## Lesson 1 Introduction

NARRATOR

In our roles as hospital and trauma center staff, we see many patients every day who are drinking too much. Most are not dependent on alcohol, or alcoholics. But, they are patients who—when they drink—drink too much. This risky drinking leads to more injuries, violence, health problems, and destruction than alcohol dependence.

We are present at an ideal time in these people's lives: when they're forced to seek medical care. Whether or not the visit is caused by alcohol, this moment can be a critical tipping point in their drinking habits.

By having a simple 5-15 minute conversation with these patients, we can help them recognize their problem and change their unhealthy relationship with alcohol. The Screening & Brief Intervention model will walk you through everything you need to know, covering initial screening, what to say during the intervention, and how to leave on good terms.

## Lesson 1: Preparing the Patient

NARRATOR

In Lesson 1, you'll learn:

- how to transition into a brief intervention

A successful brief intervention begins the moment you meet your patient. It's important for you to be professional, yet build a rapport by being sensitive and attentive. Greet patients by telling or reminding them of your name and what you do on the trauma team.

DR. SHERMER

Hello Mr. Keith. I'm Dr. Shermer. I was the trauma surgeon that examined you down in the trauma room I don't know if you remember.

MR. KEITH

Oh. good.

NARRATOR

Begin by addressing the patient's medical concerns. Even though the brief intervention will focus on drinking behavior and the patient's feelings about drinking, that conversation will go better if you insure the patient's medical concerns are taken care of first.

DR. SHERMER

I did want to update you a little on all the findings because I'm sure it was a bit of a blur to you. You have this big cut on your head but your brain was fine. Your CAT scan was good.

NARRATOR

To help patients understand that you are not singling them out regarding their drinking, explain that you evaluate the drinking status of all patients admitted to the trauma service because excessive drinking is such a common risk factor for serious injuries.

DR. SHERMER

One thing we do like to do for all patients that come through the trauma room is talk to them a bit about their alcohol use. And the reason we do that is because alcohol use in all types of ways is related to all sorts of injuries so we kind of view it as our job to do that when people come in who are injured.

NARRATOR

Next, ask for permission to talk with the patient for a few minutes.

DR. SHERMER

So I'm wondering if it would be okay with you if we spent a little bit of time talking about your alcohol use.

NARRATOR

Why Ask Permission? Asking for permission is an excellent way to build rapport; it generates cooperation and lets patients know you value them. Establishing feelings like this early on with patients increases the chances they will feel comfortable talking about more sensitive and private issues.

Do you think it's better to stand or sit when starting a brief intervention?

Lesson 1 - if you answer Stand

NARRATOR

Although you may occasionally have a patient who you think would respond better to you standing, most patients will respond more openly during a brief intervention if you are sitting down. This action allows us to step away from our position as an authority figure and become more of an equal -- more of a listener they will feel comfortable discussing more private struggles with.

Lesson 1 - if you answer Sit

NARRATOR

Sitting can be a particularly powerful way to show sensitivity and support for a patient who you want to discuss private struggles. By sitting down, we convey a sense of equality and we signal to our patients that we are ready to be receptive and listen.

Lesson 1 - continued

NARRATOR

The patient will wonder what you want to talk about so explain the purpose of the discussion is to:

One, give them information about health risks that may be related to drinking

Two, get their thoughts and feelings about their drinking

Three, discuss what, if anything, they want to change about their drinking

When beginning a brief intervention, remember to:

- introduce yourself
- ask permission to talk
- note that the drinking status of all patients are screened
- explain the purpose of the conversation

Lesson 2 Feedback

NARRATOR

In Lesson 2, you'll learn:

- 3 screening methods
- how to deliver screening results
- and how to elicit patient reactions

Feedback is the first part of the actual brief intervention. This is where we provide screening results in a way that allows patients to think about their own drinking habits. Screened fewer than 2% of time, alcohol misusers are often undetected.

There are three screening methods you can use to see if a brief intervention is necessary. Once you have selected one, you will be able to apply the RANGE method for delivering the results to the patient.

Which screening method would you like to use?
BAC
Binge Question
AUDIT

Lesson 2 - if you answer BAC

NARRATOR

As we know, we commonly report BAC results in mg/dl units. However, these units confuse patients because they don't regularly work with these units. When using BAC, you will need to use common ground to convey the results to patients. A common tactic is comparing the screening results to .08, which many know is drinking under the influence.

When delivering the results of the screening, try to avoid medical terminology that patients won't understand. The RANGE method is a way of delivering screening results that patients can easily understand.

RANGE focuses on five areas:

R- providing the ***range*** of the screening you used

A - providing an ***anecdote*** or comparison to put the scale into perspective

N - providing what a ***normal*** result is

G - ***giving*** the patient the results

E - providing opportunity to ***elicit*** the patient's response

This is important because the way we discuss the screening results can significantly decrease the patient's resistance and prepare them for the conversation to follow.

For BAC, the RANGE delivery will look something like this:

R - ***Range***: "Alcohol impairment begins at .04."

A - ***Anecdote:*** ".08 is the legal limit for driving"

N - ***Normal:*** "Most results are .02 to .04"

G - ***Give:*** "Your BAC was _____ ."

E - ***Elicit:*** "What do you make of that?"

When using BAC, remember:

- give context about the range and what's normal
- give context that lets them understand the results

Lesson 2 - if you answer Binge Question

NARRATOR

Binge Question is the most direct and most informal of the three methods.

Ask the patient:

For Men: "When was the last time you had more than 5 drinks in 1 day?"

For Women: "When was the last time you had more than 4 drinks in 1 day?"

If the patient has exceeded this number for one or more times in the past three months, it's a positive screening.

When delivering the results of the screening, try to avoid medical terminology that patients won't understand. The RANGE method is a way of delivering screening results that patients can easily understand.

RANGE focuses on five areas:

R- providing the ***range*** of the screening you used

A - providing an ***anecdote*** or comparison to put the scale into perspective

N - providing what a ***normal*** result is

G - ***giving*** the patient the results

E - providing opportunity to ***elicit*** the patient's response

This is important because the way we discuss the screening results can significantly decrease the patient's resistance and prepare them for the conversation to follow.

For using Binge Question, the RANGE delivery will look something like this:

R - ***Range***: "0 nondrinker, 10+ very unhealthy"

A - ***Anecdote:*** "We know too many drinks can alter judgment and reaction times"

N - ***Normal:*** "Most results are fewer than 2 drinks for women and 3 drinks for men a day"

G - ***Give:*** "You had more than (4 for women or 5 for men) drinks _____ times last month, putting you at increased risk for different kinds of health problems including re-injury "

E - ***Elicit:*** "What do you make of that?"

When using Binge Question, remember:

- too much for women is 4 but too much for men is 5
- remind them too much leads to health problems including re-injury

Lesson 2 - if you answer AUDIT

NARRATOR

AUDIT is the longest and most informative of the three methods. Because AUDIT asks several questions about the patient's drinking patterns, you get a much clearer picture of the patient's relationship with alcohol. This can give you more to go off of in the brief intervention and it provides a nice transition into the conversation.

The AUDIT questionnaire can be self administered on paper, laptop, or PDA or it can be done in an interview. In any case, it only takes a couple of minutes.

When delivering the results of the screening, try to avoid medical terminology that patients won't understand. The RANGE method is a way of delivering screening results that patients can easily understand.

RANGE focuses on five areas:

R- providing the ***range*** of the screening you used

A - providing an ***anecdote*** or comparison to put the scale into perspective

N - providing what a ***normal*** result is

G - ***giving*** the patient the results

E - providing opportunity to ***elicit*** the patient's response

This is important because the way we discuss the screening results can significantly decrease the patient's resistance and prepare them for the conversation to follow.

For using AUDIT, the RANGE delivery will look something like this:

R - Range: "0 nondrinker, 40 alcohol dependent"

A - Anecdote: "AUDIT has been given to thousands of patients so you can compare your score with theirs"

N - Normal: "0 - 7 is average, representing low-risk drinking. About half the U.S. population doesn't drink"

G - Give: "Your score was _____, putting you (at risk or high risk) for different kinds of health problems including re-injury "

E - Elicit: "What do you make of that?"

When using AUDIT, remember:

- it can be self-administered or done by interview
- you can see the AUDIT questionnaire and usage manual in the resource section.

Lesson 2 - continued

NARRATOR

No matter which method you select, you can conclude your delivery of the screening results by eliciting a patient reaction. This transitions the conversation from providing screening results—when you do the talking—to eliciting how patients feel about their results and problem—when you do the listening.

By transitioning the conversation to the patient, you empower patients to speak freely and examine their situation and feelings. As you know, this is not typical of the medical setting. We are used to talking and patients are used to listening.

Therefore, it may take patients some time to feel comfortable with this change. Allow them this time and don't be scared by awkward silences. Not every moment needs to be filled with words.

Take this time to listen carefully to patients' reactions to this news. The test of good listening is whether you can reflect back their reactions accurately, in their words and ideas, not yours. We'll show you what to listen for in the next module, Listen for Change Talk.

When delivering screening results, remember:

- use the RANGE mnemonic
- prepare to listen to patient reactions

Lesson 3 Listen for Change Talk

NARRATOR

In Lesson 3, you'll learn:
why summarizing is important and how to do it
how to listen for change talk
how to get patients thinking about THEIR reasons to change

The overall goal for patients in the Listening step is for them to explore their feelings, values, and motivations surrounding their drinking behavior. The overall goal for you in this step is to elicit and listen for change talk.

It is extremely important to understand that, at this point, it is premature to push patients toward solutions or decisions about what to do. If this Listening Step is done properly, it will create a rapport and background that will help both you and the patient consider options for action in the next step.

When beginning this step, it's helpful to understand what you are NOT doing and what you ARE doing. You are
— NOT trying to find out more detail about how much patients are drinking. The screen has already confirmed they are at risk.

You are
— NOT, in this step, looking for the patient to change. That comes later, and at the patient's discretion.

You ARE
— helping patients explore negative and positive feelings about their drinking experience and potential motivation to change.
— listening for change talk, that is, patients' concerns about and downsides of their drinking.
— summarizing what patients say so you don't put your words in their mouths.

For screen-positive patients, discussions about drinking can be a loaded topic. They may feel uncomfortable discussing it because it's associated with arguments with family, friends, or coworkers.

We can change the dynamic by shifting the focus from communicating information we think is important—medical information about drinking and risk—to finding out what the patient thinks is important. We're particularly interested in finding contradictions between values and behavior.

NARRATOR

Summarizing Patient's Responses

Summary is particularly useful in helping both you and your patients explore their drinking behavior and the possibility of change. Reflecting on what patients say about their drinking is important for three reasons.

First, when summarizing is done thoughtfully, it lets patients know you are actually listening to them, indicating that you care about what they think and feel. It steps this conversation away from a potentially adversarial interaction toward one of trust.

Second, it's a way to check that your observations are accurate. It gives the patient a chance to double-check your observations or add further relevant information, preventing you from basing the rest of the conversation on mistaken assumptions.

Finally, it allows you to focus on the specific words, phrases, and experiences that are most relevant to the patient. This helps convey that the patient is in charge of this conversation, not you.

A good conversation tactic for almost any patient is to ask "What do you like about drinking?"

Listen carefully to the patient's answer. And summarize it succinctly and, if possible, indicate that the answer is reasonable. Then, when the patient is finished talking about what they like about drinking, shift the conversation to what the patient may like less about drinking,

NARRATOR

Sometimes, patients may not offer any "not so good" things, or negatives, about drinking. In this case, it helps to ask the question from a different perspective.

You can ask "What concerns do others have about your drinking?" Continue summarizing and asking questions until patients run out of what they don't like so much about drinking. This technique helps diffuse resistance because, with it, we indicate drinking is not always unacceptable, even for patients who screen positive.

It not only builds rapport with the patient, but it also provides you with a perspective on the patient's motivations for drinking, some experiences that were negative, and values that aren't consistent with drinking in excess—in short, the patient's own reasons for not drinking or cutting back.

Change talk is when patients indicate readiness to change their drinking. Some examples of change talk:

I should do something about this.
I want to change my drinking.
I'm going to stop drinking.
My drinking isn't helping me.

When looking for change talk, we want to listen for patients' feelings and experiences that demonstrate drinking is problematic. We should also be listening for their values that contradict their behavior.

Research has shown, however, that most people are naturally not ready to commit to a specific change plan to change their drinking. Commitment to a change plan has the following prerequisites.

Patients must
— see change as important
— be ready to change now or in the near future
— be confident that they are able to change before they can commit to and develop a specific plan.

The trauma visit—whether it is caused by alcohol or not—and a brief discussion can help patients move through this process.

The following techniques will help evaluate where patients are in the process and motivate them to move through it.

The importance scale is particularly helpful with patients you think might not be ready to change. The conversation typically goes something like this:

"On a scale of 0 to 10, with 0 indicating not important and 10 indicating very important, how important is it for you to change your drinking behavior?"

Next, ask the patient why they selected that number and not a lower one. Be prepared to wait a bit and listen. Typically, patients expect you to ask them why they didn't pick a higher number.

However, you've just set up a situation in which, in effect, you have asked, "Why do you have any motivation at all to change your drinking? Some patients, after they hear their screening results, indicate they have already been thinking about changing their drinking. It's important to them.

For these patients, consider using the readiness scale. It works very much the same way as the importance scale but evaluates how ready patients are to make a commitment to

change. The confidence scale works the same way as the Importance and readiness scales and evaluates confidence.

For patients who are confident you can move on to the Options step of the brief intervention in Lesson 4. Many patients are ambivalent about changing their behavior. On the one hand, they associate drinking as a pleasurable experience, or at the very least, an experience they find dependable. On the other hand, they are aware that it has downsides. They're stuck between those opposing reactions.

The motivational element of the brief intervention comes from our ability to influence that balance. Rather than leaning heavily on the disadvantages side, by lecturing or berating the patient with facts, we help the patient explore the opposing forces and selectively highlight the downsides. Again, it is important to do this in a manner that makes clear we're not providing our own opinion, but reflecting the patient's own experience. This is often best done by using the patient's own words.

In the next lesson, we'll discuss when, how, and whether you should add your own advice. When listening for change talk, remember:

- summarize patient feelings
- use the techniques to elicit change talk
- focus on the patient's reasons for change

Lesson 4 Options

NARRATOR

In Lesson 4 you'll learn:
- how to offer options of change
- how to help patients think about a plan
- how to express your concerns

The next step in a brief intervention is to help patients consider what changes they're ready to make. This conversation can proceed in a few different ways depending on how the conversation has developed so far.

Some patients will already have started to make decisions about changes they want to make. Other patients will be stuck. For them, you will need to move them toward a decision.

Ask them:

Where does this discussion leave you?

What would you like to do about your drinking?

Would you like to quit , cut back, or make no change at all?

The best way to help them is to offer a menu of options.

The MENUS mnemonic will help you remember a set of five options.

M: **M**anage your drinking
E: **E**liminate drinking from your life
N: **N**ever drink and drive
U: continue **U**sual drinking pattern
and S: **S**eek help

Offering the patient a set of options accomplishes two important goals. First, it encourages the patient to make a decision about the future. Second, it shows them you're not going to tell them what to do. The medical role is to provide the best advice and a range of choices; the responsibility to decide and act is the patient's.

For the patients who are ready to make decisions about changes, you may be able to skip the options mnemonic and go directly to making a plan. How are they going to get from where they are now to where they want to be? Your role in this phase is to use questions as a guide for patients to make a plan, instead of developing a plan for them.

Ask questions like:

How will you do that?
Who will help you?
What might get in the way?
What will you do about that?

Just as a patient is responsible to make a decision about change, it is also their responsibility to make a plan. Your role is to guide this process with questions and possible advice. As you listen to patients making plans, you may develop concerns. There is nothing wrong with giving guidance in this area as long as you do it in the appropriate manner.

The best way to maintain respectful rapport is to use the Ask-Advise-Ask technique:

Ask: Ask permission to discuss your concerns

Advise:  Share your concerns

Ask: Ask for the patient's reaction to your concerns.

This technique is useful for a wide variety of concerns in almost any clinical encounter.

It not only shows respect for patients' autonomy, it also checks to confirm what patients heard and how they feel about it.

As you listen, keep in mind that your goal is to help the patient develop a plan that takes your concerns into consideration, but ultimately fits their readiness and feasibility for change. Though you may want to tell patients to make bigger changes, patients will be more likely to act on a plan that they created.

In the options portion of a brief intervention, remember:

- offer at least the MENUS options for patients who are stuck
- use questions to encourage all patients to make a plan
- if you have concerns about the plan, express them appropriately

Lesson 5 Close on Good Terms

NARRATOR

In Lesson 5 you'll learn:
• how to end an intervention on good terms
• why closing on good terms is important

Although this lesson may not seem like a legitimate part of the brief intervention, it is more important than most people realize. As mentioned in Lesson 3, many patients who drink too much are sensitive enough about their drinking that they can quickly become defensive and resistant.

If you interact with patients in a way that loads the topic with negative feelings, you set up a bad situation in the future for anyone who brings up the topic again. You would, instead, like to make the topic easier to discuss in the future so screening for excessive drinking can become more commonplace in health care settings.

And we want patients to trust that we will take a balanced approach. The SEW mnemonic provides a strategy for ending the intervention in a positive way.

S stands for summarizing patients' statements in favor of change. Remember, phrase this so that patients understand you are using their words and thoughts, not yours.

E stands for emphasizing patients' strengths.

W stands for "What agreement was reached."

There are situations in which it is difficult to follow the SEW strategy.

For example, not all patients will be cooperative or make a choice to change.

In those cases, you can still

- Summarize the patient's situation
- End on a positive note

Example 1: The patient is not motivated to change and, therefore, has decided to continue drinking as usual. However, the patient seemed honest, thoughtful, or participated willingly in the discussion.

Compliment the patient for being honest, thoughtful, and for talking seriously about a difficult subject.

Example 2: The patient agreed to the discussion, but is uncooperative and isn't interested in continuing. You can still thank the patient for talking with you.

Example 3: Sometimes you will find it difficult to connect with the patient at all, so it seems hard to close on good terms.

Rather than shifting into lecture mode, it is best to stop the discussion as gracefully as possible. The principle of ending on good terms still applies. However, in this case it is best to cut your losses and realize that the topic will likely come up again. Hopefully, it will come up with a practitioner who can connect with the patient or when the patient is more receptive.

Nonetheless, it still makes sense to exit gracefully so you don't compromise future discussions on this topic. If these patients don't change their drinking behavior, the topic is likely to come up again. And, research has definitively shown that confrontational methods are the least likely to succeed.

Regardless of the situation, always remember to thank the patient for speaking with you. When closing on good terms, remember:

- summarize change talk
- emphasize strengths
- reiterate what agreement was reached

When conducting brief interventions, use the five lessons you've learned. Remember to greet the patient, explain their screening results in common language, ask them about their thoughts and feelings related to alcohol, provide them options, and close on good terms. By using the Cutting Back program, you will help patients meaningfully examine their alcohol misuse and stop their risky drinking.

When conducting brief interventions, use the five lessons you've learned.

Remember to greet the patient, explain their screening results in common language, ask them about their thoughts and feelings related to alcohol, provide them options, and close on good terms.

By using the Cutting Back program, you will help patients meaningfully examine their alcohol misuse and reduce their risky drinking.