

# International Journal of Advanced Multidisciplinary Research

ISSN: 2393-8870

www.ijarm.com

(A Peer Reviewed, Referred, Indexed and Open Access Journal)

DOI: 10.22192/ijamr

Volume 11, Issue 1 -2024

Review Article

DOI: <http://dx.doi.org/10.22192/ijamr.2024.11.01.004>

## Brief Intervention Therapy: Significant Role of a Nurse

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### Keywords

Alcohol brief  
intervention,  
Brief Counseling,  
Nurses,  
Nursing profession,  
time Boundtherapy,  
short duration  
therapy

### Abstract

Brief interventions are research-proven procedures for working with individuals with at-risk use and less severe abuse behaviors and can be successful when transported into specialist treatment settings and performed by alcohol and drug counselors. Nursing is currently the largest profession group in the medical profession. Nurses are in key positions to reduce the global burden associated with alcohol, yet many are ill-prepared to screen for alcohol use and intervene accordingly. The purpose of this integrative review was to identify best practices for educating nurses to work with clients who are at risk for alcohol-related adverse consequences, implement alcohol screening, and deliver alcohol brief interventions (ABIs).

### Introduction

The brief intervention therapy is an integrated approach to mental health useful for substance abuse problems have been used for many years by alcohol and drug counselors, social workers, psychologists, physicians, and nurses, and by social service agencies, hospital emergency

departments, court-ordered educational groups, and vocational rehabilitation programs. Being an important and considerable number in health care delivery system, nurses are in key position to enhance the effectiveness of brief intervention therapy with an aim to have addiction free society.

## Major and Crucial Reviews: Brief Intervention therapy and Nurses Role

**J Joseph et al (2014)** conducted a study on “Efficacy of brief intervention therapy on harmful and hazardous use of alcohol done by nurses.”: The results of the study suggested that the nurse are an effective method for reducing alcohol consumption. We advocate more rigorous randomized controlled trials to underpin its efficacy in both research and real life scenario.

**Ockene and colleagues (2002)** used nurse practitioners in addition to physician to deliver a counseling intervention because nurse practitioners are educated to provide preventive care, counseling, and patient education. A 5 to 10 minutes patient- centered collaborative counseling, and patient education was delivered. The findings of this study is are encouraging because they show that using nurse practitioners to deliver brief interventions can decreases the burden on physician

**Dr Bharati Pravin Pawar**, Union minister of state for health and family welfare. While addressing an event to mark International Nurses Day, Pawar said: “ A Nurse play a important role in the healthcare industry and are the most important connection between a doctor and the patient. They are the heroes who attend to the needs of their patients, be it day or night, without a frown on their face. They are the cornerstone of the healthcare industry, whofaithfully take care of all the requirements of the clients."

Nurses are in key positions to reduce the global burden associated with alcohol, yet many are ill-prepared to screen for alcohol use and intervene accordingly. The purpose of this integrative review was to identify best practices for educating nurses to work with clients who are at risk for alcohol-related adverse consequences, implement alcohol screening, and deliver alcohol brief interventions (ABIs).

## Definition

According to The World Health Organization (WHO) defines

Brief interventions as 'practices that aim to identify a real or potential alcohol (or other drug) problem and motivate an individual to do something about it'.

**Aim** - Brief interventions are those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse, either by natural, client directed means or by seeking additional treatment.

## Goal

- ) **Basic goal-** lower the risk of likelihood of damage that could result from continued use of substance
- ) **The specific goal-** for each individual client is determined by his use and by the setting in which the brief intervention is delivered.

## Professionals who can administer brief interventions:

- Primary care physicians
- Substance abuse treatment providers
- Substance abuse clinicians
- Emergency department staff members
- Nurses
- Social workers
- Health educators
- Lawyers
- Mental health workers.
- Teachers
- Employee assistance program counselors
- Crisis hotline workers, student counselors
- Clergy

**Components-** For alcohol misuse, the following elements have been identified as particularly important, and forming the acronym *FRAMES*:

- ) **Feedback** on the risk for alcohol problems.
- ) **Responsibility:** where the individual with alcohol misuse is responsible for change.
- ) **Advice:** about reduction or explicit direction to change.
- ) **Menu:** providing a variety of strategies for change.
- ) **Empathy,** with a warm, reflective, empathic and understanding approach.
- ) **Self-efficacy** of the misusing person in making a change.

**Steps-** Successful intervention begins with identifying users and appropriate interventions based upon the patient's willingness to quit. The five major steps to intervention are the "5 A's": Ask, Advise, Assess, Assist, and Arrange.

1. **Ask** - Identify and document alcohol use status for every patient at every visit. (You may wish to develop your own vital signs sticker, based on the sample below).
2. **Advise** - In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Assess** - Is the tobacco user willing to make a quit attempt at this time?
4. **Assist** - For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit. (See Counseling Patients To Quit and pharmacotherapy information in this packet).
5. **Arrange** - Schedule followup contact, in person or by telephone, preferably within the first week after the quit date.

**Process of behavior change-** for practicing brief intervention nurses must know the process of behavior change.

One of the best-known approaches to change is the stages of change (aka, transtheoretical) model, introduced in the late 1970s by researchers James Prochaska and Carlo DiClemente. They were studying ways to help people quit smoking.<sup>1</sup> The stages of change model has been found to be an effective aid in understanding how people go through a change in behavior.

Change is not likely to happen until the reasons for change override the reasons for no-change. The intervention aims to encourage them to have a discussion and find their individual reasons for dropping or stopping their substance use. A useful approach at this phase is to see the ambivalence about substance use as a balance.

#### ***Preparation (ready for change)***

In this stage, the individual intends to take action in the immediate future, and may begin by taking small steps toward behaviour change.

#### ***Action (taking steps for change)***

Individuals in this stage have made the choice that their substance intake needs to be changed by refraining or reducing substance use. They need encouragement and support to implement their decision. Interventions for this stage include a series of strategies to identify situations in which they may be at risk for substance use and discuss solutions to handle such situations and reduce or stop their substance use.

#### ***Maintenance (sustain their planned action)***

In this stage, people make changes in their behaviour to sustain their planned action and work to prevent a relapse. They need the confirmation that they are doing a good job and strengthening of resolve to persist with the desired behaviour. They can be assisted to avoid circumstances where they are at possibility of relapse or to help them progress forward after a lapse of substance use.

## Relapse

It is the return from action or maintenance to an earlier stage. Most people who try to make changes in their substance use behaviors will use

the substance again, at least for a while. These lapses may act as teaching moments for maintaining abstinence from substances in future.

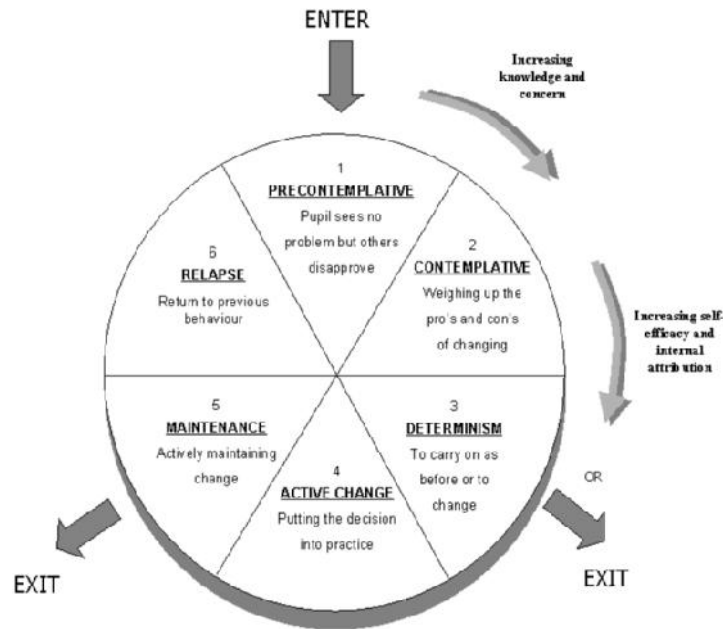


Figure: Representing Process of Behavior Change/ Transtheoretical model given by James Prochaska and Carlo DiClemente

## Types of brief intervention

Brief interventions vary in several ways:

- Length: from five minutes to several sessions of an hour or more
- Tone: advice-giving versus guiding
- based (or not) on MI
- based (or not) on stages of change
- focused on different severities of alcohol problem (hazardous/ harmful/ dependent drinking).

While the length of brief interventions does not dictate the content or style, they are best viewed as a continuum.

**Indication** – indicators to identify which patient fall in the category Brief intervention, and which one can be sent for further treatment.

WHO's Alcohol Use Disorders Identification Test (AUDIT) was developed as a simple method of screening for excessive drinking and to assist in brief assessment in primary care settings. It can help identify excessive drinking as the cause of the presenting illness. It provides a framework for intervention to help risky drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking.

Risk Level	Intervention	Audit Score
Zone I	Alcohol Education	0-7
Zone II	Simple advice	8-15
Zone III	Simple advice plus Brief counseling and continued Monitoring	16-19
Zone IV	Referral to specialist for diagnostic evaluation and treatment	20-40

### Importance for learning brief intervention therapy for nurses

All frontline nursing staff can incorporate brief behavior change interventions into their clinical practice to reduce patients' risk of long-term conditions. Nurses create the biggest number in health care delivery system.


### Conclusion

Primary care professionals treat people every day who are suffering from conditions that may be caused or aggravated by alcohol consumption. There is ample evidence to suggest that opportunities to help are missed, but much less to guide what form that help should take, and how best to incentivize or train practitioners to provide it. Research studies in providing brief intervention and equipping primary health professionals with the knowledge of using brief intervention for alcoholic clients and bridging the gap between theory and practice.

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	Website: <a href="http://www.ijarm.com">www.ijarm.com</a>
	Subject: Nursing Science
<b>Quick Response Code</b>	
DOI: <a href="https://doi.org/10.22192/ijamr.2024.11.01.004">10.22192/ijamr.2024.11.01.004</a>	

**How to cite this article:**

Vandana S. Thangavel, Manisha Gupta. (2024). Brief Intervention Therapy: Significant Role of a Nurse. Int. J. Adv. Multidiscip. Res. 11(1): 19-24.

DOI: <http://dx.doi.org/10.22192/ijamr.2024.12.01.004>