

# Wake Forest University Baptist Medical Center: Trauma Screening & Brief Intervention Services

Kevin Varner, Editor; Wake Forest University Dept. of Counseling

## “The Teachable Moment” goes live January 2009!

### Special points of interest:

- Of the over 3,000 trauma-related patients seen per year at Baptist Hospital, at least half are related to alcohol and drug use. The actual number is likely much higher.
- Professional counselors have been tapped as having the interpersonal, motivational interviewing, and psycho-educational skills most needed to provide brief intervention counseling to trauma patients.
- Counselors teach other members of the trauma team how to provide brief intervention counseling services.

Starting January 5th, “**The Teachable Moment: Screening and Brief Intervention for Admitted Trauma Patients**” will officially add patients to the study. “The Teachable Moment” is the title of the funded research study, which began October 1st, 2008. **Dr. Mary Claire O’Brien** (Emergency Medicine) is the principal investigator (PI). **Dr. Laura Veach** (Counseling) and **Dr. Beth Reboussin** (Public Health Sciences) are co-PIs. Officially mandated by the American College of Surgeons, a new policy utilizes screening and intervention for patients admitted to the hospital with alcohol-related trauma. This opportunity for alcohol screening & brief counseling interventions provides a teachable moment when the person can also focus on their pattern of drinking.

Preliminary screenings and training sessions for trauma nurses and intervention counselors involved in the study will be statistically measured. Measurements will provide feedback and demonstrate the usefulness of the program, which seeks to lower rates of new and returning alcohol-related traumas. At six months after the intervention, a follow up counseling session provides long-term assessments of success for reducing the rates of trauma recurrence.

**Dr. Laura Veach:** “Participants in “The Teachable Moment” are offered brief counseling to help them

identify risky drinking patterns. Patients wishing to change these patterns work with counselors on how to best make changes. Two different approaches to counseling will be randomly used: a NIAAA cognitive behavioral focus, or a solution-focused brief counseling focus. The cognitive approach deals with abstaining or regulating maximum numbers of drinks using strategies such as diary keeping, tracking numbers of drinks, setting goals, plus pacing and spacing alcohol intake, including food consumption, and avoiding triggers toward risky drinking.”

**Dr. Veach** adds, “A solution focused approach explores contributing factors of risky drinking and drunken episodes by helping explore personal, environmental and social factors involved. With counseling, the patient explores these factors and generates alternate solutions instead of over-doing it.”



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## An Interview with Mary O’Brien, MD

**Mary O’Brien, MD** is an associate professor at Wake Forest University School of Medicine in Winston-Salem, North Carolina. She was asked her impressions of the “The Teachable Moment” study by interviewer Kevin Varner from Wake Forest University:

**What prompted you to undertake this research?** The American College of Surgeons Committee on Trauma now requires screening and brief intervention for risky drinking at all Level 1 Trauma Centers. Dr. Meredith was an integral part of the national effort to establish this requirement; he strongly encouraged the development of an SBI program here WFUBMC. The SAPRP policy grant

was a natural fit for a research study on SBI.

**How is your prior research interwoven and related to being part of this particular study?** My primary research area is alcohol-related injury in college students; specifically, my colleagues and I are looking at ways to modify the campus-community environment (e.g. availability, policy change, enforcement.) The Teachable Moment is a natural extension of this research, but it looks at changing individuals who have experienced a serious alcohol-related injury, rather than the changing their environment.



## Interview with Mary O'Brien, MD continued

**What is one aspect of the preliminary study that your team has learned so far that will make it perhaps easier, or more effective, when you go live in the month of December?** Patients have been very accepting of the alcohol counselors. They are often quite eager to discuss their drinking with a member of the trauma team.

**What has been the most challenging aspect of the study, or the training (or both) so far?** One aspect of the study examines the efficacy of two different screening questions for risky drinking. Our goal is to identify a simple screening method that is both sensitive and specific. Because the trauma nurses are already quite busy, it has been a bit of challenge to incorporate these screening questions into the standard nursing intake assessment. But we are definitely encouraged by the trauma nurses' enthusiasm for the in-patient alcohol counseling program. This is the first clinical trial on 11 Reynolds; the nursing staff are critical to its success.

**Where do you see future impact, either at WFUBMC or elsewhere, as a result of this study?** We hope our efforts will demonstrate the ease with which alcohol screening and brief motivational intervention can be incorporated into in-patient trauma care. Most importantly, we hope our efforts will decrease risky drinking in the

### \*SBI Program Reduces Heavy Alcohol Use and Illicit Drug Use, Study Says

study participants, and therefore decrease trauma recidivism.

A new report concludes that **Screening, Brief Intervention, and Referral to Treatment** (SBIRT) programs decrease illicit-drug use rates by 67.7 percent and heavy alcohol use rates by 38.6 percent.

Researchers from the Office of National Drug Control Policy, National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration (SAMHSA) analyzed data from 459,599 patients who were screened for alcohol and other drug use at a variety of health-care facilities, and followed up with subjects six months later to track changes in drug-use rates. The report showed that of the illicit-drug users participating in SBIRT programs, 64.3 percent reported fewer arrests, 45.8 percent who were homeless said they were no longer homeless, and 31.2 percent reported fewer emotional problems.

The SBIRT program can be used in primary care centers, hospital emergency rooms, and trauma centers to screen patients for signs of substance abuse and refer them to treatment, as needed. The report includes data from six organizations running SBIRT programs funded by SAMHSA. The research was published online in the Octo-

ber 16, 2008 issue of the journal [Drug and Alcohol Dependence](#).

\*article excerpted from the November 8, 2008 issue of the [jointogether.org](#) website. Link:

### "Booze It & Lose It" Statewide Campaign a continued success.

<http://www.jointogether.org/news/research/summaries/2008/sbi-program-reduces-heavy.html>

- **Zeros in on drunken drivers with the most innovative and extensive anti-driving while impaired (DWI) enforcement & education effort in state history.**
- **Law officers will conduct sobriety checkpoints in every county of the state during the month of December.**
- **Since start of the Governor's Highway Safety Initiative in 1993, law officers have conducted more than 22,000 checkpoints for seat belts & impaired driving, & charged more than 35,000 people with DWI.**
- **Officers also discovered 42,775 criminal offenses, including fugitives from justice, fire arms violations, felony drug violations & stolen vehicles.**

## An Interview with Preston Miller, MD

**Dr. Preston Miller** is currently an Assistant Professor in the Department of Surgery at Wake Forest University Baptist Medical Center. He also serves as the Director of Surgical Intensive Care and Director of the Surgical Care Fellowship. He was interviewed by Kevin Varner from Wake Forest University.

**What is your role in the current study "The Teachable Moment?"** I provide clinical contact between counselors and trauma center intake commonly related to alcohol related trauma. In the trauma center at Baptist Hospital, we see roughly 3,000 patients per year. Currently, at least one half of the traumas are related to alcohol and/or drug use. The actual number is much higher, I'm sure. My hope is that this study will flesh out these numbers more accurately, and cause the alcohol and drug related traumas to decrease through preventive education.

**What prompted the inclusion of counselors in this study and how has their input proven valuable?**

That's a great question. We have established good contact with counselors from Wake Forest University. Their specific skills provide a way of reaching patients at a time when they are more susceptible to want counseling interventions, want to discuss how they arrived at the trauma center, and how to keep it from happening again. Counselors have a unique window into providing specific and motivational techniques to patients who want to examine risky drinking behaviors. They enjoy the work, and we enjoy gaining their perspectives and insight as part of our team.

**What is successful with "The Teachable Moment" so far?** We are already screening and identifying patients' blood alcohol levels (BALs) and prompting nurses to screen by asking patients two questions: How many times a week do you get drunk? And how many drinks do you usually have when drinking?

We've found that these two simple questions already open the door for the trauma patient to begin examining the elephant in the room—their risky drinking patterns. This is a new protocol for our nurses, and though it has taken time to



become part of the intake routine, nurses are asking the questions up front, and we are beginning to offer counseling for those patients we identify as being candidates for this study. BAL is checked at trauma intake. It is mandated by

the American College of Surgeons as protocol for our Level 1 trauma center. Also, in the state of North Carolina, insurance companies *cannot refuse payment and coverage* if an injury is alcohol related. So, this has opened the door for us to screen trauma patients BAL and provide counseling as an additional service for patients who want to change risky drinking patterns.

We feel that this structured program will reduce repeat alcohol related trauma, and preliminary studies have shown that it's doing the job. Once the results are in, we hope other Level 1 trauma centers across the country will adopt the same screening and counseling intervention protocol. Simply put: it works.