

SIPS

Alcohol Screening & Brief Intervention Trailblazers

**Screening and Intervention Programme for Sensible
Drinking**

**Intervention and Brief Advice
Training and Tools**

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Intervention and Brief Advice Training and Tools

Background Information

The SIPS study compares three brief intervention conditions: a Control condition involving a patient information leaflet (PIL); a Brief Advice (BA) condition where staff are trained to provide five minutes of simple structured brief advice plus the PIL; and a Brief Lifestyle Counselling (BLC) condition where staff are trained to provide Brief advice and the PIL (as in the BA condition) and to refer the patients to an Alcohol Health Worker (part of the SIPS team) who will carry out 20 minutes of BLC in a separate session at the study site. Note that in the primary care trial this latter 20-minute BLC session is being carried out by trained general practice staff.

1. Patient Information Leaflet (PIL)

The tool used in SIPS as the Patient Information Leaflet (PIL) is the Department of Health (2008) "How much is too much?" booklet, this being the standard official public information available at the time of beginning the SIPS programme.

It is being used in SIPS without modification except we have added an adhesive label on the final page with contact information of local alcohol treatment agencies relevant to the participating setting with the permission of local agencies. In the CJS setting, it is referred to as the Client Information Leaflet, but the same booklet is used in all three settings in SIPS.

Clinical staff are trained to deliver the PIL with a standard script explaining the nature and purpose of the tool and the reason for providing it. This is to standardise the way in which the tool is delivered and to avoid extending the intervention to resemble a session of brief advice.

As one aim of SIPS is to evaluate the relative benefits of the PIL versus brief advice and brief lifestyle counselling it is important that the interventions are delivered as per the protocol.

The standard script used by clinicians delivering the PIL in the control condition is as follows:

"Thank you for taking part in this project. Your screening test result shows that you're drinking alcohol above safe levels, which may be harmful to you. This leaflet describes the recommended levels for sensible drinking and the consequences for excessive drinking. Take time to read the leaflet. There are contact details on the back [Indicate where these are] should you need further help or advice."

When the PIL is issued at the end of Brief Advice as in the Brief Advice Condition the standard script is as follows:

"This leaflet describes what we have just discussed in more detail. Take this away with you and please take the time to read it. There are contact details on the back should you need further help/advice".

2. Brief Advice Training

a. Brief Advice Tool

The SIPS Brief Advice tool “Brief advice about alcohol risk” has been developed for the purpose of the SIPS programme. It is based on the “How much is too much? Simple Structured Advice intervention tool, developed as part of the UK version of the Drink-Less BI programme (McAvoy et al 1997) from a prototype used as part of a World Health Organisation collaborative study on alcohol screening and brief intervention (Centre for Drug & Alcohol Studies, 1993).

Aims

The brief advice tool is designed to provide practitioners in various settings (primary care, accident and emergency departments, and probation services) with a prompt on which to structure and deliver brief advice to hazardous and harmful drinkers.

How it has been developed

The content of the brief advice about alcohol risk is closely related to the earlier “How much is too much?” tool. Modifications include:

- 1) Additional drink icons to indicate the alcohol content of typical drinks in terms of standard drinks (standard drink = one unit or 8g of pure alcohol).
- 2) It does not contain AUDIT questionnaire scores as AUDIT is not being used as a screening tool in the SIPS trial.
- 3) The terms sensible drinking, hazardous drinking, and harmful drinking have been replaced to reflect the updated Department of Health terminology of low risk, increased risk and high risk respectively.
- 4) The graphic also reflects risk categories rather than alcohol disorders. Otherwise the tool is identical to earlier versions.

How is it used in SIPS?

Practitioners participating in the study in each of the settings (primary care, accident and emergency and probation) receive a 1 hour training session on delivering the Brief Advice using the tool (see below), delivered by one of the SIPS Alcohol Health Workers (AHW). Participating staff are trained to deliver five minutes of advice according to the standard protocol, using the Brief advice tool as a prompt. The practitioner is trained to use the tool as a visual guide for patients/clients, and will point to the risk table to emphasise how their alcohol consumption is related to their level of risk, and what the common effects of drinking at these levels are. At the end of the session the practitioner delivers the Patient Information Leaflet as described above. The practitioner also provides the patient/client with the Brief advice tool to take away and read at their leisure

b. Brief Advice (BA) Training Session

This is a one hour training session delivered to participating staff (in primary health care, accident and emergency or probation) by an SIPS Alcohol Health Worker as part of the SIPS programme.

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Aims

To provide practitioners with training necessary to effectively deliver brief advice to patients in the particular clinical setting in which they work. The role play element of the session provides practitioners with an opportunity to observe a brief advice session delivered by an experienced Alcohol Health Worker followed by the opportunity to practice delivery of brief advice in role play observed by the AHW.

How it has been developed

The training was developed by the SIPS team to be delivered by an Alcohol Health Worker. The Alcohol Health Workers in the SIPS team are experienced practitioners in the field of alcohol treatment. They contributed to the development of the training package and have been fully trained to deliver the training to practitioners. As there are 9 Alcohol Health Workers working in the SIPS team across multiple sites and settings we have developed a standard training package, based on a PowerPoint presentation with notes to standardise delivery. The training sessions are adapted for use in the different clinical settings and experimental conditions in which BA is being delivered. The session is designed to be interactive to engage the audience.

How is it used in SIPS

The session is presented to small groups of clinicians who are encouraged to interact with the trainer, ask questions and comment on the content. This is followed by an interactive role play session in which the AHW demonstrates the intervention, and then each practitioner has an opportunity to practice with a co-worker, observed by the trainer who provides feedback and encouragement. Training sessions are delivered to groups of 1-10 practitioners with 3-4 being the typical group size. However, some A&E departments require larger groups due to the higher number of participating staff, especially in larger hospitals with busy AEDs.

3. Brief Lifestyle Counselling (BLC) Training

a. Brief Lifestyle Counselling (BLC) Tool

The SIPS Brief Lifestyle Counselling (BLC) Tool has been developed for the purpose of the SIPS programme. It is based on the "How much is too much?" Extended Brief Intervention tool developed as part of the UK version of the Drink-Less BI programme (McAvoy et al 1997) from a prototype used as part of a World Health Organisation collaborative study on alcohol screening and brief intervention (Centre for Drug & Alcohol Studies, 1993).

Aims

The BLC tool is designed to provide practitioners in various settings (primary care, accident and emergency, and probation services) with a prompt on which to structure and deliver 20 min of BLC to hazardous and harmful drinkers.

How has it been developed

The content of the SIPS BLC tool is closely related to the "How much is too much? Extended Brief Intervention" tool. It has been modified in line with the principles of Rollnick et al.'s (2004) Health Behaviour Change manual.

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Modifications include:

1. emphasis on the typical drinking day as a means of opening a dialogue with clients about drinking.
2. an information exchange section to elicit patient concerns and provide information about alcohol risk.
3. a small amount of rephrasing of questions about importance and confidence designed to elicit self motivational statements.

Otherwise the tool is as per the earlier version.

Content

Introduction - confidentiality is discussed, introduction to the aims of the session and introduction of the patient and practitioner. The patient was asked to tell the practitioner 'what had led to him/her coming today'. This is an invitation to the patient to tell the practitioner about his/her own perception of the events that led to the appointment with the Alcohol Health Worker.

Typical Day – This stage is concerned with gaining clarity as to the patient's alcohol consumption and to begin to receive cues as to how this impacts upon the patient and how they view their own alcohol use.

Information Exchange – the patient is asked if they have any questions or concerns with regard to their alcohol use and for the practitioner to summarise and feedback what has been revealed so far. This will include a summary of the amount the patient has been drinking and how this compares with different levels of alcohol risk.

Importance & Confidence – within this stage the patient is asked to consider how much importance they attribute to reducing their alcohol intake and the level of confidence they have in achieving this. This discussion allows for the introduction of obstacles to be overcome to achieve change, which frequently links to the 'pros and cons' of change.

Pros & Cons – Patients are asked to consider some of the 'not so good things' that may come from reducing his alcohol use, followed by the 'good things' that are likely to come from reducing his drinking. The wording of this question is deliberate in that the practitioner begins with the negatives of change, in order to conclude with the positives of change. Many of these messages have already been received by the practitioner by this stage therefore it was important to summarise and reflect what the patient has said thus far.

Strategies – Patients are then asked to think of ways that they may begin to make changes in relation to drinking, how to prepare for difficulties and identifying sources of support.

The session is then summarised by the practitioner to provide conclusion and clarity.

How is it used in SIPS?

Practitioners participating in the study in each of the settings (GPs and practice nurses in primary care, and Alcohol Health Workers (AHWs) in other settings) are trained to deliver BLC following the format of the BLC tool. The intervention is designed to be 20 minutes in duration with the aim of covering all areas of the BLC tool. However, with some clients who are particularly

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precontemplative the emphasis is more on building a rapport, developing discrepancy and eliciting self motivational statements rather than insisting on working through the whole tool as this may be unrealistic. The tool needs to be used by practitioners who have been through the training programme described below, as it involves an understanding of motivational interviewing techniques and health behaviour change counselling. In other words it is not a simple script that an untrained practitioner can use without sufficient training.

Following screening and consent the practitioner delivers 20 minutes of BLC according to the standard protocol, using the BLC tool as a prompt. The practitioner will use the tool as a visual guide for clients. Depending on the progress of the intervention, the practitioner may assist the patient in completing the plans outlined in the tool for reducing their drinking during the sessions, otherwise the patient will be encouraged to make the plans in their own time. All patients/clients who are referred for BLC will have already received a session of Brief Advice (BA Tool) along with the Patient Information Leaflet (How much is too much?).

b. Brief Lifestyle Counselling Training

This comprises a 1-2 hour training session, followed by tape recorded practice with actors, feedback and clinical supervision delivered by an experienced alcohol practitioner as part of the SIPS project team. The SIPS Alcohol Health Workers (AHWs) were trained by clinicians experienced in delivery of motivational interviewing and brief lifestyle counselling. The AHWs deliver BLC for accident and emergency and probation referred patients/clients. The AHWs train staff in primary care to deliver BLC in their setting.

Aims

To provide practitioners with the training necessary to effectively deliver BLC in the particular clinical session in which they work. The role play and actor practice sessions provide practitioners with an opportunity to observe a BLC session delivered by an experienced AHW and to practice delivery of BLC until an appropriate level of competence is achieved.

How it has been developed

The training is based on the work of Rollnick et al. (2004) and experience from an earlier trial of alcohol screening and stepped care intervention in primary care (STEPWICE; Drummond et al., 2003). There is a strong emphasis on experiential learning in order to properly understand and utilize the counselling techniques required. This is supplemented by an introductory classroom session for practitioners to explain the purpose, principles and practice of BLC. An interactive PowerPoint presentation has been developed for this purpose (BLC Presentation). The presentation was developed by experienced alcohol clinicians. As the training is being delivered by different AHWs across multiple sites, a standard presentation with scripts has been developed to standardise training.

How it is used in SIPS

A standard interactive Powerpoint presentation is used to deliver the training with some introduction/orientation interaction. This is followed by an interactive role play session in which a demonstration video is shown, followed by a real life demonstration role play by an AHW and some practice role plays (time permitting), with some post-training discussion to enable the session to come to a comfortable end. The session is presented to small groups of clinicians,

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usually in groups of about 3-4, who are encouraged to interact with the trainer and ask questions and comment on the content. During the demonstration video and role plays, practitioners, guided by the AHW, are encouraged to consider and comment on the techniques being used.

After trainees have received the interactive training package for BLC, the SIPS programme employs the use of actors to complement the classroom training and supervision. This is closely based on the experience of training primary care nurses in the STEPWICE project (see above). The use of actors has been pivotal in successfully training the Alcohol Health Workers as well as the PHC staff randomly allocated to deliver the BLC in their setting. Several credible, real life scenarios have been developed by the SIPS team, covering various types of hazardous and harmful drinkers across different age groups, ethnicity and gender for the actors to use in their sessions. All the actors are trained and experienced in improvisational acting and they are encouraged to draw on personal life experience to bring into the session.

An appointment is made for the actor and practitioner to meet for a 20 min session. In practice this is organised so that each actor will meet with several practitioners in the same practice in one morning or afternoon. The practitioners are aware that they are meeting an actor and that the session is being tape recorded. In practice many of the practitioners in primary care have undergone this type of training in the past to deliver counselling of various types, and so it was relatively straightforward to recruit practitioners to undertake the training. Indeed some practices fully expected this to be part of their training in order to deliver the intervention competently. Before each session the actor is given a script which is age, gender and ethnicity appropriate to the actor. The practitioner is not informed of the script to which the actor is working.

All sessions are tape recorded on MP3 recorders and are then rated by two experience clinicians using the BECCI rating scale detailed below (section 4.2). Individual written and oral feedback is then provided to the practitioners on areas requiring attention and a further session with the actor then booked if required. The practitioner then conducts further sessions until the required level of competence is achieved, based on the rating scale. Overall, it has taken an average of four sessions with the actors for the Alcohol Health Workers to achieve the level of competence required.

Finally, after the training package is completed and the practitioners have reached the required level of competency to deliver BLC, AHWs then provide weekly supervision for practitioners delivering BLC in the clinical setting to provide feedback on intervention sessions, troubleshoot problems, build confidence, and provide support and further training. AHWs responsible for delivering interventions in the study sites also receive this level of supervision from experienced alcohol clinicians.

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