

Trauma Screening and Brief Intervention Services



WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

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Reporting the numbers: The work of Biostatistician Beth Reboussin, PhD.

In a recent correspondence, Beth Reboussin provided some background and current news about the work she is doing with "The Teachable Moment."

Dr. Reboussin wrote: "I am a Professor at Wake Forest University in the Department of Biostatistical Sciences in the Division of Public Health Sciences with a cross-appointment in the Department of Social Sciences and Health Policy. I received my PhD in Biostatistics from Johns Hopkins University Bloomberg School of Public Health in 1995."

"During that time, I was a fellow in a Psychiatric Epidemiology Training Program supported by the National Institute of Mental Health. This was an interdisciplinary program affiliated with the Departments of Mental Health and Biostatistics in the School of Public Health and with the Department of Behavioral Sciences and Psychiatry in the School of Medicine. It provided me with train-

ing in research on the etiology, classification, distribution, course and outcome of specific mental disorders."

Please describe the biostatistical model you've recently developed.

"I have just completed a five-year Career Development Award from NIDA that provided me with training in the field of drug use epidemiology and allowed me to focus on the development of innovative biostatistical methods for understanding the processes underlying the transitions across stages of drug involvement."

"As part of this award, I have collaborated with Dr. Mark Wolfson in the Department of Social Sciences and Health Policy on the Enforcing Underage Drinking Laws Randomized Community Trial (EUDL-CT). We have attempted to shed light on the nature of underage problem drinking by creating homogenous groups of underage drinkers with similar drinking patterns based on

multiple measures of drinking behaviors and problems. Using this approach, we identified two types of underage problem drinkers: risky problem drinkers and regular problem drinkers. We found that these two types of problem drinking were most strongly characterized by heavy drinking behaviors which can emerge in late adolescence and were strongly associated with perceptions of friends drinking behaviors and illicit drug use."

"I am currently the recipient of an R01 from NIAAA to model the geographic clustering of underage drinking in the EUDL-CT communities and its association with community-level characteristics. This work in progress has suggested that the clustering of getting drunk and experiencing non-violent consequences as a result of drinking is greatest in the least economically disadvantaged and least disordered communities with the greatest percentage of married couple families."

Geographic clustering of binge drinking and past 30-day drinking habits was not associated with community characteristics. However, the finding that clustering of certain underage drinking behaviors vary by community context has the potential for identifying the types of communities to target for underage drinking behavior-specific preventive interventions."



SAMHSA to Provide \$3.75 Million to Train Medical Residents in SBIRT Techniques

The Substance Abuse and Mental Health Services Administration accepted grant applications for the Screening, Brief Intervention, Referral and Treatment (SBIRT) Medical Residency Program April 2008. The purpose of this cooperative agreement is to develop and imple-

ment training programs to teach medical residents to provide evidence-based screening, brief intervention, brief treatment and referral to specialty treatment for patients who either have, or are at risk for a substance use disorder. The program also promotes adoption of SBIRT through delivery of

training to local and statewide medical communities for a wider dissemination of SBIRT practices.

"This RFA is a visionary step forward in preventive medicine," said Dr. Bertha Madras, deputy director for Demand Reduction at the White House Office of National Drug Control Policy. (continued)

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SAMSA SBIRT Training Grant awarded (from page 1).

"It offers medical educators an opportunity to train physicians in screening and brief intervention procedures for a full spectrum of substance abuse, from risky to addictive behaviors. The engagement of physicians in these preventive procedures can have a major impact on patients and on reducing healthcare costs associated with substance abuse." The article states, "About 95 percent of the people who have a diagnosable substance use disorder are unlikely to seek help from a treatment specialist, largely because they do not realize they have a problem."

Encouraging health care professionals to identify at-risk populations and intervene early *reduces* the burden of substance abuse on individuals, families and on medical institutions like Level I trauma centers. SBIRT Medical Residency Programs will train medical physicians to provide SBIRT services and promote systemic change in resi-

dency programs by integrating SBIRT into the curriculum long-term. This program seeks to establish SBIRT training as a component of many residency programs. Training will enable residents in Level I trauma centers to use SBIRT services for patients with a Blood Alcohol Level BAL over legal limit, and/or those who test positive for use of controlled substances.

Approximately \$3.75 million was allocated to fund up to 10 cooperative agreements. The average annual award amount is an expected \$375,000 per year for up to five years. The agreements were awarded by SAMHSA's Center for Substance Abuse Treatment.

Alcohol misuse is the main problem risk factor for serious, often fatal, injury in the U.S. It is the third leading cause of preventable death and is attributed to over 75,000 deaths annually. Research from studies in-

volving the "Teachable Moment" indicates that clinicians and counselors can capitalize on the teachable moment provided by admission to a trauma center to increase a patient's motivation to examine and possibly change their alcohol use.

"SBIRT PROGRAMS ARE STATISTICALLY SHOWN TO EFFECTIVELY REDUCE ALCOHOL USE AND DECREASE REPEAT TRAUMA CENTER ADMISSION BY NEARLY 50%, AND COULD LEAD TO AN YEARLY SAVINGS OF \$1.82 BILLION IN DIRECT MEDICAL COSTS."

Dr. Laura Veach on the collaborative efforts of "the Teachable Moment"

Dr. Veach: The collaborative nature of this current research helps strengthen the work and enriches the benefit to the recipients, community, university & funder. Our Teachable Moment team includes an emergency room physician, a public health researcher, surgeons, trauma center leaders, faculty from the Bowman Gray & Reynolda campuses, counselors-in-training and licensed counselors. We provide a comprehensive service to those with alcohol-related injuries. Our goal with the Teachable Moment is to identify effective screening tools and counseling interventions while reducing alcohol-related injuries, and increasing

enhancing healthier practices. With Dr. J. Wayne Meredith while he was National Chair of the Committee on Trauma for the American College of Surgeons, changes were made in the U.S. requiring alcohol screening and brief interventions (ASBI) in Level I Trauma Centers. Dr. Meredith stressed the importance of providing a national model for ways trauma centers could implement this service to hospitalized trauma patients. With his vision and commitment to quality care for trauma patients, Dr. Meredith and the WFUBMC Trauma Center research team contacted Debbie Newsome, PhD and me to involve our expertise in

providing this new service in an innovative, cost-effective way. In 2006, with the help of the *Pro Humanitate* funding, we conducted a week-long study with four counselors-in-training from our WFU Department of Counseling. This collaboration led to a full-time counseling internship for a WFU counseling student from August 2007 - July 2008 to provide ASBI under my supervision. Because of my previous hospital intervention work with Novant, over 25 years of counseling and administration experience specializing in substance use issues, my certification as a Clinical Supervisor, and my work as a Licensed Clinical Addiction Specialist and Licensed

Professional Counselor, I provided onsite ASBI program development and supervision of counselor-in-training, Jennifer Rogers. Further collaboration with the Trauma Center research team was requested to propose clinical research to add to the ASBI evidence-based knowledge and practice. Our collaborative efforts led to the proposed research being awarded this 3 year grant from the Robert Wood Johnson Foundation. Only 6.8% of proposed research projects were funded, so we recognize that this research study is unique and collaboration is an important part of the study.