Delivery of Alcohol Brief Interventions:
A Competency Framework
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1. Introduction

Alcohol is a priority area for health improvement in Scotland. Alcohol consumption in the UK has more than doubled since 1950 and in Scotland this increased consumption has brought with it an increase in alcohol-related harm. Changing Scotland’s Relationship with Alcohol: A Framework for Action sets out action to address alcohol misuse by:

- reduced alcohol consumption
- supporting families and communities
- positive public attitudes, positive choices
- improved treatment and support.

The Health Efficiency Access and Treatment (HEAT) target H4 lies within this overarching strategy, stating:

“Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (ABI), in line with SIGN 74 Guideline by 2010/11.”

This competency framework aims to support the NHS to assist in meeting the HEAT target H4, by prescribing a set of competencies which are core to the effective delivery of ABIs.

Current Scottish Government guidance outlines that alcohol brief interventions will count towards the national target if they are delivered by:

- Doctors and nurses in the primary care setting
- Midwives, GPs and obstetricians in a primary care, community or hospital setting
- Doctors or nurses as part of Keep Well health checks
- Doctors or nurses as part of a patient’s care initiated in an A&E department. The intervention may be delivered either in an A&E department or during follow-on care from A&E in the acute setting, such as an outpatient fracture clinic or in a hospital ward following admission.

ABIs may also be effective in other healthcare settings and elsewhere but there is not yet the same level of evidence to confirm this.

Competency describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time. A competency framework is a collection of competencies that are thought to be central to effective performance.

Developing the framework

In light of the current HEAT target H4 on the delivery of ABIs with formal national standards governing their delivery, NHS Health Scotland convened an Alcohol and Brief Interventions Education and Training Advisory Group. The remit of this group was to identify and agree minimum competency standards for the delivery of ABIs, in order to guide current training practice.

The Advisory Group carried out a scoping exercise to identify existing competencies and attention
was paid to the relevant Drugs and Alcohol National Occupational Standards (DANOS) which form part of standards and competence frameworks developed by Skills for Health. Competencies to Support the Development of the Alcohol and Drugs Workforce in Scotland have also been outlined by the Scottish Alcohol and Drugs Workforce Development Steering Group and these along with relevant aspects of the National Standards for Smoking Cessation Training in Scotland, were also considered.

This framework is an initial starting point in clarifying the intended practice and required knowledge, skills and approaches of the practitioners listed above and will be of relevance to anyone involved in workforce development around ABIs.

The framework has been developed by NHS Education for Scotland in partnership with NHS Health Scotland and overseen by the Alcohol and Brief Interventions Education and Training Advisory Group, a subgroup of the ABI Delivery Support Team. A national consultation of the framework was held between May and July 2009, feedback from which has ensured that the final resource is practical, relevant and has widespread support. For further information on how this framework has developed, see the Health Improvement area of the NES website.

Links to other frameworks

The framework has been informed and underpinned by existing competencies and national occupational standards, and ensures both clarity and transferability within two key National frameworks:

The NHS KSF

The NHS Knowledge and Skills Framework (KSF) has been designed to support the development of individuals in their post and in their careers. It provides a single, consistent, comprehensive and explicit framework on which to base review and development of those staff employed under Agenda for Change terms and conditions and promotes a competency-based approach to lifelong learning. This ABI competency framework indicates links between the competencies and the relevant dimensions of the NHS KSF.

Skills for Health: National Occupational Standards (NOS)

Skills for Health is the skills council for the United Kingdom health sector. Its purpose is to develop solutions that deliver a skilled and flexible workforce to improve health and healthcare. Skills for Health develop NOS that are relevant to those working within the Health Sector.

A National Occupational Standard (NOS) describes performance as outcomes of a person's work. The focus is on what the person needs to be able to do, as well as what they must know and understand to work effectively (Skills for Health, on behalf of the UK Commission for Employment and Skills).

This ABI competency framework indicates links between the NES competencies and the relevant NOS from Skills for Health. The integration of KSF and NOS elements into the competency framework will ensure:
- continuing professional development (CPD)
- lifelong learning
- personal development goals

each of which is vital to current and future healthcare employees.

Other staff covered by professional codes of ethics and conduct are equally responsible for ensuring that their skills and knowledge are appropriate in the delivery of ABIs. For example, the General Medical Council publishes guidance on CPD which sets out the principles on which CPD should be based and the roles of the relevant organisations involved in its delivery. Good Medical Practice highlights the important role doctors have in encouraging patients to 'take an interest in their health and may include advice on the effects of their life choices on their health and wellbeing'). Alcohol brief interventions will fit very well within this responsibility. Learning experiences related to ABIs can form part of the CPD and personal development planning process, and recording evidence of learning and competency will help meet appraisal and revalidation requirements.
**ABI training courses**

NHS Health Scotland has developed a suite of training resources, and an accompanying training for trainers programme, to set a benchmark of quality training across NHS Scotland. The materials have been designed to enable trainers to deliver training in a flexible way in order to meet local needs. Online resources have been developed to maximise flexibility, although it is recognised that some level of face-to-face contact is required for skills development. A good starting point to developing your competency is therefore to contact your local ABI service/training co-ordinator who will be able to inform you about training and resources available in your area. Online resources are available through the NHS Health Scotland website (http://www.healthscotland.com/topics/health/alcohol/index.aspx).

The ABI Education and Training Advisory Group recommend the following elements to be covered in ABI courses:

- understanding what an ABI is, the evidence base and the policy context
- exploring the impact of participants’ own and others’ attitudes towards alcohol and how they may impact on practice
- exploring barriers to and concerns with delivering brief interventions
- identifying social, occupational, psychological and physical presentations which can be associated with alcohol misuse
- updating knowledge of drinking guidelines and how to calculate units of alcohol
- updating knowledge of local and national services individuals can be referred on to, if appropriate
- understanding how alcohol-related problems affect individual, family and community health and wellbeing
- updating knowledge of national and local reporting systems for ABIs
- practising a range of techniques to develop confidence in delivering a brief intervention including how to:
  - open a conversation about alcohol with the individual
  - use appropriate screening tools to assess risk and feedback relevant information to individuals about the potential effects of drinking on their health and wellbeing
  - motivate the individual to change their drinking behaviour and explore strategies to reduce consumption and alcohol-related harm
  - close the conversation and how to signpost or refer individuals on to other services, if appropriate.

Please see Appendix 2: Planning your learning and development.

**Other relevant training courses**

A number of other courses may be relevant to the delivery of ABIs and can assist in the development of knowledge and skills related to the competencies in this framework. For example, the following courses are offered by NHS Health Scotland:

- Health Behaviour Change and Health Inequalities Training for Practitioners in Keep Well Sites
- Generic Health Behaviour Change Training for Trainers
- Suicide prevention such as Safe Talk and Assist (HEAT target H5)

For further information, go to: http://elearning.healthscotland.com.

Other relevant websites include:

- Smoking Cessation through behaviour change (HEAT target H6) http://www.ashscotland.org.uk/ash/3397.1179.html
2. Alcohol Brief Interventions

An alcohol brief intervention (ABI) is a short, evidence-based, structured conversation about alcohol consumption with an individual 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 alcohol consumption and/or their risk of harm. It is:

- **short**: typically 5-20 minutes and involves listening to the individual’s response and a brief discussion including the provision of information, which could include written information (e.g. a leaflet). A motivational interviewing style is likely to enhance the effectiveness of brief interventions and allows the practitioner to make the best use of a short consultation.

- **evidence-based**: there is extensive evidence\(^{11}\) for the effectiveness of brief interventions in reducing alcohol consumption for up to a year.

- **a structured conversation**: brief interventions are not just discussion – they have a structure and essential elements. The conversation is supportive, non-confrontational and motivational in style. The goal is to motivate the individual to decide to change their behaviour, but not to tell them what to do or to direct them.

ABIs may be:
- **planned** (e.g. antenatal booking appointment/Keep Well);
- **raised** by the individual (e.g. smoking cessation); or
- **opportunistic** (e.g. A&E alcohol-related accident).

A brief intervention is grounded in social-cognitive theory and typically incorporates some or all of the following elements:
- feedback on the person’s alcohol use and any alcohol-related harm
- clarification as to what constitutes low-risk alcohol consumption
- information on the harms associated with risky alcohol use
- benefits of reducing intake
- motivational enhancement
- analysis of high-risk situations for drinking and coping strategies
- the development of a personal plan to reduce consumption.

Although the form that a brief intervention takes may vary between studies\(^{12}\), core features of these brief interventions in primary care are that they:
- are delivered by generalist health care workers
- target a population of excessive (or hazardous) drinkers that tend not to be seeking help for alcohol problems
- aim for reductions in consumption and alcohol-related harm.
Key elements of a brief intervention

The following should be established at the start of the conversation and maintained throughout the brief intervention:

Rapport and empathy – ensuring that the individual does not feel judged or criticised by the practitioner. The practitioner must remain empathetic to the individual. The practitioner can do this by listening reflectively, using open questions where appropriate, and positively reflecting back to the individual without trying to persuade.

Emphasise the individual’s personal responsibility for their decisions about drinking – if you hear the phrase ‘I have to do this’ or ‘The doctor says I have to’ remind the individual that the choice is up to them. You could say ‘it’s up to you to decide what you want to do’.

Stages of a brief intervention

Raise the issue – you may raise the issue with all the individuals you see, or as part of a planned consultation; the individual may raise the issue; or it could be in response to their presenting condition. You should seek permission from the individual to discuss their drinking further. You could say ‘can I ask about your alcohol consumption?’

Screen and give feedback – give factual information on the potential effects their level of drinking may have on their health and wellbeing (this may include providing harm reduction messages), and ask how the individual feels about this. Ask if they would like to discuss this further.

Listen for readiness to change – using open questions reflect and summarise the discussion and from the individual’s response to the information provided choose a suitable approach. You may hear ‘I could try’ or ‘I think I might be able to change…’

Choose a suitable approach – if the individual has not thought about change at all, start with information and advice. If they are already trying to change, use one or more of the subsequent approaches.

• Information and advice – on the effects of alcohol on health and wellbeing and the benefits of cutting down or abstinence.

• Enhance motivation – build the individual’s motivation to change by helping them to weigh up the pros and cons of their drinking.

• Menu of options – for changing drinking behaviour. Ask the individual if they can suggest ways to change their drinking pattern (e.g. lower-strength drinks, having drink-free days, taking up other activities). Be ready to offer ideas if they agree.

• Build confidence – using an interviewing style that enhances the individual’s belief in their ability to change (their self-efficacy). For example, identifying their previous successes, role models they can learn from and other people who can support them.

• Coping strategies – help the individual to identify times when they might find it more difficult to stick to their plans to cut down and to come up with strategies for coping with these situations.

Exit strategy – at any point during the intervention, you or the individual may decide not to continue. If so, ensure the conversation is closed sensitively and, if appropriate, signpost or refer to further information or services.
Figure 1: Stages of an Alcohol Brief Intervention

Throughout the brief intervention remember to:
- Maintain rapport and empathy
- Emphasise the individual’s personal responsibility for their decisions

1. **Raise the issue**
   “Do you drink at all?”

2. **Screen and give feedback**
   “Drinking at these levels carries a greater risk of X...
   Do you think that applies to you at all?”

3. **Listen for readiness to change**
   “What are your feelings about your drinking? What would be helpful to you just now?”

4. **Choose a suitable approach**
   Use one or more of the following:
   - **Information and advice**
     Would you like more information?
   - **Enhance motivation**
     “What are the pros and cons of your drinking just now?”
   - **Coping strategies**
     How can you prepare to avoid problems and difficult situations?
   - **Build confidence**
     How confident do you feel? What might help?
   - **Menu of options**
     What goals might work for you?

Exit strategy - remember you or the individual can choose not to continue at any point
Close conversation: “It’s fine if you don’t want to discuss this now, I’ll leave this with you.”
Signpost and/or refer if appropriate.
3. Using the framework

SIGN 74 Guideline suggests that training healthcare providers in the use of structured interventions enhances the efficiency of brief interventions. This framework describes the competencies that practitioners need to achieve and maintain in order to screen and deliver ABIs effectively. Using the framework will help to ensure consistency in the delivery of ABIs. It can be used to:

- identify individual professional development and learning needs to meet the competencies for the delivery of ABIs
- guide and facilitate learning and development
- review individual practitioners’ strengths (supported by their managers) and identify gaps in their competency
- assess performance and achievement
- inform the commissioning, development and delivery of education and training for ABIs.

Some practitioners may already have developed competence in some or all of some areas directly related to the delivery of ABIs or may have transferable skills. Mapping their skills and knowledge against the competency framework will help gather evidence of competency and identify any areas for updating and furthering learning and development. Others may have little or no previous development related to the ABI competencies. Whatever an individual’s current needs are, they can use this framework:

- for self-assessment purposes
- to identify learning and development needs
- to plan personal and professional development
- to support the personal development planning and review (PDPR) process.

The competencies presented in this document specify the knowledge, skills and understanding required for the effective delivery of ABIs by registered health professionals. Individual practitioners will need different levels of competency depending on their level of involvement with the delivery of the HEAT target H4. Figure 2 illustrates the possible levels of competency required by different practitioners. For example, those delivering ABIs will need to have competency in all of the areas outlined, whilst others may just require an awareness to provide information and/or refer on to appropriate services (Domain 1). An additional group of people may be involved only with screening and referral and these individuals should consider the alcohol awareness competencies together with those in Domain 2.

Delivering ABIs

The competencies relating to the delivery of ABIs are presented under four domains:

1. Knowledge, awareness and context - a basic awareness of current policy context and the evidence base supporting the effectiveness of
ABIs, and the impact of alcohol consumption on individuals and society as a whole.

2. Assessment and screening – initiating discussions about alcohol consumption using appropriate screening tools and identifying individuals who may respond to an ABI.

3. Core health behaviour change (HBC) competencies – core knowledge and skills required to deliver a brief intervention effectively, including establishing rapport, adopting an empathic approach, emphasising personal responsibility and listening for readiness to change.

4. Signposting and referring appropriately - recognising and responding appropriately to individuals who show or report possible signs of alcohol dependence and judging when and where to refer those who need additional support or help.

The individual is the expert on what changes, if any, are right for them.
4. The ABI competency framework
### Domain 1: Knowledge, awareness and context

<table>
<thead>
<tr>
<th>Competency statements</th>
<th>KSF Links For staff governed by Agenda for Change</th>
<th>Knowledge and skills required</th>
<th>NOS Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Demonstrates familiarity with local and national policy context relevant to alcohol and brief interventions</td>
<td>C2, C5, C6, HWB1, HWB3</td>
<td>1.1 Policy context</td>
<td>HT3, HSC33, AH10</td>
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<tr>
<td>1.2 Understands the term ‘brief intervention’ as defined in the SIGN 74 Guideline</td>
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<td>1.2 ABIs</td>
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<tr>
<td>1.3 Explores personal feelings about and attitudes toward alcohol and drinkers and recognises how different feelings or attitudes might affect individual practice with regard to ABI delivery</td>
<td></td>
<td>1.3 Attitudes to alcohol</td>
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<tr>
<td>1.4 Demonstrates an awareness of the breadth of impact that excessive alcohol consumption plays in society</td>
<td></td>
<td>1.4 The wider impact of alcohol</td>
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<tr>
<td>1.5 Understands unit measures of alcohol and their limitations, including potential adaptations for different audiences to reflect different drinking patterns</td>
<td></td>
<td>1.5 Units and drinking limits</td>
<td></td>
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</tbody>
</table>

#### 1.1 Policy context
- understands the local and national alcohol policies and targets including:
  - HEAT target H4 on the delivery of ABIs
  - SIGN 74 Guideline: harmful and dependent drinking

#### 1.2 ABIs
- understands the:
  - meaning and purpose
  - need for clarity in defining hazardous, harmful and dependent drinking
  - importance of integrating ABIs into working practice
  - evidence base
  - legal implications of alcohol use in specific circumstances, including: road traffic legislation, those clients with responsibility for children/dependants

#### 1.3 Attitudes to alcohol
- explores and questions own attitudes to alcohol and possible concerns about and barriers to ABI delivery
- reflects on personal, social, cultural and environmental influences on alcohol
- adheres to the principles of equality, diversity and anti-discriminatory practice at all times

#### 1.4 The wider impact of alcohol
- understands the impact of excessive alcohol consumption on individuals, families and communities in terms of:
  - physical health
  - mental wellbeing
  - inequalities
  - crime
  - the economy

#### 1.5 Units and drinking limits
- understands:
  - the recommended daily and weekly limits
  - the pharmacological effects of alcohol on mind, body and behaviour
  - how alcohol affects older people, those on prescribed medication, and those with other medical conditions
  - how to give appropriate advice to pregnant women
## Domain 2: Assessment and screening

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<tr>
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<th>NOS Links</th>
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</thead>
</table>
| 2.1 Recognises the clinical presentations of illnesses which can be associated with, or adversely affected by, alcohol consumption | CI, HWB1, HWB2, HWB3, HWB6                        | **2.1 Effects of alcohol consumption**                                                                 • clinical presentations of associated illnesses as per SIGN 74 Guideline  
• indications of hazardous, harmful and dependent drinking | AH10, AD1, HSC233                                    |
| 2.2 Makes the most of opportunities as they arise; asks about alcohol consumption as part of routine care |                                                  | **2.2, 2.3 Raising the issue**                                                                 • recognises and responds appropriately to individuals who show or report possible signs of dependence on/withdrawal from alcohol or express concern about their drinking levels  
• creates an environment conducive to frank and confidential discussion  
• explains reasons for interest in the individual’s drinking |                                                     |
| 2.3 Initiates discussions about alcohol in a timely and appropriate manner or responds to individuals who raise the issue |                                                  | **2.4 Discussing alcohol consumption**                                                                 • enables individuals to explore their feelings and values about their alcohol use  
• encourages individuals to talk about and identify what they know and understand about any effects alcohol has on their lives and people in their lives  
• encouraging individuals to explore their reasons for drinking |                                                     |
| 2.4 Identifies individuals’ knowledge and values about alcohol, its use and effects |                                                  | **2.5 Collecting and recording information about an individual's drinking behaviour**                                                                 • ensures consent is obtained from individual  
• asks relevant questions about daily/weekend/weekly consumption  
• uses validated screening tools appropriately  
• is aware of the recording systems that exist for ABIs - questions about alcohol consumption both locally and nationally |                                                     |
| 2.5 Effectively uses an appropriate and validated screening tool to objectively assess health risks from a person’s alcohol consumption and patterns of drinking (i.e. good drinking history) and avoids poor reporting by demonstrating effective listening skills |                                                  | **2.6 Accurate interpretation of results and assessment of:**  
• risks to the individual and to others  
• gaps in person’s knowledge and understanding about alcohol, its use and effects  
• values and beliefs that need to be challenged  
• any immediate risk to the individual and to others which may result from alcohol consumption and/or coexistent problems  
• most appropriate learning styles and approaches for the individual |                                                     |
| 2.6 Gives appropriate feedback on the results of screening and identifies individuals who are drinking at risky levels and who may benefit from brief intervention, seeking permission prior to proceeding |                                                  |                                                                                                                                                                                                 |                                                     |
## Domain 3: Delivering alcohol brief intervention approaches

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</table>
| 3.1 Demonstrates an awareness and understanding of health behaviour change and the practitioner role in supporting it | CI, C2, C5, C6 HWB1, HWB3, HWB4, HWB5, HWB7 | **3.1 Awareness of role in supporting health behaviour change**  
• understands basic models of health behaviour change  
• understands their role in supporting health behaviour change and the boundaries of that role | HSC31, HSC233, HT3, HSC33 |
| 3.2 Understands the principles of motivational interviewing approaches within the context of health behaviour change | | **3.2 Principles of motivational interviewing**  
• develops and maintains rapport and empathy by interacting with individuals throughout the process in a manner that:  
  - is appropriate to the individuals' background, culture, circumstances and needs  
  - encourages an open exchange of views that directly acknowledges and reflects the health issue/issue of concern  
  - minimises any constraints to communication  
  - is free from discrimination and oppression  
  - is non-judgemental  
  - enables individuals to make their own contribution  
• applies active listening techniques including empathy, use of silence, open questioning, reflection  
• is alert to potential blocks to effective communication including: false assurance, leading and closed questions, changing the focus  
• encourages individuals to take personal responsibility | |
| 3.3 Offers appropriate information and advice regarding the health behaviour and provides clear health-enhancing messages | | **3.3 Giving appropriate information**  
• presents information and advice fully, accurately, concisely and in ways appropriate to people’s needs  
• provides clear health-enhancing and harm-reducing messages | |
| 3.4 Adopts a person-centred approach that enhances the individual's self-confidence, self-efficacy and reinforces personal autonomy for making behaviour change decisions | | **3.4 Person-centred approach**  
• encourages individuals to take personal responsibility for behaviour  
• maintains working knowledge of the relevant national, local, professional and organisational requirements relating to equal opportunities, anti-discrimination, health and safety, security, confidentiality and data protection policies and legislation  
• understands and values cultural preferences, health beliefs and behaviours, and challenging inequalities | |
### Domain 3: Delivering alcohol brief intervention approaches (Cont.)

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<tr>
<th>Competency statements</th>
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| 3.5 Assesses and enhances motivation to change by taking on the role of facilitator within this process | • demonstrates concern and respect for the individual  
• recognises an individual's feeling of vulnerability and the importance of maintaining dignity |           |
| 3.6 Supports individuals in setting personal goals                                      | 3.5 Assess and enhance motivation to support behaviour change  
• gauges the individual's motivation and readiness for behaviour change  
• assists individuals to assess how their behaviour affects their health and wellbeing and/or the wellbeing of others and help identify the changes that might benefit the individual  
• works with individuals in identifying situations that may help or hinder them making changes or sustaining change including recovering from relapse  
• helps individuals in identifying barriers to change and ways of managing or overcoming them |           |
|                                                                                       | 3.6 Goal setting  
• assists and supports with setting specific, measurable, achievable, realistic and timely (SMART) goals for changing their behaviour  
• identifies any skills that need to be developed to achieve this goal  
• assists individuals to identify who and what will help achieve their goals and understands who and what these might be for individuals (e.g. family members, support services, treatment agencies)  
• assists individuals to develop a personal action plan that will help individuals achieve their goals  
• reviews the work undertaken together as/ or if required  
• ends the interaction sensitively when appropriate to do so |           |
## Domain 4: Signposting and referring appropriately

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<tbody>
<tr>
<td>4.1 Makes appropriate judgements as to when and where to offer referral to individuals who need or wish additional support or help</td>
<td>HWB2, HWB3, HWB6</td>
<td>4.1 <strong>Decision making</strong>&lt;br&gt;• recognises individuals who are dependent drinkers or are drinkers with complex problems who may need referral for specialist help&lt;br&gt;• provides relevant supplementary information leaflets or resources</td>
<td>AH10, HT3, AA1, HSC233, HSC31</td>
</tr>
<tr>
<td>4.2 Identifies appropriate referral pathways and sources of information on availability of specialist local support</td>
<td></td>
<td>4.2 <strong>Signposting/Referral</strong>&lt;br&gt;• can access up-to-date and accurate information on the range of services available to treat and respond to individuals with alcohol problems in your locality&lt;br&gt;• signposts to local specialist services if the individual wishes further help and support and facilitates their contact with the service&lt;br&gt;• presents the possibility of referral to the individual in a positive manner and assesses the advantages and disadvantages with them&lt;br&gt;• establishes the availability, accessibility and any cost of services to the individual prior to confirming the referral&lt;br&gt;• makes referrals in line with local protocols and eligibility criteria for accessing services&lt;br&gt;• provides specialist services with complete and accurate information about the situation in line with organisational requirements&lt;br&gt;• obtains feedback from the service to evaluate and refine referral practices</td>
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</table>
Notes and references


3. Keep Well is a free health check for people aged 45-64 living in certain areas of Scotland. http://www.keepwellscotland.com

4. The alcohol and drugs workforce development plan for action is currently with Scottish Government for approval and dissemination.


Appendix 1: Acknowledgements

NES and Health Scotland would like to thank the following organisations for their support in the research and development of this resource:
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- Linda Watt: General Manager, NHS Grampian
- Richard Watson: Health Improvement Officer, RCGP Scotland
- Clinical Lead for Drug Misuse, RCGP Scotland
Appendix 2: Planning your learning and development

Review each competency and the knowledge and skills required

Competent in most or all areas. For example:
- Up-to-date knowledge of alcohol and health behaviour change and some skills in motivational interviewing style

Lacking competence in some areas. For example:
- Some knowledge of alcohol and health behaviour change and some skills in motivational interviewing style

Competent in few areas. For example:
- Little knowledge of alcohol and health behaviour change and some skills in motivational interviewing style

Outline evidence to support your existing level of competency
Plan your learning and development

Recommended 2-3 hours skills-based practice in delivering ABIs

Minimum of 6 hours study including 3 hours skills-based practice in delivering ABIs

Minimum of 11 hours study including 3 hours skills-based practice in delivering ABIs

Evaluate your learning and development
Continually reflect on and develop your own practice
Appendix 3: Key to National Occupational Standards

Domain 1: Knowledge, awareness and context
HT3 Enable individuals to change their behaviour to improve their own health and wellbeing
This competence is about enabling individuals to change their behaviour so that they can improve their own health and wellbeing. It covers:
- helping individuals to identify how their way of life and specific behaviours might affect their health and wellbeing
- helping individuals to develop a personal action plan to make the changes they want to
- helping individuals to change their behaviour and maintain the change.
HSC33 Reflect on and develop your practice
This competence covers reflecting on, evaluating and taking action to enhance your own knowledge and practice.

Domain 2: Assessment and screening
AH10 Employ techniques to help individuals to adopt sensible drinking behaviour
This competence is about working with individuals to help them recognise drinking behaviour that may be risky or harmful to health and wellbeing. It also involves providing support and guidance to help them cut down drinking (brief intervention). It addresses identifying who may be appropriate to receive brief interventions that help people reduce the harm or risk to their health caused by excessive drinking.
AD1 Develop and sustain effective working with staff from other agencies
This competence is about developing and sustaining effective working relationships with staff in other agencies. Users of this competence will need to ensure that practice reflects up-to-date information and policies.
HSC33 Relate to and interact with individuals
This competence covers relating to and interacting with individuals. This involves identifying the relationship needs of individuals, developing effective relationships with them and monitoring and altering the relationships to meet changing needs. Users of this competence will need to ensure that practice reflects up-to-date information and policies.

Domain 3: Delivering alcohol brief intervention approaches
HT3, AH10 and HSC233 – see above

Domain 4: Signposting and referring appropriately
AA1 Recognise indications of substance misuse and refer individuals to specialists
This competence covers recognising signs which may indicate that someone - an employee, colleague, co-worker, customer, student or anyone else you come into contact with during your work - may be misusing drugs (illegal, prescription or over the counter), alcohol, solvents or other substances.
There are two elements:
AA1.1 Recognise indications of substance misuse
AA1.2 Refer individuals with indications of substance misuse to specialists.
Users of this competence will need to ensure that practice reflects up-to-date information and policies.
HSC31 Promote effective communication for and about individuals
This competence covers promoting effective communication with, for and about individuals. This involves identifying ways of communicating effectively on difficult, complex and sensitive issues, supporting others to communicate and updating and maintaining records and reports. Users of this competence will need to ensure that practice reflects up-to-date information and policies.
also AH10, HT3 and HSC233 – see above