WHO training on alcohol brief interventions in primary care

World Health Organization
REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé
BUREAU RÉGIONAL DE L' Europe

Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa

Всемирная организация здравоохранения
Европейское региональное бюро

ACTIVITY 1. INTRODUCTION, COURSE OVERVIEW, GROUP AGREEMENT

20 minutes

Trainer introductions

- [Insert your name]
- [Insert your professional background]
- [Describe your experience in screening and brief interventions]
- [Include information about completing a pre-training evaluation form, if applicable]

Participant introductions and expectations

Please introduce yourself to the group and tell us:

- your name
- your job title and role
- what you hope to gain from this course

Aim and topics

Aim

To build on practitioners' existing skills so that they can competently, confidently and appropriately raise and respond to alcohol issues with their patients through screening and BIs.

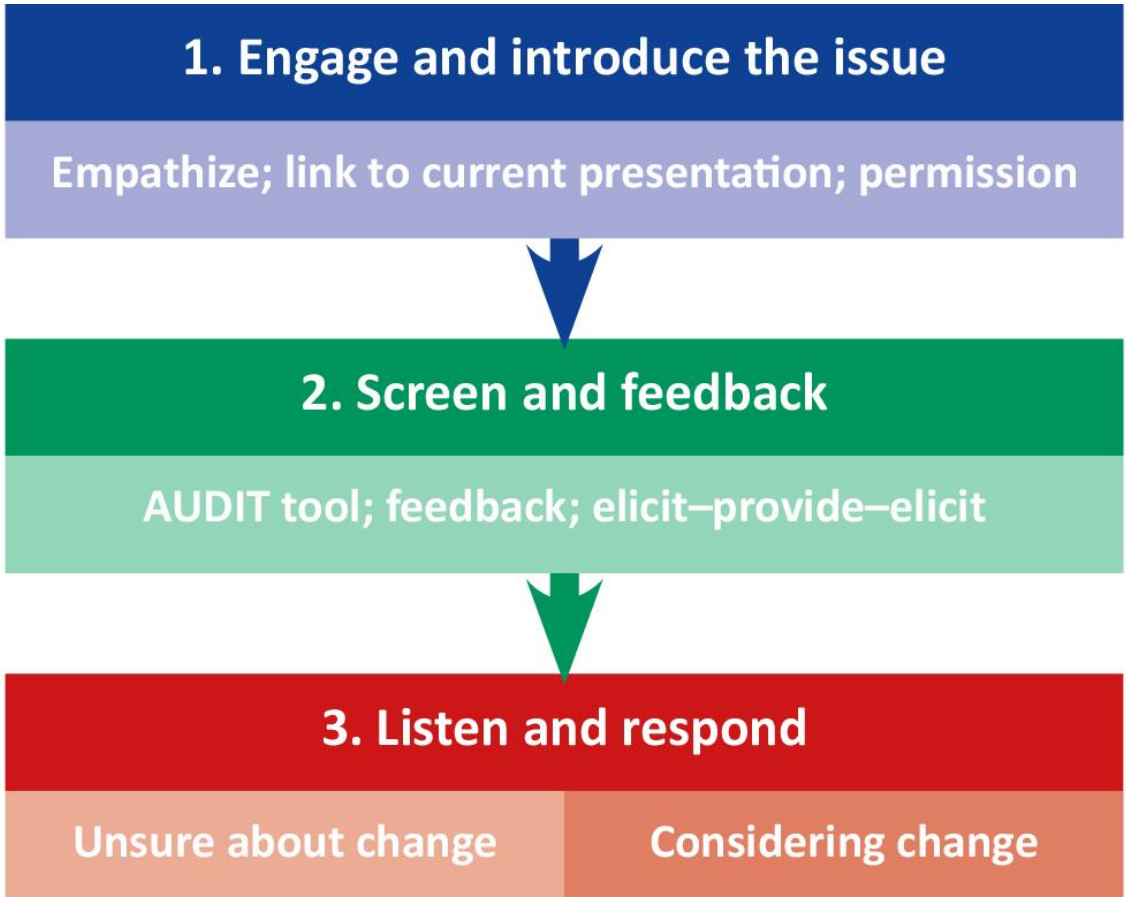
Topics

1. Attitudes
2. Harms
3. Standard drinks
4. BI stages
5. Challenges and opportunities
6. Raising the issue
7. Screening and feedback
8. Support services
9. BI core skills
10. BI practice

What is a BI?

- BIs are short, **empathic and structured conversations** with patients that seek, in a **nonconfrontational way**, to motivate and support them to think about and/or plan a change in their drinking behaviour.
- On this course you will learn about three main aspects:
  1. engaging patients and starting a conversation;
  2. screening and feedback; and
  3. listening and then evoking and/or planning a change in behaviour.

Simple overview of stages of a BI



Group agreement

On this course, you will learn by participating, experiencing, discussing, and trying out. Can we agree on the following:

- to respect each other, even when we disagree;
- to listen to what other people say, without interrupting them;
- to be on time (we have a lot to cover);
- to participate actively and constructively – be open, honest;
- to ask questions as needed;
- to respect confidentiality; and
- to have fun (it's not really hard work, is it?).

ACTIVITY 2. ATTITUDES TO ALCOHOL

40 minutes

When the activity starts, you will:

- work together in small groups;
- read the attitude statements on Handout 2.1 and discuss whether you agree, disagree or are not sure about them;
- agree on **one** set of answers from each group;
- have a discussion – the point of the exercise is **discussion**, so do not go too fast; it is okay if you do not discuss all the points;
- be told when there are five minutes to go – you should choose one or two statements that caused the most discussion and be ready to feed back the reasons.

Key points

- Our attitudes to alcohol, alcohol risks and different levels of consumption or different drinkers affect how and when we deliver BIs.
- BIs can help individuals to make informed choices about their drinking but are not a substitute for population-based policies (price, availability, marketing).
- Empathy with patients who drink alcohol is a central tenet of the successful delivery of BIs.

ACTIVITY 3. ALCOHOL IMPACT, CONSUMPTION AND HARMS

40 minutes

Alcohol harms (see Handout 3.1)

- Alcohol impacts people and societies in many ways through ill health, violence, injuries, social harms and inequalities both to drinkers and those around them.
- Worldwide, 3.3 million deaths every year result from harmful use of alcohol, representing 5.9% of all deaths.
- Harmful alcohol use is a causal factor in 200+ disease and injury conditions.
- Overall 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).

Alcohol harms (see Handout 3.1)

- Alcohol consumption causes death and disability relatively early in life – 25% of deaths in the group aged 20–39 years;
- Alcohol is a causal factor for the development of a range of mental and behavioural disorders and other noncommunicable conditions;
- A causal relationship has also been identified between harmful drinking and the incidence of infectious diseases such as tuberculosis and HIV/AIDS and harmful use of alcohol also affects the course of HIV/AIDS;
- Harmful use of alcohol contributes significant social and economic losses and costs to individuals and society at large.

Handout 3.2. Quiz

- Again working in your small groups – complete **one** quiz per group.
- You are not expected to know the answers – please have a think about what you would guess if you don't know.
- Don't use smartphones/Google/apps, etc.
- Be prepared to explain your answers or thinking (but it's also okay to say you just guessed).
- An answer sheet will be provided afterwards.

Key points

- Even relatively low levels of regular alcohol consumption increase the risk of a range of diseases, especially cancers. Higher levels of consumption, even on single occasions, raise the risks of injuries and accidents.
- Any reduction in alcohol consumption will lower the risk for people whose drinking places them at risk. BIs can motivate people to cut down by giving them a more informed choice.
- While BIs have mainly been aimed at hazardous and harmful drinkers, the same motivational techniques can be used to encourage dependent drinkers to seek help.

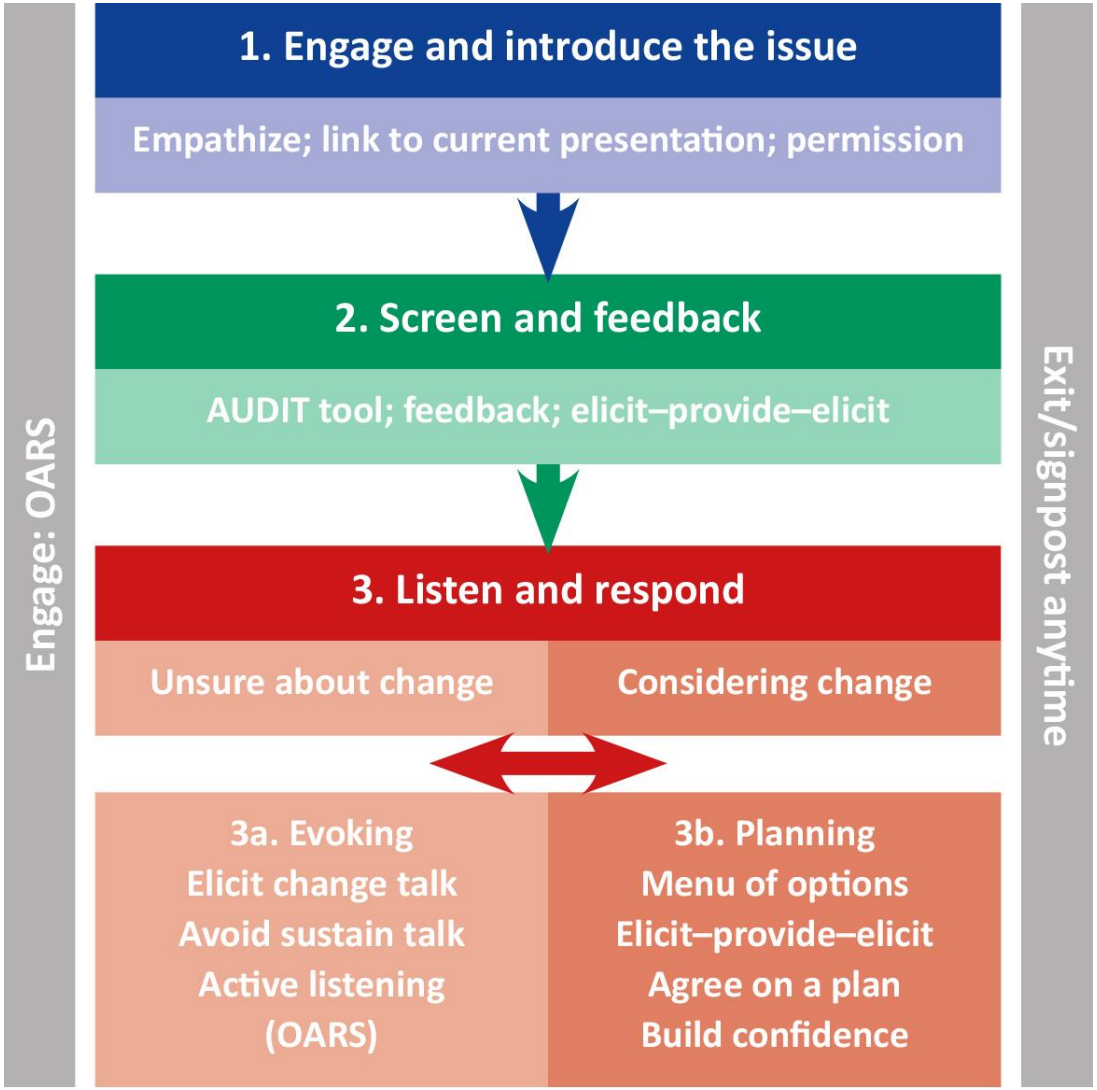
ACTIVITY 4. BI GOALS, SKILLS AND PRACTICE CHANGE

40 minutes

Empathy, respect, collaboration

- Aim for conversations that feel like **dancing, not wrestling** – collaboration not confrontation
  - **O**pen-ended questions
  - **A**ffirmations
  - **R**eflections
  - **S**ummaries
- Emphasize **personal responsibility**
- **Outcomes**
  - Patients think about changing their drinking **or**
  - Patients plan to change their drinking **or**
  - Patients successfully reduce or stop their drinking

From Handout 4.1 (pre-course reading) Stages of a BI (in detail)



Activity

- What challenges and opportunities might you **or** primary care practitioners perceive about delivering BIs on alcohol?
  - **Challenges:** any barrier, concern or difficulty
  - **Opportunities:** any benefit, positive outcome, facilitator
- Write **one** challenge or opportunity on **each** sticky note – then place your notes on the flipchart paper where you think they belong

Key points

- It is normal for health professionals to have some concerns about discussing alcohol with patients, even though their concerns are often unfounded.
- Experience suggests that patients are more receptive to discussing these issues than professionals imagine.
- It is normal to feel awkward when learning a new skill, but with some good training and a willingness to have a go, professionals can quickly become confident about raising and discussing the subject of alcohol – if they choose to do so.

ACTIVITY 5. BEGINNING A CONVERSATION ABOUT ALCOHOL

25 minutes

Beginning the conversation

When and how might the issue of alcohol come up with patients in your practice?

Opportunities to discuss alcohol

- **Opportunistic (practitioner-led).** Opportunities to discuss alcohol in response to an issue, symptom or event may arise when, for example, patients present with an issue/problem that could relate to alcohol use, or be affected by alcohol. This may provide a chance to start discussing alcohol in a way that is relevant to the patient's concerns.
- **Patient-led.** Patient brings up the topic of alcohol or is looking for information on alcohol. This provides an automatic way in.
- **Planned (practitioner-led).** A practitioner systematically raises the topic with all patients or all patients in a specific group, as part of a routine assessment or initiative.

Finding the right words

Think of one of these situations. Write down the exact words you could use to ask/start talking about alcohol with a patient.

- **Opportunistic (practitioner-led).** Opportunities to discuss alcohol in response to an issue, symptom or event.
- **Patient-led.** Patient brings up the topic of alcohol or is looking for information on alcohol.
- **Planned (practitioner-led).** A practitioner systematically raises the topic with all patients or all patients in a specific group.

Which is the trickiest?

Key points

- It is valuable for practitioners to become comfortable with a repertoire of phrases they can use to begin a conversation about alcohol.
- Be nonjudgemental. Using a matter of fact tone can help practitioners to make patients feel more comfortable when the issue of alcohol is raised.

ACTIVITY 6. SCREENING AND FEEDBACK USING AUDIT

60 minutes

About screening…

- The purpose of screening is to guide the patient and practitioner on what to do next. It may be sufficient to get a general idea of how much someone is drinking and the problems or risks it is causing them without having to get a complete list of everything they drink.

Many screening tests and questions exist

- AUDIT is the most reliable screening test, and has been extensively validated in multiple countries and languages
- It has 10 questions, with three domains

Domain	Question No.	Item content
Hazardous alcohol use	1 } AUDIT-C	Frequency of drinking
	2 } AUDIT-C	Typical quantity
	3 } AUDIT-C	Frequency of heavy drinking
Dependence symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful alcohol use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

AUDIT-C. Questionnaire

NB. Help patients to work out what a standard drink is, based on what they drink	Scoring system					Score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times per month	2–3 times per week	4+ times per week	
2. How many drinks containing alcohol (1 standard drink (SD) = 10 g) do you drink on a typical day when you are drinking?	1–2	3–4	5–6	7–9	10+	
3. How often have you had six or more SDs (60 g) of alcohol on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Example: Julia, aged 34

Julia has come to see her doctor about anxiety.

The doctor has explained that alcohol can be one factor in anxiety and has asked Julia if it's okay to ask her a few questions about that. Julia says okay. Here's what Julia says about the first three AUDIT questions:

- *I have a couple of glasses of wine about three nights a week. On those nights, my husband and I share a bottle.*
- *I used to drink more, but now I have a big night out less often, probably two or three nights some months, but normally once a month.*
- *Then I might have some gin, wine, beer – depends where I am. Usually more than six drinks on the big nights.*

AUDIT-C. Example score: 6

	Scoring system					Score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times per month	2–3 times per week	4+ times per week	3
2. How many drinks containing alcohol (1 standard drink (SD) = 10 g) do you drink on a typical day when you are drinking?	1–2	3–4	5–6	7–9	10+	1
3. How often have you had six or more SDs (60 g) of alcohol on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	2

Interpreting AUDIT-C

AUDIT-C score	Action
0–4	Advise that current drinking is low risk. Affirm ("That's great!"). Continue normal consultation.
5–12	Ask the seven remaining AUDIT questions. If no previous dependence or signs of dependence and score is 5–7, go directly to feedback.

AUDIT Questionnaire (see Handout 6.1)

Questions 4 to 10.	Scoring system					Score
	0	1	2	3	4	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or somebody else been injured as a result of your drinking?	NO		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?						

Example: Julia

- *I once skipped the children's activities on a Saturday morning because I had a hangover. It was about six months ago. I felt a bit guilty about that but they didn't mind, I think.*
- *At that time, some parts of the night were a bit fuzzy in my memory.*
- *I would never drink in the morning, not be able to stop or injure someone. I can't imagine anyone being worried about my drinking – I'm not any different from others I know.*

AUDIT 10Q. Example score: 9

Questions 4 to 10.	Scoring system					Score
	0	1	2	3	4	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
5. How often during the last year have you failed to do what was normally expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	1
9. Have you or somebody else been injured as a result of your drinking?	NO		Yes, but not in the last year		Yes, during the last year	0
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?						0

Interpreting the 10-question score

AUDIT score	Risk category	Action
0–7	Low risk	Advise that current drinking is low risk. Affirm ("That's great!"). If no other concerns, continue normal consultation.
8–15	Hazardous/risky	Give feedback and continue with BI.
16–19	Harmful drinking Possible alcohol dependence	Give feedback and offer options for support including BI and other support or services. Monitor.
20+	Probable dependence	Give feedback and assessment OR offer options for assessment and treatment at specialist service. Monitor.

From our example: Julia

AUDIT score	Risk category	Action
0–7	Low risk	Advise that current drinking is low risk. Affirm ("That's great!"). If no other concerns, continue normal consultation.
8–15	Hazardous/risky	Give feedback (elicit – provide – elicit) and continue with BI.
16–19	Harmful drinking Possible alcohol dependence	Give feedback (elicit – provide – elicit) and offer options for support including BI and other support or services. Monitor.
20+	Probable dependence	Give feedback (elicit – provide – elicit) and assess OR offer options for assessment and treatment at specialist service. Monitor.

Feedback: elicit – provide – elicit

- **Describe the result clearly, factually, without judgement**. *From what you've told me, on the quiz here, you have scored X, which means that your drinking may cause you health problems in the future OR may be harming your health.*
- **Elicit**: *What do you know about the risks of alcohol?* [open question]
- **Provide**: *This means that the amount you are drinking is putting you at risk of or going to lead to you [developing or worsening an illness/symptoms OR getting injured]. You can reduce this risk/improve your [health/symptoms/condition] by cutting down on what you drink or stopping drinking. But only you can decide if that is something you want to do.* [personal responsibility]
- **Elicit**: *What do you think?/ This has come as a surprise to you. /How does that sound?* [open question or reflection]

Feedback to Julia

- Result: *From what you've told me, on the quiz here, you have scored 9, which means that your drinking may cause you health problems in the future and it could be affecting your anxiety.*
- Elicit: *What do you know about the risks of alcohol?*
- Julia: *I don't think I drink very much. Is it really true that it's risky?*
- Provide: *It is risky in that it can increase your chances of future problems like cancer and high blood pressure. But for you just now, it may be affecting your anxiety. We know that when people cut down on drinking, their symptoms often improve. Also, many people don't realize that alcohol affects their sleep, so you might sleep better and be less anxious if you cut down or stopped drinking. But only you can decide if that is something you want to do.*
- Julia: *Uh. I didn't know that… (slight groan)*
- Elicit: *This has come as a surprise to you.*

Screening practice (in pairs)

- One person is the patient. Answer questions using the information provided in case study A (Jon, Handout 6.3). Don't give too much away unless asked but also don't be deliberately difficult.
- The other person is the practitioner. Use AUDIT-C and the full AUDIT to screen the patient and provide feedback using the elicit – provide – elicit technique (Handout 6.2).
- Swap over, using case study B (Natalia, Handout 6.3).
- Before you start, both take a minute to read over the information in your handout or case study.

Higher AUDIT scores and referrals

- **Give feedback clearly**. *Your score is 21. This means that your drinking is harming your health and putting you at risk of future problems including… and it may be difficult to cut down without help.*
- **Elicit – provide – elicit** as before. Explore and enhance patients' understanding of risk and their support options.
- Conduct full **assessments** if you can.
- Where relevant, advise that it is dangerous for a severely physically dependent patient to suddenly stop drinking but that help is available.

Discuss Handout 6.5. Responding to dependence
Discuss local services or care pathways

Key points

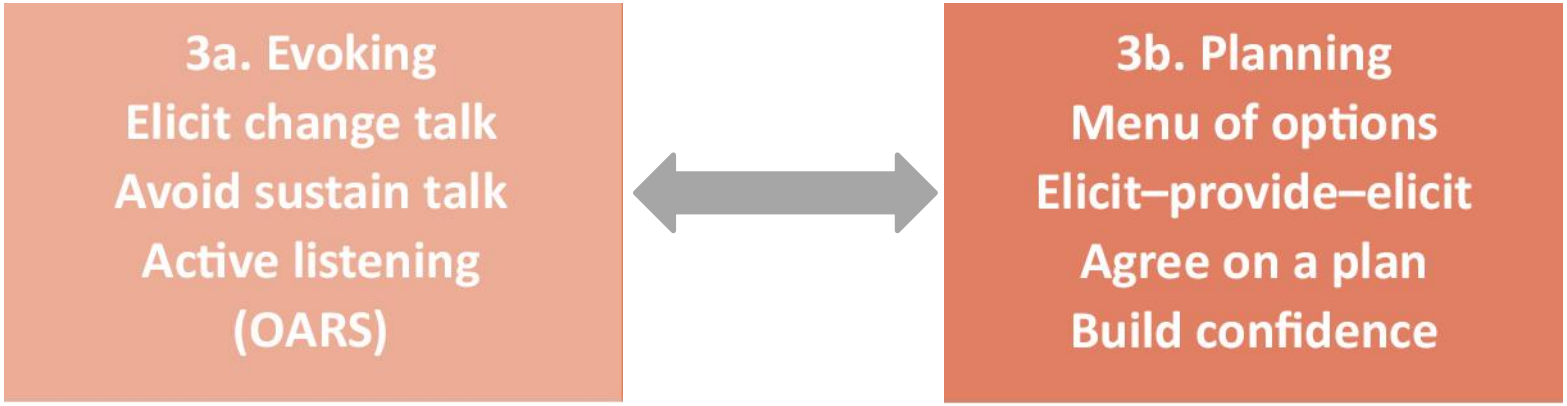
- **Reminder.** The purpose of screening is to guide the patient and practitioner on what to do next. It may be sufficient to get a general idea of how much people are drinking and the problems or risks it is causing them without having to get a complete list of everything they drink.
- Practitioners should avoid getting caught up in calculating exact numbers of standard drinks when completing the AUDIT. You should focus instead on building awareness about the continuum of risk from alcohol and identifying what matters to the patient.
- If you find that most patients you screen are dependent, consider how you are choosing who to screen.

ACTIVITY 7. BI CORE SKILLS

45 minutes

After giving feedback from screening, the BI continues with:

- 3A. Open questions to evoke change talk and avoid sustain talk (reflections are a more advanced skill)
- 3B. Open questions and options for change



Core skills for evoking and planning

Recognizing change talk and sustain talk	
Evoking change talk	Using open questions
	Advanced – using reflections
Planning change	Menu of options for change (using elicit – provide – elicit)
	Questions for confidence-building
	Advanced – importance/confidence ruler
Also: emphasizing personal responsibility; affirmations and summaries	

Ambivalence and resistance

- BIs use motivational interviewing skills to help resolve **ambivalence**. Ambivalence is often at the centre of thoughts and discussions about behaviour change.
- Most people who are drinking heavily already know that there is a downside, that it is not healthy. They already have two voices in their heads – one arguing for change, and one arguing for the status quo – based on their whole lives, values, goals and not just their health.
- When faced with a practitioner who wants to help them to do what's best for their health, patients take up the opposite argument – they resist, argue, defend and deny. *"Yes but…" "But…"*

Change talk and sustain talk

- Change talk is any self-expressed language that is an argument for change.
  - Preparatory change talk: DARN – **d**esire, **a**bility, **r**eason, **n**eed
  - Mobilizing change talk: CATS – **c**ommitment, **a**ctivation, **t**aking **s**teps
- Sustain talk refers to arguments against change and can also be classified using DARN CATS.
- In the following example, watch out for "ambivalence sandwiches", for example:

sustain talk

change talk

sustain talk

Find the change talk and sustain talk

I work hard and there are a lot of social events at work with clients. It's hard to avoid alcohol. At the end of the week I'm pretty tired and I'm putting on weight. My wife says she never sees me, but weekends are my only time to relax. I like going out then with my friends instead of boring work colleagues and it sometimes does get a bit out of hand. Last week I missed my stop on the train and it was embarrassing when someone woke me up at the terminal. Its all part of the fun, though. I know I'm not getting any younger. I have a lot of headaches and am really tired all the time. I know the drink is probably really bad for me but I don't want to get old and boring. You only live once.

Change talk (~10). Sustain talk (~8).

I work hard[1] and there are a lot of social events at work with clients[2]. It's hard to avoid alcohol[3]. At the end of the week I'm pretty tired[1] and I'm putting on weight[2]. My wife says she never sees me[3], but weekends are my only time to relax[4]. I like going out then with my friends instead of boring work colleagues[5] and it sometimes does get a bit out of hand[4]. Last week I missed my stop on the train[5] and it was embarrassing when someone woke me up at the terminal[6]. It's all part of the fun though[6]. I know I'm not getting any younger[7]. I have a lot of headaches[8] and am really tired all the time[9]. I know the drink is probably really bad for me[10] but I don't want to get old and boring[7]. You only live once[8].

3B. Evoking change talk

- Practitioners' behaviour can affect the level of patients' change talk.

The ratio of patients' change talk to sustain talk predicts the chance of behaviour change.

- Practitioners can learn to increase patients' change talk and decrease their sustain talk.
- The challenge for practitioners is to **stop** telling people what is best for them, **avoid** advising people without permission and **listen** rather than tell.
- This is harder than it might sound (but you have already been practising it when giving feedback from screening).

Evoking change talk using open questions

Practice activity (see Handout 7.1A)

- Work in pairs.
  - Start with the script provided for Julia. One person should play Julia, who is ambivalent about change.
  - The practitioner should listen and respond using open questions for change talk, and avoid asking the sustain talk questions.
  - Julia should respond as she feels appropriate each time.
- Be prepared to give feedback.

1. How did the practitioner feel about asking open questions (and avoiding closed ones or advice-giving)?
2. How different was this from a usual consultation?
3. Did the open questions lead to change talk or sustain talk or both?

Evoking change talk using reflections (advanced)

Practice activity (see Handout 7.1B)

- Continue the consultation, using mostly **reflections** of **change talk** to encourage more change talk.
- **Ignore** the sustain talk.
- You can use **open questions** but be sure to follow them with 2–3 **reflections**.
- Try to use some **complex** reflections too.
- Be ready to give feedback:
  - How did the practitioner find thinking of reflections? Did he/she manage any complex ones?
  - How did it feel to Jon?
  - Did the reflections lead to change talk or sustain talk or both? Why?

3B. Planning

- If patients are not ambivalent and they recognize a need to change or want to change their drinking, it may be counterproductive to explore their reasoning and motivation further using evoking.
- Instead, use open questions to **elicit** their ideas about how they might change.
- If necessary, and with permission, **provide** a menu of options for change.
- **Elicit** their thoughts and feelings about the options.

See Handout 7.2A. Planning for change – basic.

Elicit. Open questions for planning

- *If you really decided to do it, how could you change your drinking?*
- *In what ways could you drink less?*
- *What ideas do you have about how you might cut down?*
- *What seems the most do-able option for you?*

Menu of options for cutting down

- **Elicit**: *"What ideas do you have about how you could cut down?"*
  - *What else? What would work best for you?*
- [If *no/few* ideas – get **permission**]. *If you like I can tell you about some of the ways others have found useful, and you can let me know if they would work for you?*
- **Provide** information about available options: *"One option is to have more days where you don't drink at all, perhaps by finding other things to do on those evenings. Another option is to have fewer drinks when you are drinking, or smaller ones, or you could swap drinks for ones with lower alcohol (e.g…). And of course you could stop drinking altogether. I can tell you more about any of these if you wish, but first I want to hear what you think you might be able to do. You'll know best what would work with your life.*
- **Elicit**: *"What do you think?"*

Menu of options for higher scores

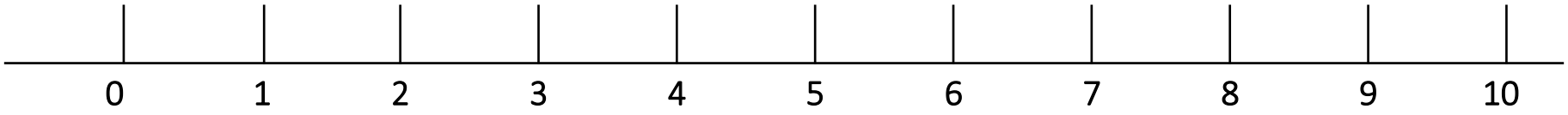
- **Elicit**: *"What do you know about support available to help people cut down or stop drinking?"*
- [If *no/few* ideas – get **permission**]. *If you like I can tell you about some of the options to see if they might interest you. Would that be okay?*
- **Provide** information about available options. *"Yes, Alcohol Anonymous is one option. There are also treatment services, or I can provide you with some materials to help you cut down by yourself and we could discuss this again in a few weeks? Or you could do nothing and carry on and cope with the risks/symptoms as they develop. I can give you more information, but it is your decision."*
- **Elicit**: *"What do you think?"*

Advise that it is dangerous for a severely physically dependent patient to stop drinking suddenly .

Making a plan

- Agree on change goals, plans, timescales and follow-up.
- Elicit commitment from the patient.
  - From what we've discussed, what do you think you will do over the next X weeks?
  - How will you reach that target?
- **Open questions for confidence**
  - **Past successes.** What else have you changed in your life? What worked then?
  - **Role models**. Who else do you know who has changed their lifestyle around? How did they manage?
  - **Supporters**. Who will support you? Who else cares about your health? How can you draw on their support?

7.2B. Using rulers (advanced)



- If you think of a scale 0 to 10, where 0 is not at all **confident** and 10 is completely confident, how confident (sure) would you say you are about your ability to change your alcohol use?
- If you think of a scale of 0 to 10, where 0 is not at all **important**, and 10 is the most important thing for you right now, how important is it to you to reduce your risk from drinking?
  - Why here and not higher or lower?
  - Where would you like to be?
  - What would need to happen for you to get to a higher point?

Recap of this activity. BI core skills

Recognizing change talk and sustain talk (slides)	
Evoking change talk	Using open questions (7.1A)
	Advanced – using reflections (7.1B)
Planning change	Menu of options for change (7.2A) (using elicit – provide – elicit)
	Questions for confidence-building (7.2A)
	Advanced – importance/confidence ruler (7.2B)
Also: emphasizing personal responsibility; affirmations and summaries (previously in 4.1)	

Key points

- It is normal for practitioners to experience a steep (and perhaps uncomfortable) learning curve as they try to put these techniques into practice. They should not, however, feel discouraged.
  - There is good evidence to suggest that a significant proportion of the benefit of motivational interviewing may come from *stopping* practitioners doing unhelpful things, even if they have not mastered the skills.
  - This points to the need at the least to avoid telling patients what to do, avoid persuasion and spend more time listening.

ACTIVITY 8. BI PRACTICE SESSION

75 minutes

Practising full SBI from start to finish

- Now working in **threes** – taking turns to be the patient, practitioner and observer (see Handout 8.1).
- Decide who will take on each role first, then change roles in each round as in this table.
- When you are the **patient**, you need the case study outlining that patient's details (see names below).
- You must tell the practitioner and observer the information in the first box of the case study **before** you start.

Round 1	Patient (**Peter**)	Practitioner	Observer
Round 2	Observer	Patient (**Alex**)	Practitioner
Round 3	Practitioner	Observer	Patient (**Veronica**)

Don’t start until I say go

- When you are the **practitioner,** you will need Handout 6.1 AUDIT and other handouts as you wish to guide your conversation, for example, Flowchart (4.1), Beginning (5.1), Questioning (7.1A), Reflections (7.1B), Planning (7.2).
- When you are the **observer,** you will complete an observation sheet Handout 8.2 and keep time.
  - We may not have time for three rounds, but do not rush.
  - Write down key phrases for feedback.
- You have 10 minutes (maximum) for the role-play + 5 minutes to debrief and prepare for feedback to the whole group on this question:
  - **What went well and what did not go so well? First from the practitioner’s perspective, then the patient’s, then the observer’s from their notes.**

Go

- **Patients.** Use case study for each round in turn.
- **Practitioners.** Use Handout 6.1 AUDIT and other handouts: Flowchart (4.1), Beginning (5.1), Questioning (7.1A), Reflections (7.1B), Planning (7.2).
- **Observers.** Complete Handout 8.2 (observation sheet) and keep time. **You have 10 + 5 minutes.**

Round 1	Patient (**Peter**)	Practitioner	Observer
Round 2	Observer	Patient (**Alex**)	Practitioner
Round 3	Practitioner	Observer	Patient (**Veronica**)

- **Debrief. What went well and what did not go so well?** First from the practitioner's perspective, then the patient's, then the observer's.

Pause. Debrief for round 1

- What did practitioners feel went well? And not so well?
- How did the “patients” feel?
- What was the result of the AUDIT/AUDIT-C screening?
- What did the observers feel went well? And what could be improved?
- What examples can anyone share of good reflections and questions that were used? And any that could be better?

Motivating Peter

SDs per week: **27–30** AUDIT-C: **8** Full AUDIT: **10**

- It seems that Peter hasn't really thought about his drinking before or the contribution the alcohol might be making to his weight or stress. The practitioner would be expected to elicit his knowledge about calories in alcohol and about alcohol and anxiety, build his awareness and then explore whether he would consider making changes. Peter offers a lot of change talk for the practitioner to reflect including:
  - stress
  - weight
  - wife's irritation
  - indiscretions
  - desire to spend more time with wife.

Go

- **Patients.** Use case study for each round in turn.
- **Practitioners.** Use Handout 6.1 AUDIT and other handouts: Flowchart (4.1), Beginning (5.1), Questioning (7.1A), Reflections (7.1B), Planning (7.2).
- **Observers.** Complete Handout 8.2 (observation sheet) and keep time. **You have 10 + 5 minutes.**

Round 1	Patient (**Peter**)	Practitioner	Observer
Round 2	Observer	Patient (**Alex**)	Practitioner
Round 3	Practitioner	Observer	Patient (**Veronica**)

- **Debrief. What went well and what did not go so well?** First from the practitioner's perspective, then the patient's, then the observer's.

Pause. Debrief for round 2

- What did practitioners feel went well? And not so well?
- How did the “patients” feel?
- What was the result of the AUDIT/AUDIT-C screening?
- What did the observers feel went well? And what could be improved?
- What examples can anyone share of good reflections and questions that were used? And any that could be better?

Motivating Alex

SDs per week: **45–47**; AUDIT-C: **11** full AUDIT: **12**

- Alex used to drink much more alcohol than he does now, and he managed to cut down by himself. He is concerned about his health but doesn't want to give up drinking completely. The practitioner would be expected to elicit his knowledge about links between alcohol and high blood pressure or other health risks. Alex should have offered change talk for the practitioner to reflect on:
  - wanting to avoid needing another procedure or stent
  - drinking having just become a habit
  - desire to be around for his grandchildren
  - wanting to sleep better and do more with his days.

Go

- **Patients.** Use case study for each round in turn.
- **Practitioners.** Use Handout 6.1 AUDIT and other handouts: Flowchart (4.1), Beginning (5.1), Questioning (7.1A), Reflections (7.1B), Planning 7.2A, 7.2B.
- **Observers.** Complete Handout 8.2 (observation sheet) and keep time. **You have 10 + 5 minutes.**

Round 1	Patient (**Peter**)	Practitioner	Observer
Round 2	Observer	Patient (**Alex**)	Practitioner
Round 3	Practitioner	Observer	Patient (**Veronica**)

- **Debrief. What went well and what did not go so well?** First from the practitioner's perspective, then the patient's, then the observer's.

Pause. Debrief for round 3

- What did practitioners feel went well? And not so well?
- How did the “patients” feel?
- What was the result of the AUDIT/AUDIT-C screening?
- What did the observers feel went well? And what could be improved?
- What examples can anyone share of good reflections and questions that were used? And any that could be better?

Motivating Veronica

SDs per week: **23** AUDIT-C: **8** full AUDIT: **17**

High AUDIT score but low score on questions 4–6 ⇨ Low/no dependence.

- Veronica feels that while she has always enjoyed a drink, she has never over-indulged. It will be important not to make her feel judged and to focus on what matters to her. She hasn't really thought about how much she is drinking and is surprised to hear about the risks. While she doesn't want to give up drinking, she is motivated to avoid falling again. The practitioner should elicit her knowledge about the links between alcohol and falls and how interested she is in taking action. The key thing is to help Veronica think of ways to continue to socialize and enjoy life, without the risks she would rather avoid. Veronica offers some change talk for the practitioner to reflect:
  - not wanting to fall again
  - wanting to keep her independence.
- Veronica is probably ready to make small changes, if they seem manageable without impinging too much on her life.

Now, over to you

- What changes (if any) will you make to your practice after learning about BIs?
- Have any other issues or questions arisen as a result of the practice in Unit 8?
- It is normal for practitioners to feel awkward when first practising BIs. This course includes a lot of information and it may be difficult to put it all into practice at once. It is possible to work towards full BIs in stages, by changing small aspects of your practice and reflecting on how you discuss behaviour change with patients over time (example on next slide).

Changing your practice step by step

- Week 1. Focus on beginning the conversation: recognizing when patients present with conditions that might be affected by alcohol, and asking patients if they drink alcohol. Get out of the habit of jumping into giving direct advice.
- Week 2. Add screening: ask patients how much they drink. Practise roughly working out how many SDs that equates to and giving very simple feedback ("You're drinking X amount. It would help your condition to cut down, but that's up to you").
- Week 3. Add feedback: focus on giving patients feedback on screening using the elicit – provide – elicit technique.
- Week 4. Start building motivation using open questions.

Changing your practice step by step (cont.)

- Week 5. Practise encouraging patients to plan; build their confidence.
- Week 6. Use simple reflections.
- Week 7. Use complex reflections.
- Week 8. Use the importance or confidence rulers.

Keep reflective notes (see Handout 8.3). Spend longer on some areas, as needed, or return to specific areas in weeks 9–12.

Thank you for your participation

- [Add trainer's name and contact details for further questions or follow-up].
- [Include information about completing a post-training evaluation form, if applicable]