

Brief Risk Reduction Interview and Intervention Model (BRRIM)

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Council (GPAC)
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Jim Rothblatt, MFT, PPS

Jan Ryan, MA, PPS

William W. Harris, BS, CADC-II

Redleaf Resources Consulting/Training



Presentation and Discussion

- Description of BRRIM
- Training Video sample
- Examples of different infrastructures
- Quick History
- Key Outcomes and other results
- Thinking about SBIRT and BRRIM (SBI)
- Lessons learned
- Discussion

Brief Risk Reduction Interview and Intervention Model

DESCRIPTION OF BRRIM



BRRIM: Key Objectives

- To identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse
- To address risk factors and increase protective factors unique to the individual
- To reduce first-time substance abuse and/or to delay onset of substance abuse
- To reduce the length of time the signs and symptoms of use continue and/or to reduce the severity of substance abuse
- To increase access to prevention services and involvement and support for family members and significant others impacted by AOD problems

BRRRIIM: Core Components

1. **Referral:** Participants are referred by courts, law enforcement, schools, EAP/SAP programs, employers, physicians, social services, or self-refer.
2. **BRRRIIM Interview :** A trained Prevention Specialist facilitates a 90 minute prevention-focused, highly structured motivational interview that identifies risk and protective factors and screens for alcohol, drugs, violence, family concerns, health habits, abuse and related risks based on infrastructure of the program,
3. **Prevention Services Agreement (PSA) :** The PSA outlines what the individual, family, and staff are willing to do and includes a timeline, suggested number of meetings, and tasks. It is signed by all parties and copies are provided to participants and their families.

BRRIM: Core Components cont.

- 4. Education/Brief Intervention (1-4+ meetings):** Participants receive information, skill building support, and assistance with linkages and coordination of community resources.
- 5. Family Involvement:** Families and significant others are encouraged to be allies in the prevention process through education and may request their own sessions, currently averaging 1-3 meetings, with the Prevention Specialist.
- 6. Referral to Diagnostic Assessment:** When the Prevention Specialist believes the data shows a need for a diagnostic assessment or that education is not reducing harmful behaviors, participants are referred for diagnostic assessment.

A 3-Stage Prevention Conversation



A 3-stage structured, motivational interview that is designed to:

- 1. Engage** and motivate the individual to identify strengths and risks
- 2. Explore/Encourage** the individual to identify and use their internal and external resources
- 3. Enlist/Extend** the individual, family and PS support for a personalized prevention plan.



Show FC start



Basic flow of BRRIM Process

Referral

BRRIM Interview: Screening and Brief Intervention

Prevention Agreement Referral to Diagnostic Assessment

Prevention: reverses harmful behavior

No Improvement: referral to assessment

BRRIM Plan or Prevention Services Agreement (PSA)

- Customized to each individuals strengths, resources
- Incremental steps: Plan A, B, C...
- Linkages to internal and external resources
- Coaching or Brief Intervention by Provider
- Open door to return for service
- Includes Family or Caregiver education
- Confidential plan: shared only when released



Family Sessions

- Family and significant others are encouraged to be allies in the prevention process through education
- They may request their own sessions with Prevention Specialist to facilitate this process
- Utilizes CSAP strategy of *Education*
- No confidential information is shared between family members and participant - focus is totally on education



BRRRIIM – What it IS NOT

- **A questionnaire or quick “screen”**
- **An unstructured discussion**
- **Focused on only one problem**
- **Just a step before automatic referral to treatment**
- **An assessment or diagnosis**
- **Used for the creation of a Treatment Plan**
- **Designed to be after-care service**

Science to Practice

- Motivational Interviewing (MI)
- Affirmative Inquiry
- Stages of Change
- Risk and Protective Factors
- Resiliency and Youth Development
- Search Institute Developmental Assets
- Screening and Brief Intervention (SBI)
- Cognitive Behavioral Exercises (CBT)



What makes BRRIM different

AS A MODEL:

- Serves the individual and family by providing prevention, early intervention, and support
- Process is strength-driven, open and closed-ended questions identify strengths and use them in the plan; this attracts and motivates Participants and Providers.
- Empowers people to prioritize and create own outcomes

What makes BRRIM different

AS A TRAINING:

- Offers screening and brief intervention only. i.e. Project Success used a TX based tool; adaptation used BRRIM and Cross-system staffing.
- Every training and implementation is customized to the infrastructure, staffing, referral sources; this is why it is used in different systems.
- Creates change at three levels: individual/family, provider and system.
- No cost implementation – it can begin without new money and sustain.

Capacity Building: Customizing and Adapting BRRIM to Fit Infrastructures

INFRASTRUCTURE OPTIONS



Infrastructure Examples

- **Student Assistance Programs:**
 - Desert Sands USD
 - Poway USD
 - Murrieta Valley USD
 - Safe Schools Healthy Students (SSHS)
 - Safe and Supportive Schools (S3)
- **County Behavioral Health Services:**
 - Riverside County Individual Prevention Service
 - Ventura County Behavioral Health Services – Conejo Valley USD
 - District of Columbia, Dept. of Behavioral Health, Addiction, Prevention and Recovery

RC Individual Prevention Services

FUNCTION:

- Accept referrals, except those with a diagnosis
- Encourage youth/family

FORM:

- Co-located Prevention Specialists in mental health/substance abuse clinics
- SAPT funded
- Part of a Comprehensive SPF

FINDINGS:

- Increased access, use
- Increased protective factors, reduced risk
- Reduced TX need
- Developed workforce
- Saved money
- Created a Continuum of Services that is changing system

Student Assistance Program

FUNCTION:

- Policy mandated AODV suspensions/expulsions
- Target yet Accept all referrals
- Reduce barriers to access

FORM:

- centralized SAP
- School Counselor training
- BRRIM students/families, Plan A, B...
- Education and Linkages to services

FINDINGS:

- Increased access, use
- Increased attendance, academics
- Increased protective factors, reduced risk
- Reduced suspensions
- Funded: general \$
- Partnerships: both internal & external

Ventura County BHS uses SAP for satellite prevention

FUNCTION:

- Policy mandated AODV suspensions/expulsions
- Target yet Accept all referrals
- Reduce barriers to access
- **Contracted by County:
Reporting: county CalOMS**

FORM:

- centralized SAP
- School Counselor training
- BRRIM students/families, Plan A, B...
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FINDINGS:

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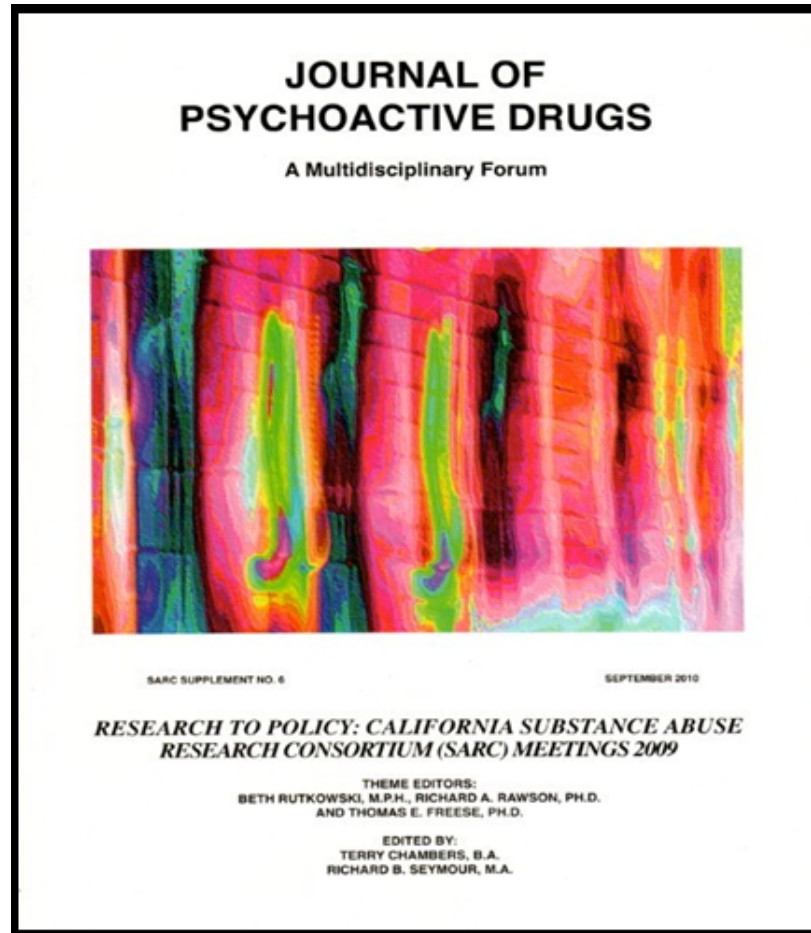
From Public Education to Public Service

QUICK HISTORY OF BRRIM

Quick History of BRRIM: from public education to public services

- 1983: Desert Sands Student Assistance Program
- 1994: DS added BRRIM (called Family Conference)
- 2002: BRRIM replicated 7 districts, 100,000+ students, funded by Safe Schools Healthy Students Initiative
- 2005: Replicated in Murrieta USD, SDFSC Grantee
- 2006-2012: CA ADP offers counties no cost training.
- 2007: Adapted for countywide access Riverside County Individual Prevention Service. Peer Review UCLA Journal, Service to Science award, 2012 National Exemplary Award, CA ADP Prevention Pillars Award, California State Association of Counties Merit Award.
- 4 External Evaluations: 1999, 2002-2005, 2007, 2009-2011
- Ventura County BRRIM: new STS grantee Nov, 2013
- District of Columbia, Washington DC Healthcare Services

UCLA Peer-Review Journal



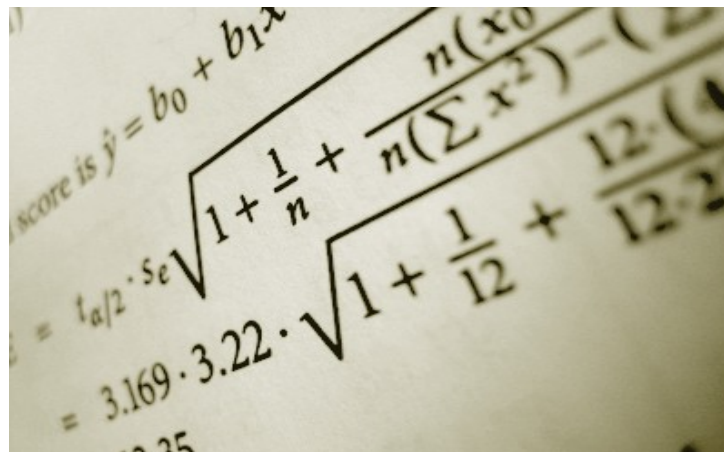
Harris, W.W., & Ryan, J. (2010). Indicated prevention: Bridging the gap, one person at a time. *Journal of Psychoactive Drugs*, 42, 277-285. doi: 10.1080/02791072.2010.10400551

Riverside County Individual Prevention Services and Desert
Sands Unified School District Student Assistance Program

KEY OUTCOMES

Averages Over the Last 5 Years

- Average Duration of Initial BRRIM Interview = 1.70 hours
- Average Number of Follow-Up Education Sessions = 3.4
- Average Duration of Follow-Up Education Sessions = 1.70 hours



The image shows a close-up of a document with mathematical formulas. The top line is a regression equation: $\text{score is } \hat{y} = b_0 + b_1x$. Below it is a confidence interval formula: $= t_{\alpha/2} \cdot s_e \sqrt{1 + \frac{1}{n} + \frac{n(x_0 - \bar{x})^2}{n(\sum x^2) - (\sum x)^2}}$. The bottom line shows a numerical calculation: $= 3.169 \cdot 3.22 \cdot \sqrt{1 + \frac{1}{12} + \frac{12 \cdot (\dots)^2}{12 \cdot 2 \dots}}$. The number 35 is visible at the bottom left.

Individual Prevention Services (IPS) Program July 2007 through June 2012

FY 07/08	603	279	46.27%	324	53.73%
FY 08/09	555	187	33.69%	368	66.31%
FY 09/10	812	327	40.27%	485	59.73%
FY 10/11	622	438	70.42%	184	29.58%
FY 11/12	402	369	91.79%	33	8.21%
Total	2994	1600	53.44%	1394	46.56%

Fiscal Impact Over Last 5 Years

- Average cost of 16-week Riverside County outpatient treatment program = **\$4,800**
- Average cost of IPS program, based on times reported in previous slide = **\$1,272**
- Average savings per individual that goes through IPS program = **\$3,528**
- Total cost savings to Riverside County over five years = **\$5,644,800** (1600 IPS agreements x \$3,528)

Readiness to Change Summary Table (N=139)

Substance/Behavior	Before/ After Session	Average Readiness Rating	Average Change Rating	% Whose Readiness Increased	% Ready or Trying to Change Before	% Ready or Trying to Change After
Tobacco* (N=31)	Before	3.0	+1.6	61%	23%	48%
	After	4.6				
Alcohol* (N=57)	Before	4.5	+1.5	61%	47%	84%
	After	6.0				
Marijuana* (N=75)	Before	4.7	+1.7	67%	53%	87%
	After	6.4				
Rx or OTC Drug Misuse (N=6)	Before	4.7	+2.0	67%	50%	83%
	After	6.7				
Other Drugs* (N=17)	Before	4.1	+2.8	71%	41%	88%
	After	6.9				
Harmful Behavior* (N=66)	Before	4.2	+2.3	71%	48%	88%
	After	6.5				

*Indicates a statistically significant increase in readiness to change (p<0.05).

Participant Feedback and Satisfaction (N=139)

- **95%** of the BRRIM participants were **satisfied with the initial session**
- **84%** of the participants said that they **planned on using the information** they received during the session
- **65%** of the participants indicated that their initial session involved the **development of a PSA**
- **100%** of those who helped develop a PSA said they were at least somewhat **likely to follow it**
- **30%** of the participants indicated that a **family member/ friend participated with them**; of those, **89%** said having that person attend was at least a little helpful
- **96%** of the BRRIM participants said they **would recommend IPS services to others**

Post Only Comparisons (N=42)

As a result of today's session:	Average Score	
	Post 1	Post 2
I am motivated to improve my situation.*	3.7	3.9
I have a better outlook on my future.*	3.5	3.7
I am more confident in my abilities to make healthy decisions for myself.*	3.4	3.8
I feel like I have the support I need to make a positive change in my life.	3.7	3.8
I intend to reduce or quit the negative behavior(s) which brought me here (such as misusing alcohol/drugs).	3.7	3.8

*Indicates a statistically significant increase in average Post 1-Post 2 scores.

Open-Ended: What was most helpful?

- Talking and Being Understood by Someone (N=37) - *"I felt as if somebody really heard me."*
- Information and Learning (N=23) - *"Learning what the drugs do to my brain."*
- Prevention Specialists Qualities/Traits (N=22) - *"He was very patient and listened very well."*
- Self-realizations (N=18) - *"Realizing it's ok to get help and I'm not alone."*
- Feeling Respected and Supported (N=15) - *"I think I was really treated with a lot of respect."*
- Setting Goals and Planning for the Future (N=14) - *"Making a plan and sticking with it."*
- Positive Approach (N=9) - *"Helping realize my strengths instead of my weaknesses."*

Includes pre and post surveys

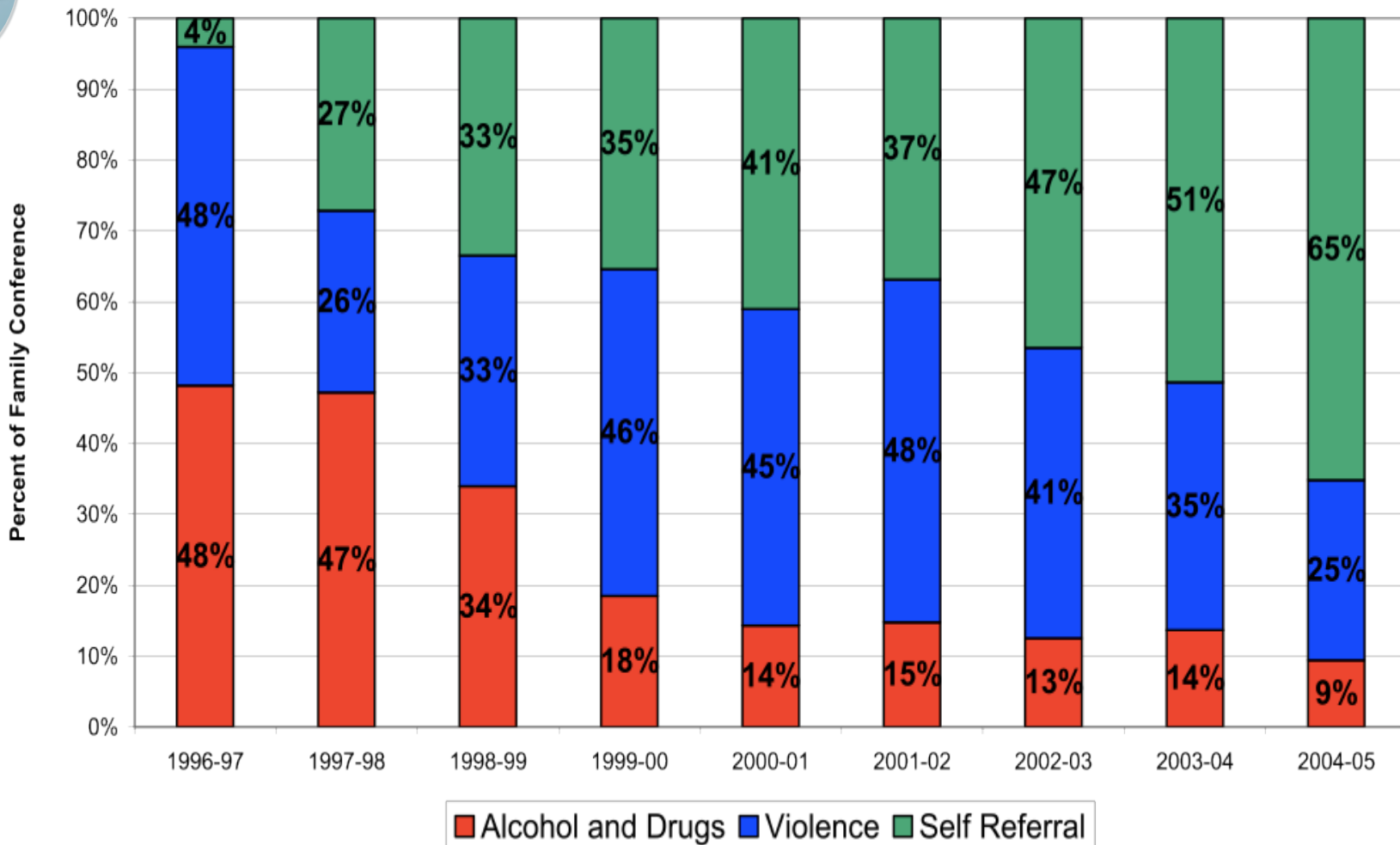
Summary of Evaluation Findings

- ✓ Increased protective factors
- ✓ Increased readiness to change AOD-involvement or use
- ✓ Decreased risk factors for developing more serious AOD problems
- ✓ Developed a Prevention Services Agreement
- ✓ Followed a Prevention Services Agreement
- ✓ Identified participants who need to be referred to diagnostic assessment
- ✓ Increased family involvement in participants' lives
- ✓ Prevented/reduced the onset of participants' AOD use and related behaviors
- ✓ Increased use of community resources
- ✓ Sustained outcomes resulting from participation in BRRIM
- ✓ High Levels of Overall Satisfaction

Desert Sands Unified School District

Family Conference Distribution

1996-2005



BRRIM = Indicated Prevention = SBI but not RT

THINKING ABOUT BRRIM AND SBIRT

ACA Perspective is forming

SBIRT

- Intentionally Quick
- Screening tools focused on target problem i.e. AOD only
- Medicare billing
- Primary Care environment+
- Referral to treatment
- Providers – licensed?

BRRIM as SBI

- Structured Motivational Interview,
- Comprehensive
- Screening tools supplement
- Customized to infrastructure/system
- CSAP strategies
- Referral to Diagnostic Assessment
- Trained Providers

USPSTF 5 A's Approach

1. **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.
2. **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
3. **Agree:** Collaboratively select appropriate **treatment** goals and methods based on the patient's interest in and willingness to change the behavior.
4. **Assist:** Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, **supplemented with adjunctive medical treatments when appropriate.**
5. **Arrange:** Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the **treatment plan** as needed, including referral to more intensive or specialized treatment.

Source: CMS issued a Transmittal entitled "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse."

Learning from Every Individual, Family, Team, Infrastructure

LESSONS LEARNED

Slow Down... to Go Fast gives people time to share their culture

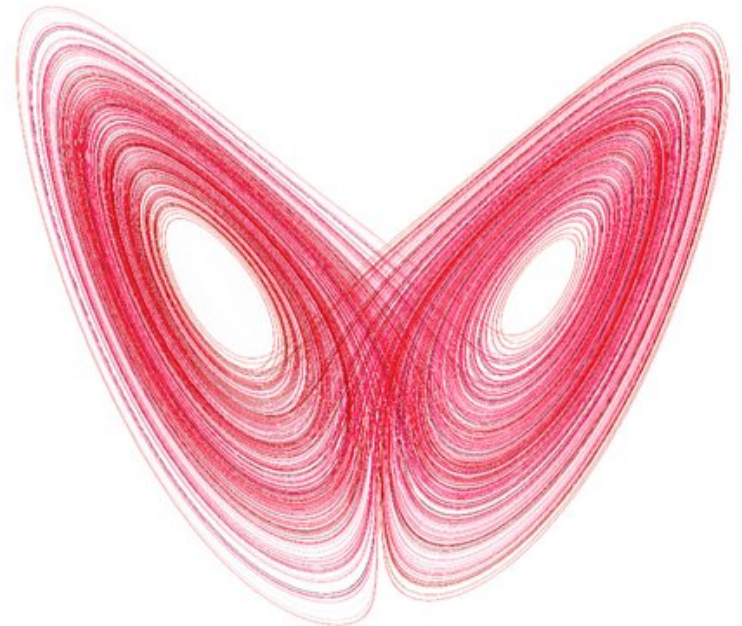


BRRIM connects with people and helps systems to connect with other systems

BRIDGE between
people



PORTAL between
systems





DISCUSSION QUESTIONS AND ANSWERS



Contact Information

Jim Rothblatt, MFT, PPS
Redleaf Resources
redleafresources@gmail.com

Jan Ryan, MA
Redleaf Resources
janryanprevention@mac.com

William W. Harris, BS, CADC-II
Riverside County Department of Mental Health
Substance Abuse Prevention
(951) 782-2400
wwharris@rcmhd.org