



Trauma Screening and Brief Intervention Services

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

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Reviewing How Confidentiality May Impact Our Work

In 2005, an article was written covering issues dealing with confidentiality for alcohol screening and interventions in trauma centers. The authors understood the upcoming trends for trauma centers to begin addressing the needs of substance abusing individuals sustaining trauma. They also felt the need to highlight the important differences in **confidentiality** that are allowed to these patients under federal guidelines, review these statutes, present an understanding of their importance, and give suggestions on how to attain this delicate balance of confidentiality with screening and interventions.

The writers began by addressing the continuing stigma around risky drinkers and reminded the reader of potential consequences to their lives if such matters are not handled in a sensitive matter. They highlighted relationships with family, potential legal issues including custody battles, failure to consent to potential treatment, and failure for insurance companies to cover medical costs if confidentiality was not maintained. They reviewed the

reasons for creating the Federal Statute, 42 CFR Part 2, as a way to protect medical records related to substance abuse issues, indicating ongoing stigma and discrimination for those that suffer with substance abuse disorders. The writers brought to light the differences in managing patients' records and that separate release forms are required for substance abuse issues, distinguishing it from traditional HIPPA consents. Also addressed was the ability to disclose information within the same facility to those that would specifically need that information for treatment.

The writers conclude the article by listing several recommendations to ensure confidentiality. The first recommendation includes separate release of information forms for outside agencies, such as those going to insurance companies.

The second recommendation was to employ individuals whose primary purpose was to screen and provide brief interventions to both create a relationship in which to proceed but also to bring 42 CFR Part 2 into action.

The third option may be to employ an additional counselor but to have separate charts that would contain only information with substance abuse information and would be limited to those treating the patient.

Five years after this article was published, it is important to review what steps we have taken to ensure our patient's confidentiality and remember the importance of trust in treating substance abusing trauma patients. While laws will continue to change and best practices of how to meet the needs of trauma patients hope to improve, it is important to keep in mind the importance of helping patients with risky drinking issues receive the screening and brief intervention confidentially.

Gentilello L, Samuels P, Henningfield J, Santora P. Alcohol screening and intervention in trauma centers: Confidentiality concerns and legal considerations. *J Trauma*. 2005;59:1250-1250.

Teachable Moment Study: Sitting down with Dr. Preston Miller, MD

I recently sat down with Dr. Preston Miller to highlight the wisdom gained from the last four years working with the Teachable Moment. Dr. Miller said that in addition to the push from the College of Surgeons, he saw a great opportunity to find the best ways of addressing substance abuse needs in trauma patients. He said although it has been interesting to figure out role division amongst staff, the blending of research and clinical care has been an important step in meeting patients' needs.

Dr. Miller addressed the fact that the medical profession has always understood mental health issues were a vital part of a patient's life. He feels the hospital staff is starting to get very good at recognizing "psychological opportunities" to help patients and their families and feel that they have an avenue to address their needs. Dr. Miller stated he is very pleased by how willing patients and their families have been to look at issues around risky drinking. He finds relief expressed by patients and families very encouraging

when confronting an issue that often has been impacting their family for a long time.

Dr. Miller concluded our discussion by stating that an increase in behavioral health professionals in the hospital would be helpful for patient care. He also highlighted the importance of aftercare for clients once they leave the hospital and how social work and care coordination assists in this important step.

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Looking back with Dr. Mary Claire O'Brien: The Teachable Moment

I recently spoke with Dr. Mary Claire O'Brien to gain her perspective working with the Teachable Moment project over the last several years since it is ending December 2011. She became interested in this project due to the numerous emergency and trauma patients she treats with alcohol-related injuries. Dr. O'Brien also highlighted the research that supports talking to trauma survivors about their substance use and how brief interventions have been shown to reduce trauma recidivism. She stated that one would only have to spend one day in the trauma center to understand the impact of alcohol on patient's injuries and how difficult it can be to communicate the news of serious injuries to their families.

I asked Dr. O'Brien what difficulties she has seen over the last few years, and she stressed the importance of being open to change by all those involved.

Dr. O'Brien spoke about the difficulty in changing behaviors not only of the patients being treated but also to change the health-

care system through training and awareness for doctors, nurses, counselors, and administrators. She is still surprised by the level of denial from some patients.

Orchestrating staff to meet the needs of patients also continues to be a challenge. There is a logistical balance between necessary surgery, physical therapy, and meeting psychosocial needs that can sometimes be difficult. This balance also speaks to healing patients physically and emotionally but also not keeping them in the hospital longer than needed.

When asked how the program could operate differently with more funding, Dr. O'Brien said that they could use counselors on staff, 24 hours a day, seven days a week. She felt that additional counselors could also be brought in when census was high to meet the demand of patients and their families.

Dr. O'Brien and other members of the Teachable Moment research team are further interested in a follow up study to address multicultural concerns in this type of work. She believes a multicenter study

would best be able to investigate the language and cultural needs of patients. This study might involve matching patients with providers that more closely represent their own cultural backgrounds who could then advocate for patients' unique differences and how to meet their specific needs along cultural lines. Take home message: Dr. O'Brien stated that the most important aspect of this work is the team approach. She said that patients, families, doctors, nurses, and counseling staff need to be on the same page to have the most impact with patients. "When this is successful, it is the team approach that makes it successful. It's people communicating, and leaning on one another's expertise, that is what gets the job done."

*****ALSO, From ASU Summer Intern Lake Cochon:
TO WFBH: Thank you for all the patience, assistance and support I received during my internship at the hospital. You made me feel very welcome, and made it easy and comfortable to ask you questions and learn as much as possible throughout the experience, while providing quality substance abuse interventions to patients. I wish you all the best of luck in the important work you do.*****

New on the floor: Let's meet Brittany Wyche & Katie Ahrendt, WFU Interns



Hello! My name is **Brittany Wyche** and I am a first year student in the Masters in Counseling program at Wake Forest University in Winston-Salem, North Carolina. I'm actually a "Double Deacon" – I graduated from Wake in 2008 with B.A.'s in Psychology and English. This time my studies in the Clinical Mental Health have led me to a practicum experience at Wake Forest University Baptist Hospital. I have been working with the Teachable Moment Research Study Team to provide screenings and brief interventions to trauma center patients. This opportunity has been an incredible learning experience for me, and I have very much enjoyed my time here. Through working with the screenings and brief

interventions I have learned so much about the nature of addictions and substance abuse and clinical supervision. Being in the hospital environment has definitely piqued my interest in advocating for counselors in a variety of settings. Being a part of the TM study has also actually given me an appreciation for research and its practical application for counselors. Brittany is now an intern at Salem College in her 2nd year at WFU.

Next meet **Katie Ahrendt!** Hi! I am a second-year student in the Masters in Counseling program at Wake Forest University. Prior to my graduate studies, I received a BA in Psychology from UNC-Chapel Hill, and spent five years working for City Year, an Americorps program, in Boston, MA. I am currently doing my Clinical Mental Health internship here at

Wake Forest Baptist Hospital, working with the Teachable Moment Research Study team. I provide screenings and brief interventions to trauma patients and am learning a lot about working in a hospital environment. Working with trauma patients, I have come to realize the large, far-reaching affects that substance abuse can have on people and families. Upon graduation in the spring, I hope to use all that I have learned to continue working in this field.



Thanks to all 9 of our counseling interns over the years!!