SBIRT Demonstration Videos

Background:

These demonstration videos were created for the Partners in Integrated Care (PIC) initiative, which was funded by the Agency for Healthcare Research and Quality (AHRQ). The initiative consisted of the Pittsburgh Regional Health Initiative (PRHI), the Institute for Clinical Systems Improvement (ICSI), the Wisconsin Collaborative for Healthcare Quality (WCHQ), the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL), and the Network for Regional Healthcare Improvement (NRHI).

This project was supported by grant number R18HS019943 from AHRQ. The content of these videos is solely the responsibility of the authors and does not necessarily represent the official views of AHRQ.

These videos are designed to supplement training and practice coaching by skilled and qualified trainers. They demonstrate various aspects of the clinical delivery of SBIRT services by a health educator or care manager utilizing an approach grounded in motivational interviewing. These videos are intended as realistic samples of practice for use in training, coaching, planning, and discussion.

The video segments were not scripted in advance, although elements were discussed and planned prior to their production. The "patient" in these videos is acting, and not portraying herself. For the purposes of demonstrating the process, this patient is generally open and receptive to the health educator. These patients are often encountered in the general healthcare setting, although not every patient is this easy to engage.

The videos are broken into shorter segments (none longer than 5 minutes). They demonstrate three interactions with patients, two of which also show a follow-up session with the same patient. None of the "sessions" is longer than 20 minutes, which is realistic given the amount of time that a health educator or care manager has in a busy general healthcare setting.

Description of Videos:

Series 1 https://vimeo.com/album/2242328

In this scenario, the patient has completed a "screen" prior to meeting with the health educator. This patient provides some change talk, and has high confidence that she could make a change, yet is not sure what—if any—changes she might want to make. The entire initial session in this series takes just under 17 minutes.

1.1 – (3:17) introduction, permission asking, reviewing brief screen and engaging

- 1.2– (0:52) permission asking and introduction to brief assessment (AUDIT)
- 1.3 (3:47) deliver brief assessment (AUDIT), permission to discuss feedback
- 1.4 (5:51) offering feedback based on responses to the AUDIT, information sharing, and discussion about reaction to feedback
- 1.5 (2:40) offering recommendations, discussing potential next steps, planning for follow-up

There is a follow-up to this session, where this patient has returned after thinking about the information, trying to cut down and struggling a bit. These don't show the "entire" session, just a segment of it. These are a little over 7 minutes.

- 1.6 (4:25) evoking change talk, reviewing past attempts
- 1.7 (3:00) sharing information on change strategies, beginning to develop a plan

Series 2 https://vimeo.com/album/2242338

In this demonstration, the patient has completed the brief assessment form (AUDIT) in writing before meeting with the care manager. In this example, the patient shows fairly high importance and less high confidence and more time is spent in the planning process. This series takes a little under 7 minutes.

- 2.1 (3:57) introduction, permission asking, review of AUDIT completed by patient, offering feedback based on the AUDIT, discussing reaction to feedback
- 2.2 (2:49) planning and discussing strategies for making a change and planning for follow-up

Series 3 https://vimeo.com/album/2242340

This series shows a patient who endorses drug use on the brief screen. The patient has completed the brief assessment (DAST-10) prior to meeting with the care manager. The first video starts after the care manager has introduced herself and her role. The initial session in this series is just under 16 minutes.

- 3.1 (4:30) engagement, providing feedback based on DAST-10 results, discussion of reaction to feedback
- 3.2 (3:14) evoking, planning for change
- 3.3 (4:12) planning, evoking, building confidence for change, discussing potential barriers
- 3.4 (3:41) planning and setting up follow-up

There is also a follow-up to this session, which shows this same patient coming back after unsuccessful attempts to make changes on her own. In this case, the care manager then discusses the option of a referral to specialty care treatment services, which the patient has previously not been interested in.

3.5 – (3:40) referral to treatment