Training Guide: Documenting Brief Interventions

1. Purpose of Brief Intervention Documentation

Brief interventions (BIs) are short, focused conversations designed to support patients in making behavioral changes related to their health. Techniques derived from motivational interviewing, such as open-ended questions, affirmations, reflective listening, and summaries (known as OARS) can be deployed to help clients make behavior changes such as reducing substance use, increasing physical activity, and improving medication adherence. Documenting BIs ensures continuity of care, accurate communication across team members, and compliance with DHSP documentation standards.

This guide offers a recommended template format that can be used by MCC staff when documenting BIs. Use of templates can reduce administrative time and burden while also focusing documentation on essential components for care coordination purposes. Templates are not required and MCC staff are also welcome to make their own templates. This template is only offered as a resource and to demonstrate DHSP's BI documentation best practices.

Please note: Not all conversations with clients are considered BIs. For example, meeting with a client and providing a referral to oral health services is not necessarily considered a BI if motivational interviewing techniques and behavior change efforts did not take place in relation to the referral.

2. Required Components of BI Documentation

As described in the MCC Guidelines, BI documentation should include the following:

1. Description of the identified need addressed
2. Summary of what occurred during the BI
3. Follow-up plans and next steps for patient and MCC team

As well, the MCC Guidelines describe that *all* progress notes must also include:

1. Date and type of contact
2. Time spent
3. Date and Signature (EMR timestamp acceptable)

Therefore, it is recommended that BI documentation include *all* of the 6 above components.

3. Template: Standard BI Note Format

Type of Contact: In-person, phone call, telehealth, etc
Identified Need: ____
Brief Intervention Summary: ____
Follow-Up Plans: ____
Time Spent: ____
Date and Signature: EMR timestamp

4. Translating Paragraph Notes into Template Format

Below are example scenarios using a paragraph-style write-up. Each is followed by a completed template version to demonstrate how to translate narrative documentation into a standardized format.

5. Example Scenarios

Example A: Brief Intervention During an Assessment

PCM met with patient today for an in-person assessment. Patient shared that spending large amounts of time playing video games has been making it difficult to complete daily tasks and sometimes leads him to cancel or delay medical appointments. PCM provided space to talk about how this habit impacts him and explored what tends to trigger extended gaming sessions. Patient stated that when his life is feeling stressful, he tends to turn to gaming as an escape. He is very dedicated to gaming and not sure he wants to make any changes. PCM validated ambivalence and suggested simple observation of patterns by noting hours spent gaming over next week. Patient receptive to exploring his gaming habits and checking in about it in the future.

Completed Template Version:

Type of Contact: In-person
Identified Need: Engagement in care
Brief Intervention Summary: PCM validated ambivalence and encouraged simple observation of gaming patterns aligned with patient's current stage of change. Patient receptive to low-pressure monitoring.
Follow-Up Plans: Patient will track gaming habits over the next week; PCM to review

observations and reassess readiness for change at next visit.
Time Spent: 45 min
Date and Signature: EMR timestamp

Example B: Brief Intervention During Follow-Up Call

PCM called patient today for a follow-up. Patient shared that he attempted a beginner resistance training routine for a few weeks as recommended by his provider but was unable to keep it consistent. He reported feeling discouraged and unsure how to restart. PCM normalized the challenge of maintaining new habits, explored what had worked during the weeks he was active, and supported patient in identifying one or two manageable steps to resume activity. Patient stated he felt more confident about trying again with smaller, clearer goals. PCM will follow-up.

Completed Template Version:

Type of Contact: Phone call
Identified Need: Health and wellness
Brief Intervention Summary: Validated patient's discouragement; explored facilitators from prior weeks of exercise; collaboratively identified small, achievable steps to resume exercise routine.
Follow-Up Plans: Patient will attempt two short resistance training sessions in the next week; PCM will review progress and discuss barriers by [date].
Time Spent: 30 min
Date and Signature: EMR timestamp

Example C: Brief Intervention During Follow-Up Call

Patient shared feeling worried about moving to a new housing placement because previous relocations led to emotional instability. PCM asked about current coping supports, and patient explained that he has been attending weekly peer meetings, which help him feel more grounded. PCM validated his fears, applauded him for maintaining peer support, and encouraged him to continue leaning on these resources as he navigates the transition. Patient said he felt "more prepared" than during past moves and appreciated the check-in.

Completed Template Version:

Type of Contact: Phone call
Identified Need: Housing, Mental Health

Brief Intervention Summary: Validated concerns about new housing and impact on mental health; explored coping supports; highlighted patient use of peer meetings.
Follow-Up Plans: Patient will continue peer meetings; MCC will check in next week regarding moving timeline.
Time Spent: 50 min
Date and Signature: EMR timestamp