

Appendix E. Strategies and Scripts for Brief Interventions and for discussing substance use with pregnant patients (FRAMES and Brief Negotiated Interview script)

Being open, honest, non-judgmental and respectful is the first step in establishing rapport in order to talk with patients about substance use and help them take the next step towards addressing it.

- Keep messages clear, simple, and realistic.
- Don't predict the outcome of a particular pregnancy.
- Deliver personal, individually tailored messages.
- Stress the positive.
- Help women assess their risks.
- Motivate risk reduction and encourage ongoing hope.
- Be sensitive to legal implications.

Establish a non-judgmental approach to screening, such as by using the following script: "At this practice, we ask all of our patients about drug and alcohol use to make sure we are providing the best possible care for you and your baby. Your answers will not affect our commitment to ensuring you receive high quality prenatal care. What you tell us is confidential and used for medical care purposes only."

Find more detailed approaches in the 'Strategies to Communicate Risk' in Section 5 of the Perinatal Substance Use Manual available from the NC Division of Public Health Women's Health Branch: <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>

There are various frameworks for structuring a brief intervention to address substance use. Below are the Brief Negotiated Interview/Active Referral to Treatment (BNI ART) Institute that summarizes the process of a brief intervention and referral for treatment and the FRAMES model, which is included in the ACOG Fetal Alcohol Spectrum Disorders Toolkit. This comprehensive toolkit can be accessed here: <http://mail.ny.acog.org/website/FASDToolkit.pdf>

Brief Intervention Steps (with sample script below)

- 1. Raise subject and ask permission**
 - a. acknowledge positives where applicable
 - b. ask to review lifestyle factor information gathered (use has already been established)

Sample Script

- 1a. "I'm glad you came in today for prenatal care." (review positives: ex. overall health, lab results, early access of prenatal care)
- 1b. "I'd like to review lifestyle factors that may affect your health and the health of the baby, would that be ok?" <pause and listen>

2. Provide Feedback

- a. Review screening questions
- b. Make connection

Sample Script

2a. “From what I understand you are currently using [insert substance].”

2b. “What do you know about [insert substance] effects on the health of the baby?” <pause and listen>

- <Reflective listening, state what she has said, ex: “Your understanding is that [insert substance] doesn’t have an effect on the baby.”>
- “What we do know about [insert substance] and the developing baby is that it can cause problems such as [insert medical information].”
- “What do you think about that information?” <pause and listen>

3. Enhance Motivation

- a. Explore pros and cons
 - Use reflective listening
 - Assess readiness to change
 - Reinforce positives
 - Develop discrepancy between ideal and present self

Sample Script

3a. “Help me understand the good parts about [insert substance] for you?” <pause and listen>

- “And now we know about some not good parts for the pregnancy. Are there other parts of [insert substance] that have caused problems for you or that you don’t like?” <pause and listen>
- “On the one hand you said...<restate pros>”
- “On the other hand you said...<restate cons>”
- “Where does this leave you? On a scale of 1-10 of readiness to change, where would you put yourself?” <Show readiness ruler>
- “Why that number and not a lower one?” <pause and listen> “Are there other reasons to change?” <pause and listen>
- “How does this fit with where you see yourself in the future?” <pause and listen>

4. Negotiate and advise

- Negotiate goal
- Benefits of change
- Reinforce resilience/resources
- Summarize
- Provide handouts

BNI-ART, SBIRTNC, Handmaker & Hester

Sample Script

4. "What is the next step?"

- "If you do decide to stop using [insert substance], at least during your pregnancy, you have a better chance of having a healthy baby."
- "If you choose to make that decision I believe you can do it."
<pause and listen> <if she expresses doubt about ability to make change offer help through a referral>
 - "It can be challenging to do alone, and you don't have to. I have someone I'd like to connect you with who has a lot of experience supporting women to make behavior change."
- Review plan for change, document, agree to check in on plan at next prenatal visit. Provide information sheet. Provide warm handoff for assessment and treatment referral.

FRAMES:

F Feedback

Compare the patient's level of drug or alcohol use with patterns that are not risky. She may not be aware that what she considers normal is actually risky. Inform the patient that any drug or alcohol use in pregnancy is considered risky. Check the patient's understanding of the effects of substance use on herself and her fetus and whether these effects are of concern to her.

R Responsibility

Stress that it is her responsibility to make a change.

A Advice

Give direct advice (not insistence) to change her behavior.

M Menu

Identify situations that involve the use of drugs or alcohol and offer options for coping.

E Empathy

Use a style of interaction that is understanding and involved.

S Self-efficacy

Elicit and reinforce self-motivating statements such as, "I am confident that I can stop drinking". Encourage the patient to develop strategies, implement them, and commit to change.