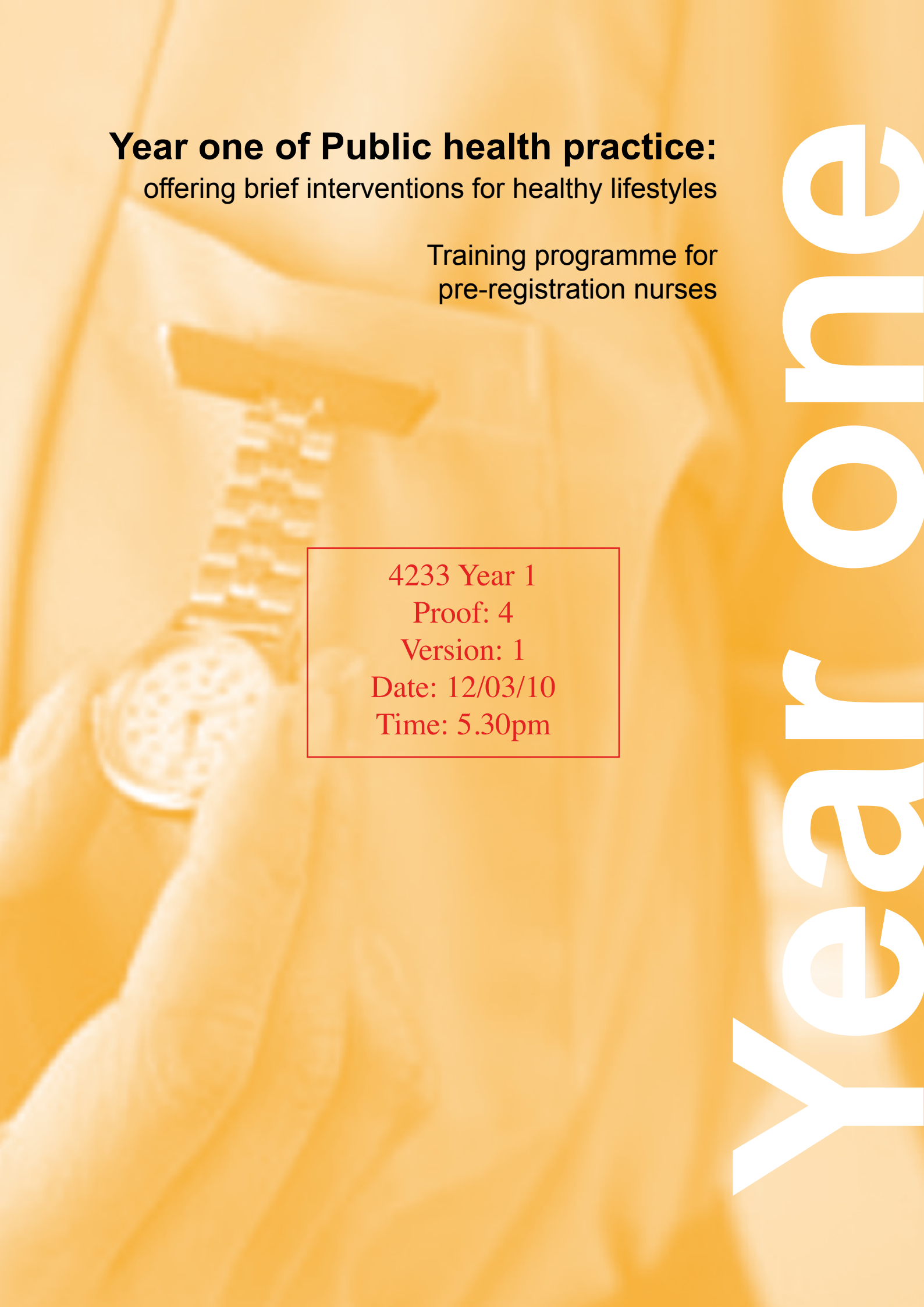
Year one of Public health practice:

offering brief interventions for healthy lifestyles

Training programme for
pre-registration nurses



4233 Year 1
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Date: 12/03/10
Time: 5.30pm

year one

Introduction to health and healthy lifestyle behaviour

Aim

To establish health promotion practice as an integral part of a nurse's role and to promote the promotion of healthy lifestyles to improve public health.

Objectives

By the end of year one the students will be able to:

- critically analyse what being healthy means and what is meant by healthy lifestyles
- assess their personal health related behaviour
- identify various models of health and consider how these apply to the role of a nurse
- understand the theory of lifestyle behaviour change
- develop an understanding of the six key healthy lifestyle topics set out in *Choosing Health*
- consider a nurse's role in encouraging patients/clients to change health related behaviour.

Year one, day one: timetable

Time	Topic	Trainer's resources	Student activities
9.00	Welcome and introduction to the two-day programme Aims and objectives Initial activity: 'what does being healthy mean to you?'	PPT slide 1: welcome PPT slide 2: aims and objectives PPT slide 3: what does health mean? PPT slide 4: questionnaire PPT slide 5: dimensions of health	Complete questionnaire: Task 1 Discuss results in pairs Whole group discussion
10.00	Definitions of health • WHO definition • The Ottawa Charter • Main determinates of Health	PPT slide 6: WHO definition (1986) PPT slide 7: Ottawa 5 key concepts PPT slide 8: Dalgren and Whitehead (1995) PPT slide 9: what impacts on health?	Task 2: feedback and discussion
11.00	Public health practice Models of health promotion The nursing role	PPT slide 10: what is public health? PPT slides 11, 12 and 13: three approaches to health promotion PPT slide 14: the medical model PPT slides 15 and 16: *Choosing Health*, 2004	Task 3
Break			
1.00	Theories of behaviour change	PPT slide 17: DH/MORI survey PPT slides 18, 19 and 20: cartoons PPT slides 21 to 23: stages of change	Task 4
2.30	Encouraging lifestyle behaviour Change and the nurse's role	The pros and cons of speaking to patients about lifestyle behaviour change	Small group discussions
3.00	What factors in the nurse's workplace setting support this role?	Lead discussion (see trainer notes) Policies The working environment Nurse's skills and personal health beliefs Nurse's workload and priorities Patient health and expectations Patients, relatives and friends	Task 5
	End of day one	PPT slide 24	

Year one, day one: trainer's notes

Welcome and introductions to the programme

- Explain the three-year programme and what the nurses will achieve.
- Emphasis on both theory and skills based learning.
- Ground rules to include participation, group work and independent learning (PPT slides 1 and 2).

Initial activity

What does being healthy mean to you? Task 1 and/or PPT slides 3 and 4.

Whole group discussion

Questions to prompt discussion:

- why does health means different things to different people
- what influences a person's view of health as a student nurse what is your view of health
- do you think your view of health will change over time and if so, why?
  PPT slide 5

Definitions of health

Talk through PPT slides 6, 7 and 8.
Activity. Task 2: personal influences on health.
Students complete this task in twos and share their results in small groups.
Talk through PPT slide 9: what impacts on health?

Public health practice

Talk through PPT slides 10, 11, 12 and 13.
Activity. Task 3: health promotion approaches.
This activity is conducted in small groups of (5 or 6) students.

Feedback

Screening is a medical approach. Mass media is a wider (public) health educational approach. Both have positive and negative aspects.

Talk through PPT slide 14: the medical model.

Public health practice (cont)

Talk through PPT slides 15 and 16: *Choosing Health*.

Recap

Health is a subjective concept.
Health is a resource for living, not just about being disease free.
There are a variety of ways to improve public health and a nurse has a part to play.
Choosing Health provides the impetus for nurses to encourage patients to adopt healthy lifestyles.

Break

The theory of behaviour change

Talk through PPT slides 17, 18, 19 and 20: what do people think about encouraging healthy lifestyles?
Talk through PPT slides 21 and 23 (Give some illustrations if appropriate).
Activity. Task 4: Whole group discussion.

Points to highlight:

- health is not always the main focus for change
- planning is important and so is support
- a person's beliefs and attitudes play a part in behaviour
- to change people need to believe it's worth the effort!
- knowledge alone does not necessarily lead to a change in behaviour.

Encouraging lifestyle behaviour change: the nurse's role

Divide students into four groups.

Groups one and two

Write down on flip chart paper all the positive reasons why a nurse can speak to patients about their lifestyle behaviour. Give one example: patients trust nurses!

Groups three and four
Write down on flip chart paper all the negative aspects associated with nurses speaking to patients about healthy lifestyles. Give one example: medical setting.

The groups consolidate their findings into two lists. Lists are read out and the findings discussed.

What factors support nurses to speak to patients about healthy lifestyles?

Task 5: students complete this in small groups and discuss.

Factors for the students to consider

The working environment (hospital/clinic/ward or community)	Support • Health policies i.e. non-smoking site. • Healthy eating in canteen • Health as a focus • Professional support	Barrier • Lack of privacy • Unhealthy policies and practices • Disease focused • Traffic on site • No opportunities for physical activity • Health promotion low priority
The nurse's main role	• Patients trust in nurses • High risk situations – patients more receptive to information • Concern of patient's friends and relatives • Nurse's skills • Nurses as a role model?	• Lack of time • Illness the main focus • Patients too upset or poorly • Lack of time to build a relationship • Lack of information about patient's current lifestyle • Nurse's lack of knowledge or information • Inability to follow up on conversations • One off situations
The patient	• Concerned about their health • Time to think about their health • Feeling of being cared for • Willingness to listen	• Patients too concerned with their illness • Patient's not interested • Patient's lack of motivation • Patient's lack of understanding • Patient's family and friends • Health promotion not seen as a nurse's job

End of day one: recap PPT slide 24

Offering brief interventions

Welcome to year one, day one

1

Aim and objectives

Aim

To establish health promotion practice as an integral part of a nursing role and to promote the promotion of healthy lifestyles to improve public health.

Objectives

By the end of this module students will be able to:

- critically analyse what being healthy means and what is meant by healthy lifestyles
- assess their personal health related behaviour
- identify various models of health and consider how these apply to the role of a nurse
- understand the theory of lifestyle behaviour change
- develop an understanding of the six key health messages set out in Choosing Health
- consider a nurses role in encouraging health related behaviour change.

2

What does being healthy mean to you?

- Complete questionnaire individually.
- Column 1: tick any statements which seems to you to be important aspects of your health.
- Column 2: pick six statements which are the most important aspect of 'being healthy' to you.
- Column 3: rank these six in order of importance.
- In groups discuss your responses.

3

For me being healthy involves:	One	Two	Three
1 Enjoying being with my family and friends			
2 Living to a ripe old age			
3 Feeling happy most of the time			
4 Having a job			
5 Hardly ever taking tablets or medicines			
6 Being the ideal weight for my height			
7 Taking regular exercise			
8 Feeling at peace with myself			
9 Never smoking			
10 Never suffering from anything more serious than a mild cold, flu or stomach upset			
11 Not getting things confused or out of proportion - assessing situations realistically			
12 Being able to adapt easily to big changes in my life such as moving house or a new job			
13 Drinking only moderate amounts of alcohol or none at all			
14 Enjoying my work without too much stress			
15 Having all parts of my body in good working condition			
16 Getting on with other people most of the time			
17 Eating the 'right' foods			
18 Enjoying some form of relaxation or recreation			

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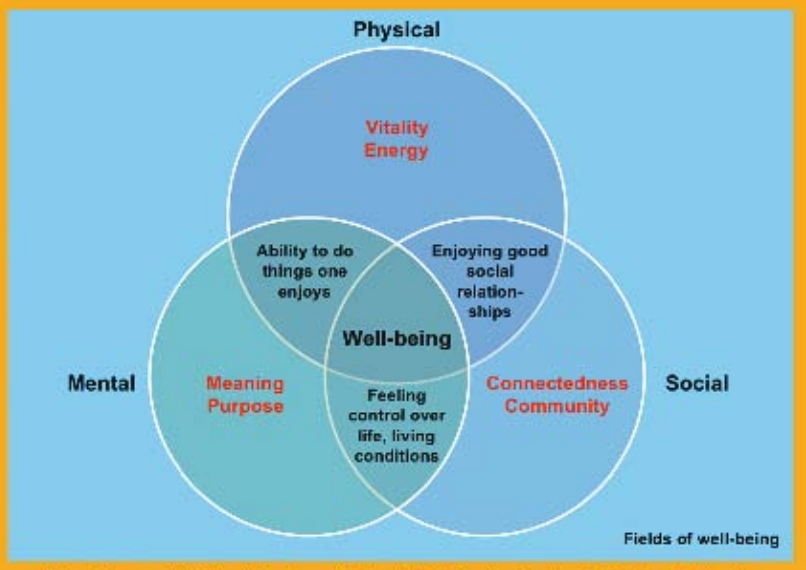


Labonte's model of health and well-being (NHS Health, Scotland, 2003, p.7, Fig 1)
http://www.healthscotland.com/uploads/documents/insightBook.pdf

5

A definition of health

- Health promotion is the process of enabling people to increase control over, and
to improve, their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realise aspirations,
to satisfy needs, and to change or cope with the environment.

- Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing. (WHO, 1986)

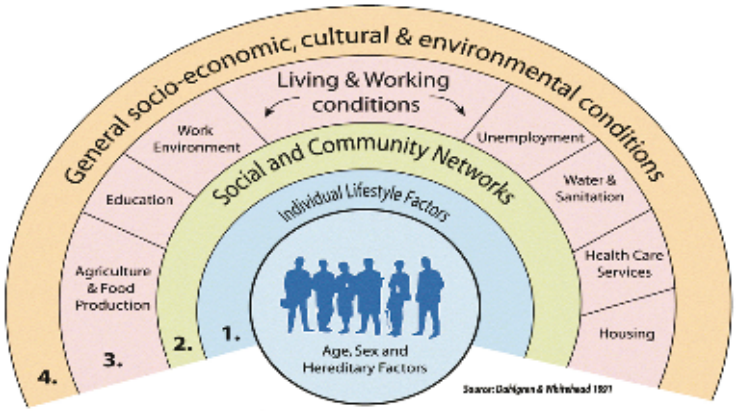
6

The Ottawa Charter

1. Build healthy public policy
2. Create supportive environments
3. Strengthen community action
4. Develop personal skills
5. Reorient health services

7

The main determinates of health
Dahlgren and Whitehead (1991)



The Main Determinants of Health

Dahlgren, G (1985)
European Health Policy Conference: Opportunities for the Future.
Vol 1 - Intersectoral Actions for Health, Copenhagen: WHO Regional Office for Europe.

8

What impacts on health?

- Poor health, illness, disease, and early death have many causes. Whilst some are genetic and others the result of individual lifestyle choices, the evidence shows that some social groups have much higher rates of illness, disease and death than others.
- The causes of these health inequalities lie in the wider structures of societies and communities: in living and working conditions; in the air and water quality and the amount and type of noise in an area; in levels of education and access to employment.
- Determinants of health are multi-layered and range from societal to individual factors.

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Public health: definition

- "Public health is the science and art of the prevention of disease, the promotion of health and the prolongation of life through the organised efforts of society."
(Acheson 1998)

Principles of public health

- Prevention
- Protection
- Promotion

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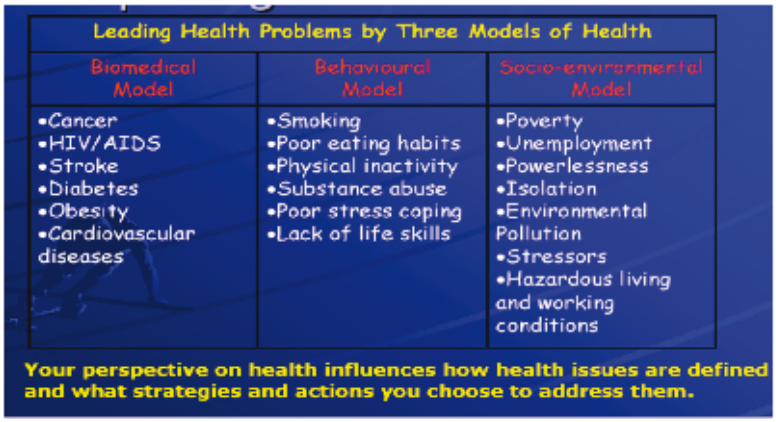
Health promotion models



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Lay and professional concepts of health

- A lay view of health can vary enormously and is formed as a result of individual experiences, knowledge, values, beliefs, expectations and the environment.
- Health professionals' views maybe be different due to training, work experience and exposure to ill-health and disease.
- Traditionally, health professionals have measured health through a more medical model (i.e. the absence of disease).

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Health promotion

- Biomedical: views health as the absence of diseases or disorders.
- Behavioural: health is the product of making healthy lifestyle choices.
- Socio-environmental: views health as the product of social, economic and environmental factors that provide incentives and barriers to the health of individuals and communities.

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Criticisms of the medical model

- In the biomedical model attention focuses on physical symptoms.
- Critics of the biomedical model usually cite the depersonalised, objectifying nature of biomedical practice, such as focusing on the disease rather than the individual.
- It does not always correspond to people's subjective perception of their own health.
- It relies upon an idea of 'normality' that is by no means universally applicable.
- It ignores other aspects of health that may be equally, or even more, important to the people concerned.
- By focusing on the times when the system is malfunctioning, it can encourage a reactive rather than a proactive role for health professionals.

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Choosing Health (DH 2004)

- This white paper set out three key principles for supporting the public to make healthier and more informed choices with regards to their health.
- Informed choice.
- Personalisation.
- Working together.
- Focus to move the NHS towards a true health service and not just a sickness service.

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Choosing Health (2004) identified six key priorities in supporting people to make healthy choices

- Tackling health inequalities.
- Reducing the numbers of people who smoke.
- Promote healthy eating and tackling obesity.
- Improving sexual health.
- Improving mental health and well-being.
- Reducing harm and encouraging sensible drinking.
- Increasing physical activity.

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Source: DH/MORI survey (2005) 'Public views on self care'

- More than half of people who had seen a care professional in the previous six months said they had not often been encouraged to do self care.
- A third said they had never been encouraged by the professionals to do self care.

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Example 1: avoidance

"Nine out of ten doctors think excessive drinking is bad for your health. Luckily mine is the tenth."

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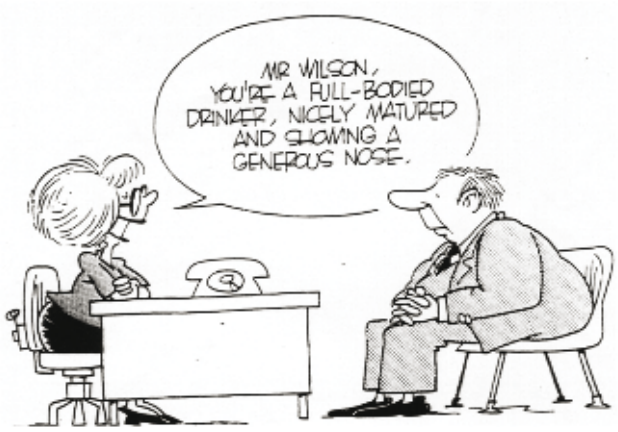
Example 2: evasion



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Example 3: dictating

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Behaviour change theories

A variety of theories are useful to explain and understand how people attempt change.

- The stages of changes (transtheoretical model).
- The health belief model.
- Social cognitive learning theory.
- Diffusion of innovations theory.
- Social marketing: a wider approach based on a social change theory linked to traditional marketing techniques.

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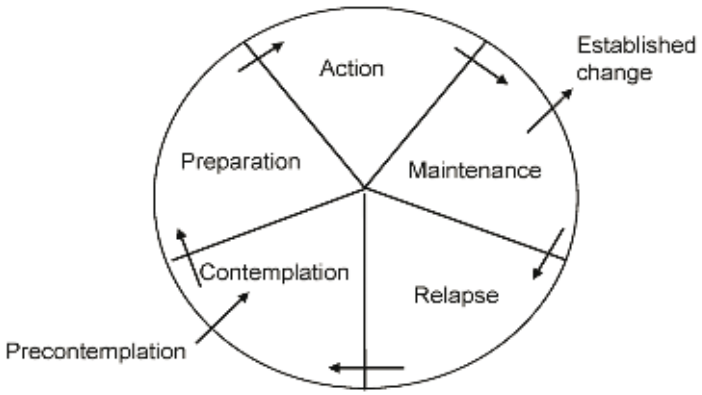
Stages of change



(Based on Prochaska and DiClementes's model)

PHEPA Project

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Stage of change

Precontemplation Patient (unaware/not interested)	**Raise doubt**
Contemplation Patient (aware or thinking)	**Tip the balance**
Preparation Patient (resolving ambivalence)	**Support planning**
Action Patient (making changes)	**Encourage, praise**
Maintenance Patient (keeping it up)	**Help prevent relapse**
Relapse Patient (lapsed)	**Help make sense**

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End of day one

Thank you

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Year one, day one: tasks

Year one, day one: task one

What does being healthy mean to you?

	For me being healthy involves:	One	Two	Three
1	Enjoying being with my family and friends			
2	Living to a ripe old age			
3	Feeling happy most of the time			
4	Having a job			
5	Hardly ever taking tablets or medicine			
6	Being the ideal weight for my height			
7	Taking regular exercise			
8	Feeling at peace with myself			
9	Not smoking			
10	Never suffering from anything more serious than a cold, flu or upset stomach			
11	Not getting things confused or out of proportion – assessing situations realistically			
12	Being able to adapt easily to big changes in my life			
13	Drinking within sensible guidelines			
14	Enjoying my work without too much stress			
15	Having all parts of my body in good working condition			
16	Getting on with other people most of the time			
17	Eating a healthy diet			
18	Enjoying some form of relaxation or recreation			

Column one — Tick any statements which you believe are important aspects of your health.

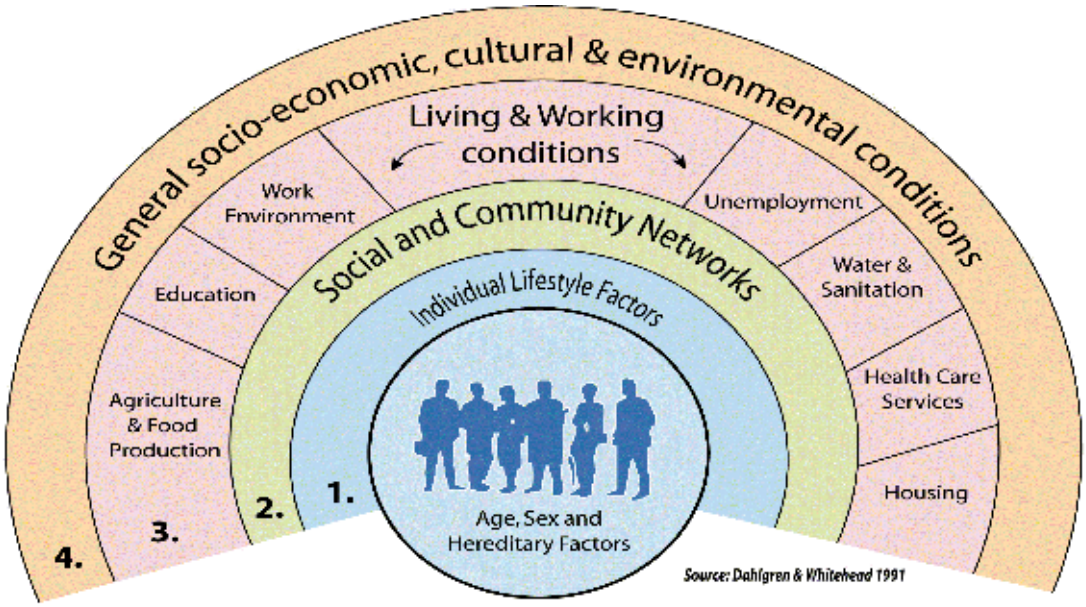
Column two — Choose ‘six’ statements which are the most important to you.

Column three — Rank these six in order of importance (1 = most important to 6 = least important).

Year one, day one: task two

Working in pairs, take a look at the model identifying the main determinates of health and discuss the questions below.

Make a few notes on this task sheet and please be prepared to share some of your ideas and thoughts with the group.



The Main Determinants of Health

- What factors affect your health personally and how much control do you have over these factors?

An example might be:

- housing. Living away from home whilst on this course, missing usual social support and friendships.

Year one, day one: task three

Health promoting activities

What's effective?

A health promotion team carries out two different projects in a local town to encourage dietary change (reducing fat in the diet) in their local adult population to try and reduce the incidence of coronary heart disease.

Small town population is 15,000 people.

Programme one

A cholesterol screening programme for people identified as 'at risk' for CHD and offering cholesterol test and follow up information and advice about healthy eating.
Number of people screened during a one year period = 1,750.

Programme two

Mass-media campaign aimed at the whole population using local radio, local newspapers and giving information and advice (leaflets) about healthy eating in various community settings.

Following completion of the two programmes a sample survey of the total population revealed an overall reduction in fat intake of 3%.

The screening programme achieved a reduction of 7% fat intake immediately following screening.

Discuss

a) What were the different approaches used?
b) What are the positive and negative aspects of each approach?

Year one, day one: task four

Can you think of a time when you considered making a change to your behaviour? Maybe you are considering making a change at the moment. Your change need not be health related!

1) What stages (if any) did you or are you going through?

- Pre-contemplation
- Contemplation
- Preparation
- Action (making the change)
- Maintenance
- Lapse or relapse

In pairs discuss:

- what triggered you to consider change
- how did you or will you go about changing
- do you think you will be successful
- what do you hope to achieve by changing
- where in the cycle of change are you now?

Please be prepared to discuss some of your answers with the whole group.

Year one, day one: task five

Consider the health promotion aspect of your role as a nurse. What do you think will support you in this role and what might be a barrier?

Issue	Support	Barrier
The environment (the hospital and/or clinic)		
Your main job (role and responsibilities)		
Your patients		
Any other issues?		

Year one, day two: timetable

Time	Topic	Trainer's resources	Student activities
9.00	Welcome The six *Choosing Health* key lifestyle topics Health inequalities	PPT Slide 25 Health promotion leaflets and booklets on the six topics (See trainer notes)	Small group work
12.00	Taking risks with health	PPT slides 26 to 28 Recap: what is health? Health beliefs, attitudes and values lifestyle choices	Celebrities health game Group discussion
Break			
1.30	Taking risk with health (cont.)	Risk taking behaviour How do we talk about risk in our clinical role?	Task 6 Discussion
2.30	Offering support to patients and others in a nursing role	What is: PPT slide 29: brief advice PPT slide 30: brief interventions PPT slide 31: motivational interviewing PPT slide 32: clinical assumptions?	
3.30	Recap year one	Revision session: consolidate learning and set student tasks as appropriate PPT slide 33	
	End of day two		

Year one, day two: trainer's notes

Welcome back

PPT slide 25

The six* Choosing Health *topics

Refer to *Choosing Health* and its emphasis on enabling frontline workers to encourage patients/clients to improve their health related behaviour.

Divide students into small groups, giving each group one of the six topics to discuss.

- Healthy eating
- Smoking
- Alcohol
- Mental health and well-being
- Sexual health
- Physical activity

(Provide a variety of leaflets and booklets about each of these topics).

Allow time for the students to discuss their topic and prepare a short information session for the rest of the group.

Students are to consider:

- what they understand about the topic and its relationship to health and how important they view this topic
- list the health problems associated with unhealthy eating, smoking, lack of exercise etc.
- what groups or sections of the population are more or less likely to eat unhealthy food, smoke etc, and why do they think this is the case
- discuss health inequalities
- what is the health message about this topic? Is the message easy, difficult, or impossible?

Each group is asked to feed back their findings and the lecturer to clarify any misinformation and confirm the messages.

(Take a break during this period).

Taking risks with health

PPT slides 26 to 28

Recap: what is health and highlight that health and risk are not necessarily viewed in the same way.

Conduct the celebrities health game. Follow this with a group discussion.

Points for discussion:

- does a person's view of health influence their risk taking behaviour i.e. if you value your 'social' health you may drink alcohol to support your social life
- speaking to people about their health related behaviour involves judgement – the students 'judged' the celebrity
- our values may influence how and when we speak to patients about their lifestyles
- we make assumptions.

Lunch break

Taking risk with health (cont.)

Students' risk taking behaviour: in two large groups students to complete task 6. Each group to feedback the reasons used to justify their risk taking behaviour.

Discussion about why we take risks

- Enjoyment
- Peer pressure
- Viewed as a one-off
- Not considered too risky
- Do other things to support my health
- Boredom/stress etc
- Do not appreciate the risk involved
- My age
- Worth taking

This is a really important concept for students to consider. Speaking to people about their lifestyles involves discussing risk. The nurse's view of risk can overshadow and may prompt them to an advice-giving approach (because they believe the risk is high – they see a lot of evidence for it)!

They may feel they must advise. In other words ‘it is my duty of care to tell patients about the risks and advise them to change!

Offering support to patients and their families as a nurse

What can a nurse do?

Talk through slides 28, 29, 30 and 31 and explain the differences between them.

- Brief advice
- Brief interventions
- Motivational interviewing

Recap programme – discuss student independent learning/observations throughout the year: PPT slide 33.

Taking risks with health
The helping role

Welcome to year one, day one

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Welcome to day two

Activity: groups of celebrities

Group A	Group B
Lenny Henry	Peter Kay
Kylie Minogue	Amy Winehouse
Tony Blair	The Pope
Paula Radcliffe	Dawn French
Mick Jagger	Nelson Mandela

26

Activity

- How would you rate the group of celebrities in terms of their overall health on a continuum 0-10?

0 1 2 3 4 5 6 7 8 9 10

- 0 being very unhealthy and 10 being very healthy.
- Where you would place the following on the scale?
- What criteria did you discuss when making your decision?

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Brief advice is:

- pro-actively raising awareness of and assessing a person's willingness to engage in further discussion about healthy lifestyle issues
- opportunistic: lasts around three minutes and involves listening to patients needs/concerns. Ask, 'do they want to speak about their lifestyle?'

29

Brief intervention

- A brief intervention is a negotiated discussion between a healthcare professional and a client. It can be planned or opportunistic, with advice and encouragement central to the session. The time frame is usually between five and 15 minutes.

30

Motivational interviewing is:

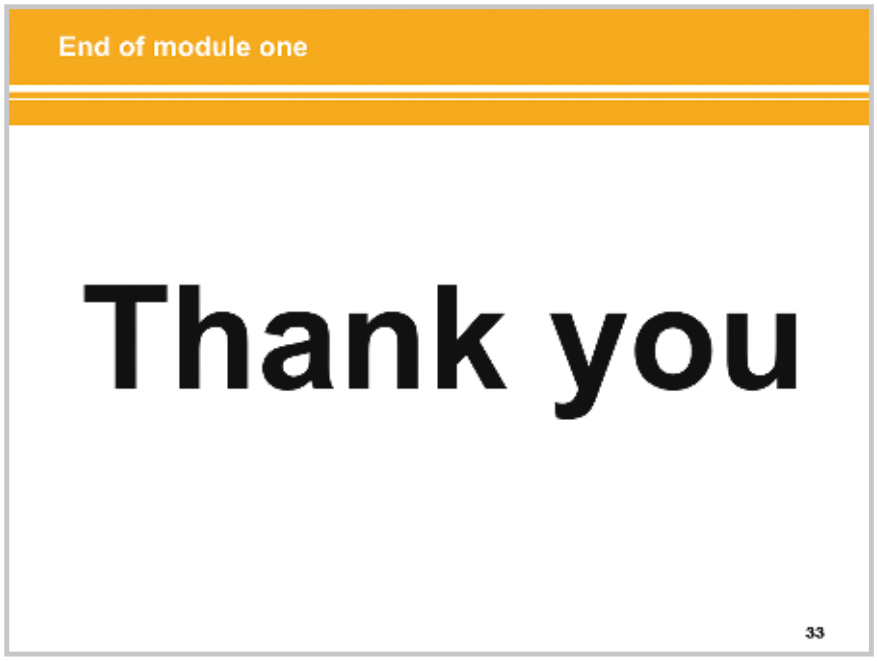
- a process of exploring a person's motivation to change through interview (Field et al, 2005)
- motivational interviewing is an 'approach' that can be used when offering brief advice or brief interventions and promotes effective communication and listening skills. Reflection. Most importantly it is a client-centred approach.

31

Clinician assumptions

- This person **ought** to change.
- This person **wants** to change.
- Health is the prime motivating factor.
- If the person doesn't change the intervention has failed.
- People are either motivated or they are not.
- Now is the right time for the person to consider change.
- A tough approach is best.
- I am the expert.

32


End of module one
Thank you
33

Year one, day two: tasks

Year one, day one: task six

In your small group please list ALL the risks you have taken with your own health in the past week. Consider your physical, social, mental and environmental health. Make as long a list as possible.

Add up your risks.

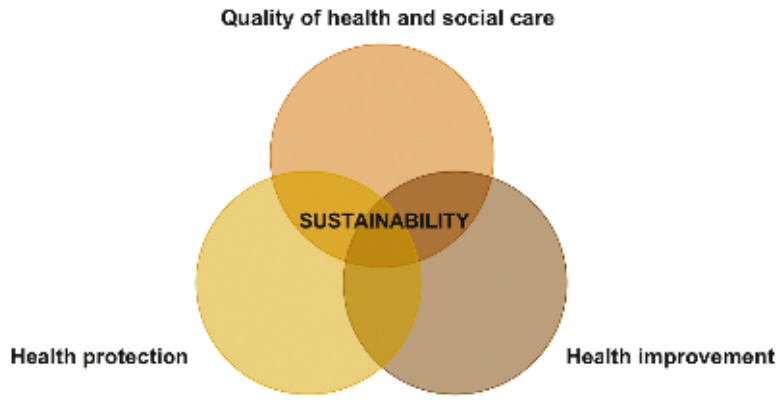
Please discuss:

- which of these risks are acceptable to you and why?

For example
Risk: overeating last Sunday
Why acceptable? Family party and cannot offend my relatives!

Additional slides that can be used to support year one learning

1



Orme et al (2007) Public Health for the 21st Century Fig.1.2 p. 10

2

What is health?

- The World Health Organisation (WHO) (1954) has defined health as a complete state of physical, social and mental well-being and not merely the absence of disease.
- Our health is in a dynamic state of continuity and change, constantly being challenged, stressed, abused and even enhanced by our genetic make-up and lifestyle, and by our wider ecological environment, (Hogston and Simpson, 2002).

3

Classroom activity

- What factors affect your health and how much control do you have over these factors?
- What factors are relevant in your immediate environment and how much control over your health do you have in these areas?
- How much control do you have over the wider influences of health?

4

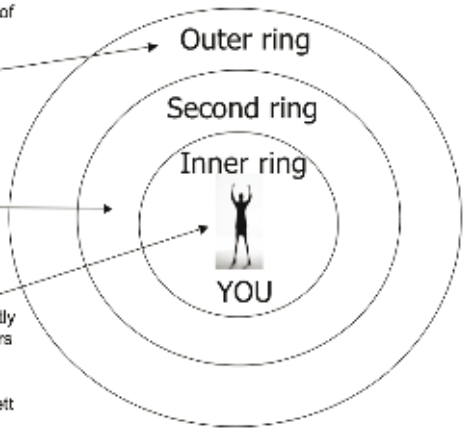
What affects your health?

Outer ring: wider influences of health (social, political or physical environment)

Second ring: immediate social and physical environment

Inner ring: factors that influence your health directly (health behaviours etc)

Ewles and Simnett (2000)



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What impacts on health?

- Many of these determinants of health lie beyond the reach of health service providers, in the social and economic fabric of society.
- Improving the health of a society depends on reducing the health inequalities arising from these socio-economic determinants.
- This means involving those making decisions about housing, business, transport, leisure, education, etc. to influence health directly (through better housing conditions, safer streets and safer employment) and to influence health indirectly (through more housing and more secure housing, through more employment and better access to secure employment).

Extract from Rotherham Guide to HIA, 2003

6

Promoting health

- Individuals have limited control over many of the factors that affect their health.
- Government policy is now aimed at addressing the determinants of health in a proactive manner.
- Public health measures such as epidemiology allow planners to determine the major risks to health and to address them in a systematic fashion.
- Fundamental aspect of health promotion is that it aims to empower people to have more control over aspects of their lives which affect their health.

7

Definitions of health and their relevance to public health

- Traditional approaches to dealing with health such as the medical model are limited as they create a culture of dependence on treatment.
- This means that people do not seek to prevent ill-health. Public health is seen as an approach that will allow us to foster a more proactive or 'up stream' approach to preventing ill-health.

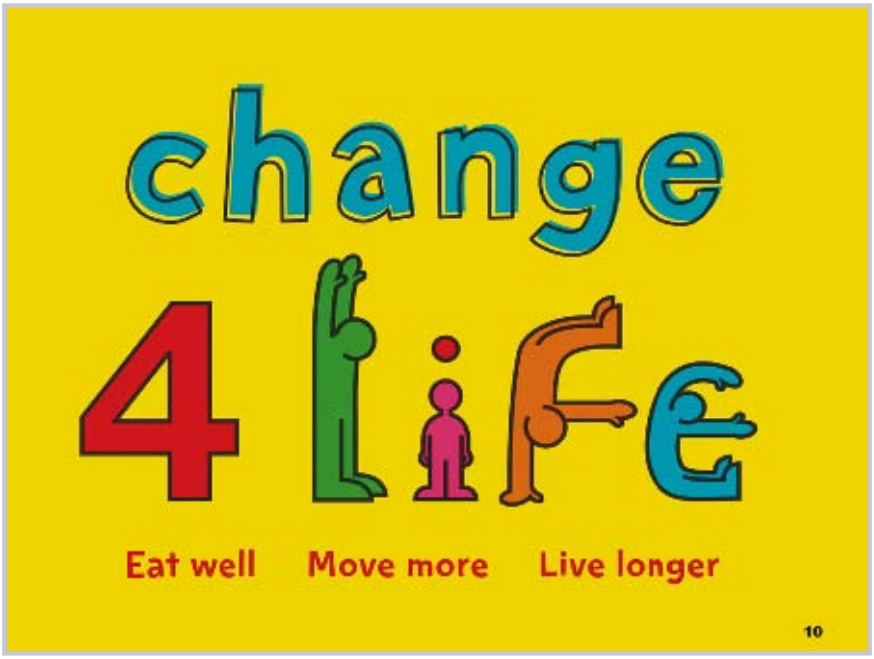
8

Our health, our care, our say: a new direction for community services (DH 2007)

This white paper aimed to achieve four main goals:

- better prevention services with earlier intervention
- give people more choice with a louder voice
- do more on tackling health inequalities and improving access to community services
- more support for people with long term needs.

9



Department of Health – Change4life

Website www.dh.gov.uk

- Follow link to 'Change4life' web pages and website: http://www.nhs.uk/change4life/Pages/Default.aspx
- How effective do you think the 'Change4life' campaign will be?

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Choosing Health (DH 2004) links:

- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550 (full version)
- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094559 (executive summary)

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Our health, our care, our say: a new direction for community services (DH 2007) links:

- http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm (full version)
- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5653167 (executive summary)

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Risk factors: some examples

In mortality/morbidity In wellbeing	Physiological risk factors ▪Hypertension ▪Hypercholesterolemia ▪Stress hormones
Risk conditions ▪Poverty ▪Low social status ▪Dangerous/stressful work ▪Climate change ▪Environment ▪Discrimination ▪Power differentials	Behavioural risk factors ▪Smoking ▪Poor nutrition ▪Inactivity ▪Substance abuses
	Psychosocial risk factors ▪Isolation ▪Lack of social support ▪Poor social networks ▪Low self esteem ▪Motivation

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Intention of brief intervention

- Opportunistic brief advice
- Raising lifestyle issues
- Client centred
- Traditional approach:
  - advice
  - information
  - motivation
  - referral.

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Assessing interest/motivation

Not all patients are the same.
Healthy lifestyle choices may not be at the top of their agenda.

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Smokers

- Have time to consider the stages and processes of change.
- The person who is a contemplator and thinks about stopping but doesn't do anything about it, six months, two, three, 10 years later seeks help to quit.

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Weight loss

- 'Always on a diet, and trying to lose weight'

Issue raised
↓
Educated
↓
Personalised information/beliefs and attitude
↓
Motivated and become committed
↓
Confident able to make change
↓
Start preparation/action

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Scaling exercise

- Think of something that you want to change.
- On a scale of 0 (not at all) to 10 (very confident) what number would you give yourself right now?
- Why are you here and not higher or lower?
- What would need to happen for you to get a higher point?
- How can I help you get from where you are now to a higher number?

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The decisional balance (should do could do)

- A useful tool if client undecided about change.
- In pairs.
- Consider a lifestyle behaviour you might want to change.
- List pros and consequences of the chosen behaviour to their health.
- Feedback from group work.

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Communication

- Group exercise.
- What core skills are required for effective communication?
- What behaviours would prevent effective communication?

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Linking assessment to brief intervention

- Avoid labelling.
- Start with readiness to change.
- Ask the patient how they feel about behaviour issue.
  - E.g. You appear to be drinking at a rate that increases your risk of harm.
    What do you think?
  - E.g. The way in which you are drinking may be affecting your health.
    What do you think?

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FRAMES approach

- Feedback (personalised)
- Responsibility (with patient)
- Advice (clear, practical)
- Menu (variety of options)
- Empathy (warm, reflective)
- Self-efficacy (boosts confidence, they need to feel it is achievable)

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How much is too much?

Simple Structured Advice

sbi

UNITS

Bottle of Wine

Single Measure

Glass of Wine

Measure of Can of Lager

Pint of Lager

Are you at risk from drinking alcohol?

Risk	AUDIT Score	Men	Women	Common Effects
SENSIBLE	0 - 7	21 units or fewer per week or up to 4 units per day	14 units or fewer per week or up to 3 units per day	• Increased relaxation • Reduced risk of heart disease • Sociability
HAZARDOUS	8 - 15	22 - 49 units per week or regular drinking of more than 4 units per day	15 - 35 units per week or regular drinking of more than 3 units per day	• Less energy • Depression/Stress • Insomnia • Impotence • Risk of injury • High blood pressure
HARMFUL	16 - 40	50 + units per week	36 + units per week	• All of the above and... • Memory loss • Increased risk of liver disease • Increased risk of cancer • Possible alcohol dependence

- At an AUDIT score of 20+ do an assessment for alcohol dependence and consider referring.
- Binge drinking is considered to be drinking twice the daily limit in one sitting (8 units for men, 6 units for women).
- There are times when you will be at risk even after two or three drinks. For example, when exercising, operating heavy machinery, driving or if you are on certain medication.
- If you are pregnant it is recommended that you completely abstain from drinking alcohol.
- As well as keeping to weekly and daily limits it is recommended that 2 days of the week should be alcohol-free.

How do you feel?

Your screening score suggests you might be at risk of problems in the future. What do you think?

You appear to be drinking at a rate that increases your risk of harm. What do you think?

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Discussion

- **Issues to think about**
  - What are the essential elements if time is short?
  - When, where and by whom?
  - What resources are required?
  - What if patients want more than simple advice?
  - This might just be enough to raise awareness.
  - Main element is not to raise resistance.

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Motivational approach fits with patient centred practice

- Both clinicians and patients are experts.
- Distinction between disease and illness.
- Understanding patients in a context.
- Finding common ground.
- Mutual decision making.

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Client centred approach

- 'Client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving uncertainty.'

1. Express empathy
2. Develop discrepancy
3. Avoid argumentation
4. Roll with resistance
5. Support self-efficacy

Miller & Rollnick 2002

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Discussion

- **Issues to think about**
  - How could this fit in PHC?
  - Could this be used in hospitals?
  - Who might be best placed to deliver this?
  - In what context could it be offered?
  - How should it be incentivised?
  - What about patients who need more?

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