The WIPHL Word
Wisconsin Initiative to Promote Healthy Lifestyles

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Project Manager Update

SBIRT in Trauma Settings

By Candace Peterson, Ph.D., WIPHL Project Manager

Alcohol problems kill, sicken or injure hundreds of thousands of Americans every year, destroy families, contribute to violent crime and reduce productivity. In Wisconsin, the rates of current use, heavy use and binge use of alcohol remains the highest in the country. Because of these high consumption rates, the consequences associated with alcohol use in Wisconsin are also heavy. In 2008 at least 1,624 people died, 4,319 were injured, and 94,000 were arrested as a direct result of alcohol use and misuse. Wisconsin has one-and-a-half times the national rate of arrests for operating a motor vehicle while intoxicated and more than three times the national rate of arrests for other liquor law violations. Rates of alcohol-related motor vehicle fatalities have been higher in Wisconsin than the nation for many years. *Source: http://www.dhs.wisconsin.gov/stats/aoda.htm*

Screening, brief intervention and referral to treatment (SBIRT), is an evidence-based, comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and people who are at risk of developing these disorders. We know that SBIRT has demonstrated consistent, positive outcomes for patients who are at risk for alcohol-related injury and illness. The positive outcomes demonstrated with SBIRT are so important that the utilization of the SBIRT procedure is being integrated as a standard of care in a variety of health care settings, including emergency departments and trauma centers. SBIRT implementation in emergency departments and trauma settings is especially important: fifty percent of traumas seen in U.S. emergency departments are alcohol related. *Source: http://www.ena.org/IQSIP/Injury%20Prevention/SBIRT/Pages/Default.aspx.*

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As Wisconsin nears the end of its 5th and final year of the SAMHSA-funded SBIRT grant, WIPHL staff is working to ensure that resources remain available for implementation of SBIRT services in Wisconsin. Here are several resources for implementation of SBIRT in emergency departments and trauma centers.

1. The Emergency Nurses Association (ENA) is a professional organization dedicated to the advancement of emergency nursing through education and public awareness. The ENA has launched an initiative

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designed to incorporate SBIRT into emergency and trauma settings. Their website has links to:

- Webinars (http://www.ena.org/IQSIP/Injury%20Prevention/SBIRT/Pages/Default.aspx)
- An SBIRT Mentoring Project (http://www.ena.org/IQSIP/Injury%20Prevention/SBIRT/Grants/Pages/Default.aspx)
- A screening toolkit (http://www.ena.org/IQSIP/Injury%20Prevention/SBIRT/ToolKit/Pages/toolkit.aspx)
- A commercial on SBIRT and trauma (http://www.ena.org/IQSIP/Injury%20Prevention/SBIRT/Documents/SBIRT_VER2.swf)

2. American College of Surgeons Committee on Trauma (COT): Screening and Brief Intervention Training for Trauma Care Providers. This training is designed to provide trauma care providers with the necessary skills to effectively integrate alcohol screening and brief intervention (SBI) into routine trauma care services (http://www.mayatech.com/cti/sbitrain07/).

3. Alcohol Screening and Brief Intervention for Trauma Patients: COT Quick Guide. A guide to assist Level I and II trauma centers incorporate alcohol screening and brief intervention as part of routine trauma care. (http://www.sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf).

4. Ensuring Solutions to Alcohol Problems: SBI Implementation Guide for Hospitals (http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=503275&cat_id=2005)

5. Selected Journal Articles and Other Readings

D'Onofrio, G., & Degutis, L. C. (2002). Preventive care in the emergency department: Screening and brief intervention for alcohol problems in the emergency department: A systematic review. *Acad Emerg Med*, 9(6), 627-638.

Bernstein E, Bernstein J, et al. Project ASSERT: An ED-based intervention to increase access to primary care, preventive services, and the substance abuse treatment system. *Ann Emerg Med.* 1997;30:181-189.

Bernstein J, Bernstein E, et al. Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug Alcohol Depend.* 2005; 77:49-59.

Academic ED SBIRT Research Collaborative. An evidence based alcohol screening, brief intervention and referral to treatment (SBIRT) curriculum for emergency department (ED) providers improves skills and utilization. *Subst Abus.* 2007;28(4):79-92.

Academic ED SBIRT Research Collaborative. The impact of screening, brief intervention, and referral for treatment on emergency department patients' alcohol use. *Ann Emerg Med.* 2007;50(6):699-710.

Cultural Competence Update

Some Cultural Aspects of Emotional Trauma and Resilience in Primary Care

By Kevin Browne, Ph.D.,
WIPHL Consultant on Cultural Competence

Emotional distress and trauma in patients in primary care tends to be expressed in various ways as body pain, and so is often under-diagnosed. Estimates of the prevalence of post-traumatic stress disorder (PTSD) in primary care vary widely. Stein et al (2000) found nearly 12% of patients met the criteria, while Samson et al (1999) found 38.6 % did so. Primary care patients with PTSD-like symptoms may have experienced childhood physical or sexual abuse, rape, combat trauma, lived through natural disasters, or other traumatic events. In the majority of cases they have co-morbid disorders, including depression, generalized anxiety, or substance abuse.

With the growing emphasis on providing "trauma-informed care", clinicians are becoming more aware of the prevalence of emotional trauma in the general population. However, as Derek Summerfield (2001) states, "human pain is a slippery thing." Culturally competent care requires us to unpack the concept of "trauma" and attempt to place it in the specific socio-moral contexts of patients' lives. For example, the concept and meaning of the term "trauma" varies among and within various groups (problem of linguistic equivalence); similarly, the experience of "traumatic" events also varies among individuals (problem of functional equivalence). Moreover, cultural groups' predispositions to express or repress emotions can lead to symptom over- or under-representation based on standardized diagnostic criteria.

SBIRT providers and other clinicians need to be aware both of the likely prevalence of trauma among patients in the clinic, as well as the need to assess patients resilience to such experiences. Resilience is perhaps best understood as a spectrum, varying according to a patient's history, exposure to potentially traumatic events, and the availability of various protective factors. Resilience reflects the use of positive coping and adaptation strategies. It resides as much in patients' social context as within the individual, and often changes through a person's lifetime. Given this range of responses to potentially traumatic events, clinicians cannot assume these patients have PTSD or what impact the event has had on them.

In seeking to understand the role of trauma in patients' lives, SBIRT providers need to try to understand the patient's experience of the event and what meaning they place on it. Moreover, in providing opportunities and support for behavioral change, providers need to assess what protective factors the patient may have access to, such as sources and levels of socio-cultural support..

References:

Samson, A.Y., Bensen S., Beck A., Price, D., Nimmer C. (1999). Posttraumatic stress disorder in primary care. *The Journal of Family Practice* 48 (3):222-227.

Stein, M., J. McQuaid, P. Pedrelli, R. Lenox, M. McCahill (2000). Posttraumatic stress disorder in the primary care setting. *General Hospital Psychiatry* 22: 261-269.

Summerfield, Derek (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *BMJ* 322: 95-98.

and language to improve health care quality for diverse populations. *Am J Health Behav* 31 (Suppl 1): S122-133.

Access to SBIRT Update

Program Summary, Site by Site

By Mia Croyle, MA, and Laura Saunders, MSSW, WIPHL Site Operations

Aurora Sinai Family Care Center

Start Date: 5/2007
Health Educators: *Robert Cherry, Christine Casselman*
Total Brief Screen:4900
Total Full Screen: 1742

Aurora Sinai is a primary care clinic located in the heart of Milwaukee. Robert Cherry enthusiastically birthed the WIPHL effort, with Christine Cassleman carefully helping it to mature. Christine, a bright, humorous, and caring Health Educator, will continue to deliver SBIRT services to the clinic's patients in addition to some other duties such as securing advance directives.

Aurora Sinai Women's Health Center

Start Date: 5/2009
Health Educator: *Kim Schoen*
Total Brief Screen: 3119
Total Full Screen: 1099

Aurora Sinai Women's Health started their SBIRT journey with Kim Schoen and they will continue on into the future with her. Kim and the team at Women's Health have served more pregnant women than any other site. Kim's gentle demeanor and advanced MI skills work well with the patients she serves. With so many of their patients being pregnant, it might very well be that we should double the number of patients they have seen—two lives improved for each pregnant woman that Kim talks to.

Aurora Walker's Point

Start Date: 5/2007
Health Educators: *Ruth Perez, Melissa Enriquez*
Total Brief Screen:8503
Total Full Screen:2041

Aurora Walker's Point provides medical care to patients on the South side of Milwaukee who can't otherwise pay for medical care. They provide services to homeless and otherwise indigent patients in two languages. With Ruth giving the program a start, Melissa ably came in a cemented the long term relationship. This site fully embraces the SBIRT concept and will have Melissa continue to deliver screening and intervention services along with other health education.

Beloit Area Community Health Center

Start Date: 5/2009
Health Educator: *Sarah Hopkins*
Total Brief Screen:5657
Total Full Screen: 1554

A Year-3 inductee, Beloit Area Community Health Center serves low income patients in the south-eastern part of our state. Consistently seeing a large number of patients, Sarah and the team at Beloit have worked hard to fully integrate SBIRT into usual care. Their Health Educator, Sarah has been able to pair her background in public health with her WIPHL training to maximize the impact of her brief interventions.

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Columbia St. Mary's

Start Date: 5/2009
Health Educators: *Felicia Carpenter-Dickfoss, Jennifer Promer*
Total Brief Screen:4221
Total Full Screen:1176

Columbia St. Mary's also joined us in Year 3. When they lost their original Health Educator, Felicia Carpenter-Dickfoss, late in Year 4, this clinic did not give up and instead welcomed Jennifer Promer who was working in a different capacity. In just a short time, Jennifer has maximized the benefits of the program for the CSM patients. Columbia St. Mary's hopes to sustain services via billing revenues beyond the life of the grant funding.

Family Health/ La Clinica

Start Date: 2/2007
Health Educators: *Zella Van Natta, Melissa Enriquez, Marika Larson*
Total Brief Screen:6081
Total Full Screen: 921

SBIRT services have been a part of the care at this Federally Qualified Health Care Center since the very first wave of Health Educators. Zella Van Natta, who was joined for periods of time by co-HE's, Melissa Enriquez and Marika Larson, seamlessly integrated screening into an already existing health habits form. Carrying the title of Health Educator long before WIPHL, she will be there and delivering SBIRT services beyond WIPHL.

Gundersen Lutheran-Family Medicine

Start Date: 11/2009
Health Educator: *Rachael Sanchez*
Total Brief Screen:4360
Total Full Screen: 752

Joining us in Year 3, this site filled an unmet need in the western part of Wisconsin. This site started billing from day one—taking on a challenge that no one else had to date. Rachael tirelessly assembled her QI team in "WIPHL huddles" to ensure that everyone was doing their part to facilitate her seeing patients. Rachael has a knack for seeing and remarking on the good things in people and in life… making her a pleasant team member and caring clinician.

Gundersen Lutheran-Trauma Services

Start Date: 11/2009
Health Educator: *Andrea DeWitt*
Total Brief Screen:N/A
Total Full Screen: 1329

Gunderson-Lutheran Trauma Services was the first hospital inpatient unit to join the WIPHL program. While we were able to help them to a point, their energetic Health Educator, Andrea DeWitt and team leader, Cecile D'Huyvetter had to find their way through some un-chartered territory. They did so with finesse and brought these services to a very high percentage of the patients who need them. This initiative worked so well, that Rachael Sanchez will move over to the GL inpatient units after grant funding.

Health Care for the Homeless of Milwaukee

Start Date: 11/2010
Health Educator: *Lekesha Allen*
Total Brief Screen:1005
Total Full Screen: 379

Joining the WIPHL family in Year 5, this site started with the intention of getting a super-star start to entrench the services as a part of usual care. They have indeed seen lots of patients, many of whom come from predominantly underserved populations, and intend to continue to do so in the capable hands of Lekesha after grant funding expires.

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Menominee Tribal Clinic

Start Date: 4/2007
Health Educator: *Diane Carlson*
Total Brief Screen: 11,916
Total Full Screen: 2240

Very early adopters, Menominee Tribal Clinic was part of the original grant application. They hired Diane shortly after WIPHL started and joined us in Wave 2. This site has fully embraced the WIPHL concept and sees the service that Diane provides as necessary to good patient care. In addition to some other health screening activities, Diane will continue to deliver SBIRT services to tribal health consumers.

Milwaukee Health Services

Start Date: 4/2008
Health Educator: *Alice Spann*
Total Brief Screen:492
Total Full Screen: 132

Milwaukee Health Services is the only designated behavioral health clinic to participate in WIPHL. This site joined us mid-way through Year 2 and has been serving behavioral health patients since. Recognizing the connection between alcohol drugs and other mental health issues, this clinic welcomed WIPHL and was glad for the opportunity to get training for their hard working, talented social worker, Alice Spann. In some capacity, MHSI will continue to provide screening and brief interventions for their patients as a part of intake.

Scenic Bluffs

Start Date: 4/2008
Health Educator:
Anne Heath
Total Brief Screen:719
Total Full Screen: 67

With an existing health educator on staff, adding WIPHL responsibilities to her list seemed like an obvious fit. Luckily, Anne Heath is an energetic Health Educator who was willing to take WIPHL on. This FQHC serves patients who live in the western part of our state, many of them Amish. Screening has become part of patients' annual physical exam. Anne and the team at Scenic Bluffs intend to continue to use Anne and her skills to deliver SBIRT services after WIPHL support expires.

UW Health-Northeast

Start Date: 2/2007
Health Educator: *Christina Lightbourn*
Total Brief Screen:9715
Total Full Screen: 2693

The former home clinic of our clinical director, Rich Brown, this site took on WIPHL with a commitment to make it work from the start. Fortunately, they were blessed with equally impassioned Health Educator, Christina Lightbourn. This site has consistently seen a high number and high percentage of patients. Christina has developed relationships with many of the Madison area treatment centers and facilitates her patients' use of formal treatment when needed. The entire team at Northeast has been outspoken advocates for this program and they intend to keep it going with billing post grant funding.

Waukesha Family Practice Center

Start Date: 5/2007
Health Educators:
Betzaida Silva-Rydz, Geoffrey Simons
Total Brief Screen:8206
Total Full Screen: 1869

What Betsy started, Geoffrey finished. This site joined WIPHL in Wave 2 and continued until recently. This site fully embraced the team concept. They struggled until astute clinic manager, Chris Purdy, assembled a QI team representing all areas of the clinic. Having the front desk and nursing supervisor participate in the WIPHL planning process made all the difference. Many people were served at this site and many of them were served in Spanish!

Month end data

Year 5 Month 6

April 15, 2011 – May 14, 2011

Clinics	*Eligible for BS**	*Completed BS*	*% BS Completed*	*Positive BS*	*% BS Positive*	*Completed FS*	*% FS Completed*
Aurora Sinai Family Care Center (0.9 FTE)	72	62	86.1%	19	30.6%	21	110.5%
Aurora Sinai Women's Health Center (0.9 FTE)	95	95	100.0%	16	16.8%	29	181.3%
Aurora Walker's Point (0.9 FTE)	200	200	100.0%	56	28.0%	57	101.8%
Beloit Area Community Health Center	191	181	94.8%	49	27.1%	43	87.8%
Columbia St. Mary's	295	274	92.9%	48	17.5%	48	100.0%
Family Health/ La Clinica (0.5 FTE)	114	112	98.2%	21	18.8%	5	23.8%
Gundersen Lutheran Family Med	217	168	77.4%	41	24.4%	18	43.9%
Gundersen Lutheran Trauma Center - Adolescent	0	0	0.0%	0	0.0%	0	0.0%
Gundersen Lutheran Trauma Center - Adult	87	N/A	N/A	N/A	N/A	82	94.3%
Health Care for the Homeless	217	207	95.4%	62	30.0%	59	95.2%
Menominee Tribal Clinic	325	125	38.5%	42	33.6%	40	95.2%
Milwaukee Health Services, Inc. (0.3 FTE)	10	4	40.0%	0	0.0%	4	0.0%
Northeast Family Medicine	166	139	83.7%	48	34.5%	41	85.4%
Scenic Bluff's Community Health Center (0.2 FTE)	18	18	100.0%	2	11.1%	0	0.0%
Grand Totals	**2,007**	**1,585**	**79.0%**	**404**	**25.5%**	**447**	**110.6%**

*Eligibility varies by clinic

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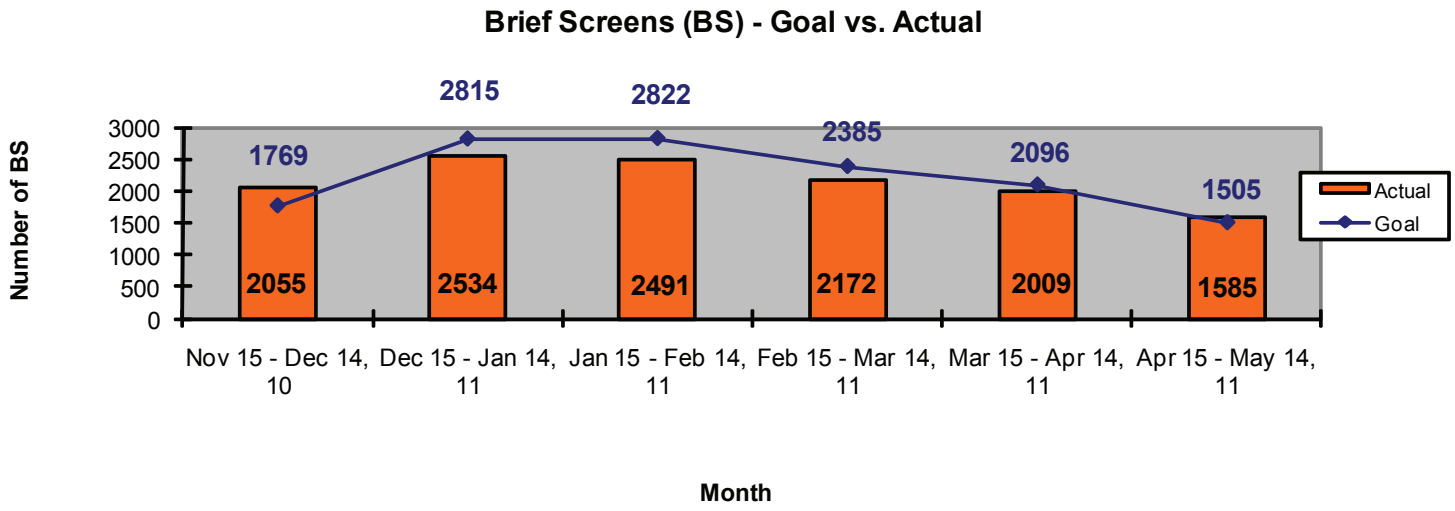
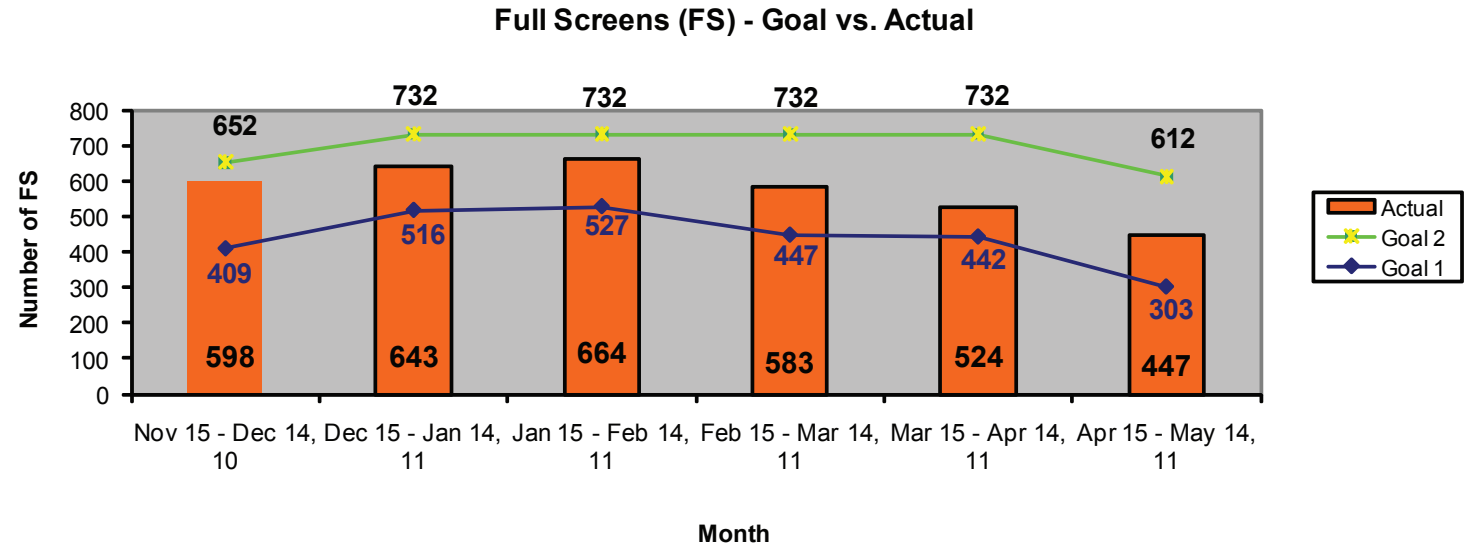
6 month wrap-up



Actual: Number of brief screens completed
Goal: Brief screen 75% of eligible patients



Actual: Number of full screens completed
Goal 1: Year 5 (Sept 15, 2010 - May 14, 2011) - Full screen 75% of patients who brief screen positive
Goal 2: Year 5 (Sept 15, 2010 - May 14, 2011) - Number varies by site based on start date

The Last Word

Life's too short

From a Health Educator in Southern Wisconsin

The WIPHL Health Educator spoke with a 54 year old male patient who reported drinking 6-12 beers per occasion. He shared that he was going through a divorce, was dealing with some anger issues and legal troubles—and he identified that they were all in some way connected to his alcohol use. He wasn't interested in working with the Health Educator at that time, and indicated that he wasn't ready to make any changes. The Health Educator reinforced that it was his decision and encouraged him to come back when he felt ready to talk some more about possible changes he might like to make. A month later the Health Educator was contacted by the patient's doctor who indicated that the patient was asking to see the Health Educator. This time, the patient revealed that he had been drinking 30-40 beers per occasion, and was finally was ready to get some help. The Health Educator worked with the patient to set up an action plan, and coordinated with his doctor to get him a prescription for a monthly injection of Vivtrol, a medication used to treat alcohol dependence. The patient reports that he is not experiencing any cravings and is now alcohol-free.

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