

Brief Intervention Training Notes

Orient the Patient

Identify yourself and explain your role on the trauma team.

Get permission, explicit or implicit, from the patient to talk together for a few minutes.

Explain the purpose of this discussion is to

- 1) give them information about health risks that may be related to their drinking,
- 2) get their opinions about their drinking, and
- 3) discuss what, if anything, they want to change about their drinking.

Feedback

Using Binge Question

Range: The number of drinks people have on a single occasion varies a great deal, from nothing to more than 10 drinks.

And we know that having too many drinks at one time can alter judgment and reaction times.

Normal: Most drinkers in the United States have fewer than 2 (♀) or 3 (♂) drinks on a single occasion.

Give Binge Questions results. "You drank more than that ___ times last month, increasing your risk for health problems."

Elicit the patient's reaction. "What do you make of that?"

Listen for Change Talk

- Goals**
- a) Summarize the patient's feelings about current drinking behavior. "On the one hand . . . On the other hand . . ."
 - b) Listen for pro-change talk—the patient's concerns, problem recognition, and downsides of drinking.

Methods

Explore **pros and cons** of drinking. "What do you like about drinking? What do you like less about drinking?"

"What role, if any, do you think alcohol may have played in your injury?"

Is this patient interested in change?

"On a scale of 0 to 10 [with 0 indicating not important, not confident or not ready], rate. . ."

". . . how **important** it is for you to change your drinking behavior?"

". . . your level of **readiness** to change your drinking behavior?"

"Why did you choose ___ [the # stated] and not a lower number?"

If the patient is interested in changing, use these questions.

"What would it take to raise that number?"

"How **confident** are you that you can change your drinking behavior?"

Reflect and summarize throughout.

Options

"Where does this leave you? Do you want to quit, cut down, or make no change?"

You could:

- M**anage your drinking,
Eliminate drinking from your life,
Never drink and drive,
Continue **U**sual drinking pattern, or
Seek help.

If appropriate, ask about a **plan**. "How will you do that? Who will help you? What might get in the way?"

If You Give Advice

When you have significant concerns or important information to impart, use this approach. It reduces the possibility of patient resistance.

- Ask:** Ask permission to discuss your concerns.
Advise: If permission is granted, give information or share your concerns.
Ask: Ask for the patient's reaction to your comments.

Close on Good Terms

Summarize the patient's statements in favor of change.

Emphasize the patient's strengths.

What agreement was reached?

✓ **Always thank the patient for speaking with you.**

April 2009: C Dunn, C Field, D Hungerford, S Shellenberger, J Macleod



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Using BAC

Range: BAC can range from 0, which is sober, to .4, which can be deadly.

And many people know that a BAC of .08 defines drunk driving—it also indicates heavy drinking.

Normal drinking results in a BAC of .02–.04. About half of the U.S. population doesn't drink.

Give the patient his/her BAC result. "Your BAC was ____."

Elicit the patient's reaction. "What do you make of that?"

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Using AUDIT

Range: AUDIT scores can range from 0 (non-drinkers) to 40 (probably physically dependent on alcohol).

AUDIT has been given to thousands of patients in medical settings, so you can compare your score with theirs.

Normal AUDIT scores are 0–7, which represent low-risk drinking. About half of the U.S. population doesn't drink.

Give patients their AUDIT score. "Your score of ___ means you are (at risk or high risk), putting you in danger of health problems."

Elicit the patient's reaction. "What do you make of that?"

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