

<<Mandatory Certificate EPA>>

ST3-ADD-AOP-EPA6 – Training in brief interventions

Area of practice	Addiction psychiatry	EPA identification	ST3-ADD-AOP-EPA6	
Stage of training	Stage 3 – Advanced	Version	v0.6 (EC-approved 29/01/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	<i>Provide training for other clinicians in delivery of brief interventions for substance use disorder.</i>			
Description Maximum 150 words	The trainee will build the capacity of the general health workforce to identify substance-related problems and provide brief interventions to patients with harmful or hazardous patterns of substance use, including by training other clinicians in their delivery. This is consistent with previous policy recommendations reflecting evidence-based practice to: • encourage appropriate training of all clinicians in the recognition and management of alcohol use disorders and greater use of screening for alcohol-related problems • increase brief alcohol intervention components in basic and advanced training curricula and in CPD • facilitate and monitor the implementation of brief alcohol interventions in primary care and specialist healthcare settings.			
Detailed description If needed	The trainee can assess performance and capacity of a specific healthcare service or service network, including other healthcare workers, to identify, assess and treat substance use disorders. They are able to develop and provide systemic interventions enhancing the effective provision of brief interventions, including training others in their delivery. There is a strong evidence base for effectiveness of brief intervention in reducing harmful and hazardous levels of alcohol drinking in primary care and emergency department settings, including in adolescents and young adults. There is some evidence for effectiveness for other substances in these and some other settings. Various national strategies in both New Zealand and Australia have recommended more consistent implementation of training in, and delivery of, brief interventions by the general health workforce and wider social service workforce to reduce substance-related harms.			
Fellowship competencies	ME	1, 2, 5, 7	HA	1
	COM	1, 2	SCH	1, 2
	COL	1, 2, 3	PROF	1, 2, 3

	MAN	1, 2, 3	
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base • The theory and evidence base underpinning the provision of brief intervention including identification, both ad hoc and by formal screening. • Understanding of relevant continuous improvement principles relating to identifying need and addressing it through an intervention within a service setting. This should include a focus on adherence to brief intervention protocol, monitoring of implementation and measurement of relevant clinical outcomes. • Educational principles underpinning development and delivery of a training package for brief intervention to other clinicians. Skills • Capacity to deliver a brief intervention using a structure such as that summarised by the acronym FRAMES. • Identifying training needs of individuals and/or a team or group of clinicians, considering the specific clinical setting and how routine implementation of brief intervention within that setting can be supported. • Developing or modifying a training package in brief interventions for individual clinicians, including how patients who would benefit from brief intervention can be identified and any training and support materials. • Delivering training to individuals and/or a team or group of clinicians, including evaluation and follow-up. Such training may be delivered as part of a team where appropriate and may be in educational settings, eg. to health student groups. Attitude • Recognition of importance of delivery of brief interventions in primary care and other healthcare settings. • Willingness and confidence to collaboratively and flexibly provide training in brief interventions to other clinicians within a quality improvement framework.		
Assessment method	Progressively assessed during clinical supervision, including three appropriate WBAs.		
Suggested assessment method details	• Case-based discussion. • Professional presentation – a brief intervention training program.		
References BABOR T, McREE B, KASSEBAUM P et al. Screening, Brief Intervention, and Referral to Treatment (SBIRT): toward a public health approach to the management of substance abuse. <i>Subst Abus</i> 2007; 28: 7–30. JOHNSON M, JACKSON R, GUILLAUME L et al. Barriers and facilitators to implementing screening and brief intervention for alcohol misuse: a systematic review of qualitative evidence. <i>J Public Health (Oxf)</i> 2011; 33: 412–21.			

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MILLER WR, ZWEBEN A, DICLEMENTE CC & RYCHTARIK RG. *Motivational enhancement therapy manual: a clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville: National Institute on Alcohol Abuse and Alcoholism, 1992.

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS. *Alcohol Policy: Using evidence for better outcomes*. Sydney: RACP, November 2005. Viewed 28 May 2015, <www.racp.edu.au/page/policy-and-advocacy/public-health-and-social-policy>.

SWAN A, SCACCHITANO L & BERENDS L. *Alcohol and other drug brief intervention in primary care*. Fitzroy: Turning Point Alcohol and Drug Centre, 2008. Viewed 28 May 2015, www.turningpoint.org.au/Media-Centre/Latest_News/Alcohol-and-Other-Drug-Brief-Interventions-in-Primary.aspx.

TETRAULT J, GREEN M, MARTINO S et al. Developing and implementing a multispecialty graduate medical education curriculum on Screening, Brief Intervention, and Referral to Treatment (SBIRT). *Subst Abus* 2012; 33: 168–81.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar