Key Findings: *Teachable Moment Study* in U.S. Trauma Center

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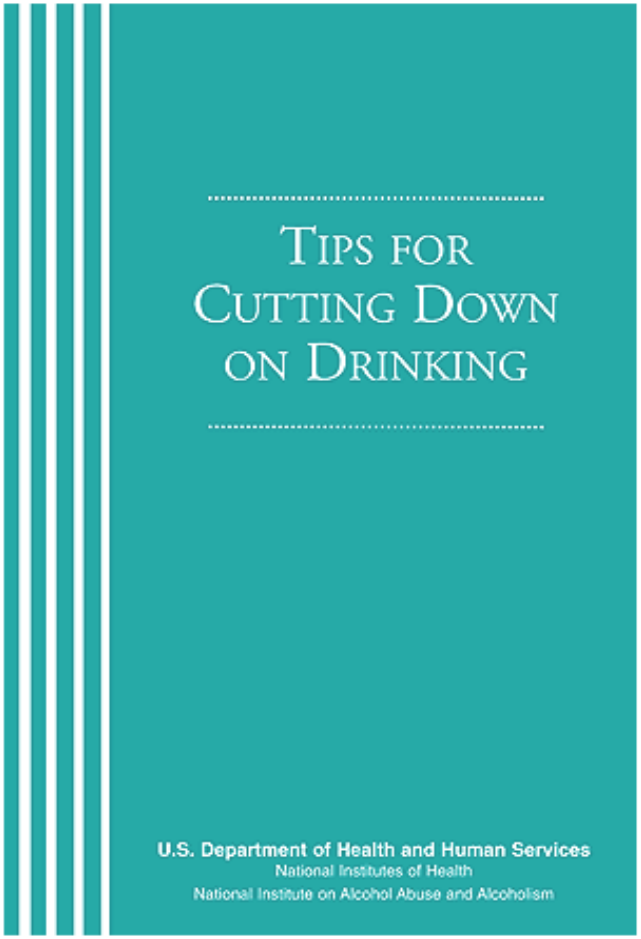
Overview

- Robert Wood Johnson funded
- Randomized clinical trial
  - Enrolled patients from January 5, 2009- June 30, 2011
- Main aims of study:

  (a) comparing the effectiveness of two new, shorter screening tools for risky drinking patterns with the longer screening tool in current use

  (b) assessing the outcomes of two different brief counseling interventions (BIs) with trauma patients screened to have risky drinking behaviors

Quantity Frequency Intervention
NIAAA model



Males, up to age 65:

- No more than 4 in one day AND
- No more than 14 in one week

Females, and men over age 65:

- No more than 3 in one day AND
- No more than 7 in one week

Qualitative Intervention

- Targets subjective drunkenness
- Explores factors leading to drunkenness and alternative coping strategies for healthier function

“Tell me more about getting drunk/overdoing it”

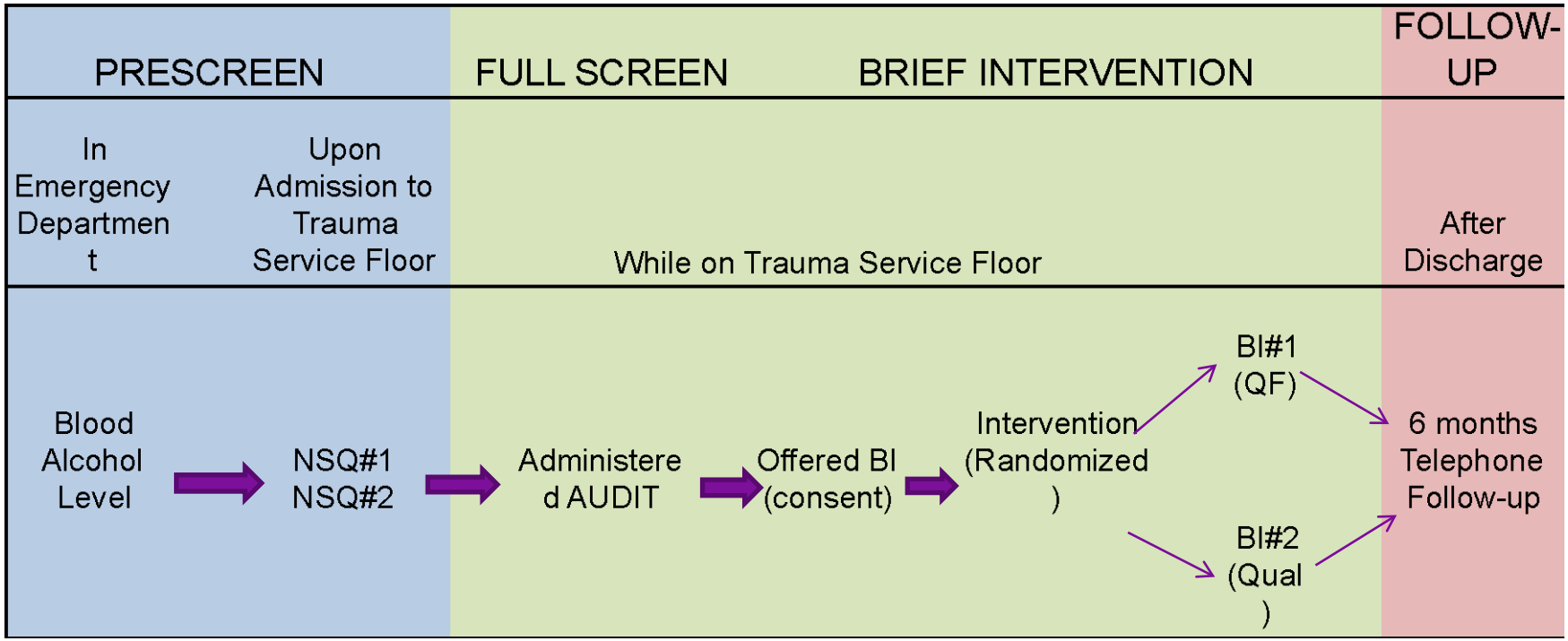
“Let’s talk about what you’re getting out of getting drunk/overdoing it…”

“Tell me how it helps you cope, relax, unwind, etc…”

Counselor

Patient
AUDIT score: 26

Research Design



Participant Characteristics

- Overall: N=333
- Enrolled Jan.5, 2009-June 30, 2011
- Quantity/Frequency BI Group: N=167
- Qualitative BI Group: N=166
- Average length of BI: 29.4 minutes (No difference b/n PhD counselors & interns)

Baseline Participant Characteristics

	Overall N=333	Quantity/Frequency Group N=167	Qualitative Group N=166	p-value
Gender	N=333	N=167	N=166	
Male	81.7%	81.8%	82.5%	0.690
Female	18.3%	19.2%	17.5%	
Race	N=333	N=167	N=166	
White	72.7%	74.3%	71.1%	0.065
African-American	21.0%	22.8%	19.3%	
Latino	5.4%	3.0%	7.8%	
American-Indian	0.9%	0.0%	1.8%	
Marital Status	N=333	N=167	N=166	
Single	53.8%	57.5%	50.0%	0.154
Married	25.2%	22.8%	27.7%	
Divorced	11..1%	13.2%	9.0%	
Separated	0.6%	0.0%	1.2%	
Widowed	2.7%	2.4%	3.0%	
Unknown	6.6%	4.2%	9.0%	
Age	37.0 (12.6)	37.0 (12.8)	37.1 (12.4)	0.907

	N=333 37.0 (0.69)	Quantity Frequency N=167 37.0 (0.99)	Qualitative N=166 37.1 (0.97)	0.907
Nursing Question 1	N=322	N=161	N=161	
Positive	59.9%	57.8%	62.1%	0.426
Mean	5.8 (0.21)	5.3 (0.24)	6.4 (0.35)	0.012
Nursing Question 2	N=321	N=163	N=158	
Positive	72.3%	72.4%	72.2%	0.962
Mean	1.9 (0.11)	1.8 (0.16)	2.0 (0.17)	0.354
Audit	N=333	N=167	N=166	
Positive	88.3%	90.4%	86.1%	0.225
Mean	15.3 (0.45)	14.7 (0.61)	15.7 (0.66)	0.299
BAL	N=333	N=167	N=166	
Positive	59.5%	59.3%	59.6%	0.947
Mean	133.8 (5.9)	128.4 (8.2)	139.3 (8.5)	0.357
Injury Type	N=331	N=166	N=165	
Blunt	82.8%	81.3%	84.2%	0.511
Penetrating	16.9%	18.1%	15.8%	
Burn	0.3%	0.6%	0.0%	
Hospitalization Result of Drinking (self-report)	N=330 40.3%	N=167 41.3%	N=163 39.3%	0.704
Positive Drug Screen	N=228 70.6%	N=111 71.2%	N=117 70.1%	0.857
Typical # Drinks in Typical Day	N=332 7.1 (0.29)	N=166 6.8 (0.40)	N=166 7.5 (0.41)	0.225
# Drinks Can Hold	N=321 12.2 (0.52)	N=159 11.6 (0.65)	N=162 12.8 (0.80)	0.239

Follow-up

- Six months post intervention
- Telephone call
- Self-report with 182 participants (54.7%)
  - 59.8% Quantity Frequency BI Group
  - 53.5% Qualitative BI Group
- No difference between intervention groups in follow-up rates

	Q/F	Qualitative	p-value
Baseline among those with follow-up data			
Typical # Drinks	N=97	N=84	
Positive	67.0%	69.4%	0.729
Mean	6.8 (4.9)	7.4 (5.2)	0.431
# Drinks Hold	N=85	N=74	
Mean	10.5 (5.8)	13.5 (11.5)	0.046
AUDIT	N=97	N=84	
Positive	90.7%	86.9%	0.414
Mean	14.8 (7.8)	15.2 (7.9)	
6 month follow-up among those with baseline data			
Typical # Drinks	N=97	N=84	
Positive	19.6%	21.4%	0.759
Mean	2.8 (3.4)	2.7 (2.9)	0.841
# Drinks Hold	N=85	N=74	
Mean	6.5 (6.3)	6.6 (6.4)	0.928
# Days Drunk	N=97	N=85	
Positive	5.2%	12.9%	0.064
Mean	0.2 (0.9)	0.4 (1.5)	0.232
AUDIT	N=97	N=84	
Positive	32.0%	23.8%	0.224
Mean	5.3 (6.8)	4.7 (5.8)	0.523

Major Findings

- No statistical difference for outcomes between patients randomized to Q/F v. Qual BI in typical # of drinks or AUDIT scores.
- Other studies with similar findings supported experimental arm as efficacious as national model – QF/NIAAA.

- Overall change in 6 month rates:

Typical # Drinks	N=97, QF	N=84,QUAL	
Recovery (+ to -)	73.8%	75.9%	0.797
Mean Change	-4.0 (5.1)	-4.7 (5.9)	0.394

AUDIT	N=97, QF	N=84, QUAL	
Recovery (+ to -)	58.7%	63.1%	
Mean Change	-9.5 (8.6)	-10.5 (9.7)	0.464
Baseline AUDIT scores Means are RISKY*	14.8	15.2	
Follow-up AUDIT scores Means are LOW-RISK*	5.3	4.7	

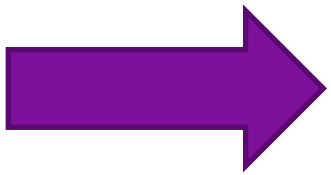
*Risk status according to World Health Organization AUDIT manual (Babor et al., 2001): <8 Low-risk, 8-15 Risky Drinker, 16+ Further Assessment Recommended

Other Follow-up Findings

6 Month Outcome	Q/F	Qualitative	p-value
Injury requiring medical treatment	1 other serious	3 1 auto,1 gun, 1 other	N/A
Successful at making changes	N=97	N=84	
Little or no change (1)	7.2%	7.1%	
Some change (2)	7.2%	9.4%	
Moderate change (3)	16.5%	14.1%	
Many changes (4)	19.6%	34.2%	
Totally quit/ major change (5)	49.5%	35.3%	
Mean score	4.0 (CI 95%: 3.71 to 4.23)	3.8 (CI 95%: 3.54 to 4.08)	0.393
Quality of Life 1=terrible; 10=extremely well	N=97 6.9 (CI 95%: 6.37 to 7.42)	N=84 7.0 (CI 95%: 6.44 to 7.54)	0.812

Implications

- Further investigation into alternative brief intervention models is indicated
- Data suggests efficacy of qualitative brief intervention, further research is warranted
- Basic counseling skills
  - Reflection of content
  - Reflection of feeling
  - Reflection of meaning
  - Scaling questions



Effective in an intensive inpatient hospital setting

- Data suggests no difference between PhD level Counselors and masters-level counseling trainees

→ EFFICIENCY and COST SAVINGS!

Questions/Comments

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