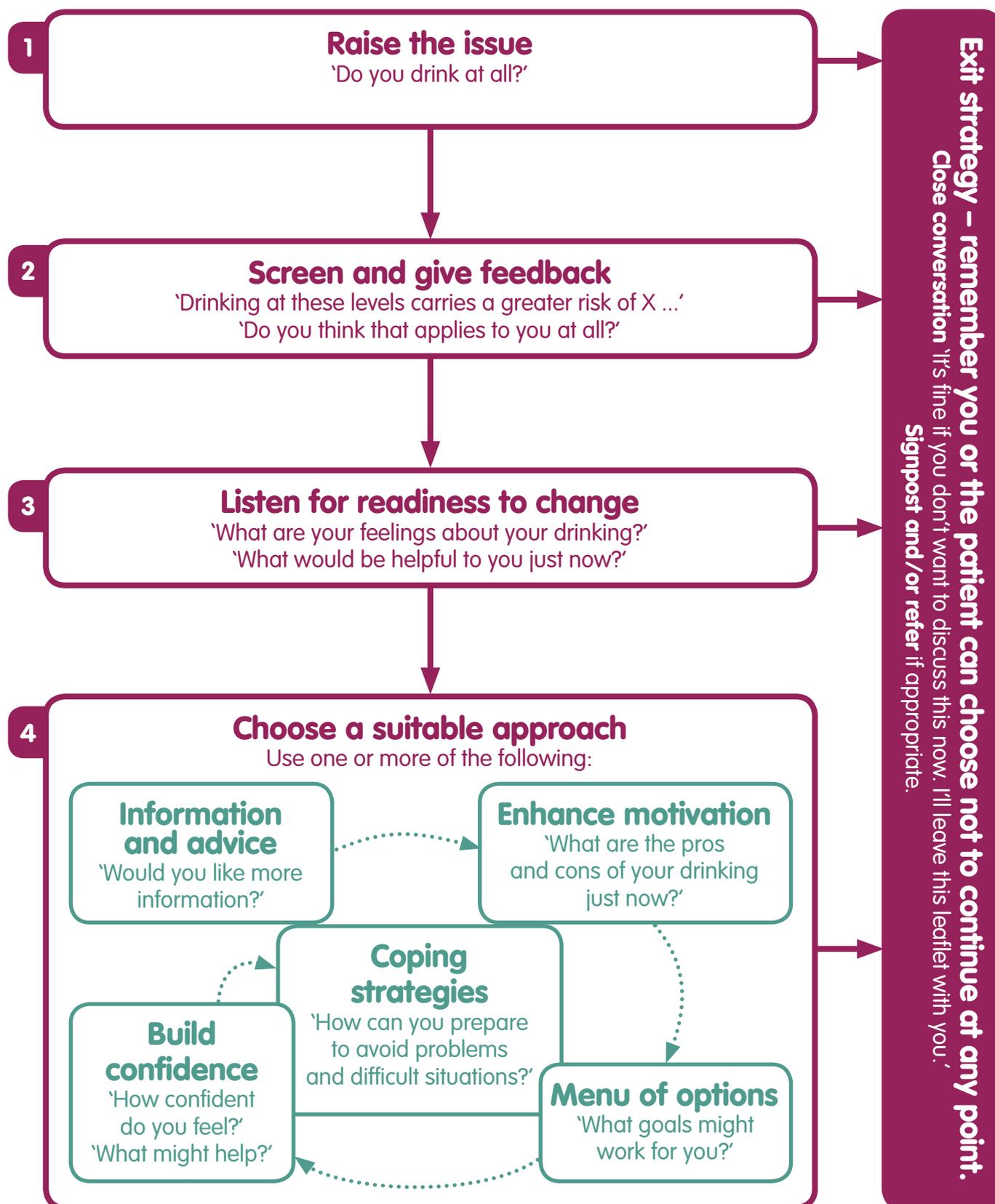


Stages of an alcohol brief intervention

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Throughout the brief intervention remember to:

- maintain rapport and empathy
- emphasise the patient's personal responsibility for their decisions.



Practitioner guidance notes

Stages of an alcohol brief intervention

The diagram overleaf describes the stages of an alcohol brief intervention (ABI) which are described in more detail below. These are based on recommendations made in the SIGN Guideline 74¹ which highlight the use of motivational interviewing approaches and FRAMES² for the delivery of an effective alcohol brief intervention.

What is an alcohol brief intervention?

'A short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.'

The following key elements should be established at the start of the conversation and maintained throughout the brief intervention:

- **Maintain rapport and empathy** – that is, listening reflectively (using open questions where appropriate, and positively reflecting back to the patient) without trying to persuade.
- **Emphasise the patient's personal responsibility for their decisions about drinking** – not letting them say 'I have to do this' or 'The doctor says I have to.' You can say 'It's up to you to decide what you want to do.'

- 1 Raise the issue** – you may raise the issue with all patients you see, or as part of a planned consultation; the patient may raise the issue; or it could be in response to their presenting condition. You should seek permission from the patient to discuss their drinking further.
- 2 Screen and give feedback** – give factual information on the potential effects their level of drinking may have on their health and wellbeing (this may include providing harm reduction messages) and ask how the patient feels about this. Ask if they would like to discuss this further.
- 3 Listen for readiness to change** – use open questions, reflect and summarise the discussion and, from the patient's response to the information provided, choose a suitable approach.
- 4 Choose a suitable approach** – if the patient has not thought about change at all, start with 'Information and advice'. If the patient is already trying to change, use one or more of the subsequent approaches:
 - **Information and advice** – on the effects of alcohol on health and wellbeing and the benefits of cutting down or abstinence.
 - **Enhance motivation** – build the patient's motivation to change by helping them to weigh up the pros and cons of their drinking.
 - **Menu of options** – for changing drinking behaviour. Ask the patient if they can suggest ways to change their drinking pattern (e.g. lower-strength drinks, having drink-free days, taking up other activities). Be ready to offer ideas if the patient agrees.
 - **Build confidence** – using an interviewing style that enhances the patient's belief in their ability to change (their self-efficacy). For example, identifying their previous successes, role models they can learn from and other people who can support them.
 - **Coping strategies** – help the patient to identify times when they might find it more difficult to stick to their plans to cut down and to come up with strategies for coping with these situations.

Exit strategy – at any point during the intervention, you or the patient may decide not to continue. If so, ensure the conversation is closed sensitively and, if appropriate, signpost or refer the patient to further information or services.

¹ SIGN Guideline 74 The Management of harmful drinking and alcohol dependence in primary care, A National Clinical Guidance. 2003. www.sign.ac.uk/guidelines/fulltext/74/index.html

² FRAMES - stands for Feedback, Responsibility, Advice, Menu (of options), Empathic interviewing, Self-efficacy.