

Brief Intervention Guidelines

A 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 then discuss it with the patient to determine exactly what she is willing and able to do.

- Research has shown that encouragement and educational input from a prenatal care provider significantly increases the chance that a woman will abstain or reduce her substance use during her 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 her and be more likely to give honest answers.
- The patient should be offered several options of actions she might take, and encouraged to take responsibility for choosing an action and for working on behavioral change in a way that is manageable for her.
- Remember, change is a process that may take time. Continue to ask about her use in subsequent visits, encourage even small positive changes, and let her know that you believe she *can* change.

Brief Intervention Steps

- 1. After completing the screening questionnaire, ask: “Is it alright if we talk for a minute about these questions?”**
In this step, the clinician seeks to build rapport with the client, define the purpose of the conversation, and gain permission from the patient to proceed.
- 2. State your medical concern:**
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.

“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.”

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.”
- 3. Advise abstinence:**
Suggest abstinence, and then ask for the patient’s reaction, negotiating what she is willing/ready to do. It is important to listen and refrain from arguing or trying to convince her. Simply return to the statements of your concern. Offer change options that match her readiness for change. Be realistic: recommend abstinence, but if she is not ready, accept harm reduction.

“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.)
- 4. Discuss her reaction:**
Using open-ended questions, explore her readiness to change. Accept where she is, but accentuate any indication that she sees she has a problem or that she thinks she can make a change.
- 5. Agree on a plan of action:**
Find a plan of action that she is willing to take and agree on it. Accept that she 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.
- 6. If she does 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 she leaves your office, and by trying to schedule it on the same or next day.

More 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 she met with the behavioral health specialist.

This screening instrument is in the public domain.

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