

# Trauma Screening and Brief Intervention Services



## Effects of a Brief Intervention for Reducing Violence and Alcohol Misuse Among Adolescents

The following is a review of an article from the Journal of the American Medical Association titled, "Alcohol Misuse Among Adolescents: A Randomized Effects of a Brief Intervention for Reducing Violence and Controlled Trial."

This study offered brief interventions to 14-18 year olds admitted into the emergency room, addressing issues around their alcohol use, and aggression that may have lead to them being admitted.

The study used three different interventions (1) computer session, (2) counseling session, or (3) brochure. Some of the themes addressed in both therapist and computer interventions were goals, weapon carriage, potential benefit of staying away from drinking and fighting, conflict resolution, and alcohol refusal.

The youths who participated in the interventions were followed up at 3 and 6 months to self-report on topics of "peer aggression and violence, violence

consequences, alcohol use, binge drinking, and alcohol consequences."

**Homicide by firearm is the 2nd leading cause of death for 10-24 yr. olds and 3rd leading cause for 25-34 yr. olds.** Source: National Center for Health Statistics (2007) (NCHS)

Youths who received the therapist intervention reported a decrease in participation in peer violence and violence consequences after 3 months.

Youths who either worked with the therapist or who participated in the computer-based intervention experienced a decrease in alcohol-related issues at the 6 month follow-up review. Researchers were encouraged by the effect of brief interventions in reducing violence and alcohol misuse. They stated that it will be important to replicate such studies in more hospitals, to be able generalize these interventions throughout the country.

Source: Alcohol Misuse Among Adolescents: A Randomized Effects of a Brief Intervention for Reducing Violence and Controlled Trial. Maureen A. Walton, Stephen T. Chermack, Jean T. Shope, et. al. *JAMA*, 2010(5), pp.527-535.

"...only 6-8 at-risk adolescents would need to receive the therapist intervention to prevent severe peer aggression in one adolescent."

### Michigan First!!!

Michigan Liquor Control Commission (LCC) recently (Nov. 4) passed a law to ban the sale of alcoholic energy drinks, becoming the first state in the nation to do so. The commission cited evidence the "the popularity of alcohol energy drinks...among college students and underage drinkers." They also stated that alcohol was the number drug problem among youth. Source: [www.michigan.gov/lcc](http://www.michigan.gov/lcc)



### A day in the Trauma Center with Counselor Intern Kim Martin , RN

To get a view of what type of work is being done at Wake Forest University Baptist Medical Center Trauma Center in dealing with alcohol screenings and brief intervention services, I spent the morning shadowing a counseling intern. The counseling intern, Kim Martin, is

a Master's student and has an extensive background working in hospitals as an RN.

Kim was a veteran nurse, spending 11 years in service before returning to school to pursue her Masters degree in counseling. Kim's experience within this setting certainly gives

her a great understanding of the systems that exist within a hospital setting and the importance of working with the various teams

Visit HBO's series on "Addiction" To view "A Night in a Dallas ER" *Caution: Violent images* [www.hbo.com/addiction/thefilm/centerpiece/612\\_segment\\_1.html](http://www.hbo.com/addiction/thefilm/centerpiece/612_segment_1.html)

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## A day on the floor of the Trauma ward with intern Kim Martin (cont.)

The morning started with rounds in a crowded room of doctors, nurses, and medical residents. Before starting rounds, Kim had the list of patients on the floor. By reviewing the required nurse pre-screening questions as to how alcohol is involved in the patient's lives, Kim knew which patient cases were patients she might soon meet. When these patients' cases were reviewed, Kim said that it was important to learn about their course of treatment, to know ways in which she could best be of service to them.

I was able to follow Kim to meet with patients as she spoke with them about their possible needs for counseling services. Kim's 11 years of nursing experience, knowing how patients feel when people come in and out of their rooms, gives her specific insight of how to treat patients in a compassionate manner. Kim feels that finding a way to "get on their level," physically and emotionally, is another great way to build rapport in a brief amount of time.

Kim stated that the best way to engage with patients is by being present and truly listening to the patients. It was obvious to see that many different services are a part of working with these patients but the role of the counselor is one of true empathy—of finding out what role alcohol plays in their lives, and what help they might need, based on what they share with us.

**HOW CAN WE INCREASE OUR AWARENESS ON HOW WE PRESENT OURSELVES TO PATIENTS?**

Kim also stated that it was very important to meet with the patients and to learn about the incidents that led them to be in trauma ward. She shared that she finds that the best times to try and meet with clients is early in the morning or towards the evening. "There are so many people in-and-out of their rooms all day long; it's busy, busy for them during the day." Kim said that one of the biggest barriers she has found

with patients is their reluctance to participate in a research study. All patients who decline to be in the Teachable Moment study are still offered routine ("standard of care") counseling. No one who wants counseling is turned away. That being said, she also feels that even if she can plant a seed as to the patterns of drinking and the role it plays in their lives, that some good still has been done for the patient.

From this experience, I was reminded in a very powerful way that there is indeed a great need for this type of work in the trauma centers. I also better understand the vulnerable position that the patients are in and how important it is that we take how they might be feeling into account. There are many micro-level counseling techniques and one's own personal awareness that must be taken into account with every patient we meet.

## What it takes to be a Teachable Moment Intern: Let's meet Regina Moro, MS

Greetings! My name is Regina Moro and I am a new intern working with the Teachable Moment Research Study Team. I am currently a Doctoral Student in my second year at the University of North Carolina at Charlotte. I am working on my degree in Counselor Education and Supervision as well as the certificate in Substance Abuse Counseling.

I am excited about the opportunity to be working here with the Trauma team. I became interested in working in the medical field when I was in my Masters program at Syracuse University. I did a clinical internship at a Family Medicine Residency, working with patients of the residency, as well as working with the residents during their Behavioral Science rotation. The work was stimulating and rewarding. I found that I enjoyed working as part of the medical team, giving the patients the best all around care, and also

inspiring the residents to take a comprehensive approach to patient care.

As an intern working with the Teachable Moment study I am responsible for a few different tasks. A main role of mine is the data collection piece. This includes enrolling the patients into the study and providing the screening as well as the intervention. I am a counseling student, so providing the brief intervention is really what has my heart in all of this! It is fascinating to see just how taking a few minutes to speak to someone about their drinking and hopes for changing that behavior can have an impact. I am excited to see what the results of everyone's hard work shows!

My desire to pursue the additional certificate in substance abuse counseling came about from my

clinical experiences. I became aware of how widespread of an issue substance abuse is, and I felt motivated to become active in working with individuals and families that are stuck in the cycles of the disease. I believe my interest in being part of a medical team and my desire to work in substance abuse is a great combination for working in the hospital environment. As a counselor, I am meeting clients where they are at, and hoping to stimulate something in them that begins the process to think about what things might be like with a healthy future!

