

INTERIM GUIDANCE ON COMPETENCIES AND TRAINING FOR THE DELIVERY OF ALCOHOL BRIEF INTERVENTIONS 2009

Introduction

With the establishment of the HEAT H4 Alcohol Brief Interventions Target 2008, NHS Health Scotland was requested by the Scottish Government to oversee the development of a national programme of training to support delivery of this target and to establish systems and structures to support a consistent approach to the delivery of alcohol brief interventions. In response Health Scotland established a national 'train the trainers' programme and convened the Alcohol Brief Interventions Education and Training Advisory Group to agree minimum national competency standards and guidance on training for alcohol brief interventions (ABI).

This interim guidance has been developed by the Alcohol Brief Interventions Education and Training Advisory Group and is endorsed by the Alcohol Brief Interventions Delivery Support Team to which it reports. Full details of the membership of the advisory group and others consulted during the development of this interim guidance are included in Appendix C.

1. Who is this guidance for?

This guidance is aimed at service managers who commission training and oversee staff development, alcohol training coordinators and trainers delivering training in alcohol brief interventions. It may also be useful for practitioners who wish to assess what learning they may require to deliver a brief intervention.

2. What is the purpose of the guidance?

The purpose of the interim guidance is to begin the process of establishing nationally agreed minimum competency standards (knowledge, understanding, skills and attitudes) required by staff in order to deliver alcohol brief interventions. This will help ensure that there is a consistent approach to the way in which staff deliver ABI's and that they are providing appropriate messages to the public on alcohol consumption and its potential

impact on their own health and well being and others. This current guidance is for interim purposes while a fully comprehensive competency framework is developed and this should be available by summer 2009. In the guidance the group outlines the rationale for its recommendations and makes reference to existing competencies that cover most aspects of an alcohol brief intervention.

The HEAT H4 target requires that NHS staff deliver alcohol brief interventions in line with the guidance issued in SIGN Guideline 74¹. The SIGN Guideline is clear that 'training is required in order to deliver effective interventions', however it does not provide further advice on what specific competency level or training would be necessary or appropriate for the effective delivery of ABIs. This document therefore adds to the SIGN Guideline by providing relevant guidance on this issue and outlines the minimum competences recommended by the advisory group for NHS staff to deliver Alcohol Brief Interventions in line with SIGN Guideline 74.

3. What is an alcohol brief intervention?

An alcohol brief intervention may be described as:

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.

Brief interventions are more than just advice. Brief interventions typically use specific techniques for helping people to change their behaviour and a style of discussion that is based on elements of a technique called "motivational interviewing".¹ Even short brief interventions have a structure and style that distinguishes them from simply advising someone to drink less.²

¹Scottish Intercollegiate Guidelines Network, (2003). Guideline 74. Management of harmful drinking and alcohol dependence in primary care.

² Raistrick et al., (2006) Review of the effectiveness of treatment for alcohol problems. National treatment agency for substance misuse.

4. Competencies for the delivery of alcohol brief interventions

Competencies are national standards that outline what a person needs to know and be able to do, in order to carry out a specific task. A competency for the delivery of alcohol brief interventions would therefore provide specific guidance about the nature of the necessary, knowledge, understanding, skills and attitudes, for the effective delivery of ABIs.

The ABI Education and Training Advisory Group carried out a scoping exercise to identify existing competencies. No competencies specific to the delivery of ABIs were found.

However the following two competencies from the Skills for Health Framework³ cover some elements of a brief intervention:

Both competencies are provided in full in Appendix A and provide a good starting point for assessing whether practitioners have the relevant competencies and for making training decisions. The competences below have indicative links to the NHS Knowledge and Skills Framework (2004)⁴ Dimensions HWB1: promotion of health and wellbeing and prevention of adverse effects on health and wellbeing.

AH10 Employ techniques to help individuals to adopt sensible drinking behaviour (2007)

<https://tools.skillsforhealth.org.uk/competence/show?code=AH10>

HT3 Enable individuals to change their behaviour to improve their own health and wellbeing (2007)

<https://tools.skillsforhealth.org.uk/competence/show?code=HT3>

It should be noted that National Guidance on data reporting requirements for Heat Target (H4): Alcohol Brief Interventions for 2009-10⁵ only refers to

³ Skills for Health Framework <http://www.skillsforhealth.org.uk/page/competencies>

⁴ The NHS Knowledge and Skills framework (NHS KSF) and The Development Review Process (2004)
http://dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyandGuidance/DH_4090843

⁵ National Guidance on data reporting requirements for Heat Target (H4): Alcohol Brief Interventions for 2009-10⁵.
<http://www.healthscotland.com/documents/3225.aspx>

alcohol brief interventions being delivered to individuals aged 16 years and over and not to children and young people as indicated in AH10.

It should be noted that the definitions of levels of alcohol consumption and some of the terminology used by AH10 are not consistent with current nationally agreed descriptions and terminology which are outlined in the NHS Health Scotland ABI training manual. Descriptions are noted below and outlined in the training manual.⁶ We have presented the competencies without amendment in the appendices.

Much of the basic knowledge and understanding of alcohol issues covered by the competence AH10 will not be totally new to practitioners in that it covers drinking limits, units and the health impact of excessive alcohol consumption. It is worth noting however that a review of the implementation of SIGN Guideline 74⁷ suggested that practitioners' knowledge of alcohol can be out of date and that while practitioners are aware of documents such as the SIGN Guideline 74, few had actually read them in any detail.

There are also some additional elements of knowledge, understanding, skills and attitudes that are not covered by these two competences and these are proposed as additional core requirements for the effective delivery of ABIs:

- 1.1. A basic awareness of the evidence base supporting the effectiveness of alcohol brief interventions.
- 1.2. A working knowledge of the elements and techniques that make up an alcohol brief intervention (in line with SIGN Guideline 74).

⁶ **Daily and weekly limits** are referred to in the training manual rather than sensible or recommended drinking limits. **Hazardous or risky drinking** is a level of alcohol consumption or a pattern of drinking that increases the risk of harm if current drinking habits persist. **Harmful drinking** is a pattern of drinking that causes damage to health (physical or mental) where damage has already been caused to the user. See Alcohol Brief Interventions Training Manual NHS (2009) Health Scotland. <http://www.healthscotland.com/topics/health/alcohol/useful-alcohol-brief-intervention-resources.aspx>

⁷ Rome , A et al (2007) Review of the implementation of the Sign 74 guidelines of the management of harmful drinking and alcohol dependence in primary care and the Health Technology Assessment on the prevention of relapse in alcohol dependence. NHS Health Scotland. <http://www.healthscotland.com/uploads/documents/6566-RE005Final%20Report0708.pdf>

- 1.3. A basic awareness of the impact of alcohol consumption on society as a whole (not just on individuals).
- 1.4. A working knowledge of the barriers to and concerns about the delivery of interventions in practice and how to address these (this should include awareness of practitioners own motivations, barriers and concerns to delivering brief interventions and how these may impact on their confidence and commitment to delivering alcohol brief interventions for example: concerns about patients' reactions to the topic of alcohol being raised, their own drinking habits, the time required for ABIs and realistic expectations of success).
- 1.5. Understanding of the impact of own and others' attitudes towards alcohol and how these may impact on practice (including the values and principles outlined below).

The evidence base that supports the recommendation for these elements is highlighted by Raistrick et al., (2006)⁸, Kaner et al., (1999)⁹ and Kaner et al (2007)¹⁰.

The ABI Education and Training Advisory Group have provided a summary of areas of competence that staff should have to effectively deliver an alcohol brief intervention see section 5. More detailed information on performance criteria recommended to demonstrate competence is provided in appendix A - AH10 Employ techniques to help individuals to adopt sensible drinking behaviour and HT3 Enable individual to change their behaviour to improve their own health and wellbeing.

⁸ Raistrick et al., (2006) Review of the effectiveness of treatment for alcohol problems. National Treatment Agency for Substance Misuse.

⁹ Kaner et al. (1999) Intervention for Excessive Alcohol Consumption in Primary Health Care: Attitudes and Practices of English General Practitioners. Alcohol and Alcoholism. Vol. 34, no4 pp 559-566 Oxford Journal Medicine. <http://alcalc.oxfordjournals.org/cgi/content/abstract/34/4/559>

¹⁰ Kaner et al (2007) Effectiveness of brief alcohol interventions in primary care populations. Cochrane Database of Systematic reviews. Issue 2. CD004148. <http://www.cochrane.org/reviews/en/ab004148.html>

5. Summary of interim guidance areas of competence recommended by the Education and Training Advisory Group

Practitioners delivering an alcohol brief intervention are recommended to have the following competencies - knowledge, understanding, skills and attitudes.

Knowledge, understanding and attitudes

- Awareness of the impact alcohol misuse can have on individuals, children, families and communities – including physical and mental health, social, economic and environmental consequences;
- Understanding of what an alcohol brief intervention is, the evidence base and the local and national policy context (in particular SIGN Guideline 74);
- Working knowledge of a range of clinical presentations and illnesses: social, occupational, psychiatric, psychological and physical as outlined in SIGN Guideline 74, which can be associated with, or adversely affected by alcohol consumption;
- Working knowledge of weekly and daily drinking limits, and the relative risks of alcohol consumption for different groups (e.g. pregnant women, elderly and those on medication) and how to calculate units of alcohol and take a drinking history;
- Understanding of the influences on peoples drinking behaviour (both individual and societal);
- Understanding of the impact of own and others' attitudes towards alcohol and how they may impact on practice;
- Awareness of barriers to and concerns with delivering brief interventions;
- Knowledge of local/national services that patients can be referred on to if appropriate, both generic services and specialist services which can cater for the needs of patients in relation to ethnicity, gender, disability, age and sex;
- Knowledge of national and local reporting systems for ABIs;

- A basic awareness of health behaviour change approaches and motivational interviewing styles;

Skills and application of elements of an alcohol brief intervention

- How to raise the issue and open a conversation about alcohol with a patient; maintaining rapport and empathy, emphasising personal responsibility;
- How to use setting appropriate screening tools to assess and feedback relevant information to the patient about the potential effects of drinking on their health and well being including harm reduction messages;
- How to motivate the patient to change their drinking behaviour and explore strategies to reduce consumption and alcohol-related harm using motivational interviewing techniques;
- How to build confidence (self efficacy) of patient to address their alcohol use and explore coping strategies to support health behaviour change
- How to close the conversation and signpost or refer patients on to other services, if appropriate.

As with all health behaviour change training it is important that staff are aware of equality, diversity and anti discriminatory practice, child protection issues and legislation that may have implications for the delivery of an alcohol brief intervention and an awareness of needs of those experiencing greatest health inequalities. Attention to the above should be integral to any training.

It is also recommended that on going support is offered to practitioners and the opportunity for practitioners to reflect on the impact of training on their practice. This could be offered at regular intervals by local trainers or by other trained colleagues.

6. Principles and values underpinning training on alcohol brief interventions

It is worth noting that the role of training may not be solely to ensure competency in terms of the ability, knowledge and understanding criteria, but that there is evidence that training has a role to play in motivating practitioners to deliver ABIs. In particular, it is noted that training (and support) can encourage practitioners to implement ABIs by addressing their attitudes to alcohol and concerns about delivering ABIs ^{9 10}

This section presents some principles and values that the Advisory Group recommend for the delivery of training on alcohol brief interventions. This is not an exhaustive list, and it does not include general principles and values for the delivery of training, but only those which are specific to this topic.

Alcohol brief intervention training in Scotland should:

- 1. Support the population-based approach to reducing alcohol-related harm** as proposed by the Scottish Government. In the context of brief interventions, this includes recognition that excessive alcohol consumption is a population wide problem, affecting many people across all ages and social groups. It also acknowledges that an effective alcohol policy is comprehensive and multi-faceted. Whilst the delivery of brief interventions is a key plank of national alcohol policy, other effective measures will need to address price, promotion and availability to reduce levels of alcohol consumption and associated levels of alcohol-related harm. These concepts and values should be understood and supported by trainers, but it is not expected that the issues would be discussed in any great detail on ABI training courses.
- 2. Promote the fact that any adult, regardless of age, appearance, race, religion, gender or other factors could be misusing alcohol** and that practitioners should screen and provide brief interventions based on objective criteria rather than any of these factors. This does not preclude targeted approaches, for example Keep Well projects.
- 3. Promote the principle that the delivery of alcohol brief interventions is the role of generic, rather than specialist staff.** This includes recognising what level of information is crucial for staff to deliver

alcohol brief interventions and what is not necessary for them to fulfil this role.

4. **Emphasise that alcohol brief interventions are suitable for hazardous (risky) or harmful, but not dependent drinkers.** Dependent drinkers should be offered alternative support or referred on by the practitioner to an appropriate service in line with SIGN Guideline 74.

5. **Be based on the principle of informed choice by patients.** Training should emphasise that patients who are receiving an intervention are putting their health and well being (including relationships, ability to maintain employment, housing etc) at risk, but that it is their right and responsibility to make an informed choice about whether they wish to change their drinking behaviour or not. Practitioners should be encouraged to adopt an empathic and person centred approach to delivering ABIs where the client takes responsibility for their own health and actions, information is presented in a factual and non-judgemental way and their decisions are respected.

6. **Include opportunities for practitioners to practice delivering alcohol brief interventions and receive feedback on their performance.** Practitioners will require skills-based training to enable them to practice delivering ABIs and receive feedback on their practice. This should include ongoing support as deemed appropriate locally. It is important that we do not de-skill practitioners, but help them build on the skills they already have. Training should encourage reflective practice to ensure continual improvement in delivery of ABI.

7. **Include time for practitioners to consider theirs and others' attitudes to alcohol and how they may impact on practice.** The evidence^{2,9,10} indicated earlier suggests that this is important for ensuring practitioners are committed and motivated to deliver alcohol brief interventions consistently and accurately.

7. How much training is needed?

It is not possible to provide definitive guidance on what training practitioners may need. How long training sessions need to be will depend on the learners current level of knowledge, understanding and skills and learners preferred learning style.

Training also needs to be viewed in its broadest sense - competency can be developed through a range of learning opportunities, including work shadowing, coaching, reading, attending conferences, on line learning and through formal face to face training sessions.

Some practitioners may already have a good level of knowledge of alcohol issues; others may have had previous skills training on the related areas of health behaviour change and motivational interviewing.

Those who have up to date knowledge on alcohol and relevant skills in the motivational interviewing style may only **require 2-3 hours of face to face skills practice** specific to alcohol brief interventions in addition to provision of pre course reading to introduce topics and ensure knowledge is consistent with national policy on alcohol prior to attending the training.

To achieve all the learning outcomes and competences identified for the delivery of ABIs, where practitioners have limited knowledge on alcohol of health behaviour changes approaches and motivational interviewing styles or need to update their knowledge and skills in these areas, a minimum of **11 hours study (through various means) including a minimum of 3 hours of face to face skills training** is likely to be needed.

Learners should also be offered the opportunity for ongoing support to ensure their learning is embedded in practice.

Models for delivery of ABI may vary in different settings, for example some A&E departments may decide ABI will not be undertaken by A&E staff but that their role will be to screen patients and refer on to the alcohol liaison nurse. In this case some staff may only require elements of the training including awareness of alcohol problems and how they affect individuals and

society, recognition of alcohol misuse, how to use screening tools and referral options.

NHS Health Scotland trainers have been provided with a range of training plans to deliver training sessions from short awareness raising sessions; skills based development sessions, to two day training sessions to practitioners.

8. How can we assess learning needs and competence?

We would recommend that where training has been delivered or where other organisations are offering training you seek the support of your local NHS Health Scotland trained ABI trainers and alcohol training coordinators in assessing whether the training meets local and national guidance on competencies.

It is up to individual practitioners and their managers, if appropriate, with the assistance of the information provided to assess whether they are **competent** in the areas identified in this guidance and seek/arrange/provide appropriate learning and development opportunities to fill any gaps in their competence.

Different health care professionals are subject to different ways of assessing competence but we recommend you use the relevant systems within your organisations to review your learners' needs.

We propose providing additional support in assessing need in the final ABI competency framework indicated below.

9. What next?

As indicated this guidance is interim, in the meantime, NHS Education for Scotland (NES) in collaboration with NHS Health Scotland are developing a competency framework for the delivery of ABIs, this document will be circulated for consultation in May 2009. The framework will be informed and underpinned by existing competencies and national occupational standards.

The competency framework will help to ensure consistency in delivery of ABIs and can be used to:

- facilitate learning and development
- highlight specific training and development needs
- help managers (or clinical mentors) and individual practitioners to review their strengths and identify gaps in their competency
- support the assessment of performance and achievement
- inform the commissioning, development and delivery of education and training for ABIs

Individual practitioners will need different levels of competency depending on their level of involvement with the delivery of the HEAT H4 target or the setting in which they work. The framework will outline competencies required by staff to effectively identify alcohol problems, deliver ABIs and make appropriate referrals.

For further information please see appendices.