

**Screening and Brief Interventions (SBI)
for Unhealthy Alcohol Use**

A Step-by-Step Implementation Guide for Trauma Centers



***Screening and Brief Interventions (SBI) for Unhealthy Alcohol Use: A Step-by-Step Implementation Guide for Trauma Centers* is a publication of the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.**

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Overview

Trauma centers are among the busiest and most technically demanding places on earth. While every center operates by certain policies and guidelines to meet common standards, they differ in many respects. And although trauma centers constantly change, the changes do not always come easily—a reality for people and organizations everywhere. So to best meet the needs of staff and departments within your trauma center, you and your colleagues will need to adapt the suggestions made here to your own situations.

This Guide is intended to help Level I and II Trauma Centers plan, implement, and continually improve the new Committee on Trauma (COT) alcohol-screening and brief intervention requirements. Much of the Guide relates to patient alcohol use and to the findings of SBI research that are likely to be new—and perhaps even surprising—to most readers. Because some of you may not have helped develop a new program on a trauma service, we have included suggestions about ways to make changes in medical practices. You may find some parts more helpful than others, but we hope you will review it all before you begin to take action.

The Guide consists of steps arranged in four major components:

1. **Getting started.** Some preliminary steps for planning and implementing an SBI program.
2. **Developing an SBI program plan.** Identification and help for patients with alcohol-related risk.
3. **Implementing the program.** Adapting these ideas to your specific trauma center, including training and start-up.
4. **Maintaining and improving the program.** Ensuring the best implementation of the final, agreed-on program.

You can access each step from the menu on the title page of the Guide. Alternatively, you can navigate throughout the complete Guide by paging down in the document. Note: many links will take you to other resources such as worksheets and to materials at other sites.

Because every trauma center is unique, your center will develop and implement a program tailored specifically to meet your needs. No one knows better how to implement new procedures in your center than the people who work there. We hope all of you will find this Guide helpful. Good luck!

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I. Getting Started

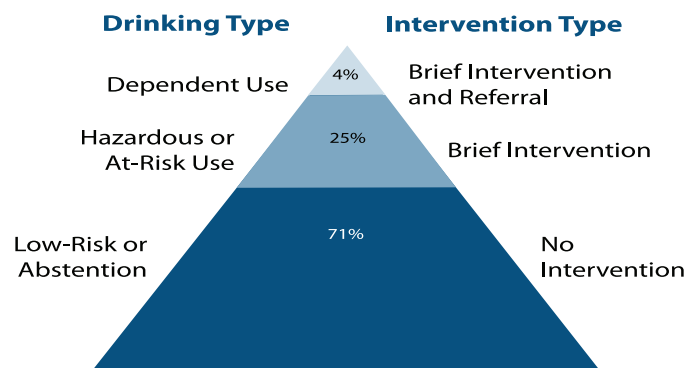
In any journey there are some things you should consider *before* you plan your trip—for example, who is going and why. Likewise, in developing an alcohol SBI program, some preliminary work is needed *before* you start.

So let's look at some of the first things you might want to do in developing your SBI program.

Step 1: Making a Case for Alcohol SBI

One of your first steps should be to acquaint people in your trauma center with what SBI is and why you're doing it. Perhaps no one at your trauma center can articulate what it is you are being asked to do—not even the person who has asked you to get it going! So a good place to begin is to prepare a one-page handout that makes the case for taking action. What should this handout say?

1. **Level I and Level II trauma centers are now required to have a mechanism to identify patients whose drinking is unhealthy, and Level I centers must have the capacity to help these patients.** Therefore, the first reason for implementing an alcohol SBI program is compliance with COT accreditation requirements.
2. **Unhealthy alcohol use is common and causes many of the injuries that bring people to trauma centers.** At some point each year, about 25% of adults in the United States drink too much, and excessive alcohol use causes an even higher percentage of the injuries your center sees. Over 40% of motor vehicle deaths and injuries result from excessive alcohol use, but the same is true of so-called pedestrian accidents. Moreover, a high percentage of falls, injuries from violence, spousal and child abuse, and many other factors result from someone drinking too much. The second reason for implementing SBI is to help prevent future alcohol-related injuries.
3. **Alcohol problems are widely misunderstood.** Most alcohol-related injuries do *not* involve people who are dependent on alcohol (i.e., alcoholics). As the triangle graph below illustrates, only 4% of U.S. adults are dependent on alcohol, but 25% of adults drink in a hazardous way—a way that places themselves and others at risk. Often, hazardous drinkers do not know how much alcohol they can drink safely. Many especially do not know that their drinking is not only hazardous to their health, but to the health and safety of others. Research shows that medical practitioners often fail to identify hazardous drinkers who are not dependent. With a little help to show them that their drinking is problematic, many of them could and would change their drinking habits. The final reason for implementing SBI is that universal screening will identify many hazardous drinkers who would otherwise be missed.



Note: The prevalence estimates in this figure are non-institutionalized U.S. Population, not trauma patients.

4. **Screening and brief intervention (SBI) in trauma centers has been shown to work.** Approaching patients during the “teachable moment” of their trauma visit helps many change their drinking behavior. Research has shown that SBI can reduce DUI arrests and healthcare costs. It can also cut alcohol-related trauma recidivism by up to 50%.

Following the COT requirement to implement an alcohol SBI program not only makes sense, it makes sense to begin *now!*

You can download, modify, and print our example introduction to SBI for use at your institution. You might want to add the name of the person who decided to set up the program as well as who will be leading the initiative to develop the program, who is helping, and other information we will discuss in the next few steps.

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Literature on SBI

Hundreds of published studies have discussed SBI and its effectiveness. This literature review* provides information about research in primary care settings, and [this article](#) covers the field more broadly. Both should help you to make your case.

For those who want to review the literature, we encourage you to consider offering a short list of peer-reviewed papers that support the effectiveness of alcohol SBI. Appeal to the interests of your colleagues: cite supporting research, mention benefits to patients, and whatever else might lead your colleagues to join this effort. And to make reading easier, try to keep the message simple and limited to one or two pages, with lots of white space.

As you begin to recruit more people into the process, you may need to revise your handout so that it addresses everyone’s concerns.

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*Babor TF, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance Abuse* 2007. 28(3): 7-30.

Step 2: Organizing the Project

Communicating the Decision to Implement Alcohol SBI

Because designing and implementing a new program may require recruiting people from various departments, we encourage you to consider a team approach. Throughout the process you will need to let people know that you have been authorized to do this job. This may be especially true for people within your organization with whom you do not ordinarily work. An efficient way to do this is for someone in authority to announce—at a meeting, by flyer or email—the implementation of an alcohol SBI program. The announcement should include why this is being done and who will be responsible for doing it. That way everyone who needs to help will know what is expected. Immediately after the announcement you can distribute the 1–2 page introductory statement you developed.

Invite everyone to make suggestions. They will then know their ideas and help are welcome.

Who Needs To Be Involved?

Many people in your institution can contribute to successful SBI implementation because they have the talent, experience, and related work responsibilities. Talk with whomever is in charge about who should be involved in the project and how they can best help. Consider the following:

- ▶ Alcohol SBI is a clinical service. Is the Chief of Trauma and Trauma Nurse Coordinator (or persons with equivalent titles) involved?
- ▶ Are specialists available (e.g., orthopedics, neurosurgeons, pediatric surgeons, psychiatrists, emergency medicine, pain medicine, rehab specialists) or are nurses, social workers, clergy, or nutritionists available who might have something to contribute?
- ▶ Who is most likely to perform the Screening and deliver the Brief Interventions? They and their supervisors will need to be involved.
- ▶ Who will handle medical records for the service?
- ▶ Will you bill for alcohol SBI? You can bill CMS, some state Medicaid plans, and many private payers. Who from your institution should be involved in this aspect of the program?
- ▶ Will job descriptions be changed? Does HR need to help? Will other administrative services be affected?
- ▶ Do you need review by your legal staff?

Use this [Support Planning Tool](#) to develop a list of staff whose help may be needed to make this new program work.

Do You Want to Use a Planning Team?

Sometimes doing things yourself seems easiest and most efficient. Sometimes working individually with people seems a preferable alternative to a formal team. Yet your entire trauma center will be required to participate in SBI for the long term. Thus the more staff that help develop the program, the more likely it will have lasting success. Establishing a formal planning team typically gives people a sense of participation, ownership, and long-term commitment. If meetings are brief and team members feel appreciated and respected, a team approach can build partnerships that contribute to lasting success—and to benefits that extend beyond this one program.

Some organizations have a tradition of formal team efforts while others do not. Only you know which strategy will work best in your trauma center. But whether you have a formal team or not, just be sure to get planning input from all the necessary sources. In the steps below we will refer to a “team” even though you may decide to use a less formal process.

How to Involve the Right People

Identify groups in your trauma center whose work this new program will affect. Ask each group’s leader or key person to help, or ask him or her to nominate someone to represent that group. Be sure you invite every group whose jobs will be affected.

Next, meet individually with the nominees. Use your one-page introductory statement to explain what SBI is, why you’re doing it, and what the SBI Planning Process will involve. Encourage questions: ask each person if he or she is willing to participate, and listen to concerns, questions, needs, and suggestions. Whether you choose to operate as a formal team or as an informal group, listening will be your most important asset. A program planned by the people whose lives it affects—rather than one force-fed by someone else—is far more likely to work well and to last.

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Support Planning Tool

Planning the Support Necessary to Make SBI Work

When innovations change staff responsibilities, the appropriate persons should communicate the new staff expectations to the whole organization.

Identify those in your trauma center who will help develop the SBI program. Remember that having one highly placed person approve the program typically does not ensure support from staff at every level. Someone should ask each key person in the organization to support the program and to nominate a representative to the SBI Planning Team. This chart should help plan and monitor this process.

Unit	Name	Who will ask?	When	Team Nominee	Date Completed
Overall Admin.					
Clinical Head					
Nursing Head					
Social Work					
Medical Records					
Billing					
Legal					
Other?					

When everyone is on board, you might want to communicate to the entire trauma center:

- ▶ What alcohol SBI is,
- ▶ Why it is being implemented,
- ▶ Who will be planning the implementation, and
- ▶ How to make suggestions to the planning team.

Remember throughout the process to find ways to thank **everyone!**

When everyone gets the credit, the accomplishments can be amazing!

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II. Developing an Alcohol SBI Plan

Because an SBI program has many elements, you could start in many places. Although the steps provided in the [Table of Contents](#) follow a logical sequence, follow the steps in whatever order meets your specific needs.

And don't let the number of steps dissuade you. If you take one step at a time and get good input from staff affected by the new program, the planning process typically makes increasing sense and, as you move through it, it will become easier.

If you begin with the first recommended step—developing a common perspective—you are likely to finish with a broad consensus and a commitment from everyone necessary to the plan's success.

Step 3: Working Toward a Common Perspective

Whether you decide on using a formal team, working together effectively requires a common goal and an understanding of how the planning process will operate. Everyone involved will need to develop a common understanding of

- ▶ The need for alcohol SBI,
- ▶ What alcohol SBI is and how it works,
- ▶ What common goals you seek, and
- ▶ How you will work together.

A good way to begin is for everyone to read the American College of Surgeons Committee on Trauma (COT) [Quick Guide](#). Then have an open and honest discussion of the issues that document raises. Of particular importance, make sure everyone has an opportunity to share views on the following:

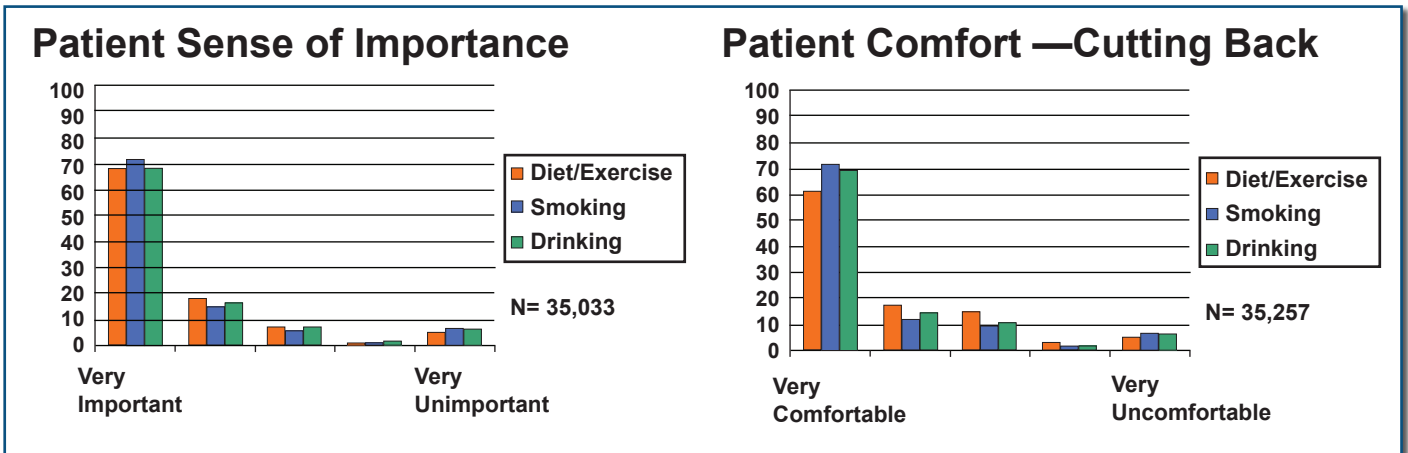
- ▶ **Is everyone involved in planning comfortable discussing alcohol use?**
Some staff will not be comfortable discussing their own alcohol use. Consequently, they may conclude that patients will be equally uncomfortable talking about theirs. To address this you might consider one finding from [The Cutting Back Study](#) that shows how comfortable patients are answering questions about tobacco, alcohol, and exercise/diet and how important they feel this information is to their healthcare providers.
- ▶ **Does the team understand that SBI is effective?**
In other words, do they believe that if given a brief intervention, very many people will reduce their drinking?
Although the research on SBI is strong (see the [USPSTF recommendation](#) and [evidence](#)), not everyone will believe it. For example, team members may know people who, despite many interventions, have not stopped or have not reduced their drinking: people such as family members, acquaintances, or patients with alcohol problems or addiction. This makes difficult any acceptance that drinkers who are not addicted will respond positively to a brief intervention. Nevertheless, encourage team members to have an open mind and to suspend their personal beliefs. Point out that unhealthy alcohol use exists along a continuum. SBI will not resolve everyone's problems. It may not help many who are truly dependent. But it will nonetheless assist a significant number of people.

► **Does everyone know:**

- How and why the planning process was established?
- To whom each team member will report?
- What specific tasks the planning process should accomplish?
- What is the timeline?
- What are each person’s responsibilities?
- Is the planning team clear and comfortable with the process by which decisions will be made?

If you provide both written and oral answers to these questions, the planning process will become clearer and more acceptable. Encourage members to seek input from their colleagues. The more they discuss these questions and shape the planning process, the more comfortable and cooperative everyone is likely to be. Acknowledge this and say “Thank you” along the way. This will foster bonds that will encourage a common perspective and a common goal.

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How Do Patients React to Alcohol Screening?

The Cutting Back Study

Some medical personnel believe that when patients are asked about their drinking, many are uncomfortable and resistant. One reason personnel typically give for not asking about alcohol use is that “drinking behavior is private.” This view is not, however, supported by research.

The University of Connecticut School of Medicine’s *Cutting Back Study* screened primary care patients in five states for smoking, diet/exercise, and alcohol use. Patients were also asked two questions about their attitudes toward the screening:

1. How comfortable do you feel answering these questions?
2. How important do you think it is that your health care provider knows about these health behaviors?

Patients were asked to express their views on a five-point scale from “very comfortable” and “very important” to “very uncomfortable” and “very unimportant.”

Fewer than 9% of patients indicated any discomfort or any thought that such information was unimportant to their healthcare providers.

Not surprisingly, a high proportion of those who reacted negatively to screening were those who smoked, were overweight, or drank too much. The responses of people whose behavior creates health problems might sometimes be difficult to manage. But no one would refuse to screen for hypertension or diabetes out of fear that such screening might upset a patient.

In case someone in your trauma center raises this issue, you might want to print the *Cutting Back Study* findings and share them.

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Step 4: Deciding Who Will Provide Interventions

What sort of person do you need? Perhaps someone on staff is already interested and knowledgeable about alcohol issues, or perhaps the busy schedule and mounting responsibilities of all staff limits you to only a few candidates. In either case, consider the following factors:

- ▶ **Time availability.** This may be a deciding factor. While most staff will have no time whatsoever, remember that
 - the same person who delivers interventions may not have to do the screening,
 - interventions can be delivered in the course of providing other services, and
 - if you decide to have more than one person deliver interventions, you can spread the workload and time commitment across several people and thus cover all shifts.
- ▶ **Knowledge and experience.** These are important, but they are not the only considerations. Research shows that most medical staff can perform the necessary functions if they have some training. Background in alcohol treatment is definitely *not* required; indeed, persons who come from the substance abuse treatment field usually have to “unlearn” some of the more traditional approaches to this subject. Trauma staff know their trauma service, and that may prove to be more valuable than specialized training. Thus staff are more likely than not to transition smoothly and to fit the new service into the existing system.
- ▶ **Interpersonal skills.** This is a key factor. SBI requires relating to patients about drinking behavior and about alcohol-related health consequences. A nonjudgmental, open, confident demeanor sets patients at ease and makes them comfortable talking about their lives. To get people talking and to listen well are perhaps the most important keys to SBI success.
- ▶ **Willingness.** To try a new service, to discuss alcohol use, and adjust to competing time requirements are also important factors in choosing people for SBI. As compared with people simply assigned to the task, those who volunteer are more likely to be better at it and to stay in the job.
- ▶ **Openness to change.** In selecting people for this (and any other) new program, the ability to adapt is another important personality trait to consider. Accepting a change in work routine is necessary, no matter how good the planning process. And the program will in all likelihood need several modifications to improve it. Indeed, someone is most likely to produce the best long-term results who seeks out ways to improve, obtains approval to make changes, and puts those approved changes into practice.
- ▶ **Factors relating to your program design decisions.** As you select personnel, remember that other factors discussed in subsequent Steps may affect your decision. Here are some examples:
 - ▶ Who, how many, and when you screen will affect the time requirements for interventions.
 - ▶ Typical patient service sequences and lengths of stay will influence when interventions must be performed.
 - ▶ The type and length of intervention you choose will affect time availability.

- ▶ How you will cover different shifts (if necessary) will affect how many interveners you need.
- ▶ Whether intervention personnel will also perform screening or whether others will do the screening will affect the total time required to screen patients into the program.
- ▶ **Types of interventions.** Research has shown that brief interventions of differing types and lengths can be effective. As little as 3-5 minutes of simple advice from a healthcare professional has been shown to help many patients reduce their drinking. More extensive 15–20 minute sessions using a motivational interviewing approach has also been effective. How to deliver brief advice is relatively easy to learn and takes less time, but billing may not be allowed for such a short service. Using 15–20 minutes of motivational interviewing requires somewhat more skill and takes more training and more time to deliver, but you may be able to bill for it. You may want to decide which style of intervention you use based on whether you have staff experienced in motivational interviewing or are willing to learn and provide the service.
- ▶ **Training.** A variety of staff training sources is available to deliver brief interventions. Online training programs are available, as well as seminars conducted both at centralized sites and at conferences. For more on training, see [Step 10](#).

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Step 5: Deciding Who Should Be Screened

The ideal goal is, of course, to screen *all* of your patients.

Yet this may not always be practical or appropriate. For example, children under 10 years of age and those patients transferring from nursing homes are unlikely to present with alcohol-use problems. Moreover, in some cases screening might not be feasible (e.g., screening staff are not available or a patient requires urgent medical treatment).

Screening should be performed when a patient's anesthetics have worn off, when heavy doses of pain medications are no longer needed, and when the most acute medical issues are stabilized. One good test of an appropriate time for SBI intervention is when the patient can comfortably discuss other subjects.

Estimate the Expected Number of Screenings

Once you have decided who will be screened, the next step is to estimate how many screenings your center will do in a week. This will help estimate the anticipated workload and the service costs.

Your implementation plan should describe the types of patients you will exclude from screening and your rationale for excluding them. Also, you should describe the recommended circumstances (e.g., times, places) when patients will be screened as well as when alcohol screening is contraindicated.

Remember: The ACS-COT requirements expect that the list of exclusions will be as short as possible. Ultimately, these lists will be used in job descriptions, in training staff, and for monitoring your program's screening standards.

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Step 6: Deciding on Screening Procedures

That trauma centers are very busy places means that screening procedures must be efficient. This Step will take you through a process of choosing which instrument or instruments will work best for your trauma service, show you how to establish efficient procedures, and how to use them effectively.

Any screening instrument must determine whether patients' drinking pose risks to themselves or others. Two other pieces of information are, however, also important for providing the most effective intervention.

The greatest efficiency seems to lie in determining as quickly and as accurately as possible whether patients are at risk and therefore need an intervention. Screening for the identification of a problem, for the likelihood of dependence, or for both may occur during the intervention itself.

As you develop your screening procedures, be sure to involve whoever will deliver interventions in your trauma center. Your choice of screening procedures will influence how interventions are provided.

To deliver an appropriate intervention, we need to know three things about our patients.	
1. Screen positive or negative	Does drinking create some risk for the patient or for others? Patients whose drinking presents some risk to themselves or others should receive an intervention. Screening is an objective means to determine whether a patient requires such help; it is far more reliable than a staff judgment that a patient "looks like he drinks too much."
2. Problems	Can we connect a patient's drinking with something else considered a problem? The effectiveness of an intervention may be strengthened by connecting patients' drinking with something they recognize to be a problem, such as the injury or condition that led to trauma admission or other problems they have reported themselves.
3. Likely Dependent	Is the patient likely alcohol-dependent? Knowing whether a patient is likely dependent on alcohol is important for guiding the patient in the right direction. For patients who are not likely dependent, a brief intervention will often be sufficient to help reduce drinking to safe levels. For example, for a patient who got drunk for the first time in 2 years, a referral to treatment is not advisable. For patients who are likely dependent, the goal of the brief intervention could be to assist them in finding and accepting more extensive help.

Review of Recommended Screening Instruments

The COT Quick Guide provides a short introduction to screening and details for each of five recommended screening instruments. Please take a few minutes now to review the screening section (pages 7–8) of the [Quick Guide](#).

The following table shows which of the three factors discussed above each instrument provides. Remember, the CRAFFT is intended for adolescent patients.

	BAC	Binge Question	AUDIT	Consumption + CAGE	CRAFFT
+ or - Screen	✓	✓	✓	✓	✓
Evaluates Problems			✓		✓
Likely Dependence			✓	✓	
# of Questions		1	10	3	6

This table shows that all of the screening instruments identify patients at risk. The instruments are not, however, all of the same length, and therefore are not equally efficient. If your trauma center performs BACs on every patient, using that information as the initial screen will take no additional time. Asking the single binge drinking question also takes only a few seconds. These, then, may be the best choices for an initial screening process—to determine whether a patient needs an intervention.

- ▶ **(BAC or Binge) + AUDIT.** If your trauma center runs a BAC on all patients, proper scoring of the result will determine whether a patient should receive an intervention. This method will not identify those patients whose typical drinking habits places them at risk. It will, however, capture most of those whose excessive drinking was a factor in bringing them to the trauma center. This method may also raise a problem in some states in that it might afford a basis for denial of insurance coverage. See [Potential Denial of Payment for Trauma Care](#). If BACs are not performed on all patients at your facility, the single binge-drinking question is an appropriate alternative. Either one—BAC or binge question—can be combined with the AUDIT administered during the intervention to elicit all the information needed to provide an appropriate intervention.
- ▶ **(BAC or Binge) + Consumption + CAGE.** The BAC or the single binge question can be combined with the three consumption questions and the four CAGE questions to provide measures of risk and likely dependence. Although unlike the AUDIT, this method does not provide information about whether patients experience problems. That information can, however, be elicited during the intervention.
- ▶ **(BAC or Binge) + CRAFFT.** When dealing with adolescents, the BAC or the binge question can be combined with the CRAFFT.

Making a Choice

With all the information provided above, your team should now be ready to make a decision on what screening system will work best in your trauma center. Here are some of the most common alternatives for centers to consider.

- ▶ **If you already collect BACs on all patients.** Adopting the BAC for every patient plus the administration of the AUDIT or Consumption + CAGE for adults and the CRAFFT for adolescents would provide an easy transition to the brief intervention.
- ▶ **If you do not collect BACs on all patients.** And if you want to minimize the time and expertise necessary to screen all patients, the single binge question will effectively determine who needs and who does not need a brief intervention. Again, to determine dependence and problems, you will need to decide which more detailed instrument to use.

Having the same person who delivers the brief intervention administer the more detailed screening (AUDIT, Consumption + CAGE, or CRAFFT) will save valuable time and will reduce complexity for those who either monitor BAC data or administer the single binge question. As part of the intervention, staff trained to deliver interventions can easily learn to administer and score one of these instruments.

The next decision concerns WHO will perform the initial screening, and WHEN and in WHAT context. If you use BACs as the initial screening, someone must note the score and initiate the brief intervention. If the binge question is used, an occasion must be found to administer the instrument. To simplify the incorporation of SBI into your present system, looking for occasions where similar information is collected may be best. And are all patients routinely asked other questions or is information collected from them? If so, can alcohol screening be added to that encounter? Who can do it? Can staff be easily trained to introduce and ask the question? Asking just one question will take only a few additional seconds with each patient.

The following screening methods can all be given to patients on paper, via computer, or in an oral interview: the AUDIT, Consumption + CAGE, Binge Question, and CRAFFT. But for patients who are able to read, using a paper or computerized screening instrument usually produces more reliable results than oral administration.

Three final details will remain to be decided:

1. **How will screening personnel obtain necessary forms?**
If the screener does not have the necessary forms or materials, that screening is incomplete. If, however, the binge question is included among other questions already asked of all patients, all the questions will become a permanent part of the established system. Changing the present information collection system will require authorizations to allow such changes and the system must be updated and tested for both accuracy and ease of use.
2. **How will screening be documented and be confidentially maintained?**
Documentation will enable your ongoing quality improvement process to determine screening intervals and compare that number with your estimate of how many should have been performed. (See [Step 12](#), Establishing Quality Improvement.) It may also be linked to your billing process for reimbursement.

3. **How will the person performing the interventions find out the results of the screen?**

To provide the appropriate intervention, the intervener will have to know who screened positive and the full results of the screening. Whether you use a BAC record or the results of the binge drinking question, your plan must communicate in a timely manner to the person(s) responsible for providing that service who it is who needs an intervention. Effective ways to accomplish this are bright colored paper, flashing signals on an electronic screen, or personal oral communication.

Having worked through these issues, you now have the essential ingredients of an alcohol screening plan. If you have reached your decisions with the participation of all the involved parties, everyone should know what new tasks they will need to perform and will feel they have participated in designing the new procedures. Write everything down and circulate to everyone involved, thanking them again for their contributions.

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Step 7: Deciding on Brief Intervention Procedures

The overall goal of a brief intervention is to help patients decide to lower their risk for alcohol-related problems. As with screening, a determination of how to deliver brief interventions should only follow a consideration of a number of issues. Two such issues are a determination of who will deliver interventions in [Step 4](#) above, and then how to work together to address the following questions:

► **When will interventions be delivered?**

Consider the best outcomes for both patients and staff. Allow for exceptions based upon a patient's condition, competing demands for staff time, vacations, and sick leave, and other factors that might affect scheduling. Be careful, however, not to be too expansive in listing exceptions—that could undermine the overall SBI endeavor.

► **How will the person delivering Brief Interventions know which patients should receive them?**

In [Step 6](#), you may have already decided how to communicate screening results. But whether you have or not, verify that your results decision will work from the perspective of staff who will provide the brief intervention. One of the most common challenges with SBI programs is failing to deliver an intervention to a patient who screened positive. Before you implement the system, make sure you test it with all the parties involved.

Patients are more likely to change behavior if physicians or nurses reinforce the brief interventions conducted by other staff. Further, during medical visits the more patients discuss their drinking, the more likely they will be to accept it as standard practice and as an important factor in their health.

► **How long will interventions typically take?**

Research has shown that 5 minutes of simple advice and a single 15- to 20-minute counseling session are both effective interventions. As you develop your SBI program, use an estimate of the average time required to provide a brief intervention. Then calculate how many interventions one staff member can realistically accomplish per day. This calculation will help you anticipate staffing requirements for the project and will also be useful for projecting potential income. Consult with your administration and billing department. Billing for both Medicaid and private insurance will require an intervention of at least 15 minutes' duration.

Remember that some patients will not cooperate. Just as some patients with diabetes do not follow medical advice about diet, patients who drink too much will not always reduce their drinking in response to a brief intervention. Research indicates, however, that many patients will respond positively, making this new service well worth the effort.

► **How will intervention personnel obtain necessary forms or materials for conducting and documenting an intervention?**

When intervention personnel are asked to conduct additional screenings, having readily available all the materials needed for an intervention is critical. If you use paper forms, designate who will produce the materials, where they will be stored, and how intervention personnel will obtain them. Some SBI programs have achieved increased efficiency by using computers to conduct screening and to guide interventions. This too requires planning and preparing all the necessary information, as well as maintaining security and computer access. If you use electronic records, make plans to get all the necessary authorizations to allow system changes and to test the system for accuracy and ease of use.

► **How will you introduce the intervention for screen-positive patients?**

When you are about to administer an alcohol intervention, the patient may be more comfortable and honest if you first introduce yourself and your goal. Draft a short statement of just a few sentences for this purpose. You might find helpful an introductory statement to the effect that to provide the best quality healthcare, your trauma center has decided to make this a standard procedure for all patients. Consider telling patients what is about to happen, and ask if now is a good time. ([Examples of introductory statements](#))

► **What elements will you include in your brief interventions?**

We suggest that you include at least the following three elements, represented by acronym **FLO**:

1. **Provide Feedback** about screening results. If your plan calls for it, confirm the results with additional screening and provide information about recommended drinking limits.
2. Ask patients for their views about their own drinking and **Listen** carefully to encourage their thinking and decision-making process.
3. Provide medical advice, and negotiate a decision about **Options** the patient can pursue, including establishing a goal and developing an action plan.

Brief-intervention training programs may suggest other elements and help you develop the skills to deliver them. (See [Step 10](#), training programs.)

► **How will you intervene with patients who are likely to be dependent on alcohol?**

Although some alcohol-dependent patients may respond favorably to a brief intervention and decide to stop drinking, most will require more assistance than just a typical brief intervention. If your screening process indicates the likelihood of dependence, helping the patient decide to seek additional help may be the most that can be accomplished. [Step 8](#) will help you develop referral procedures that may assist a patient in locating appropriate services. Remember that many dependent patients will refuse help, but success in persuading a patient to accept additional help is an accomplishment worth celebrating.

► **How will the intervention be documented?**

Written (or electronic medical record) documentation will assure that all staff who need to know can determine whether a brief intervention was provided and can, if appropriate, support the intervention as part of their treatment regimen. Consistent and uniform documentation will also allow you to:

- measure the number of interventions conducted
- calculate the proportion that screen positive, and
- may ultimately help with reimbursement for this service.

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Examples of Introductory Statements for Providing Screening or Brief Intervention

World Health Organization

WHO suggests the following statements as examples of how to introduce AUDIT screening:

Now I am going to ask you some questions about your use of alcoholic beverages during the past year. Because alcohol use can affect many areas of health (and may interfere with certain medications), it is important us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as honest and as accurate as you can be.

As part of our health service it is important to examine lifestyles issues likely to affect the health of our patients. This information will assist in giving you the best treatment and highest possible standard of care. Therefore, we ask that you complete this questionnaire that asks about your use of alcoholic beverages during the past year. Please answer as accurately and honestly as possible. Your health worker will discuss this issue with you. All information will be treated in strict confidence.

WHO also recommends clarifying the meaning of “alcoholic beverages” by citing examples of the most commonly consumed products in the region (e.g., “*By alcoholic beverages we mean your use of wine, beer, vodka, whisky*”). Moreover, with patients whose alcohol consumption is prohibited by law, culture, or religion (e.g., youths, observant Muslims), acknowledgment of such prohibition and encouragement of candor may be needed. For example, *I understand others may think you should not drink alcohol at all, but it is important in assessing your health to know what you actually do.*”

Finally, WHO recommends that if you ask how many drinks a person consumes, explain what constitutes “a drink.” In the United States, a “drink” is anything that contains approximately 0.6 ounces (14 gm) of alcohol, such as 12 oz of most beer brands, 5 oz of most table wine, or one shot (1.5 oz) of 80 proof spirits. If other alcoholic beverages are common in your area, calculate how much constitutes one drink.

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Step 8: Deciding on Referral Procedures

Although screening will not provide a diagnosis, for some patients screening results will indicate a likelihood of alcohol dependence. Compared with nondependent patients, dependent patients are less likely to change their drinking patterns in response to a single brief intervention. Some alcohol-dependent patients may, however, choose this time to make a change and may accept a referral to other alcohol services.

If your hospital already has a referral system, using it will save time. If not, deciding to have a referral component in your program requires special arrangements to link patients to appropriate local resources. By letting a patient know where the community resources are and how to access them, he or she may be encouraged to take action—either immediately after some reflection.

Issues in Establishing a Referral System

While not part of the COT, your center could consider SBI verification requirements for trauma centers as part of a brief intervention, in accordance with the activities below. Or, once you've gained some experience with SBI, you could work toward them:

- ▶ Identify alcohol services available in your community and provide contact information to the patients (phone, address, email, and website). Most people already understand that many hospitals and other organizations specialize in services for persons who are alcohol dependent. Yet many people do not realize that many other sources of effective help are also available—primary care physicians, psychiatrists, psychologists, MSWs, and mutual-help groups.
- ▶ Obtain information about costs, which health plans cover alcohol services (e.g., Medicaid, Medicare, state assistance, and public programs), who to contact to refer a patient, the phone numbers, and the necessary procedures for enrollment.
- ▶ Invite providers to describe their services to the trauma team.
- ▶ Consider asking Alcoholics Anonymous to arrange patient visitations for those patients who request such help.
- ▶ Identify the types of services offered by each provider (e.g., Cognitive Behavioral, 12-Step, Motivational Enhancement Therapy) and modalities (e.g., in-patient, out-patient), and prepare short descriptions of the available options so patients can understand the differences among alternative approaches.
- ▶ Compile a training manual for staff on how to make a referral to local alcohol treatment providers, on medical personnel who specialize in serving alcohol dependent patients, and on mutual-help groups. Include this information in the orientation and in ongoing training for future employees.
- ▶ Develop a system to incorporate this information into brief interventions for presumptively dependant patients, such information to include
 - If a patient has been in treatment in the past, ask what the patient did and did not like about it.
 - If a patient is resistant to treatment, inquire why and listen carefully to the response.
 - Present information about available services, and seek collaboratively a service the patient will accept.
 - Consider how the patient can pay for treatment.
 - Provide assurances about confidentiality.
 - From your medical perspective, emphasize the importance of additional help.

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Step 9: Seeking Long-term “Buy-in” for Your Plan

Once you have developed your new alcohol SBI plan, its basic elements must become part of your trauma center’s ongoing routine. For an SBI program to succeed it must have the support of everyone in the trauma center, from the top down. The process of winning a broad-based “buy-in” can proceed in a variety of ways.

▶ **Review your plan with all supervisory levels.**

All supervisory personnel should sign off if their employees are affected by the plan. Optimally, obtain this approval and support in a joint meeting. That allows all supervisors to discuss the plan openly and to make decisions together. If that is not possible, someone—preferably the chief surgeon or a high-level official—should move the approval process up (or down), one step at a time, through the administrative ranks. This is an opportunity to solicit suggestions to improve the plan and to win support among the entire staff. Be sure to mention that *after* start up you will also be looking for ideas for further improvement.

▶ **Ensure change for the long term.**

Implementing alcohol SBI creates immediate changes and, perhaps, long-term changes as well. This may be a good time to ask supervisors for consideration of any administrative changes (e.g., job descriptions, qualifications, training) as SBI becomes a permanent part of the trauma service. Another goal of the planning process is to ensure the new program will last. Your completed alcohol SBI implementation plan, authorized by the trauma leadership and supervisory personnel, will then become a central part of staff training

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III. Implementing Your SBI Program

Now that your SBI program plan is finished, you are ready to implement it. Careful implementation is as important as planning. The steps in this component increase your odds of success. Two steps will focus on training, the third on start-up procedures, and the fourth on quality improvement.

Step 10: Initiating Training

Who Needs What Training?

To perform the new functions, anyone whose job will change under the new SBI program must be trained. In addition, all staff will benefit from knowing what SBI is and why it is important. This includes staff in administrative roles as well as staff who serve patients directly. Supervisory personnel and nonclinical support staff might also be included, such as billing and medical records. The more all the staff know about this new program, the more likely it will be successful.

Given this perspective, obviously people in different positions need different training. For those who deliver interventions, essential learning about screening may include brief advice, motivational interviewing or cognitive behavioral therapy, and referral options in your community. Such training is available regionally or nationally. Yet staff who check BAC or administer the single binge question also need training about their specific jobs, which can easily be provided on-site. Supervisors may only want to know the basic elements of what these new functions involve, how long each should take, and how to determine whether the functions are being properly performed. Billing and medical records personnel will need different information for their jobs.

Given that every trauma center is different and that SBI systems will differ, only you can determine who will need training in your trauma service and how to provide whatever is appropriate. You may conclude that the initial training should be an introduction to the program for everyone. Then follow that with separate trainings for different groups. Or you may find another method is more comprehensive and efficient.

Schedule the Training

Finding time on everyone's schedule will not be easy; the odds are that no perfect time is available. Perhaps two (or more) trainings are necessary to include everyone, even if you are just training small groups. Conducting training as close as possible to the date on which the program will begin operation is usually best. That way the new functions covered in the training will be fresh in people's minds and the enthusiasm created by training will carry over into practice.

Keeping the training as brief as possible not only makes scheduling easier—it also conveys a sense that the program has been carefully designed.

Promote the Training

Having the highest appropriate authority invite or require attendance at training is the most likely way to gain the attendance of all who should come. It also sends the message that the institution supports the program.

Distribute training invitations via different modes (e.g., email and in hard copy) at least two weeks in advance and include alternate dates for makeup sessions. Remember the essentials: times, place(s), purpose, learning objectives, key people involved, CME (or equivalent) credits, and of course a prime mover of all training—food and beverages.

To help those who forget, send a reminder a day or two before the training.

Training Elements

The content of SBI training should help people understand what SBI is and how it will work in their trauma center. The following is a menu of possible topics. If you are separately training different groups within your setting, every group probably does not need to know everything about SBI. Select only what they need to know to do their jobs well and to provide program support. Allow time for questions and discussion so people can ask questions on topics not included in the training agenda.

▶ **Why and how this training came about.**

Having the highest available authority in your Trauma Center introduce the training and explain the origins of the program will bestow credibility and confirm the administration supports this new service.

▶ **An introduction to talking about alcohol issues.**

Some may find awkward or uncomfortable talking about their own drinking or that of others. Others have had painful experiences with a loved one who has had problems with alcohol. Usually, acknowledging this fact at the outset is best. Allow everyone to share experiences if so desired, and ask for suspension of judgment about the new program until the end of the training, after dissemination of all the material. Promise to revisit issues at the end of the training, and be sure to do so. Keep in mind that for some patients, the stigma associated with alcohol use is a major concern. Consequently, maintaining confidentiality is imperative.

▶ **Discussion of the full spectrum of unhealthy alcohol use.**

When asked about alcohol problems, most people just think about alcoholism, that is, alcohol dependence. Unless the training makes clear that this program is designed to identify and help people across a broad spectrum of unhealthy alcohol use—from hazardous use to dependence—many will not understand. Grasping this new perspective should be among the first training topics. One aspect of describing this perspective should be the recognition that this new program will not “cure alcoholics” in just a few minutes. Additionally, because most people will know someone who occasionally drinks too much but who is not an alcoholic, learning the concept of nondependent alcohol misuse should not be difficult.

▶ **Review of screening instruments and scoring.**

Trainees should know that the instruments your planning team has selected for use have been validated by research. They are used widely in medical settings, and do a credible job of identifying patients who drink to excess. By the end of training, staff should also learn to screen, understand the scoring system, and perform all required tasks.

▶ **Description of a brief intervention.**

Both a demonstration and an explanation of a brief intervention are useful in helping everyone understand this service.

▶ **Preparing people to perform an intervention requires more specialized training.**

Several intervention [training programs](#) are available. If you decide to train your intervention personnel onsite, trainees should have the opportunity to role-play a brief intervention while trainers observe, provide feedback, and answer questions.

To avoid overwhelming and confusing your staff, include in your training only information relevant to your program. Adding information about other screening instruments and program components you have decided not to use will only confuse people.

▶ **Review of your center’s program plan.**

When program operations begin, all staff members must learn what they need to do and how they need to do it. This is an opportunity for members of your team to review the sections of your plan as it applies to their particular jobs. Their involvement in the training will also remind them that fellow staff members—who took their needs seriously—planned the program.

▶ **Practice each person’s new functions.**

Training that includes practice of every new function is more effective than just lectures. Role playing in pairs or small groups may be somewhat awkward for some people, but when initiated by a demonstration and introduced with some humor, most warm up to the task and learn from the experience.

▶ **An orientation to when and how operations will begin.**

A particular time should be set when all new program operations will begin—ideally, within a few days of the training. Some programs find it helpful to designate the first week or so of operations as a “practice period,” followed by a review process to identify anything that is not working well and make corrections.

▶ **Processes to follow if there are questions or problems.**

During the initial period of any new medical routine, expect problems to surface. If you have a mechanism to correct these problems quickly, the corrections can actually strengthen the program. By finding things that do not work well and correcting them early, the staff will develop ownership of the program. Thus, expecting, seeking, and addressing such issues should be part of the implementation process.

▶ **What to expect in the way of monitoring and feedback.**

Most people in training for something new will want to learn whether these new functions are actually having the desired effects. The end of the training is the ideal time to tell everyone how monitors will oversee their work, measure it, and how the results will be reported back to them. These reports should begin as quickly as possible—with the first week of operations if possible—so that staff learn quickly how well they are doing.

From Training to Start-up

Do not forget that in medical practice, training alone seldom produces change. Training may be the culmination of planning, but in the minds of most trainees, it is only the first step of implementation. Thus you may find it necessary to go into the training with a detailed plan for start up, and [Step 11](#) will address this issue.

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Training Resources

[These websites](#) either offer training services or contain training materials you may find helpful:

The SBI field is relatively new, so training for program implementation has not yet reached the stage in which multiple training organizations will compete for your business. Nevertheless, training resources are available. You might decide to contract with an individual or group to provide training, or you might decide to develop your own training using the talents of your planning team.

Whatever you decide, don’t forget that you remain in charge. You are responsible for determining training content and how to present it. Do not relinquish this responsibility to someone from outside your trauma center. Trainers may bring extensive talent and experience, but in all likelihood have not worked in your trauma center and are not familiar with its unique features. So be sure that the training you purchase contains the elements you need and includes all the details of the plan your team has developed for your unique setting.

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Step 11: Preparing for Start Up

During training at your trauma center, you should announce when the new project will begin operations. Although that announcement alone will hardly produce an excellent start up, a number of things can be done to ensure the best results.

▶ **Communicate, remind, and celebrate.**

Changing habits is not easy. Although your trauma service has probably undergone many changes in the past three years, some will think that another change will be one too many; they will be prone to forget or to resist. Visual, written, and oral reminders can help staff remember their new functions. Posters and flyers that grab their attention and enlist their personal support (“How’s SBI going?”) can encourage people to recall their new functions until they become new habits. When presented with humor and a sense of collegiality, such aids can even make innovation fun. Just remember to celebrate successes and to say “Thank you” for the efforts people make to improve your trauma center and to help your patients.

▶ **Provide hands-on help.**

In the first week of implementation, members of the planning team should be available at to observe and to assist staff whose jobs have changed. Present this as part of building team excellence. Rather than solely a monitoring function, this is assistance in remembering and performing new functions, and it can be a welcome experience. If the planning team adopts an attitude of “everyone forgets sometimes” and “we’re all in this together,” most people will happily adapt to the new system.

▶ **Address unforeseen issues.**

Even the best plans can have flaws. Some things that seem to work in theory may not work in real time. That is another reason to have the planning team actively involved in start up. Staff can assess the situation, identify when the plan is flawed, and work together to create alternative procedures that will work effectively and efficiently. If you do not face unforeseen issues that require some modifications in your plans, you may well be the first program to have been planned perfectly! Don’t worry if everything does not work as you had planned or had hoped for; rather, view change as an opportunity for the entire staff to participate in making the program better.

▶ **Feedback, encouragement, and thanks.**

Trauma-center staff generally do their jobs exceptionally well—their patients’ lives often depend on it. When staff see their jobs changing, they want to know how any new duties benefit their patients. Providing feedback as quickly as possible about how the patients benefit give staff an incentive to make the new program work.

- ▶ Some groups respond well to evidence that they are not performing up to expectations; others seem to want to hear mostly about their success. You will have to judge how best to motivate your staff. *Thanking* people for their effort is always appreciated. Such feedback and encouragement usually has to continue for several months to ensure that people are really convinced the new system works for them and for patients.

Feedback

Feedback metrics can take several forms:

- ▶ **Statistics** about how many people are screened, how many screen positive, and how many receive interventions.
- ▶ **Personal Stories** of patients who appreciate and respond to help (protecting confidentiality, of course).
- ▶ Mentioning the **Names of Staff** who are doing a great job also encourages better performance.
- ▶ **Requesting and Documenting Improvements** to your plan assures that staff know they are contributing to program improvements.

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Step 12: Initiating Quality Improvement

The secret to a good startup and to continued high-quality performance is appropriate quality improvement. This means you must measure performance regularly and compare your results with a standard of excellence.

Your quality improvement program should include these five easy-to-measure SBI elements:

1. **Patients in Target Population.** The number of patients who, according to your plan, should have been screened. This will serve as the denominator for calculating the *Percentage Screened*.
2. **Percentage Screened.** The number of patients who are actually screened divided by the number in the *Target Population* (above) is the percentage of patients screened. This is a good measure of the effectiveness, or coverage, of your screening system. Set a realistic goal to start, perhaps 80%, and work toward it. Later you may be able to raise that goal.
3. **Number and Percentage who Screen Positive.** The percentage of screened patients deemed positive (i.e., the number positive divided by the number screened) is important in communicating to staff and hospital administrators the size of the alcohol problem and the number of patients needing help. Point out that had it not been for your SBI program, these patients' alcohol misuse might have been overlooked.
4. **Percentage of Positives Receiving an Intervention.** The number of patients who received interventions divided by the number who screen positive will measure your effectiveness in actually getting help to those who need it. Again, set a performance goal to start, see how you do, and later raise it as high as is realistically achievable.
5. **Percentage Referred:** If your program plan includes referring patients to other sources of help, the number referred divided by the number who should have been referred (those screened as likely to be dependent) will provide another measure of effectiveness.

Communicating the importance of job quality and providing measures of performance is a way to maintain adherence to the program. If performance results do not come close to goals, you may have loopholes in your plan. Quality improvement should be continuous.

If you can add the foregoing SBI data elements to your trauma registry, you will have all the data you need. These performance measures will allow you to keep staff and supervisors informed of how well they are doing. Weekly feedback may be necessary at first. But as the program successes continue over time, monthly or, ultimately, annual measurement will suffice.

You may want to measure other aspects of your program as well. Costs, billings, and revenue are important to any medical program. If you have the capacity and your organization would actually use the results, development of such measures is possible.

Quality Improvement for the Long-term

Although you may have developed your SBI program to meet a new requirement, eventually it should become part of your trauma center's overall system—including its system for quality improvement. Yet establishing a separate QI process for SBI is likely to end in failure. Discuss this with whoever is responsible about incorporating SBI into your trauma QI system.

Those who designed and implemented your program will not be around forever. To ensure future staff sustain your SBI efforts, your trauma-service HR system should eventually incorporate SBI qualifications, knowledge, skills, and training expectations into permanent job descriptions and recruitment procedures. When your program is well established and the time is right, talk with your HR department about how to incorporate SBI knowledge and skills into the job descriptions of the positions performing the services.

Trauma centers have a great reputation for continually improving the quality of their services—your SBI program should be no exception.

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IV. Refining and Celebrating Your SBI Program

Even after you have planned, implemented, and begun to monitor quality improvement, a few concerns will remain. The following suggest ways for you to stay current with developments in other alcohol-SBI programs and ways to publicize your achievements.

Step 13: Refining Your Program

The most effective leaders in SBI continually seek ways to improve their programs. As with all medical services, ideas for improving practice come from research and from practical experience.

Three approaches are:

1. **Front-line feedback.** Long ago, manufacturers learned that they could improve quality and lower costs by asking front-line workers to participate in problem solving and provide feedback about how to improve performance. This works in health care, too—as long as it is balanced with research and outcome measurement.
2. **Keep up on research.** Many journals publish SBI research. One way to keep current is to subscribe to a free service that reviews this literature. Boston University provides one such service.
3. **Learn from others.** Although no two trauma centers are the same, finding out what works well in another center can help you improve your program.

To stimulate your thinking, the following areas of inquiry are currently of interest among SBI researchers and practitioners. As your center implements SBI, perhaps it can contribute to one or more of them and add others to the list.

▶ **Make SBI a standard practice.**

What is the best way to educate all health care practitioners about alcohol-use risks and related health care conditions and to train them to make SBI a routine part of their practice?

▶ **Apply SBI to other health risks.**

Excessive alcohol use frequently accompanies smoking, depression, obesity, and lack of exercise. Should practitioners use SBI to address these behavioral risks simultaneously or sequentially? Again, whether providers will be more or less comfortable addressing risk factors other than alcohol use is unclear.

▶ **Apply SBI to other substances.**

Excessive alcohol use is often accompanied by illicit drug use and misuse of prescription drugs. Compared to alcohol misuse, less research has been conducted on these topics. Many hope, however, to identify ways to apply these risks as well to the SBI model developed for unhealthy alcohol use. A related question: will medical practitioners find addressing these issues more or less acceptable than simply addressing alcohol misuse?

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Step 14: Publicizing Your Work

As you plan, develop, and refine your SBI program, let others know what you're doing, how it's going, and how it will affect their work. Consider addressing these audiences:

- ▶ **Your organization's leaders** should know of this new COT requirement—it will likely have implications throughout your hospital system. They may want to notify the board of directors, payers, and customers of your center's plans for compliance. To ensure that everyone is aware of the most current activities and particularly to maintain upper management support, periodic updates will be important.
- ▶ **Colleagues and other staff within your organization** should know what is happening. Remind them why their support is important. This will facilitate and enhance continued communications about SBI in the future.
- ▶ **Local community leaders, organizations, and citizens** want to hear about state-of-the-art, evidence-based innovations in healthcare that benefit the community.
- ▶ **Nationally and internationally**, people and organizations committed to advancing SBI will benefit from lessons you've learned, how well your service is being implemented, and successes and challenges you have experienced.

How Can You Publicize?

Use a wide variety of ways to disseminate information about your SBI work to various audiences:

- ▶ **Publish articles** in publications (internal newsletters, patient publications) produced by your organization.
- ▶ **Provide news of healthcare innovations to local newspapers, radio, and television. These media** often look for healthcare news that benefits patients and the community.
- ▶ **Develop organizational websites** that offer opportunities for communications to employees, patients, and interested citizens.
- ▶ **Present papers** at meetings of local, regional, and national professional organizations. Well-written, thoroughly researched papers serve to educate and engage professionals from other institutions who might also then implement SBI services.
- ▶ **Publish academic papers that** advance the knowledge base of SBI.

A Few Words of Caution

Whenever you communicate to audiences who do not already know about SBI, share with them the lessons you had to learn early—things that may seem obvious now.

- ▶ **Explain and Clarify.** Explaining what SBI is and clarifying that the overall goal of SBI is to identify unhealthy drinking is always critical—SBI is not just to identify people who are alcohol-dependent. This introduces the concept that most people who cause or experience alcohol-related problems are not dependent. If this point is not made emphatically, many in your audience will assume you are seeking only to identify “alcoholics.”
- ▶ **Be Positive and Realistic.** Although a positive approach is important, avoiding any overstatement of SBI benefits is equally important. Emphasize that SBI is a public health approach that provides a low-intensity, low-cost service to identify and intervene with people who drink too much. Be sure to note that many people—but not all people—who receive SBI will respond positively. State clearly that SBI is worthwhile because over time many will reduce their drinking to safer levels and thereby reduce related risks to themselves and others.
- ▶ **Provide Drinking Guidelines.** Mention the U.S. moderate drinking guidelines. You may be the first person in your community ever to inform people about the recommended drinking limits. With all the publicity surrounding the health benefits of wine, it should be noted that when the recommended consumption limits are exceeded, any benefits from alcohol can turn to detriments.
- ▶ **Emphasize The Health Benefits of SBI.** Because SBI encourages patients to stop drinking or to decrease the amount and frequency of drinking, calling attention to the health benefits of SBI is appropriate. For medical audiences, feature the reduction of cardiovascular, GI, and mental health problems. For community audiences, highlight decreases in accidents, injuries, and social problems.
- ▶ **Keep It Simple.** Don't try to pack too much information into one story. A series of stories (if you can get them) may be much more effective than one long, complicated narrative.
- ▶ **Make It Easy To Understand.** If your audience includes nonmedical people, remember to use easily understood, nontechnical language.
- ▶ **Protect Confidentiality.** Always protect patient confidentiality! Remember that the media want stories of real people who have been helped, so will often ask for personal identifiers. Follow established procedures and engage your center's public relations/communications staff, your legal staff, or both to be certain confidentiality is preserved.

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Potential Denial of Payment for Trauma Care

In this country, insurance is largely regulated by the states. But to encourage uniform laws throughout the country, state insurance regulators, through the National Association of Insurance Commissioners (NAIC), craft model laws that states can adopt.

In 1947, the NAIC adopted a model law that allowed health insurance companies to deny payment to physicians and health care providers for medical care to persons injured as a result of being under the influence of alcohol or any narcotic not prescribed by a physician. This model law was embedded in a measure entitled the Uniform Accident and Sickness Policy Provision Law (UPPL),

The law was originally adopted to control insurance costs at a time when little knowledge was available about addiction, and when access to treatment was limited.

In 2001, recognizing that the law no longer fulfilled its original purpose and that alcohol and drug treatments had improved, the NAIC unanimously recommended that states repeal this part of UPPL and prohibit the denial of payment for medical treatment for persons injured while under the influence of alcohol or narcotics.

The 1947 version of the law is, however, still on the books in most states. A few states do not explicitly prohibit insurance companies from denying payment for injuries suffered under the influence of alcohol and drugs. Consequently, state courts have ruled that insurance companies can impose such exclusions by invoking standard industry practice.

Note also that if you use BAC as a screening instrument, insurance companies may deny payment in states that continue to allow denial of payment for persons injured under the influence of alcohol. Other screening instruments that do not provide evidence of intoxication at the time of injury should not pose this risk.

Since 2001, more than a dozen states have repealed or amended their UPPL laws to prohibit insurance companies from writing health insurance policies from denying payment for medical treatment provided to patients injured under the influence of alcohol or narcotics. In those states, screening

For the latest information on the legal status of this issue for your state and ongoing legislative efforts to change the UPPL laws, go to [Ensuring Solutions to Alcohol Problems](#).

Organizations that Support Prohibiting or Eliminating Alcohol Exclusions

- ▶ National Conference of Insurance Legislators (2001)
- ▶ American Medical Association (2003)
- ▶ Mothers Against Drunk Driving
- ▶ National Commission Against Drunk Driving (2001)
- ▶ American College of Emergency Physicians
- ▶ American Public Health Association (2004)
- ▶ American Bar Association (2005)
- ▶ American College of Surgeons (2006)
- ▶ Physicians and Lawyers for National Drug Policy (2004)

For more detailed and current information, visit the [toolkit](#) provided at the Ensuring Solutions to Alcohol Problems website.

Online SBI Training Resources

Link	Description	Type/Availability
Screening and Brief Intervention Curricula		
http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm	<p>NIAAA Clinicians Guide <i>Helping Patients Who Drink Too Much</i>.</p> <p>This Guide is written for primary care and mental health clinicians to provide information for them to incorporate SBI into their practice.</p> <p>Also available in Spanish.</p>	Available online and for download
http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm#clinician	<p>Related Professional Support Resources to NIAAA's <i>Helping Patients Who Drink Too Much: A Clinician's Guide</i>. Includes support and training resources for clinicians and patient education materials.</p>	Online and print materials available, including downloadable forms, manuals, and information sheets; PowerPoint slides to order or download; and online training.
http://pubs.niaaa.nih.gov/publications/Practitioner/pocketguide/pocket_guide.htm	<p>A Pocket Guide for Alcohol Screening and Brief Intervention condensed from <i>Helping Patients Who Drink Too Much</i>.</p>	Online quick guide. Also available for download and ordering.
http://www.projectmainstream.net/projectmainstream.asp?cid=23	<p>Project Mainstream's modules. Intended to 1) provide an overview and rationale for the HRSA-AMERSA-SAMHSA/CSAT Cooperative Agreement to Improve Health Professional Education in Substance Abuse, and 2) introduce the curriculum developed for the program. Models 3, 4, and 5 are most relevant to training for SBI.</p>	Modules
www.ed.bmc.org/sbirt/	<p>Brief Negotiated Interview Referral to Treatment Institute's (BNI-ART) educational materials that demonstrate quick and effective methods for screening, motivational interviewing and referral.</p>	Downloadable PowerPoint presentations
http://www.bu.edu/act/index.html	<p>The Alcohol Clinical Training (ACT) Project, established by the Boston Medical Center and Boston University Schools of Medicine and Public Health, aims to disseminate research-based information and pragmatic clinical skills to increase screening and brief intervention for alcohol problems.</p>	

Link	Description	Type/Availability
http://www.bu.edu/act/mdalcoholtraining/index.html	Slides and videos can be freely downloaded from this Website, or used online. Narrative for the slides is included as a guide for teachers. Expert faculty who developed the curriculum is available by appointment for live Q&A sessions during your training sessions. Please contact us to schedule a Q&A session.	Slides, Videos, curriculum available for online use AND for downloading/ printing
http://www.bumc.bu.edu/Dept/Content.aspx?DepartmentID=351&PageID=11352	Clinical Addiction Research and Education's 2006 Resident Training Program curriculum, including several presentations on SBI	Downloadable PowerPoint presentation
http://www.collegedrinkingprevention.gov/NIAAACollegeMaterials/trainingmanual/contents.aspx	NIAAA's College Drinking Prevention Curriculum for Health Care Providers. Includes Modules on Screening, Brief Intervention, and Motivational Interviewing.	Can be used online or downloaded.
http://pubs.niaaa.nih.gov/publications/Social/main.html	NIAAA's Social Work Curriculum on Alcohol Use Disorders. Includes modules on Screening and Brief Intervention.	Curriculum materials available to download include PowerPoint presentations, handout materials, and classroom activities.
http://www.tresearch.org/resources/products/bi_workshopCD.htm	Treatment Research Institute's Multimedia Workshop of Brief Intervention for Substance Abusing Adolescents appropriate for Clinicians and School-Based Counselors Working with Mild Drug Abusing Adolescents	Workshop manual is available for free download. CD is available for \$100 from TRI, which includes the workshop, manual, suggested scripts, worksheets, and a brief summary of drugs commonly abused by teenagers,
http://preventiontraining.samhsa.gov/Ms03/manualpa.htm#INTRODUCTION	SAMHSA's Physician and Medical Specialist Training	
http://www.dva.gov.au/health/younger/mhealth/alcohol/training/session6.htm	SBI Training Program for Veteran Community. Provides an excellent overview, including FRAMES.	Training Manual available for use online.

Link	Description	Type/Availability
Continuing Medical Education Courses		
Alcohol CME Curriculum/ Clinical Tools, Inc. www.alcoholCME.com/	This page provides links to all the courses described below.	
http://www1.alcoholcme.com/ PageReq?id=1:8029	NIAAA Brief Interventions CME course. The course discusses several approaches to brief interventions and how to implement them in practice.	
http://www1.alcoholcme.com/ PageReq?id=1794:8032	CME Course: Kelly: A Brief Intervention (Case Study). This case serves as a supplement to the didactic courses found in the “Best Practice” section of the site. The case study allows users to test their ability to screen, assess, and intervene appropriately.	
http://www1.alcoholcme.com/ PageReq?id=1794:928	Introduction to Alcohol Use Problems: Prevalence, Detection, and Diagnosis in Primary Care This course begins by discussing the continuum of alcohol use problems. It then describes best practice guidelines for screening and provides comprehensive information on screening instruments that are used in primary care for screening adults.	
http://www1.alcoholcme.com/ PageReq?id=1794:12875	Motivational Interviewing for Primary Care This course was developed to introduce and demonstrate basic motivational interviewing techniques for primary care, techniques that have been used effectively to motivate people with alcohol, tobacco, and other substance abuse problems to change their behavior. At the end of the course, there is an optional section on more advanced techniques.	

Link	Description	Type/Availability
Continuing Medical Education Courses		
http://www1.alcoholcme.com/PageReq?id=1794:8027	<p>Screening for Alcohol Use Problems in Primary Care</p> <p>Close to one-quarter of patients seen in primary care settings may be at risk for alcohol use problems or currently have a problem. This course was developed to explain how to better detect these patients. Best practice guidelines for screening are discussed, and information is provided on screening instruments used in primary care for screening adults. At the end of the course, an optional module instructs on special population screening, including such groups as older adults, pregnant women, college students, and adolescents.</p> <p>Note: You may want to take the updated version of this course instead, entitled Introduction to Alcohol Use Problems: Prevalence, Detection, and Diagnosis in Primary Care. It is part of the core curriculum (the link is located on the home page).</p>	
http://www1.alcoholcme.com/PageReq?id=1794:9994	<p>Identification and Brief Intervention of Adolescent Alcohol Problems</p> <p>This CME course is a LIVE presentation delivered on October 5, 2005, at the Carolinas Conference on Addiction and Recovery in Chapel Hill, North Carolina. This conference was developed to provide education, training, and inspiration to help addiction professionals meet the needs of their clients in ways that better serve individuals, families, and communities.</p>	

Link	Description	Type/Availability
Continuing Medical Education Courses		
http://www1.alcoholcme.com/PageReq?id=1794:8545	<p>Brief Office Interventions for Risky Drinkers</p> <p>This CME course is a live presentation delivered on September 20, 2003, at the Understanding and Treating the Spectrum of Alcohol and Substance Abuse Problems Conference in Chapel Hill, NC. It offers comprehensive information on brief intervention approach to treating individuals with alcohol use problems, along with a primer on alcohol's health effects.</p>	

Treatment Improvement Protocols		
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.27486	<p>CSAT TIP 7 Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System</p>	<p>Best practice guidelines. Use online, print, or order them for free.</p>
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.32939	<p>CSAT TIP 11 Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases</p>	<p>Best practice guidelines. Use online, print, or order them for free.</p>

Link	Description	Type/Availability
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.36481	CSAT TIP 16 Alcohol and Other Drug Screening of Hospitalized Trauma Patients	Best practice guidelines. Use online, print, or order them for free.
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?indexed=google&rid=hstat5.chapter.45293	CSAT TIP 24 A Guide to Substance Abuse Services for Primary Care Clinicians	Best practice guidelines. Use online, print, or order them for free.
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?indexed=google&rid=hstat5.chapter.48302	CSAT TIP 26 Substance Abuse Among Older Adults	Best practice guidelines. Use online, print, or order them for free.
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.54841	CSAT TIP 31 Screening and Assessing Adolescents For Substance Use Disorders	Best practice guidelines. Use online, print, or order them for free.
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.59192	CSAT TIP 34 Brief Interventions And Brief Therapies for Substance Abuse	Best practice guidelines. Use online, print, or order them for free.
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.61302	CSAT TIP 35 Enhancing Motivation for Change in Substance Abuse Treatment	Best practice guidelines. Use online, print, or order them for free.

Link	Description	Type/Availability
Implementing SBI		
http://www.ada.org/prof/prac/wellness/substance.asp	American Dental Association Health and Wellness project information on SUD, includes information on ADA's Substance Use Disorder policies.	Downloadable state well-being program implementation guide; links to related information
http://www.ada.org/prof/resources/topics/druguse.asp	ADA online tools to guide dentists in asking patients about drug use, particularly Meth. Also has links to treatment resources.	Brief Online SBI implementation training
http://www.stopimpaireddriving.org/SBI.htm	NHTSA's Alcohol SBI toolkit—includes links to partner organizations.	
http://www.nhtsa.dot.gov/people/injury/alcohol/StopImpaired/AlcScreenWeb2005/index.html	NHTSA's Alcohol Screening and Brief Intervention Overview—focuses on Alcohol SBI – what it is and how to promote it in States, Communities, and hospitals across the Nation.	Online resource and implementation guide, also downloadable
www.ireta.org/sbirt/clinical_tools.htm	A product of the Pennsylvania Screening, Brief Intervention, Referral, and Treatment (SBIRT), this site contains links to resources and clinical tools, including brochures for patients on how to cut down on harmful drinking.	Downloadable materials and links to resources.
http://www.ireta.org/sbirt/pdf/BI.pdf	Brief Intervention for Hazardous and Harmful Drinking This manual is written to help primary care workers - physicians, nurses, community health workers, and others – to deal with persons whose alcohol consumption has become hazardous or harmful to their health.	Manual available for download
http://www.ireta.org/sbirt/pdf/SBIRT_TOOL_KIT.pdf	SBIRT Tool Kit The SBIRT Tool Kit was developed by IRETA and approved by the Pennsylvania SBIRT Policy and Steering Committee. It consists of the Screening Assessments that are utilized as well as the handouts used to assist in brief interventions at the generalist sites. The process for utilizing the tool kit can be found in Volume I, Initial Screening and Brief Interventions Training Manual.	Available for Download

Link	Description	Type/Availability
Implementing SBI		
http://casat.unr.edu/bestpractices/view.php?program=132	<p>Brief Alcohol Screening and Intervention of College Students: A Harm Reduction Approach (BASICS)</p> <p>BASICS is a preventive intervention for college students 18 to 24 years old.</p>	<p>BASICS Therapist Manual can be ordered for \$28 from Guilford Press, http://www.guilford.com.</p>
http://lib.adai.washington.edu/instruments/	<p>Substance Use Screening & Assessment Instruments Database</p> <p>This database is intended to help clinicians and researchers find instruments used for screening and assessment of substance use and substance use disorders. Some instruments are in the public domain and can be freely downloaded from the web; others can only be obtained from the copyright holder. We don't provide copies of instruments, but links to contact and availability information are included if known.</p>	

Link	Description	Type/Availability
http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=503275&cat_id=964	Ensuring Solutions' SBI Implementation Guide for Hospitals. Provides basic information for Hospital-based SBI	Guide available for use online.
http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=385233	Ensuring Solutions' SBI Reimbursement Guide. This guide provides suggestions for how CPT and HCPCS codes can be used to ensure that screening and brief intervention services are reimbursed in outpatient, emergency, and inpatient settings.	Guide available for use online.
http://www.facs.org/trauma/publications/sbirtguide.pdf	Committee on Trauma Quick Guide <i>Alcohol Screening and Brief Intervention (SBI) for Trauma Patients</i> Provides background information, SBI methods, examples of screening tools, and additional resources.	Available for download
http://ask.hrsa.gov/detail.cfm?PubID=MCHN092	HRSA's Maternal and Child Health Bureau's <i>Screening for Substance Abuse During Pregnancy: Improving Care, Improving</i> This reference manual for health professionals and consumers addresses barriers, benefits, and methods of substance abuse screening.	Available for download or order.
http://gunston.gmu.edu/730/SBIRT/default.asp	SBI Rapid Analysis This Website will provide you with a rapid analysis of the cost effectiveness of Screening, Brief Intervention, Referral and Treatment (SBIRT).	
http://www.aafp.org/online/en/home/clinical/publichealth/alcohol.html	American Academy of Family Physicians' guide to Brief Alcohol Screening and Intervention in Family Medicine. Explains steps of SBI, provides additional resources, and patient education materials.	Available to use online and for download.
http://motivationalinterview.org/clinical/index.html	This Website provides background information on the practice of Motivational Interviewing, its applications to special populations such as criminal justice clients and medical patients, and the practice of MI in groups.	

Link	Description	Type/Availability
Information and Research on SBI		
http://www.ama-assn.org/ama/pub/category/15369.html	AMA short on-line video presentation about binge drinking and SBI. It will go into production and probably will be on the AMA Website in the fall of 2007. It's part of a series called EPoCH (Educating Physicians on Controversies and Challenges in Health).	Video
http://www.bu.edu/aodhealth/index.html	<p>Project of ACT—Alcohol, Other Drugs, and Health: Current Evidence is a free online newsletter that summarizes the latest clinically relevant research on alcohol, illicit drugs, and health. Through its summaries and other features, the newsletter aims to highlight alcohol and other drug issues and provide valuable information that can be applied in clinical teaching, practice, and research.</p> <p>Published every 2 months, the newsletter includes the following features:</p> <ul style="list-style-type: none"> * Succinct and timely summaries of important alcohol and other drug research published in peer-reviewed journals; these summaries, which include commentary relevant to primary care practice, are written by physicians with clinical, research, and educational expertise in alcohol- and drug-related issues * PowerPoint slide presentations that can be downloaded and used as teaching tools. * Free Continuing Medical Education (CME) credits 	Informational newsletter, PowerPoint slide presentations available for downloading
http://www.jointogether.org/keyissues/sbi/	Join Together is a program to advance effective alcohol and drug policy, prevention, and treatment. SBI is one of Join Together's key issues. Join Together has compiled a page which includes a non-technical description of SBI, links to articles, a bibliography, and other online materials	Links
http://pubs.niaaa.nih.gov/publications/AA66/AA66.htm	NIAAA Alcohol Alert on Brief Intervention Article provides thorough description of Brief Intervention.	Available to read online or download.

Link	Description	Type/Availability
Information and Research on SBI		
http://www.csam-asam.org/pdf/misc/FlemingArticle.pdf	An article by Dr. Michael Fleming on Brief Interventions in Primary Care settings. This article provides background information and research on brief intervention, including the five essential steps of BI.	Available for download.
http://www.utexas.edu/research/cswr/nida/workshops/D%27Onofrio.ppt	PowerPoint presentation by Dr. Gail D'Onofrio on Screening, Brief Intervention, and Referral to Treatment.	Available for download.
http://pubs.niaaa.nih.gov/publications/arh28-2/80-84.htm	An article by Dr. Grace Chang on Screening and Brief Intervention in Prenatal Care Settings. This article discusses SBI as it pertains to pregnant women.	Available to read online or to download.

General Resources		
http://www.nattc.org/links.html#cal	Resources compiled by the national Addiction Technology Training Center	
http://www.projectcork.org/	Cork's mission is to assemble and disseminate current, authoritative information on substance abuse for clinicians, health care providers, human service personnel, and policy makers. Project Cork produces a bibliographic database, offers current awareness services, produces resource materials, responds to queries, and collaborates in professional education efforts.	
http://www.whitehousedrugpolicy.gov/treat/screen_brief_intv.html	Resources compiled by the Office of National Drug Control Policy.	

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