Brief Risk Reduction Interview and Intervention Model (BRRIIM) Evaluation

Shanelle Boyle, Ph.D. and Lisa Garbrecht, Ph.D.

EvalCorp Research & Consulting

BACKGROUND

What is BRRIIM?

The Riverside County Department of Mental Health - Substance Abuse Program developed the Individual Prevention Service (IPS) program to increase access to prevention services appropriate for individuals at high risk and to provide the Brief Risk Reduction Interview and Intervention Model (BRRIIM).



BRRIIM is the innovative prevention process designed to screen and educate individuals at high risk for alcohol and other drug (AOD) problems. Trained Prevention Specialists use BRRIIM to serve individuals ages 12-80 who are referred to County services. Prior to IPS, no prevention program existed to meet the needs of individuals experiencing substance abuse problems who had not yet reached a level of severity where diagnosis and/or treatment was indicated. In short, individuals had to get worse - become fully involved in substance abuse and/or addiction before receiving services.

Key Objectives

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

Core Components

Component	Description		
Referral	Participants are referred by courts, law enforcement, schools, EAP/SAP programs, employers, physicians, social services, or self-refer.		
BRRIIM Interview	A trained Prevention Specialist facilitates a 90 minute asset-based interview which involves the development of a PSA.		
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.		
Education/Brief Intervention (2-10 meetings)	Participants receive information, skill building support, and assistance with linkages to community resources in meetings following the BRRIIM interview.		
Family Involvement (1-3 meetings)	Families and significant others are encouraged to be allies in the prevention process through education and may request their own sessions with the Prevention Specialist.		
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.		

EVALUATION DESIGN

The evaluation consists of both process and outcome components, measuring the implementation and corresponding outputs/outcomes associated with the six BRRIIM core activities. The process evaluation is designed to track the extent to which proposed activities took place, and the outcome evaluation measures changes in knowledge, skills and behaviors resulting from participation in BRRIIM. The evaluation addresses three overarching questions:

- 1. To what extent does the program achieve its objectives?
- 2. What challenges/barriers are encountered and how are they overcome?
- What are the lessons learned/recommendations for replication of BRRIIM in other counties?

DATA COLLECTION METHODS

Document Review

 Comprehensive review of BRRIIM documents and logic model consultation

Appreciative Inquiry

 Peak experience stories shared by staff about implementing BRRIIM and group discussion of themes

BRRIIM Observations

 Unobtrusive observations of BRRIIM sessions, staff meetings, and case study trainings

Participant Tracking Tool

 Includes demographics, referral sources, number and length of sessions, PSAs, and family involvement

Readiness to Change Interview

Retrospective tool used to determine changes in readiness to quit or reduce harmful substances or related behaviors before after BRRIIM



Pre-Post BRRIIM Participant Survey

 Measures pre-post changes in protective factors (selfefficacy, locus of control, resiliency), decision-making capacity, confidence to change, knowledge of resources, frequency of use, and satisfaction with PSA

Three Month Follow-up Interviews

➤ Focuses on longer-term outcomes such as reduced frequency of use and degree of substance abuse issues three months following participation in BRRIIM

Participant Focus Groups

 Conducted with adult participants to develop a more informed understanding of how and why BRRIIM works and identify any unexpected outcomes

Staff Key Informant Interviews

 Captures staff perceptions about the process, participants' outcomes, lessons learned, and recommendations

Comparison Analysis

 Outcomes of participants who are later admitted into substance abuse treatment programs are compared with non-participants enrolled in the same programs

FINDINGS

Data collection for this evaluation is currently in progress and will continue throughout the year. Preliminary findings are presented below for two of the ten BRRIIM data collection methods.

Increased Readiness to Change (n=129)

Immediately following BRRIIM, participants indicated statistically significant increases in their levels of readiness to change harmful behaviors related to substance abuse.

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Substance/ Behavior	Before or After BRRIIM	Average Readiness	% Ready or Trying to Change After BRRIIM	king about changing 3 4 4
Alcohol	Before	4.6	81%	Read 7
ALCOHOL	After	5.8		Ready to change
Mariiuana	Before	4.8	86%	- 8
Marijuana	After	6.4	00/0	Tryii 7
Related	Before	4.4	0.00/	Trying to change
Behaviors	After	6.5	88%	- ∞ mg

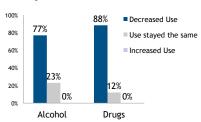
Increased Protective Factors (n=22)

Over 90% of the participants reported that during the three months following their BRRIIM session they have:

- Had a better outlook on their future
- Been motivated to improve their situation
- Felt like they have the support they need to make positive changes in their lives
- Made healthier decisions for themselves
- Experienced fewer problems as a result of alcohol and/or drugs
- Used the information they received from the Prevention Specialist

Decreased Alcohol and Drug Use (n=22)

Three months after participating in BRRIIM, 77% of the interviewees said their alcohol use decreased and 88% said their drug use decreased.



ADDITIONAL OUTCOMES

Selected quotes from participants about the most important change or outcome that resulted from their participation in BRRIIM are provided below.

- "Staying clean has been cool...and I am able to concentrate better at school."
- "I have been more positive with my thinking and decisions."
- "Self-awareness on how much and how often I drank."
- "I think what is most important is that I realize that we all can use support and that I don't have to do things alone."
- "My life in general has improved...even my daughter is talking to me."

EVALUATION REFLECTIONS

Below are some of the factors that have helped make the BRRIIM evaluation a success.

Mindful Planning: BRRIIM and EvalCorp staff worked together to identify priority data needs for a variety of stakeholder groups before moving forward with the evaluation. This process helped the team develop a meaningful evaluation and increase buy-in among key stakeholders

Appreciative Inquiry: Because evaluation can be anxiety provoking and seem burdensome to already busy staff, starting with a strength-based Appreciative Inquiry approach to what evaluation is and how findings can be used was key for building support and positive beliefs about evaluation among BRRIIM staff.

Capacity Building Approach: Intentionally embedding learning opportunities within the evaluation process has helped BRRIIM staff increase their evaluation knowledge and skills, while strengthening the quality of the evaluation.

Ongoing Evaluation Discussions: Regular discussions about evaluation activities at monthly staff meetings have provided an opportunity for BRRIIM staff to share any evaluation challenges as they arise.

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T. 949.271.6437 • F. 949.271.6301 15615 Alton Parkway, Suite 450 • Irvine, CA 92618