BRIEF INTERVENTION SKILLS - HANDOUT

The key to success of any of the brief intervention approaches is to first and foremost **LISTEN** to the patient/client response and base any subsequent approach on your judgement of that response. For example, one way of attempting to match an approach based on response is to look at the **stages of change model**.

![Stages of Change Model Diagram]

It is important to note that people do not necessarily move through the stages of change in a linear fashion, and that relapse can occur at any point in the ‘cycle’. Many people view motivation to change as being on a continuum rather than divided into discrete stages. Therefore in terms of a ‘time-line’ individuals may move quickly through ‘stages’ (even in the course of a conversation / intervention). Behaviour change remains a contentious area for theory and research however the model can be a useful conceptual aid in the area of brief interventions.
### Stages of Change matched to Brief Intervention Approach:

<table>
<thead>
<tr>
<th>Stages of Change &amp; Likely Response:</th>
<th>Brief Intervention Approach:</th>
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</thead>
<tbody>
<tr>
<td><strong>Pre-contemplation:</strong> unaware of the problem, hasn’t thought about change. ‘I don’t think I drink too much’</td>
<td>Raise awareness - provide information and advice (with permission) on minimising risks and on the benefits of cutting down</td>
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<tr>
<td><strong>Contemplation:</strong> thinking about change soon. ‘My drinking sometimes causes me problems’</td>
<td>Explore concerns, enhance motivation</td>
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<tr>
<td><strong>Preparation:</strong> making a plan to change behaviour, setting gradual goals. ‘From next week, I’m going to cut down’</td>
<td>Provide a menu of options Negotiate goals and strategies</td>
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<tr>
<td><strong>Action:</strong> continuation of desirable actions, or repeating periodic recommended step(s). ‘I am trying to drink less’</td>
<td>Build confidence - build the person’s confidence in their ability to change</td>
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<tr>
<td><strong>Maintenance:</strong> where change has been established. ‘I’m worried I might slip back into my old routine’</td>
<td>Focus on coping strategies and relapse prevention</td>
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What is an Alcohol Brief Intervention
WHO ABI Primary Care Definition
(2017)

Brief advice
Screening
Feedback
Advice
1 session
(~5 minutes)

Brief intervention
Screening
Listen and motivate
1+ sessions
(~5–15 minutes)

Extended BI or brief MI
Screening
MI-based counselling
1+ session
(~20–30 minutes)

These are all brief interventions
SIGN Guideline 74 (management of harmful drinking and alcohol dependence in primary care) refers to the acronym FRAMES to describe what ‘typically’ happens in a brief intervention:

**Feedback:** about personal risk or impairment (e.g. from the result of screening)*

**Responsibility:** an emphasis on personal responsibility for change

**Advice:** given (with permission) to cut down or abstain

**Menu:** (options for change), to discuss changing behaviours and setting targets

**Empathic interviewing style, building and maintaining rapport**

**Self-efficacy** (building confidence), an interviewing style that enhances belief in the ability to change behaviour

*When giving feedback:

- *Clearly describe the result of the screening in relation to recommended guidelines*
- *Ask an exploratory question, seeking permission before going further*

**An empathic style is characterised by:**

- Active uninterrupted listening, Acceptance, Challenging behaviour, strengthening relationships

**An empathic style is not:**

- Sympathy, Curing, Telling, Rescuing or a need for Constant Questioning
Raising the issue

1. Engage and introduce the issue
   - Empathize; link to current presentation; permission

2. Screen and feedback
   - AUDIT tool; feedback; elicit—provide—elicit

3. Listen and respond
   - Unsure about change
   - Considering change

3a. Evoking
   - Elicit change talk
   - Avoid sustain talk
   - Active listening (OARS)

3b. Planning
   - Menu of options
   - Elicit—provide—elicit
   - Agree on a plan
   - Build confidence

- Important to raise clearly and be non judgemental
- Compare to guidelines
- Listening Skills
- Interchangeable, fluid strategies, not set
Opportunistic (practitioner-led)

Chance opportunities to discuss alcohol in response to an issue, symptom or event. When a patient presents with an issue/problem that could relate to alcohol use, this may provide a way to start discussing alcohol.

Practitioner links the presenting issue (social/medical/other) to alcohol

- Another aspect that can affect your condition is lifestyle, including drinking alcohol. Do you enjoy a drink? Could we talk about that a little?
- Some people with similar symptoms find that these issues can be affected by their alcohol use, without them realizing. ... Can I ask you, do you drink alcohol?
- Some people find that alcohol helps them to ... (relax when they’re stressed; sleep when they have problems with sleeping, escape from their worries). How have you been coping?
- It is surprising how even small amounts of alcohol can affect the symptoms you describe or the reason for your visit. By exploring your alcohol use we would be in a better position to know if this was a factor for you. Would that be okay? Can I ask you what you would usually drink in a week?
- We find that for many people who .... (get into fights/arguments, fall and injure themselves, can’t sleep), alcohol can be a factor. Do you think your attendance here today is connected to alcohol in any way?
- We’ll come back to treatment options in a moment, but one thing that might help us to get to the bottom of this is alcohol. Do you drink at all?
- I’m wondering if there are any other factors that might be affecting you at the moment. Something that we haven’t picked up yet is alcohol. What do you know about how alcohol can affect this?
Practitioner mentions alcohol to all patients/all those in a particular group

- We ask everyone who registers as a new patient some general lifestyle questions, and next on the list is alcohol. Would it be okay if I ask you about that?
- We find that people who are in your situation ... (homeless, carers, involved in offending, bereaved, traumatized, have family members who drink) can sometimes end up drinking more than they might want to. Is that something that you can relate to at all?
- We are taking part in a new programme/campaign, and we’re talking to everyone we see about their alcohol use. Would you mind if I ask you a few questions about this?
- We find that many of the people who visit the practice for ... (disease/condition) find their symptoms improve if they cut down on their alcohol consumption. So now we ask everyone here for ... (disease/condition) about that. Do you drink alcohol at all? Would you mind if I ask you a few questions?

Patient mentions alcohol

- It sounds as if you’ve been worrying about your drinking. Would you like to talk about that?
- You’ve mentioned that you’ve stopped drinking just now. Is there a particular reason for that?
- You mentioned that you were very drunk on Friday so are not clear how (an incident/injury) happened. Did you drink more than usual?
- Actually, I’ve got some information here about alcohol that I can give you to take away with you. Is drinking something that you’re concerned about just now?
- You mentioned that your wife has been telling you to cut back on your drinking. She obviously cares about you. What about you, do you think you should cut down?
Motivational Style of Brief Intervention

Listening skills as stated above are extremely important. A helpful way of remembering this is through another acronym - OARS:

**O**pen-ended questions - allow the patient / client to discuss issues from their own point of view

**A**ffirming - statements of appreciation and understanding providing positive reinforcement

**R**eflective listening - allowing the practitioner to check on his/her understanding and to invite the patient / client to expand on any issues

**S**ummaries - useful for combining key points - demonstrating active listening and leading toward clarification and future action
Minimum Intervention level - Information & Advice / Harm Reduction (Pre-Contemplator or Exit)

Offering information - how might the patient / client benefit from cutting down on alcohol consumption?

**Physical and Mental Wellbeing:** Improved sleep, improved memory function, reduction in anxiety and stress, more energy, fewer hangovers, lower risk of high blood pressure, losing weight, lower risk of liver disease

**Social and Financial:** Lower risk of accident/injury, less chance of being involved in anti-social behaviours, lower risk of drink-driving, better relationships, saving money, more time for other interests, improved work relationships/prospects

In some cases a patient / client may not be willing to discuss any behaviour change, however there may still be in some cases the option to provide as a minimum some harm reduction advice using an open question around any of the detail disclosed about their behaviours allowing options to ‘plant the seed’ around:

Indications of potential drink-driving, risk of aggression/violence, personal safety, safe sex, eating properly, accepting financial consequences of drinking, dealing with expectation of other drinkers, understanding habitual heavy drinking can lead to dependence
**Enhancing Motivation (Contemplator)**

Lack of motivation to change is often a result of ambivalence. In these cases where patient / client is ambivalent it is helpful to encourage a discussion around both sides of the argument, ultimately exploring their own point of view.

**Roll with resistance:** confrontation in this scenario is unlikely to meet with any change of behaviour

**Elicit change talk:** if there is any positive reaction, capitalise on this by examining negative aspects of current behaviour, if there is a negative reaction look at examining first the positives or perceived advantages of current drinking

**Weigh up the pros and cons of change:** the ‘motivational matrix’ can assist the practitioner in guiding elements of the conversation, e.g.

<table>
<thead>
<tr>
<th>Advantages of current drinking</th>
<th>Disadvantages of current drinking</th>
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</thead>
<tbody>
<tr>
<td>What do you enjoy about your drinking right now?</td>
<td>Is there anything not so good about your drinking at the moment?</td>
</tr>
<tr>
<td>What is important and what are the good things about it?</td>
<td>What are the disadvantages of your current drinking patterns?</td>
</tr>
<tr>
<td>How does this make you feel?</td>
<td>What impact does this have?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disadvantages of change</th>
<th>Benefits of change</th>
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<tr>
<td>What would be the worst thing about changing what/how you drink?</td>
<td>What would be the benefits of changing drinking habits?</td>
</tr>
<tr>
<td>What effect would this have?</td>
<td>What difference would this make to you?</td>
</tr>
<tr>
<td>Any other negative aspects?</td>
<td>What advantages might there be?</td>
</tr>
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</table>
Menu of Options *(Preparation)*

Changing behaviour and habits is not always easy and it can be more difficult if an individual focuses only on long-term ambitious goals, as it is hard to stay motivated when progress seems limited or a long way off.

Some individuals may not be sufficiently concerned about their drinking to be willing to make big changes, and sometimes they just need some reassurance that they can be healthier without having to stop drinking completely or fear the risk of losing their social life. Brief interventions are aimed at hazardous / harmful drinkers and in a number of cases the behaviour change required in order to bring personal drinking to within recommended guidelines may be fairly minimal.

At this stage, it is important to try and see if patient / client can suggest their own changes or steps to begin. Using the knowledge of unit calculation may be a good place to start

**Drink on fewer occasions**

- Work out why drinking and plan something else in its place
- Plan ahead each week and days to avoid alcohol
- Put aside the money saved from not drinking - for another activity or purchase etc

**On each occasion, drink fewer alcohol drinks**

- Pacing oneself, plan the evening and how many drinks
- Smaller sips, put glass/bottle down between sips
- Occupy time - participate in other activity whilst out
- Dilute drinks to last longer
• Avoid joining rounds, or alternatively skip rounds or take a non-alcoholic drink
• Substitute spacers for chasers
• Drink at the same pace as a slower drinking friend or companion
• At home - watch measures - and don’t always finish the bottle

Reduce the amount of alcohol in each drink
• Switch from higher alcohol content to lower
• Switch to smaller measures, Pints to bottles, Large glasses to small glasses
• Change drinks

Building Confidence (Action)

Self efficacy is an essential part of behaviour change. Occasionally this requires examining with the patient / client in order to see if there is any aspect of confidence that requires building up.

A useful conceptual tool is the ‘readiness ruler’. A copy of this is available in the practitioner pack and in some cases could be used with the patient / client as visual aid to the process of discussing confidence. Essentially it is allowing the patient / client the opportunity to assess or self-examine their level of confidence in such a way to elicit further discussion about the steps to change and determination or self-belief that it is indeed possible.

Q. “On a scale of 0 (not at all confident) to 10 (very confident indeed), how confident would you say you are now about your ability to change drinking behaviour?

Q. “Why here, and not (lower) (higher)?

healthier
SCOTLAND
Scottish Government
NHS
Health
Scotland
Q. “Where would you like to be?”

Q. “What would need to happen for you to get to a higher point?”

Such questions can also help the patient / client to decide how important it is for them to make the change they may be considering, which may in turn reinforce determination to change.

Useful strategies require looking at the patient / client's previous successes where they may have changed behaviour in some way. It is helpful to break down in to steps the changes perhaps already made and clarify further small steps towards goals. Role models of others changing behaviour may be useful to examine. Support is an essential element - identifying appropriate support within the patient / client’s life may help sustain any attempt at behaviour change.

Coping Strategies (Maintenance)

Any return to one's prior or original drinking behaviour or pattern, however briefly (slip or lapse) is common. Few individuals achieve permanent behaviour change at the first attempt. A full return (relapse) to old drinking patterns can be triggered by particularly stressful events or circumstances, or indeed by not seeing a slip / lapse situation for what it is - a possible learning opportunity.

The key to avoiding relapse is to carefully identify all of the potential triggers and high-risk situations pertinent to the patient / client, and to develop the appropriate coping strategies and support networks required.

Coping strategies may include:

- Assertiveness skills
- Stress management
Changes to personal routine or circumstance

Coping Strategies - Actions:

- Look ahead and identify potential high-risk situations
- Pinpoint where and when the pressure is likely to be at its strongest
- Describe any factors likely to influence decision making (mood, people, environment)
- Being alert - the earlier the detection of high risk situations or factors - the better the chance to deal with them effectively
- Acknowledge the role emotions play such as disappointment, anger or frustration
- Devise strategies to cope with situations or avoid them in first instance
- Look specifically at strategies for distraction or prevention
- If a strategy fails for any reason - re-assess what didn’t work and what additional factors require to be accounted for in future
- Be realistic at all times when developing plans or strategies