Alcohol misuse is a public health problem, and—like other public health problems—early detection and intervention are crucial to offsetting the negative impact. As essential members of the health care team and advocates for patients, medical assistants are trained to perform many screening procedures as part of their professional scope of practice. In addition, they are often the positive influence and motivation behind encouraging many patients to comply with treatment protocols to achieve improved health outcomes. Research has shown that screening for alcohol use performed by medical assistants is more effective than provider-only care models.1 Thus, medical assistants are the practical choice to serve as alcohol screening and brief intervention (SBI) champions.

What is alcohol SBI?
Alcohol SBI involves the use of a structured set of questions designed to identify individuals at risk for alcohol-use problems, followed by a brief discussion between the individual and medical professional to help motivate the patient to reduce their alcohol use.2,3 The concept (and goal) of alcohol SBI is simple and straightforward: screening identifies people who are drinking at levels that increase the risk of harm to their health and well-being; brief intervention helps motivate them to reduce their alcohol use and risk for alcohol-related problems.2

The alcohol SBI process does the following2:
• Uses standard screening questions to identify patients’ drinking patterns
• Includes a definition of what constitutes a standard drink to encourage more accurate responses to the screening questions
• Provides a structured framework for health care professionals who may not specialize in substance use disorder treatment
• Uses motivational interviewing communication techniques to encourage behavior changes (e.g., reducing risky alcohol consumption or seeking help for excessive drinking or possible alcohol dependence)

Furthermore, alcohol SBI has been shown to be an effective, low-cost option to address risky drinking and alcohol-related health consequences, promote alcohol-free pregnancies, and prevent fetal alcohol spectrum disorders (FASDs).4-6

Health hazards
Addressing excessive alcohol consumption requires knowing which patients drink at higher than recommended levels. Though excessive or risky alcohol use does not equate to alcohol dependence, excessive or
risky alcohol use is estimated to occur in about 25% of the population. Using a public health approach of universal screening for unhealthy alcohol use means that everyone gets screened. In particular, all patients of reproductive age should be screened and made aware of the risks associated with drinking at unhealthy levels, especially consuming any alcohol when pregnant.

In general, excessive alcohol use has the potential to increase the risk of many harmful health conditions, which are most often the result of binge drinking:

- Injuries, such as motor vehicle crashes, falls, drownings, and burns
- Violence, including homicide, suicide, sexual assault, and intimate partner violence
- Alcohol poisoning (a medical emergency that results from high blood alcohol levels)
- Risky sexual behaviors, including unprotected sex or sex with multiple partners, both of which can result in unintended pregnancy or sexually transmitted diseases, including HIV
- Miscarriage, stillbirth, or FASDs

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems
- Cancer of the breast, mouth, throat, esophagus, liver, and colon
- Learning and memory problems, including dementia and poor school performance
- Mental health problems, including depression and anxiety
- Social problems, including lost productivity, family problems, and unemployment
- Alcohol dependence

During pregnancy, there is no known safe amount of alcohol and no safe time to drink. There is also no safe type of alcohol—beer, wine, wine coolers, and hard liquor can all have the same adverse effects on a developing
Consistent with their scope of practice, medical assistants can perform several tasks associated with conducting alcohol SBI to facilitate implementation and improve the medical practice’s workflow. For example, medical assistants can maximize workflow efficiency by conducting alcohol SBI as part of the routine patient intake. The medical assistant can then make the provider aware of patients whose screening results suggest they drink at risky levels, thereby managing the number of interventions the provider needs to give.²,³,¹⁰

Screening basics
In the development of the alcohol SBI implementation plan, decisions will need to be made about which patients will be screened, how often, and which instrument will be used, as well as how and where the patient will be screened.

Conducting the screening part of alcohol SBI with all patients helps normalize the conversation and decrease the stigma associated with excessive alcohol use. Because drinking patterns can change over time, all adult patients should be screened at least annually. Each practice will need to decide the best way to track when a patient’s annual screening needs to be done.

When screening, make sure patients understand what constitutes a standard drink, as this may impact their responses to the screening questions. The National Institute on Alcohol Abuse and Alcoholism has defined a standard drink as “any drink that contains approximately 14 grams of pure alcohol,” such as the following:

- 12 ounces of beer or wine cooler
- 8–9 ounces of malt liquor
- 5 ounces of wine
- 1.5 ounces of 80-proof distilled spirits

Several validated screening instruments are available; the Single Question Alcohol Screen is most commonly used for a brief screen. For all adult patients who are not or cannot get pregnant, the Single Question Alcohol Screen asks, “On any single occasion during the past year, have you had more than X drinks containing alcohol?”—X is replaced with “five or more” for men and “four or more” for women. For pregnant patients, the Single Question Alcohol Screen is, “Have you had a drink since you found out you were pregnant?”

Another brief screening tool that can be used is the three-item U.S. Alcohol Use Disorders Identification Test-Concise (USAUDIT-C). If the response to either the Single Question Alcohol Screen or the USAUDIT-C indicates the patient might be drinking at an unhealthy level, the full USAUDIT should then be administered.

Plan development
Having alcohol SBI champions who are committed to the implementation process can help ensure the sustainability of the alcohol SBI protocol. Medical assistants’ passion and patient advocacy make them the logical choice to serve as champions and provide leadership for alcohol SBI efforts. For many patients, medical assistants are a positive influence and driving force that encourages patients to comply with treatment protocols and obtain improved health outcomes. Thus, medical assistants can be considered the glue that holds a practice together by ensuring the delivery of coordinated health care services.⁸
Screening can begin when a patient arrives at the practice. The USAUDIT can be added to the forms that are completed by patients in the reception area. A medical assistant can score the USAUDIT before the patient is seen by the provider. Alternately, a medical assistant can conduct the Single Question Alcohol Screen once the patient is in the examination room and record the responses. A medical assistant should document the screening score results in the patient’s record once calculated, per the medical practice’s protocol. Most patients will fall outside the risky level of alcohol consumption (25% of the population fall within).²

Upon completion of the screening, those whose results indicate potentially risky levels of alcohol consumption (i.e., more than three drinks on any one occasion or more than seven drinks per week; any alcohol consumption by those who are pregnant or may be pregnant) should receive a brief intervention to help them understand the risks associated with their drinking levels along with steps to reduce those risks.

**Brief intervention**

With the clinician’s approval, a medical assistant can talk with the patient about the screening results. A brief intervention involves helping the patient make healthier choices about alcohol use by having a conversation with a patient who is drinking at a high-risk level. Brief interventions can be performed by any health care professional (e.g., a medical assistant) who is trained on alcohol SBI and alcohol-related health consequences and who demonstrates the relational skills to communicate with patients in a nonjudgmental, open, and confident manner. Whoever provides results should do so in the context of norms by explaining what at-risk drinking levels are for each patient. For patients drinking below recommended levels or not drinking at all, reinforce their healthy choices around alcohol use. For patients drinking at or above recommended levels, link alcohol consumption to current health concerns when possible. Also, health care professionals should personalize interactions with patients, reflect patients’ concerns back to them, and provide guidance and options without telling them what to do.

**Words to the wise**

The way health care professionals communicate with patients and colleagues can have a significant impact on the likelihood that change occurs with the patient. Understanding how to communicate with patients is crucial, especially when talking about stigmatized behaviors such as alcohol consumption. Words used when talking with patients about sensitive topics can influence the amount of resistance they show. By using person-first, nonjudgmental language, health care professionals can reduce stigma and promote engagement.

**Stigmatizing language**

Stigma arises from patterns of behaving, thinking, and feeling about human differences—be it physical appearance, cultural or social identity, health condition, disability, age, or gender—that become negatively shaped by harmful cultural or personal beliefs, attitudes, and stereotypes. Stigma is enacted through labeling, social exclusion, prejudice, differential treatment, and discrimination against the stigmatized individual or group. The impact of stigma in health care is well documented and shown to be far-reaching, contributing to health disparities through its negative effect on individual health status and as a barrier to access and delivery of quality health care services.¹¹

Stigmatizing language can be avoided by using person-first language, which emphasizes the person, rather than the person’s status or disability. Put the person first by using phrases such as “a person who,” “a person with,” or “person who has.” Using this kind of language recognizes individuality and reduces stigma by avoiding equating people with their status or disability.

**Communication barriers**

When it comes to effective communication, health care professionals should avoid strategies that are known to damage rapport, inhibit change talk (i.e., language that supports behavioral change), and decrease the likelihood of behavioral change. In an attempt to help patients, health care professionals sometimes engage in practices that are counterproductive to the ultimate goal. When communicating with a patient, avoid providing unsolicited advice, attempting persuasion or confrontation; talking at them; and getting ahead of the patients’
readiness to change. These communication styles are ineffective at promoting behavioral change. In many cases, using these strategies actually encourages patients to defend an unhealthy behavior, diminishes trust in the healthcare team, and negatively impacts the likelihood of change.

Even though patients would likely be better off if they heeded a physician’s advice, giving unsolicited advice can communicate to patients that they are not capable of generating their own solutions, create passivity, or lead to patients arguing about why they cannot or do not need to change. Likewise, persuasion can involve the use of logical arguments or self-disclosure about personal experiences with related issues, which can often lead patients to shut down and disengage or to resist change efforts. Furthermore, confrontation has a clear tone of judgment and disapproval. Confrontation may alienate a patient and may even damage rapport beyond repair.

Often, patients are well aware of the risks of their behavior. While there are certainly many circumstances in which health care providers have new or relevant information, most err on the side of providing more information than is necessary. Sharing excess information can make patients feel invalidated, create passivity, or create imbalance in the relationship.

Getting ahead of the patient’s readiness to change their behavior is a subtle yet prevalent barrier. When thinking about making health changes, including reducing the risk of an alcohol-exposed pregnancy, patients will be at different readiness levels. In some circumstances, patients may not even be willing to discuss these issues or be honest about their risky behavior because they have not developed a trusting relationship with their health care provider. In these circumstances, investing energy in the relationship by listening and engaging in other effective manners is likely a better use of time and energy than continuing to press an issue that a patient is not ready to discuss. However, even when patients are ready to discuss an issue, they might be hesitant and ambivalent about whether or not they want to change their behavior.

Effective communication
Several strategies, such as empathic active listening, highlighting, affirmations, and collaboration, build rapport and trust with patients, facilitate therapeutic conversations, and improve the chances that patients will use change talk to correct unhealthy behaviors.

Empathic active listening involves seeking to know what another individual means through what they say and stating it back to them in the form of reflections or summaries. Reflecting or summarizing what patients say not only helps ensure clear understanding but also informs the patient that they are being heard, cared for, and accepted. Furthermore, by serving as a sounding board for patients, health care professionals can often help patients to get unstuck and make progress in thinking about change.

Additional keys to effective communication consist of seeking collaborations with patients, providing affirmations, and highlighting patient choices. Seeking collaboration with the patient could involve asking their permission to address an agenda item, sharing information, making a suggestion, or other approaches that promote patient knowledge. Affirmations can be useful for developing positive working relationships with patients, building patients’ confidence in their ability to make healthy choices, or reinforcing healthy behaviors. Affirmations should be genuine and authentic. Highlighting emphasizes the patient’s decisions to help empower them to act and increase their sense of confidence. Ultimately, whether or not a patient chooses to engage in medical care or change their health behaviors is entirely up to them.

In many instances, patients will already be aware of the information being shared. Information can have a stronger effect on thinking when it is reflected by the patient rather than by the health care provider. Additionally, by asking patients to talk about what they already know, potential gaps in their knowledge or misconceptions can be identified along with their level of health literacy, which can help gauge the way in which information is shared with them going forward.

Motivational interviewing
The principles of brief interventions are informed by motivational interviewing, which is a patient-centered, brief, directive method of communication that is designed to move an individual toward change. Its underlying foundations (i.e., collaboration, evocation, autonomy, and compassion) have been referred to as the spirit of motivational interviewing:

- Collaborating with the patient instead of taking on an expert role
- Focusing on patients creating their reasons for change instead of providing facts to them on why they should
- Honoring the patients’ autonomy to change or not instead of mandating how they should change

During the brief time with the patient, the goal is to help resolve their ambivalence by listening for change talk, recognizing it, and responding to it to increase their motivation for change. When asking evocative questions, listen for opportunities to move in the direction of change. Within motivational interviewing, the acronym DARN CAT is used to spot potential change talk:
- Desire (e.g., I want or wish)
- Ability (e.g., I can, might, or could)
- Reason (e.g., If I can or then I can)
- Need (e.g., I have to, must, or need)
- Commitment (e.g., I will, promise, or plan to)
- Actuation (e.g., I am ready, willing, able, or preparing)
- Taking steps (e.g., This week I started)

Additional strategies in evoking change talk include finding decisional balance (i.e., exploring pros and cons), asking for elaboration or examples, looking to the past and future, querying the extremes (worst- and best-case scenarios), and using a readiness-to-change ruler to determine the importance to—as well as the confidence and readiness of—a patient to change.

When communicating with patients, resistance to change is inevitable. However,
when patients use sustain talk (i.e., language that resists behavioral change) as opposed to change talk, acknowledging their choices can help lead patients back to change talk. Validating their resistance emphasizes the negative side of their ambivalence. However, reminding patients that the pros of continuing toward better behaviors still far outweigh the cons will encourage patients to think again about reasons to change.

There is no single right way to change. Making change happen is ultimately up to the patient. Upon leaving the medical practice, the patient may still experience ambivalence to the idea of change. Thus, additional resources should be made available to patients in case they have more questions and concerns or decide later to make a change.

**Referral plan**

Screening may help identify the small percentage of patients who have alcohol use disorder or dependence, which is estimated to be 4–5% of the population.¹² Health care professionals should compile a list of local resources, such as treatment providers, Alcoholics Anonymous (AA), and other recovery support groups, to give patients who may benefit from further intervention. Additionally, many websites, blogs, online support groups, and mobile apps are available 24/7. These resources should be available for all patients who exhibit risky drinking behavior, whether they exhibit a desire to change or exhibit sustain talk.

**Staff training**

Although there are certain elements that must be included in all alcohol SBI, training and screenings should be tailored to address the specific needs of each medical practice. Additionally, medical assistants, clinicians, and other staff should be trained together to ensure that patients receive consistent messages from all staff, thereby increasing the likelihood of adherence to the message.¹⁰,¹² The following outline can be used to guide development of medical practice-specific alcohol SBI staff trainings¹³:

- **Introduction.** Explore how and why the decision was made to implement alcohol SBI, staff members’ roles in the implementation process, and when implementation will begin.
- **Risky and excessive alcohol use.** Examine the difference between risky and excessive alcohol use and dependence; alcohol-related health consequences, including the effects of alcohol exposure on a developing baby; and an overview of FASDs.
- **Alcohol SBI.** Provide an overview of alcohol SBI, alcohol-use prevention during pregnancy, FASDs, screening tools, administration and scoring of the screening tool, and communication skills. Make time for skills demonstration and practice.
- **Implementation.** Review and discuss the medical practice’s workflow.

The Medical Assistant FASD Practice Improvement Collaborative, located at the University of Nevada, Reno, has been funded by the Centers for Disease Control and Prevention (CDC) since 2008 to develop courses and materials to train health care providers on preventing alcohol use during pregnancy and FASDs. Since 2014, these products have focused specifically on enhancing medical assistants’ role by training them how to conduct alcohol SBI. Training materials were created in collaboration with the CDC National Center on Birth Defects and Developmental Disabilities, the Baylor College of Medicine FASD Practice and Implementation Center-South, and the American Association of Medical Assistants®.

Trained medical assistants throughout the United States can conduct in-person trainings upon request via the Medical Assistant FASD Practice Improvement Collaborative website at https://www.fasdmapic.org/request/. The curricula are also available to take as online self-paced courses at https://www.fasdmapic.org/products/ or through the CDC at https://www.cdc.gov/fasdtraining.

**Providing ongoing staff support**

Medical assistants can help implement alcohol SBI by coordinating staff trainings and resources. Once alcohol SBI is part of

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**Alcohol SBI trainings for medical assistants**

- **“Introduction to Fetal Alcohol Spectrum Disorders: The Medical Assistant’s Role”** covers FASDs across the lifespan and screening and communication skills to prevent alcohol-exposed pregnancies (AEPs).
  - https://www.fasdmapic.org/causes/medical-assistants-role/
- **“Preventing Alcohol-Exposed Pregnancies: The Key Role of the Medical Assistant”** explains how to conduct alcohol SBI with patients of reproductive age to prevent AEPs.
  - https://www.fasdmapic.org/causes/preventingaeps/
- **“FASD Prevention Communication Skills Training”** describes how to apply helpful communication strategies to discuss AEPs and FASDs prevention.
  - https://www.fasdmapic.org/causes/fasd-prevention-communication-skills-training/
- **“Language Matters: Communication Strategies to Help Prevent AEPs”** provides details on how to communicate with patients in a way that reduces stigma associated with risky alcohol use and the role medical assistants can play in reducing AEPs and FASDs.
  - This training is available upon request.
- **“FASD Primer for Healthcare Professionals,”** available online from the CDC, encompasses information on prevention, identification, referral, and treatment of FASDs.
the workflow routine, medical assistants can keep staff engaged and ensure ongoing quality improvement and sustainability of alcohol SBI by taking certain actions:

• **Communicating consistently with staff.** Engaging in ongoing dialogue with other staff allows medical assistants to respond quickly to questions or problems that may be inhibiting consistent screening and timely interventions with patients.

• **Providing hands-on help and ongoing training booster sessions.** Although training increases knowledge of new skills, consistent use of those skills is not likely to occur without post-training support (e.g., expert consultation, performance feedback, and reminders). For example, research has shown that communication skills develop when they are modeled and role-played frequently. Likewise, ongoing refresher activities help normalize conversations about alcohol. This can reduce stigma and the fear of offending patients, which is a common barrier that health care professionals point to for not conducting alcohol SBI.11

• **Offering staff feedback, encouragement, and appreciation for their participation.** Acknowledging staff members’ commitment and participation in efforts to reduce or prevent alcohol-related health consequences, including preventing alcohol use during pregnancy, will help keep them engaged in the alcohol SBI implementation process.

• **Reviewing and updating the medical practice’s alcohol SBI protocol.** Periodic review of the alcohol SBI protocol will help ensure that patient education materials are based on the most recent research, community resources are up to date and available, and the medical practice’s workflow is facilitating efficient implementation of alcohol SBI.

**Allies and advocates**

Medical assistants’ dedication and patient support make them the sensible choice to perform as champions for alcohol SBI in a health care setting. As the positive influence and motivator for many patients, medical assistants empower patients to follow the agreed-upon treatment plans, which produce improved health outcomes.

As part of the larger health care team, medical assistants play a vital role in identifying patients at risk of alcohol-related health consequences, exchanging information, and discussing patients’ commitment to change. Medical assistants are essential to ensuring continuity of care by anticipating and addressing patient needs, presenting patient concerns and questions to clinicians, and building communication bridges between patients and the health care team. Thus, the medical assistant’s role has been shown to increase productivity, produce cost savings, and promote several beneficial outcomes for patients and staff.14,15

As champions of the alcohol SBI implementation process, medical assistants can foster an environment that ensures consistent screening and encourages open dialogues between patients of reproductive age and their health care providers on the effect of alcohol on a developing baby. Educating everyone that there is no known safe amount, no safe time, and no safe type of alcohol to consume during pregnancy or when trying to become pregnant can help prevent FASDs, which are completely preventable.14

**References**


