

CONVERSATION GUIDE *for Delivering a* TRAUMA-INFORMED BRIEF INTERVENTION

The link between childhood trauma and substance use disorders is well-documented in the literature. This resource acknowledges that link and is intended to help healthcare providers deliver a brief intervention for substance use using a trauma-informed care approach. Whether you are well-versed in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process, or just looking for an effective way to address substance use concerns with your patients, this guide provides practical examples to facilitate that conversation. The left column provides scripts and concrete strategies to move through the brief intervention process, while the right column provides considerations to ensure trauma-informed care principles are integrated into the delivery.

| BRIEF INTERVENTION COMPONENT | TRAUMA-INFORMED CARE CONSIDERATIONS | | | | | | | | |
|---|--|-----------------|-----------------|----------------------------------|-----------------|---|---------------|--------------------------------|-------------------------|
| 1. RAISE THE SUBJECT & ENGAGE | | | | | | | | | |
| <ul style="list-style-type: none"> • Ask permission to review screening results: “Would you be willing to review these results?” • Express appreciation for answering sensitive screening questions. • Request permission to proceed with next steps including: <ul style="list-style-type: none"> • Reviewing the results. • Educating about the connection between these events and their health, behaviors, etc. and person’s insight into connection. • Interest in meeting with a behavioral health specialist, if applicable. | <ul style="list-style-type: none"> • Be mindful of the impact our behaviors can have on people with a history of trauma: <ul style="list-style-type: none"> • Utilize universal precautions for creating a calm environment (e.g., minimizing noise, decreasing clutter, maintaining a comfortable temperature). • Be aware of internal emotions and thoughts and focus on those that bolster support for the patient. • Be aware of tone, volume, energy level and physical space as you introduce yourself, your role and explain what you will be doing. • Set realistic expectations and goals for your time together to create a predictable and structured environment. • Respond and communicate respectfully (e.g., ask what name they would like to be called, be validating and affirming). | | | | | | | | |
| 2. CONFIRM SCREENING RESULTS & EXPLORE/ASK FOR MORE DETAILS ABOUT USE | | | | | | | | | |
| <ul style="list-style-type: none"> • Explore perceived benefits versus downsides: “How does _____ fit into your life?” “What, if any concerns do you have about...?” • Express empathy: “I am so sorry that you went through that.” “I can’t imagine what that was like.” • Validate the experience/event: “Going through something like that must be so difficult.” • Educate about the connections between substance use, trauma, physical health, and behavioral health. | <ul style="list-style-type: none"> • Listen intently to understand results and their context. • Commit to setting aside your own judgements and thoughts about screening results to strengthen your ability to be patient and persistent. • Maintain awareness of the language, tone and volume used when responding. Use person-first language and avoid a judgmental tone and generalizations. <i>For Example:</i> <table border="1" data-bbox="849 1570 1503 1734"> <thead> <tr> <th data-bbox="857 1581 1263 1612">Say This</th> <th data-bbox="1271 1581 1495 1612">Not That</th> </tr> </thead> <tbody> <tr> <td data-bbox="857 1623 1263 1654"><i>Alcohol or drug poisoning</i></td> <td data-bbox="1271 1623 1495 1654"><i>Overdose</i></td> </tr> <tr> <td data-bbox="857 1665 1263 1696"><i>Person with substance use disorder</i></td> <td data-bbox="1271 1665 1495 1696"><i>Addict</i></td> </tr> <tr> <td data-bbox="857 1707 1263 1738"><i>Unhealthy substance use</i></td> <td data-bbox="1271 1707 1495 1738"><i>Substance misuse</i></td> </tr> </tbody> </table> • Focus on competence and internal capacity for change versus knowledge or skills deficits. Strengths-based approaches increase the effectiveness of interventions. | Say This | Not That | <i>Alcohol or drug poisoning</i> | <i>Overdose</i> | <i>Person with substance use disorder</i> | <i>Addict</i> | <i>Unhealthy substance use</i> | <i>Substance misuse</i> |
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TRAUMA-INFORMED BRIEF INTERVENTION

BRIEF INTERVENTION COMPONENT

TRAUMA-INFORMED CARE CONSIDERATIONS

3. PERSONALIZE ADDITIONAL INFORMATION & CORRECT MISINFORMATION

- **Elicit** information on thoughts and beliefs:
“What would you most like to know about...?”
“What is your understanding of...?”
- **Advise** on the facts:
“Yes, and...”
“What we also know is...”
- **Elicit** the patient’s reactions to facts shared:
“What are your thoughts on this?”
“Where does this leave you?”

- **Maintain** the motivational interviewing spirit by providing information in the context of compassion, partnership, evocation and acceptance.
- **Invest** time and energy in building and reinforcing protective factors and advising on potential risks.
- **Honor** patient voice and choice, especially when it is in contradiction to your own by consistently requesting feedback and ensuring comfort.

4. ASSESS READINESS & NEGOTIATE CHANGE

- **Explore** the ways substance use and/or trauma is impacting the patient’s life. Ask questions that build on the information learned:
“You mentioned that _____ affects your ability to _____. What has helped you succeed at _____ in the past?”
- **Ask** about motivation to change. Use the **Readiness Ruler** to help guide the conversation.
- **Establish** a concrete idea of what change means for the patient:
“What would a shift in use look like for you?”
“What would be a first step?”
“Would you be willing to...?”

- **Client-driven** readiness assessment and change negotiation is most effective.
- **Identify** positive health assets and strengths that can contribute to a healthier, longer life.
- **Utilize** strengths-oriented open-ended questions:
“How have you been successful in the past?”
“What coping skills have you learned from your life experiences?”
- **Promote** resilience through language choices (I have, I am, I can); model and practice with your patient.
- **Focus Readiness Ruler** discussion on why the patient did not choose a lesser number. Identifying strengths rather than deficits will enhance change talk; use this approach when discussing how to achieve a higher number if that’s their goal.

5. FOLLOW UP

- **Inform** of next steps, which include:
 - Referral to internal or external behavioral health services.
 - Permission to follow up to see how treatment went.
- **Understand** if the patient rejects the referral and let them know that sometimes a person needs to feel ready to take this step. Provide them with information on who to contact if at any point they would like to seek treatment or discuss their options more thoroughly.
- **Frame** as an ongoing conversation:
“I’d like to follow-up with you to see how you’re doing. Would it be okay with you if we revisit this at your next appointment?”

- **Recognize** that anything the patient is willing to do to address the issue is a step in the right direction.
- **Connect** the patient to others who may be able to meet any needs that are outside your scope of practice.
- **Reinforce** that you are here to help and that this is an ongoing discussion. Ideally, you want patients to always feel comfortable to discuss these issues with you during visits.
- **Make** warm handoffs/referrals when possible.
- **Document** the agreed upon plan so you can engage in informed follow-up during the next appointment.