary, right, if the person really kind of scored very high on the audit, the audit or the DAST-10 or the cage AID, like if they scored high and you know that they may benefit from like, they may actually borderline have a substance use disorder, you want to think about referral to treatment. And if you don't already have some like very like just a list of resources and go twos that you have, that you can refer people to you want to consider kind of the level of care, right in reference to the use that they have, like what substances they're using, they may need detox depending on what the drug is, right? What the substance is, but then there are inpatient services, right for substance use, or our services, and their support groups that you can be a part of, and all of these can be you can join any of these independently, right, or you can be part of a program that includes all of these in some in some ways, and I included these three particular kind of like lines that you can call. These are all New York state

wide. So you can give them a call if you're looking for specific. You want to always as a social worker, I have to say this, you want to consider health insurance. Right? And what insurance does a person have will determine what access they have. I am learning more and more about the differences between Medicare and Medicaid for substance use. That can be another presentation for another time. But yes, and I want to highlight CHAMP champ I really, really appreciate. Literally I call I tell them this is my issue, and they generate a case and send it to someone someone calls me and it's like they're working for this person that I'm working for as well. So it's like they will call places they're like Do you want me to call places? Yes, please. And they and they do the legwork, right so I can then care for like the other five patients I need to do things for while somebody else is literally calling all of these different treatment programs to find out if they can accept this part. Do you have a bet? You know, what are the things around like? insurances, and that's the whole point CHAMP helps you troubleshoot any insurance in issues that may happen. And apparently I learned, they can also support treatment programs who may not be getting paid by Medicare or Medicaid. Right? Like if they're not getting payments from these health insurance programs. CHAMP can also support them. Right? Because they're trying to create like a cohesive flow in the systems that we have any questions before we do the case presentation? Or thoughts? They want to share experiences with SBIRT. I'm curious, what do we do how to?

40:47
This is Andrew, my only question is will you quit REACH group move to San Francisco and work with me.

40:54
I haven't been to California, Andrew. So I will maybe come visit you.

40:59
This was this was just fantastic.

41:01
Awesome. Thank you so much. Any other questions, thoughts?

41:09
Katherine, I'm really glad that you gave the little five minutes because that's my biggest challenge to MI you know, as a committed MI person. But in a setting that really doesn't allow, you know, where there's just, you know, such high requested, and also the very practical stuff. In the same let's say visit, I find challenging to do MI and deal with logistics, and, you know, hit the 20, mark, and so forth. So I really appreciate that five minute down and dirty, but that it really sounds like a lot of what that is, is keeping the relationship keeping the relationship and building trust and beings source when the person maybe comes up on their own with something concrete? Because what are your thoughts about that about that five minute down and dirty and how that sort of plays out in real life? And what that looks like, even if that five minute is actually all you ever do, aside from the times where there's a, let's say, a crisis and a teachable moment, like after an overdose or hospitalization?

42:22

Yeah, so I think like what comes to mind, although I've never worked in patient, right, I'm assuming that that like five minutes could be something that's done. You know, when somebody comes in the ED, and like, you kind of like ask questions anyways. But I feel that it can. I think the main thing is to express concern, right, like in those five, maybe the person like you don't know where they're at, they may have never had anyone expressed concern or share like this, like, I'm worried about this use in relationship to like your other health issues, you know, and it may be the first time and, and just that information that they received from you in terms of like, this other individual outside of me is concerned, even though I don't know them, but that may stay can come up at another time. And I think yes, like you were mentioning the main goal, if you're working with this person consistently, you're going to be seeing them eventually establish a relationship is to begin to kind of like build that rapport so that you're able to go deeper into it. But yeah, I mean, like five to 10 minute interventions, I find for me as an individual in the world is hard to come to think about them being like, positive and effective, but yet, I know that I've also been impacted by people that have just planted seeds in my life. And decades, decades later, those seeds are all like sprouting and I'm just like, ah, oh my god, you know, and I think that can be very very impactful and meaningful in someone's life especially if they may not you know, like they're living a chaotic life are everywhere using a no one is where they're not they're not having any like kind of like relationship with someone should be able to say that. Yes I think educational material, right, that component of at least being able to offer someone, something that they can take with them that they may like not look at right away but may keep and look at another time when they have the time.

[End Transcript]