The Power of Empathy
How You Do What You Do Matters!
Who Are We?
ABOUT US

Licensed Professional Counselors (LPC) and Licensed Clinical Addiction Specialists (LCAS) embedded in a medical team at a Level I Trauma Center

- 5 LCAS, 3 LCAS-A
- 5 LPC, 3 LPCA
- 2 Certified Clinical Supervisor (CCS), 3 Clinical Supervisor Intern (CSI)
- 5 Master’s level interns, 1 Doctoral level intern

LCAS at ‘the table’ – our professional voice

- Conservatively, 28-45% of trauma admissions are alcohol-related injuries¹-³
- Strong correlation with Substance Use Disorders + Post Traumatic Stress Disorder/Acute Stress Disorder and violence complications

LCAS informing medical team:

- Alcohol withdrawal, other drug use with medical concerns, psychosocial issues – shared with compassion
  - For example: all injured moped riders are not under the influence
## Clinical Research

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<td><strong>PHARMACOLOGY: Genetics of Social Isolation &amp; Vulnerability to Anxiety and Alcohol Use Disorders</strong></td>
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Trauma Center Youth Violence Screening and Brief Interventions: A Multisite Pilot Feasibility Study

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Abstract—Background: All-terrain vehicle (ATV)-related injuries remain a large public health problem in the United States and disproportionately affect American youth. Although children account for nearly 14–18% of ATV riders, they comprise 20–27% of those injured in ATV-related accidents. Since the U.S. Consumer Product Safety Commission began collecting data in 1982, 3% of ATV-related deaths have occurred in children. Objective: With this review, we outline the major risk factors for injuries among young ATV riders in the United States and suggest research-based interventions to successfully modify such risk factors. Discussion: We reviewed data from 15 published reviews regarding epidemiology and risk factors among ATV-related injuries in American children. All data points to young drivers not using safety equipment or taking protective actions. Although these risk factors are modifiable, limited literature and programs designed to educate and inform such riders have been noted. Among adults, the brief intervention model has become widely used among emergency providers, reducing risk behaviors. Additionally, peer-to-peer interventions have demonstrated success with drug and alcohol use in school-aged children. Both the brief and peer-to-peer interventions are promising avenues for decreasing risky ATV-related behavior in youths but have not been studied in this field. Conclusions: ATV-related injuries disproportionately affect American youth. Although risk factors for such injuries are modifiable, current methods for intervention may fail to be implemented. The brief intervention and peer-to-peer interventions have shown promise in other fields and should be studied with respect to preventable ATV accidents. © 2017 Elsevier Inc. All rights reserved.

Keywords: violence; trauma center; brief intervention; risk factors; youth

In 2013, 500,200 American youth aged 10–24 years sustained motor-related injuries necessitating emergency department treatment (Centers for Disease Control and Prevention (CDC), 2013). Although the leading cause of death for youth aged 10–24 years was injury deaths, by 2030s. The 2013 Youth Risk Behavior Surveillance

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Publications

Alcohol Counseling in Hospital Trauma: Examining Two Brief Interventions
Lauren J. Veach, Regina R. Morris, Preston Miller, Beth A. Robuson, Nathaniel N. Ivers, Jennifer L. Rogers, and Mary Claire O’Brien

Hospital trauma centers intervene with patients who incur alcohol-related injuries. This prospective study, using professional counselors and trainers, investigated brief counseling interventions (BCIs). Participants were randomized to either a conventional BCI examining quantity and frequency of alcohol consumption or a BCI assessing the role of alcohol in accelerating injury recovery. No statistically significant difference between risky drinkers randomized to either intervention in a hospital trauma center was observed. Findings indicate that a personalized BCI may be an alternative to a conventional BCI in reducing risky alcohol consumption.

Keywords: counseling, screening, brief intervention, alcohol, integrated care

American health care, particularly hospital trauma care, is significantly burdened by alcohol misuse. Alcohol consumption is a major risk factor for both morbidity and mortality in traumatic injury globally (Cherif, 2014), and in the United States especially, in preventable and recurrent visits (Bennett et al., 2014). Among hospital trauma and critical care patients, one study noted that 68% of women and 50% of men sustained an alcohol-related injury (D’Onofrio & Degotis, 2004-2005), and alcohol is associated with greater injury in all age groups (Kosinski, Barge, Supren, & Ericksen-Roberts, 2013). Oxy, Howard, Perkin, and Li (2010) identified alcohol as the single greatest contributor to injury in our society (p. 535). Alcohol misuse is also associated with unexpected death after discharge and trauma center readmission with another alcohol-related injury (Schermier, Meyers, Miller, & Birnholz, 2010). In this study, we aimed to compare the effectiveness of two brief counseling interventions (BCIs) designed to address risky drinking patterns among hospitalized trauma center patients.

Hospital Trauma Centers and Intervention

First, it is important to note that hospitalized trauma patients are not synonymous with emergency department patients.

Alcohol counseling in hospital trauma: Examining two brief interventions

Brief Counseling for Alcohol Misuse Among Trauma Patients: Two Interventions and Influence of Baseline Use
Jennifer L. Rogers, Janine M. Bernhard, Laura J. Veach, Regina R. Morris, Nathaniel N. Ivers, Beth A. Robusson, Preston Miller, and Mary Claire O’Brien

This study examined whether baseline trauma patient characteristics and randomized participation in 1 of 2 brief interventions predicted changes in alcohol use at 6-month post-intervention. Higher total Alcohol Use Disorders Identification Test (AUDIT) scores predicted greater changes, and specific AUDIT items were significant predictors.

Keywords: screening, brief intervention, alcohol, AUDIT, SRB

Traumatic injury and alcohol abuse are major public health concerns in the United States. The ill effects of which affect millions of individuals and families. In 2015, injury was the leading cause of death for persons ages 1 to 44 years in the United States, the third leading cause of death for persons ages 45 to 54, and the sixth leading cause of death for persons ages 55 to 64 (Centers for Disease Control and Prevention, 2015). Alcohol misuse has been well established as a major risk factor for injury, as up to 30% of persons treated in emergency departments and up to 50% of severely injured trauma patients screen positive for alcohol use problems (D’Onofrio & Degotis, 2002). Because of the high concentration of patients with alcohol-related injuries or conditions, hospital emergency departments and trauma centers are unique entry points, where persons with high-risk alcohol use can be identified (through alcohol screening), briefly treated (through brief interventions), and

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Wake Forest* Baptist Medical Center
Who Are You?

What brought you to our workshop today?
Today’s Workshop Objectives

- Learn about the positive impact that empathy has in the therapeutic relationship and research behind the power of empathy.
- Identify and utilize different approaches that express empathy in SBIRT interactions.
- Consider what challenges and opportunities you may have in implementing empathic SBIRT services in your environment.
Empathy & Relationship
Brené Brown on Empathy: [https://www.youtube.com/watch?v=1Evwgu369Jw](https://www.youtube.com/watch?v=1Evwgu369Jw)
Student Perspective
What do we know about the power of empathy?

Carl Rogers emphasized the importance of rapport-building and reflective listening\(^4\), believing the expression of empathy allowed for an authentic relationship between client and counselor and facilitated the determination of client goals\(^6\).

Bill Miller utilized Rogers’ empathetic concepts throughout his Motivational Interviewing (MI) model\(^4\) and identified empathy as reliable predictor of effectiveness and outcomes\(^7\).

Asay and Lambert (1999) discovered four distinct elements of therapeutic change\(^4\):
- Client/extratherapeutic (40%)
- Therapeutic relationship (30%)
- Placebo effect, hope, and expectancy for change (15%)
- Therapeutic models and techniques (15%)

Empathy remains an evidence-based practice regardless of theoretical orientation and the absence of empathy reduces the likelihood of changes in client substance use patterns\(^7\).
Empathy & SBIRT
Evidence Based Clinical Intervention

• Based on Teachable Moment randomized control trial\(^6\): RWJF-funded, O’Brien PI (NIH NCT00865774)
  • Compared Quantity/Frequency Intervention (QBCI) developed by National Institute on Alcoholism and Alcohol Abuse (NIAAA) to Personalized Brief Intervention (PBCI)
  • PBCI targets subjective drunkenness and explores factors leading to drunkenness and alternative coping strategies for healthier function
• No statistical difference for outcomes between patients randomized to Q/F v. Personalized BI in typical # of drinks or AUDIT scores.\(^4\)
• Experimental arm – PBI - as efficacious as national model – QF/NIAAA.

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>N = 333</th>
</tr>
</thead>
<tbody>
<tr>
<td>QBCI Sample</td>
<td>N = 167</td>
</tr>
<tr>
<td>PBCI sample</td>
<td>N = 166</td>
</tr>
<tr>
<td>Average length of sessions</td>
<td>29.4 minutes</td>
</tr>
<tr>
<td>Follow up sample size (6 months)</td>
<td>182 (54.7%)</td>
</tr>
<tr>
<td>Follow up rate QBCI</td>
<td>59.8%</td>
</tr>
<tr>
<td>Follow up rate PBCI</td>
<td>53.5%</td>
</tr>
</tbody>
</table>
RELATE & RAPPORT

AFFIRM CONCERN FOR HEALTH

REFLECT WITH EMPATHY
Effective reflections:

• Mirror what patient is saying in a non-threatening manner without parroting
• Are collaborative and non-judgmental
• Deepen conversation
• Help patients understand themselves
• Avoid under or over statement
• Use patient’s own language (or similar)
Use “I” statements.
Express genuine concern for health.

“As your doctor, I am really concerned that not doing physical therapy will negatively impact your healing.”

“I am concerned that not taking your medicine as prescribed will lead to worsening of your disease.”
Double-sided reflections:

- Attempt to reflect back *both* sides of patient’s ambivalence
- Acknowledge resistance
- Use material offered by client
- Use “and” instead of “but”

“On the one hand, you are in a lot of pain and on the other hand, you know you have to do this to get better.”
<table>
<thead>
<tr>
<th>Alcohol Use Disorders Identification Test (US-AUDIT)</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1) How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>2-3 times a week</td>
<td>4-6 times a week</td>
<td>Daily</td>
</tr>
<tr>
<td>What do you typically drink when you drink?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5-6</td>
<td>7-9</td>
<td>10 or more</td>
</tr>
<tr>
<td>*2) How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Number from Question 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many days per week do you get drunk/over do it?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>2-3 times a week</td>
<td>4-6 times a week</td>
<td>Daily</td>
</tr>
<tr>
<td>*3) How often do you have X or more drinks on one occasion? (5 for men under age 65; 4 men aged 65 or older and all women)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Have you or someone else been injured because of your drinking?</td>
<td>Never</td>
<td>Not in the last year (2 pts)</td>
<td></td>
<td></td>
<td>During the last year (4 pts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>Never</td>
<td>Not in the last year (2 pts)</td>
<td></td>
<td></td>
<td>During the last year (4 pts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL (Scores: 0-46)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

*Indicates AUDIT 1-3 Questions (Scores: 0-18)
Your Turn to Try!

Small Groups of 3: Patient, Clinician, Observer

15 minutes for SBIRT Roleplay

4 min roleplay with 1 min for group feedback before rotating

You feel _______________________________________
You feel _______________________________________
You feel _______________________________________
You feel _______________________________________
You feel _______________________________________

Other counselor comments:
1.
2.
3.
4.
5.

Write your own Alternate observer feeling reflections.
1.
2.
3.
4.
5.
6.
Challenges & Opportunities
Challenges

What barriers do you anticipate to implementing more empathetic practices into your work?
Opportunities

How would more empathetic practices enhance your work?

Take out your calendar and mark a date to check in with yourself about how it’s going!
References


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