Clarifying brief interventions

Discussion from the symposium *'Brief Interventions: Commissioning and delivery issues'*

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Presentations and discussion at the symposium *'Brief interventions: commissioning and delivery issues'* addressed learning relating to delivering brief intervention approaches and related practice. The key discussion topics are highlighted in this paper which aims to clarify understanding and interpretations of brief intervention approaches.

Summary

There has been much discussion on implementing brief interventions in health care and other settings, such as probation, housing services or the workplace. Following 'identification' via the use of a validated screening tool such as the Alcohol Use Disorder Identification Test (AUDIT), a number of actions can follow:

1. Congratulate those drinking at lower-risk levels and encourage them to keep to this level of alcohol consumption
2. Deliver 'simple brief advice' to those drinking above lower-risk levels
3. Encourage referral to a specialist treatment service for those showing signs of dependence and/or in need of more in-depth treatment.

This is recognised as the delivery of Identification and Brief Advice (IBA).

Short training to support the delivery of Identification and Brief Advice as actions 1-3 should be prioritised amongst tier 1 (non-specialist) professionals.

However, identification can also be followed by the delivery of further actions where a professional has the necessary skills and both the client and practitioner are willing:

4. Deliver 'extended' brief interventions i.e. 'brief motivational interviewing' where appropriate, to those drinking above lower-risk levels
5. Engage in 'brief treatment' those who are concerned about their drinking and willing to attend several sessions to explore possible changes to their drinking.

IBA - 'simple brief advice'

IBA commonly refers to the delivery of 'simple brief advice' following identification, which is supported by an extensive literature. It is noteworthy that:

- 'Simple brief advice' entails structured advice lasting 5-10 minutes, commonly delivered by non-alcohol specialists (i.e. as a tier 1 intervention)
- 'Simple brief advice' is known to be effective for increasing and higher-risk drinkers, but not dependent drinkers
- Generic (tier 1) practitioners should be offered short training or make use of available e-learning modules to deliver 'simple brief advice', which should include the provision of self-help literature and information on further support
- Routine, opportunistic 'simple brief advice' in general settings is essentially a public health approach that will bring benefits at population level over time, as well as individual benefits
- 'Simple brief advice' is not treatment. If it is falsely perceived to be treatment or counselling it can deter risky drinkers from accepting 'simple brief advice'
- Commissioners must ensure that 'simple brief advice' is not presented as a treatment approach, but ensure it takes place within the context of integrated alcohol care pathways

IBA training

Non-specialists require training in order to effectively deliver Identification and Brief Advice. In most cases, training to deliver 'simple brief advice' should be prioritised based on the following key points:

- 'Simple brief advice' can be effectively taught to non-specialists within in a relatively short time-frame, often within a few hours of training
- Non-specialists will be likely to benefit from face-to-face training which allows them to practice the skills and methods for delivering Identification and Brief Advice
- An IBA e-learning course is available at www.alcohollearningcentre.org.uk which identifies the key skills and tools necessary to deliver 'simple brief advice'
- More advanced skills and training approaches are required to deliver 'brief motivational interviewing' and 'brief treatment' approaches as explored below

‘Extended’ brief interventions or ‘brief motivational interviewing’

There is a wide variation in the interpretation and use of what is commonly referred to as ‘extended’ brief interventions, referred to in ‘*Models of Care for Alcohol Misusers’* as a Tier 2 intervention. There is still some discussion over the terminology and distinctions between ‘simple brief advice’, ‘brief motivational interviewing’ and ‘brief treatment’. The key issues here are that:

- ‘Extended’ brief interventions are essentially ‘brief motivational interviewing’ approaches, sometimes referred to as ‘brief lifestyle counselling’
- In common with ‘simple brief advice’, ‘brief motivational interviewing’ is usually delivered in one session, but unlike ‘simple brief advice’, extended to 20-30 minutes to allow for interaction and motivational enhancement
- Technically, anything beyond ‘simple brief advice’ usually involves motivational interviewing or cognitive behavioural therapy techniques. This has significant implications for who should deliver alcohol interventions and in which settings
- Generic practitioners may not typically be trained to deliver motivational interviewing as part of their routine professional learning and development. Practitioners should only deliver ‘brief motivational interviewing’ where they have received the appropriate training
- There is no clear evidence base at present to suggest ‘brief motivational interviewing’ is more effective than ‘simple brief advice’. However it should be noted there is no firm evidence to show they do not confer added benefit either
- It has however been highlighted that ‘brief motivational interviewing’ may be useful for those who have not responded to ‘simple brief advice’ and/or are ambivalent about change and/or may be seeking further help
- ‘Brief motivational interviewing’ may involve one or more follow up sessions where both the client and practitioner support this

Brief treatment

Where interventions are delivered over a number of sessions, are appointment-based and delivered by alcohol specialists, it is essentially ‘brief treatment’ (a tier 3 activity). These treatments are described in detail in chapters 8 and 9 of the *‘Review of the effectiveness of treatment for alcohol problems’* (NTA 2006). These approaches are aimed at mild to moderately dependent individuals who are help-seeking, but may also be offered to higher-risk drinkers who are willing to engage in treatment.

Data collection

'Read codes' are available to record IBA delivered in primary care practices. However, there has been no national data collection system for recording the number of brief interventions delivered in England outside of primary care.

As of April 2009, the National Alcohol Treatment Monitoring System (NATMS) added 'brief interventions' as a service modality code for providers to record their activity. This can be used to record IBA and 'brief motivational interviewing' delivered by specialist alcohol service providers. Brief treatments should be recorded on the NATMS as 'Structured Psychosocial Interventions'.

Conclusions

There has been some degree of confusion over the important distinctions between 'simple brief advice', 'extended' brief interventions and 'brief treatment' - this may be partly because 'brief interventions' can be used to describe a range of activities including 'extended' brief interventions.

The Department of Health promotes 'IBA' (Identification and Brief Advice) as the most self-explanatory way to describe 'simple brief advice'. 'Extended' brief interventions, which may be more accurately referred to as 'brief motivational interviewing', can be substituted for 'simple brief advice' where the professional has been suitably trained (i.e. skills beyond delivering 'simple brief advice'). This will also be dependent on the willingness of the client and the availability of sufficient time.

Describing 'extended' brief interventions as 'brief motivational interviewing' is recommended in order to clarify their purpose and the principles and skills required for their delivery. These interventions should ideally be offered by suitably trained non-specialists in general settings. Forthcoming documents from both NICE and SIPS may offer further clarity on these issues. The attached table has been developed to outline some of the key distinctions and discussion points.

For further IBA information or resources visit www.alcohollearningcentre.org or contact james@alcoholacademy.net. Presentations from the brief interventions symposium and survey findings can be found here or at www.alcoholacademy.net.

This briefing paper was produced by the AERC Alcohol Academy, a social enterprise which aims to promote excellence in the delivery of alcohol harm reduction. The paper was developed with significant input from Professor Nick Heather and Don Lavoie from the Department of Health's Alcohol Policy Team.

	IBA – 'simple brief advice'	'Extended brief interventions' i.e. 'brief motivational interviewing'	Brief treatment
Key components	Structured brief advice not lasting more than 5-10 minutes	20-30 minutes with Motivational Interviewing (MI) skills applied	Typically 50 minute sessions applying a range of approaches most commonly Motivational Interviewing and Cognitive Behavioural Therapy
Typical AUDIT score	8 +	16-19 (but suitable for 8+ scores)	20+
Typical aim	Lower risk drinking	Lower risk drinking	Moderation to lower risk or abstinence
Key training requirements	Simple skills to understand the delivery of screening, simple structured brief advice and referral	Training required for delivery of Motivational Interviewing approaches	Advanced/intensive training to accredited standard essential
Typical number of sessions	One session	One session, with follow-up sessions if supported by practitioner and client	1-5
Typical tier for delivery (see Models of Care for Alcohol Misusers)	Tier 1: 'simple brief advice' delivered by non-specialists in a range of settings accessed by the general population. E.g. Primary health care settings	Tiers 1&2: Tiers 1 & 2 according to MoCAM but not 'care planned' as would be a Tier 3 'brief treatment'. Delivery skills/approach may also impact whether an 'Extended Brief Intervention' would constitute a T2 or T3 intervention	Tier 3: Structured treatment approaches, including shorter sessions, must be delivered by specialist practitioners in a care planned way
Benefits	Effective in reducing hazardous/harmful drinking to lower risk levels	Not proven to confer added benefits to 'simple brief advice' but may do so. May be most useful for those who have not responded to 'simple brief advice' and are ambivalent about change or require further help	Effective in supporting higher-risk/dependent drinkers achieve goals of abstinence, moderation or harm reduction

	IBA – 'simple brief advice'	'Extended brief interventions' i.e. 'brief motivational interviewing'	Brief treatment
Discussion	Some concerns have been raised that IBA/brief interventions are not always distinguished from 'extended brief interventions' or counselling approaches. Therefore those delivering IBAs may be delivering longer interventions where not necessary or without the appropriate skills. The implementation or commissioning of IBA within wider treatment pathways also needs consideration, for instance how increased demand on specialist treatment may be met or whether pathways are suitably integrated.	Is 'extended brief intervention' useful as a term or even correct given skills required are closer to delivering treatment/MI approaches? 'Brief motivational interviewing' or 'lifestyle counselling' may be more accurate. However; both 'counselling' and 'treatment' are terms that may put people off accepting help or support. Use of the term 'brief' has also been identified in a range of different interventions possibly contributing to a lack of clarity between different approaches. 'Brief motivational interviewing' has since been suggested by experts in the field* as the most accurate description	Extensive discussion about effectiveness of different treatment approaches, but not largely relevant to outlined discussion See 'Review of the effectiveness of the treatment of alcohol problems' for further information
Case study example (theoretical)	'Sacha' often drinks in the evenings when at home, typically 2 large glasses of wine. On weekends she regularly goes out where she will drink more which she sees as a normal way to enjoy herself. Sacha visits her GP because she has had trouble sleeping and feels low on energy. Her GP asks her about lifestyle factors including alcohol use, and with permission asks further questions about alcohol using the AUDIT screening tool. Sacha's answers give her an AUDIT score of 10 (drinking at 'increasing risk'), prompting her GP to engage her in 'simple brief advice' lasting 5 minutes	'Daniel' is on a supervision order with his probation service following conviction of an offence not thought to be related to alcohol use. His Offender Manager has been trained to deliver IBA and Motivational Interviewing. During a supervision session, Daniel agrees to answer an AUDIT and scores 18 ('higher risk drinking'). Daniel's Offender Manager follows this up with 'simple brief advice' but Daniel seems ambivalent to change, though not resistant. His Offender Manager spends 20 minutes delivering *brief motivational interviewing* (brief lifestyle counselling). He is given information on other services and is offered to explore this further in their next supervision session if he wishes	'Dennis' was seen by the alcohol worker at his local health centre following referral from his GP. He scored 21 (possible dependence) on AUDIT. He was very ambivalent about what he wanted to do about his alcohol use. He agreed to attend 5 sessions with the alcohol worker over the next several weeks to monitor his use of alcohol and explore what relationship he wants with alcohol in the future.

* Professor Nick Heather and Professor Steve Rollnick