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1A Discuss and determine issues of concern and the person's stage in the decision to change

Brief interventions are evidence-based practices used to motivate individuals to change their behaviour. It is most commonly used in the alcohol and other drugs sector with individuals at risk of substance abuse; however, it is also an effective way to discuss other areas of concern for a person. By nature, brief interventions are quick and often opportunistic. They can take place in any situation, such as during an informal discussion or during formal counselling sessions. They can be as quick as thirty seconds or may occur over four or five more formal sessions.



It is important to discuss specific issues of concern the person is experiencing to determine how these can be addressed using a brief intervention. Again, this could be during a formal assessment or during an informal discussion.

Stages of change model

It is important to first determine the person's readiness to change. You can assess the person's readiness to change using the stages-of-change model developed by Prochaska and DiClemente. The model assesses how the person feels about their behaviour, health and wellbeing. It determines if the person is comfortable with their current situation and behaviour, or if they are considering making changes, or if they are ready to take action to change.

It is important to remember that this is not a linear progression, people can move backwards and forwards between the stages depending on their current circumstances.

You can read more about each stage of the behaviour change model [here](#).

Pre-contemplation

Individuals in this stage are happy with their current behaviour and are not thinking about changing. The benefits they get from the behaviour currently outweigh any problems or consequences. They do not intend to take any actions to change current behaviour and may avoid information on the issue. People may be unaware or unwilling to see their behaviour is problematic or risky. They may feel overwhelmed by the issue and have given up any hope of change.

Effects of environmental health

Environmental health refers to a variety of factors that are external to the person and that could impact on their health and wellbeing. These factors could be physical, chemical or biological. They could include physical factors like water quality, waste-management or sanitation. Chemical factors could include poisons, pollution (like smoke, smog or mould) or pesticides. Biological factors could include infectious diseases, disease prevention strategies and treatment. For example, a person may live in a home with asbestos, or they may store chemicals or food unsafely, or they may have rubbish lying around the house for extended periods of time, which attracts rodents and disease. Discuss what environmental factors are impacting on the person.



Effects of nutrition

The World Health Organization defines nutrition as ‘the intake of food considered in relation to the body’s dietary needs’. Good nutrition refers to a diet that is adequate and well balanced, and requires access to adequate and good quality food. Poor nutrition can lead to reduced productivity, can impair physical and mental development, and decreases immunity leading to increased susceptibility to disease. The person’s understanding of the requirements for good nutrition, and their ability to access adequate food resources are important for you to assess. If the person’s nutrition is lacking, it is important to assess the causes of this and the impact on their health and wellbeing.

You can read more about nutrition at www.nutritionaustralia.org.

Effects of alcohol

Alcohol is the most commonly used drug in Australia, so it is important to assess whether the person uses alcohol and if so, what impact it is having on their overall health and wellbeing.

Alcohol is a depressant drug, which means it slows down the messages travelling between the brain and the body. It can impact on the person’s mental and physical health and can create or add to risk factors. The effect that alcohol has on an individual is dependent on many factors including the person’s weight, size and gender, how much they drink and how often they drink, and what other drugs they may be using.

Effects of other drugs

Drugs are any substance, other than food, which are taken to change the way the body and/or mind function. Drugs that alter a person's mood are called psychoactive drugs. These drugs can affect how a person thinks, feels and acts. These drugs can be illegal, over-the-counter or prescribed medication.

Discuss the person's substance use with them and consider the impact this use may have on their health and wellbeing. For example, a person may need to take prescribed medication to stay well or may be putting themselves at risk by illegally using drugs.



You can find more information regarding specific drugs at <http://druginfo.adf.org.au>.

Reasons for using brief interventions

Brief intervention approaches are useful for providing individuals with information and to encourage changes to problematic behaviour; for example, drug use or risky sexual behaviour. Brief intervention can be used to reduce harm, to provide respite, to meet an immediate need or to change behaviour.

Here are three reasons to use brief interventions with individuals.

Raising awareness

Brief intervention can be used effectively to raise awareness of the impact of certain behaviours with a person. It may help them to become more aware of how behaviour is impacting negatively on aspects of their life. It can also raise awareness of alternative ways to behave.

Sharing knowledge

Brief intervention approaches recognise that many people can benefit from being given appropriate information at the right time. Accurate and relevant information can assist the person to understand the impact of the behaviour, such as the effects and risks of using a certain drug. Or it can provide the person with alternative behaviours like meditation to relax instead of drinking alcohol. It can also provide the person with harm reduction strategies.

Making changes

Brief intervention encourages the person to make changes to current behaviours. This may be to moderate or stop a certain behaviour. Or it may be to move the person to another stage of change; for example, from pre-contemplation to actively thinking about the issue. Brief interventions are used to motivate individuals to change their behaviour to improve health and wellbeing. A short time frame allows for more immediate achievement of goals or observing improvements to the person's situation.

Action

Resources may include:

- ▶ support from family or friends
- ▶ goal setting or checklists
- ▶ referral information to organisations providing specific services
- ▶ stress management strategies (like meditation)
- ▶ health checks, a visit to GP
- ▶ screening or assessment tools.

Maintenance

Resources may include:

- ▶ support from family or friends
- ▶ strategies to identify risk.

Using resources as support

It is important to use resources in a way that supports the brief intervention. It can be tempting as a busy worker to provide a person with written information as they are leaving. Just giving a person a factsheet or flyer is not likely to be adequate, as they may not be willing or able to read the information. It is possible that they will have questions to ask or may not understand the information. You could consider reading through the information with the person and checking for questions, or summarising the content for the person and giving them the written information as a reminder.



For example, if you determine that the person is either contemplating or preparing for change, you may need to use more formal tools, like screening or assessment tools, to encourage and support that change. While many tools can be used by community services workers, it is important for you to familiarise yourself with the tool before using it. You should also consider how you will use the information gathered by the tool, and how you will discuss this with the person.

Features of brief interventions

Brief intervention approaches share a number of features. Brief intervention takes a short period of time and is a one-to-one intervention. Brief intervention can be opportunistic, can be done by any worker in community or health services, and is led by the person receiving support. Examples of brief interventions are listed here.

Brief intervention strategies

- ▶ Informal discussions
- ▶ Telephone helplines
- ▶ One-to-one counselling
- ▶ Screening or assessment
- ▶ Self-help workbooks
- ▶ Education on a specific topic
- ▶ Online quizzes or information
- ▶ Peer programs
- ▶ Harm reduction information

A private, one-to-one approach

Brief interventions are one-to-one approaches that involve only the person and the support worker. Ensure that privacy and confidentiality are maintained, as this supports the development of trust in the working relationship. While brief intervention does not require a formal counselling session, it does require a quiet and private space. The issue could be raised in the car driving the person to an appointment; sitting outside with a coffee; or a counselling session in an office. It is important that brief intervention happens one-to-one, as the strategy needs to meet the identified needs of the individual and be tailored to their circumstances.



Opportunistic interventions

Brief intervention often involves taking advantage of opportunities that are presented during everyday interactions with a person. It means if an opportunity presents itself, you take it to raise awareness, share knowledge and encourage the person thinking about making changes to improve their health and wellbeing. This provides an immediate chance to increase the person's perception of risks or problems, or to improve the understanding of issues. It assists in the development of relationships allowing engagement with individuals not yet ready to change behaviour so they will feel comfortable discussing concerns when they arise.

Opportunities could occur:

- ▶ during a general discussion
- ▶ during an informal meeting
- ▶ during a counselling session
- ▶ during an assessment
- ▶ during intake
- ▶ while transporting a person to an appointment
- ▶ while providing other support services to the person
- ▶ while undertaking daily living tasks with the person.

A step-by-step process

A brief intervention often consists of five basic steps. The steps remain consistent regardless of the length of the intervention or the numbers of sessions undertaken.

A five-step brief intervention process

Introduce the issues in the context of the person's health and wellbeing.

Screen, assess or identifying needs as appropriate.

Provide feedback.

Talk about change and setting goals.

Summarise and reaching a conclusion.



Topic 2

In this topic you will learn how to:

- 2A** Raise awareness of the health issue with a person who is not contemplating change

- 2B** Conduct a brief motivational interview with a person who is contemplating change and match approach to stage of change

- 2C** Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies

- 2D** Take opportunities to support and encourage a person who has made a change

- 2E** Identify current needs and sources of assistance, and give support as appropriate for a person who has lapsed or relapsed into prior behaviour

Use brief intervention strategies

Once you have identified issues and determined the brief intervention strategies that are appropriate, put these strategies into action. This may involve providing the person with information or advice, particularly if they are not contemplating change. It could be conducting a motivational interview with someone who is thinking about making changes, or supporting the person to explore choices or set goals. As a community services worker, take any opportunities to encourage the person who has made a change and support them to maintain change or to identify sources of assistance if they have relapsed.

2B Conduct a brief motivational interview with a person who is contemplating change and match approach to stage of change

Motivational interviewing is an approach used during a brief intervention that is based on the belief that all behaviour is motivated. In other words, humans do things for a reason – the person either gains something positive from the behaviour, or avoids something negative by continuing with the behaviour.

Motivational interviewing is also based on the idea that the reason a person may participate in a behaviour or stop a behaviour involves them weighing up the potential benefits and costs of the behaviour. Motivational interviewing encourages the person to consider both the good and less good things about the behaviour and explore the possibility of change.



Behaviour change model

The behaviour change model, or the stages of change model, as discussed in Topic 1, provides a framework for encouraging and supporting change. Motivational interviewing can contribute to the development of a positive working relationship with individuals as it helps them to articulate their thoughts and feelings about specific behaviours and issues, rather than imposing judgments or opinions.

The behaviour change model is used alongside the stages of behaviour change model as the content of the interview is based on the person's stage of change. It is useful as part of an initial assessment as it can help the person understand how they feel about a particular behaviour, what the benefits and consequences are, and how motivated they are to change.

It is important to be able to use motivational interviewing in the context of the person's readiness to change. The overall goal of motivational interviewing is for the person to explore their feelings about their behaviour and convince themselves to change.

Pre-contemplation stage

A person in the pre-contemplation stage feels that there are benefits of a particular behaviour. During this stage of change, motivational interviewing can be used to support the person to recognise that while there are good things about the behaviour for the individual, there may also be harmful or negative things about it.

Your role is to increase the person's perception and knowledge of the risks and harms that the behaviour could be doing to their health and wellbeing. It can also be used to provide the person on harm reduction strategies for the behaviour.

Maintenance stage

The journey through the stages of change is usually not smooth for any person, and this could mean the person reverts back to the changed behaviour – or lapses. The word ‘lapse’ has less negative connotations than the word ‘relapse’, which has an implied a sense of failure. A lapse is merely a slip-up, and can be minor and temporary. Even when a person is motivated to make changes, they can still encounter situations that encourage a lapse into the changed behaviour. For example, an ex-smoker who is sitting with smoking friends after a difficult day may have a smoke.

Motivational interviewing can help the person identify and use strategies to prevent a lapse. Strategies may include setting new goals, identifying and managing trigger situations, or identifying alternative behaviours that meet needs.

Here are some factors that are useful to identify with the person as triggers to lapse.

Lapse triggers

- ▶ Feeling low or anxious or alone
- ▶ Being in a particular environment that encourages the behaviour (like a pub or restaurant or casino)
- ▶ Being around other people who encourage the behaviour
- ▶ Life stresses; for example, at work or in a relationship

Support the change process

Motivational interviewing is based on the principle of a collaborative relationship between the worker and the person. The person’s autonomy, strengths and resources are acknowledged and supported. The worker facilitates the process rather than directing it.

Here are some examples of supporting a person to make a change during each of the different stages of change.

Pre-contemplation

James has been smoking for a year. His mother has insisted he discuss his smoking with a worker. He tells the worker he enjoys the occasional smoke and does not see it as a problem. James does not smoke at school and is doing well with his studies. The worker discusses the benefits and consequences (his mother’s nagging, health issues) with James and lets him know he can return any time for a chat.

Contemplation

Simon has been smoking for five years, and still enjoys a smoke. He recently secured a new job where taking smoke breaks will be difficult. The worker supports Simon to list the pros and cons of his smoking and to highlight his concerns. They discuss the ambivalence Simon feels and the worker provides the person with additional information and options.

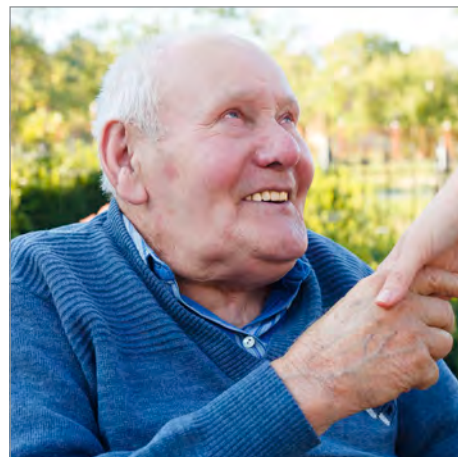
2C Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies

People who are at the action stage of change will express motivation to change. They may even have started taking steps towards change. The role of the worker becomes to encourage this motivation and support the person to set goals and explore their choices and options. These goals will be achievable within the short time frame of brief intervention.

Once a person has made small or significant changes to improve their health and wellbeing, they need to maintain the changes. The worker's role is to support the person to identify risks that may lead to relapse and to identify strategies that will help them to avoid relapsing.

Options and approaches to support change

As a worker you have a range of options and approaches that will support the person to change. Whether or not you use an approach like motivational interviewing, you will still need to work collaboratively with the person to achieve change. This may include supporting the person to express their feelings and identify concerns. It may be to support them to set goals, make decisions or choose strategies. It may be building and supporting their motivation by giving positive feedback, or providing additional resources like a referral to a specialist organisation.



Explore concerns and strategies

It is likely that when discussing the pros and cons of a certain behaviour with a person, they will be able to identify at least a few factors that are negative about the behaviour. For example, a person may recognise that while drinking is enjoyable, the hangovers they experience are really bad. They may acknowledge that while they enjoy smoking, their partner hates the smell of cigarettes. They may enjoy junk food, but hate that their clothes do not fit well.

It is important, however, for you to ascertain how much of a concern these negatives really are for the person. You may ask the person if their hangovers are really a problem, or if they're concerned about their partner's opinion. If the person indicates that they are not really concerned about the negative, they may not be motivated to change the behaviour. However, the person may indicate that they are really concerned by the hangovers, as they are impacting on their ability to complete their work well and affecting their reputation. This provides you with the opportunity to explore this issue further and to discuss strategies for working towards change with the person.

Highlight benefits of change

While the person may have considered the costs of continuing with a behaviour that is impacting on their health and wellbeing, it is often useful to highlight the benefits of making changes.

Here are examples of some of the benefits that a person might experience from quitting smoking two packs of cigarettes a day.

Benefits of change	
▶	Significant financial savings (several thousand dollars per year) that can be used to do something pleasant, like a holiday
▶	Improved ability to taste food
▶	No more yellow fingers and teeth
▶	Less wrinkles developing
▶	No more smoker's breath
▶	Return of increased and healthy lung function in a relatively short period of time (less chance of being out of breath)
▶	Reduced risk of disease associated with smoking

Give positive feedback and encouragement

A key component of brief intervention is providing feedback to the person. Once a person has started working towards goals, it is important for you to provide feedback to them. When they are doing well, encourage them to continue to work towards change. In particular, it is important to recognise successful outcomes for short-term goals and to provide the person with positive feedback regarding their achievements. If the person is finding a particular goal challenging, you can encourage them by acknowledging the difficulty and how hard they are trying. You can also discuss the person's past experiences where they successfully met and overcame similar challenges. Also provide practical support and resources where appropriate to encourage change.



Offer time and support

Often one of the most valuable things a worker can offer a person is empathy and time. Empathic support provides warm, reflective understanding to the person. It is important for you to offer the person time and support to identify goals, select the best options and strategies, and provide them with feedback. This could mean that you help the person to identify significant people in their lives who could support them to meet their goals. It could mean taking the time to explain the person's options thoroughly and to discuss their decisions. It may also mean spending time to identify ways to celebrate success, or to actively participate in supporting the person by working collaboratively with them.

Environment and lifestyle changes

- ▶ Support the person to recognise and implement changes to their environment/ lifestyle to minimise frequency of high-risk situations and to strengthen commitment to change.

Positive self-talk

- ▶ Support the person to develop a phrase or two to repeat to themselves when tempted to return to previous behaviour.

Problem-solving skills

- ▶ Support the person to learn and practise problem-solving skills to use in challenging situations.

Example

Support the person who expresses motivation to change in exploring choices, setting goals and identifying relapse prevention strategies

Fara is talking to Joy, the community services worker. Fara has identified an area of concern to her health and wellbeing. Fara tells Joy that she is inactive and has gained weight and gets out of breath easily. Fara is concerned that she is at risk of heart disease and she also feels very embarrassed by the weight gain. Joy works with Fara to set a small achievable goal for the next week. Fara's goal is to walk for 30 minutes each day for the next week. To support Fara, Joy provides her with information about a local walking group and helps her to call to find out where they meet. Joy also provides a range of websites and mobile apps that Fara can access and follow. Joy also schedules a follow-up meeting with Fara to review her progress, celebrate her achievements and discuss any barriers she has encountered.



2E Identify current needs and sources of assistance, and give support as appropriate for a person who has lapsed or relapsed into prior behaviour

Even when a person is highly motivated to change, there are barriers that can get in the way of them achieving change. The person may need support from people and organisations beyond you to make progress. They may also have other challenges that need to be addressed alongside or before the identified behaviour can be changed.

At times, because of the person's situation or environment, they will lapse or relapse into the prior behaviour. Your role does not end when the person changes their behaviour – support must continue to ensure that lapses or relapses are managed to ensure achievement of goals in the long-term.

Identify needs and sources of assistance

You may have worked with a person to identify a behaviour that is impacting on their health and wellbeing that they wish to change. It is important when setting goals towards change that you consider the current needs of the person and the broader context for that behaviour. The person may have needs that will get in the way of maintaining change and will lead to relapse. You can identify what the person needs to maintain change by talking to the person about what led to the lapse or relapse and by exploring the person's context. For example, a person may be in a stressful relationship and manages that stress by drinking. If the person stops drinking, they will still be in a stressful relationship. So the person may need to work on their relationship alongside managing their alcohol use.



The person may need assistance to meet the needs you have identified. Match the assistance to the identified need. So for the above example, you may need to support the person to access relationship counselling.

Consider the broader context

You may need to consider other factors that may impact on the person's behaviour, their motivation to change and the resources and support networks that are available to them. As with all community service work, it is important to take a holistic approach when identifying factors that could have positive and negative impacts on the person and their ability to achieve their goals and minimise lapses.

Here are three contexts to consider when identifying the person's needs.

Cultural context

What is the person's cultural background? What impact does the person's culture have on their behaviour and needs? Are their cultural needs being met? Is there trauma related to culture that needs to be considered?

Family context

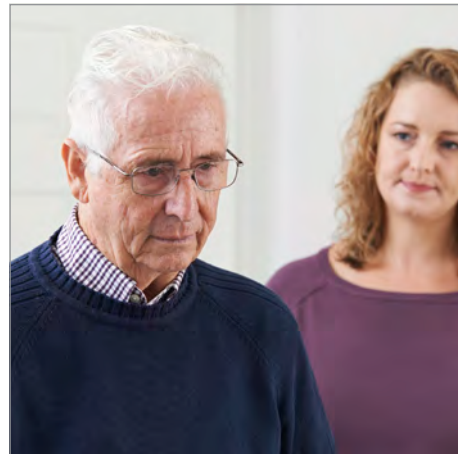
What is the person's family context? Do they live with family members? Are family members supportive or do they create barriers to change? Are family members not present? Does contact with family members create challenges? Is there family trauma to be addressed?

Community context

How engaged with their community is the person? Is the person isolated from the community and needs to connect? Are there local supports that the person could engage with? Is the community a barrier to maintaining change?

Appropriate support

It is important to establish, when a person has lapsed or relapsed, what triggered or caused the lapse. Appropriate support cannot be provided until triggers have been identified. Triggers could be environmental, people, situational or emotional. Consider, for example, whether the person's goals were realistic and appropriate. If not you may need to support the person to establish new or amended goals. The person may need support that you are unable to provide, so it may be necessary to engage the person with alternative assistance. The person's situation may have changed leading to a change in motivation and priorities. Work with the person to address their current situation.



Example

Identify current needs and sources of assistance, and give support as appropriate for a person who has lapsed or relapsed into prior behaviour

Rod has used heroin for six years. Five weeks ago, with the support of Lochie, a community services worker, he entered a detox centre and then a residential alcohol and other drugs program. Rod has managed to change his drug using behaviour and until yesterday had not used heroin or any other illegal substance. Two days ago, Rod moved back to his apartment with his roommate. He did well initially but then his roommate had friends over and they were all using heroin and he found himself joining them.



Rod and Lochie identify that sharing an apartment with someone who uses heroin, and having friends who use, is a trigger for Rod. Lochie supports Rod to talk to his roommate about not using in the apartment. His roommate is supportive and agrees that using in front of Rod was not good. He agrees to not use heroin when Rod is around. Lochie also tells Rod that he thinks he will start looking for a new apartment soon. Lochie provides Rod with the contact details of a housing program to encourage this.



Practice task 8

1. How can a person's family context impact on the outcome of a brief intervention?

2. Name two factors that can be barriers or challenges to a person who wants to achieve a positive outcome.

3A Keep notes in accordance with organisation policies and procedures, recording the person's stage of decision-making on each occasion

Most organisations will require you to keep records, often in the form of case notes, regarding any support services provided. Aspects of the brief intervention need to be documented, including screening, goals and outcomes. You must follow your organisation's policies and procedures, which will help you detail what information needs to be included and who is responsible. Taking professional notes regarding the brief intervention will provide you with a record of decisions that have been made and the person's stage of change. It will support the brief intervention by providing information for reviewing progress, assessing changes in circumstances and documenting achievements. Records are considered legal documents and may be required for or used in court proceedings if necessary.

Record-keeping requirements

Good records are essential to provide best practice services and support the decision-making process for you and the person receiving services. Records may include the person's personal contact and medical details, screening or assessment documents, case/file notes, information from other service providers, and review notes. Record-keeping requirements will differ depending on the organisation you work for; however, there are some fundamental requirements across community services.

Here are some of the essential requirements for record keeping.

Objective language

- ▶ The language you use in records should document facts and observations, rather than subjective opinion.

Accurate and current

- ▶ Records need to be updated in a timely manner and details should be accurate and complete to avoid misunderstandings or legal repercussions.

Dated and signed

- ▶ Case notes and other documentation should be dated to enable appropriate follow-up. Records should also indicate the name of the worker involved.

Typed or clearly written

- ▶ Records must be legible and professional to facilitate information sharing with other health professionals.

3C Regularly review the person's progress or outcomes, adjust approaches or make referrals according to their needs

When using a brief intervention approach, it is essential that you regularly meet with the person to review the progress they are making towards their goals. Brief intervention goals have short time frames, so the review process should occur within a short time after the intervention. Regular reviews allow for affirmation of achievements and identification of changes in the person's needs. Changes could occur to the person's motivation, their environment, their health, or to other factors impacting on their ability to change behaviour. If any changes in circumstances or needs are identified, it is important to adjust the brief intervention accordingly and to make referrals where necessary.



Methods for reviewing person's progress

No matter how good the brief intervention seems, or how good the goals were, you cannot know how effective the intervention is without reviewing progress. Reviews should take place in a timely manner to assess whether adjustments need to be made to the person's goals. Your organisation is likely to have a process for conducting reviews that you must follow. Sometimes, this will involve completing a review document with the person, or it may be a discussion regarding progress.

You may also need to review the person's stage of change. It is possible that the person's motivation has either increased or decreased since the brief intervention and this will impact on the person's progress.

It may be useful to get feedback from significant people in the person's life, like family or friends, regarding their progress. Those who see the person regularly, or even every day, are more likely to see changes or to be able to assist the person to identify barriers to change.

Here are some factors that reviews can assess.

Reviews can assess whether the:

- ▶ person has achieved their goals, or is making good progress
- ▶ goals are appropriate or need to be adjusted
- ▶ time frame was appropriate
- ▶ person's situation or needs have changed.

Documentation

Complete any referral documentation with the person's consent. Ensure all information is accurate and current. Support the person to make any necessary phone calls or appointments. With the person's consent, share relevant information so the person is not required to repeat their story to multiple service providers.

Barriers

Consider any barriers the person may experience in accessing other services and work with the person to minimise these barriers. Barriers could include financial concerns (fees), transportation, language or literacy issues, child care concerns, or lengthy waiting lists. Support the person to access the other service where appropriate.

Follow up

Ensure that you follow up on the referral with the person and the other service provider. Gain feedback on how the referral is progressing. Follow up on any concerns or issues.

Example

Regularly review the person's progress or outcomes, adjust approaches or make referrals according to their needs

Chris, a community services worker, completed a brief intervention with Ross a week ago. Ross decided during the intervention that he would increase his daily aerobic exercise from almost zero minutes per day to 20 minutes per day. Chris meets with Ross to review his progress. Ross tells Chris that he did begin to jog the first day but got very out of breath and had chest pains so he stopped and has not done any exercise since. Based on this information, Chris discusses the need to make an appointment with Ross' GP to do a health assessment to ensure he can safely exercise. Chris and Ross also discuss what other forms of exercise he could do that might be gentler and Ross agrees that he will walk 20 minutes per day instead, after getting the okay from his GP.

