



INEBRIA

International Network on
Brief Interventions for Alcohol
Problems.



**Where there is no doctor around:
training and conducting BI with other
workers or community members**

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Family Health Program

- 1994: the entrance into the health system
- The family is the focus of attention
- One team for 600 to 1000 families
- Local diagnosis and planning
- To expand the intervention health settings: domicile and communities equipment
- To increase attachment between health professionals and the community
- Team composition: one family physician, one dentist, one nurse, 2 nursing assistants and 4 to 6 community health agents



Community Health Agents

- Live and work in the community
- Do not have a formal health education
- Mediate between health knowledge and community knowledge
- Advise the family about utilization of the health services
- Inform the health team about the social dynamics of the community and its necessities
- Monitor health behaviour
- Provide health education



Structure of training course

- 1 – Alcohol epidemiology; consequences of alcohol use; patterns of drinking; importance of primary health care workers; screening; AUDIT
- 2 – Low risk drinking / AUDIT= 0-7; Hazardous use / AUDIT= 8-15; education for alcohol and simple advice
- 3 – Harmful use / AUDIT=16-19; readiness to change stages; brief counselling
- 4 – Probable dependence / AUDIT \geq 20; referrals

Brief counseling



PRE CONTEMPLATION

- Identification of the readiness to change stage
- Stage focused intervention

- Isn't considering change in the near future
- May not be aware of the actual or potential consequences

- Plant the doubt
- Monitoring

CONTEMPLATION



- Maybe aware of the consequences
- Ambivalent
- Not committed

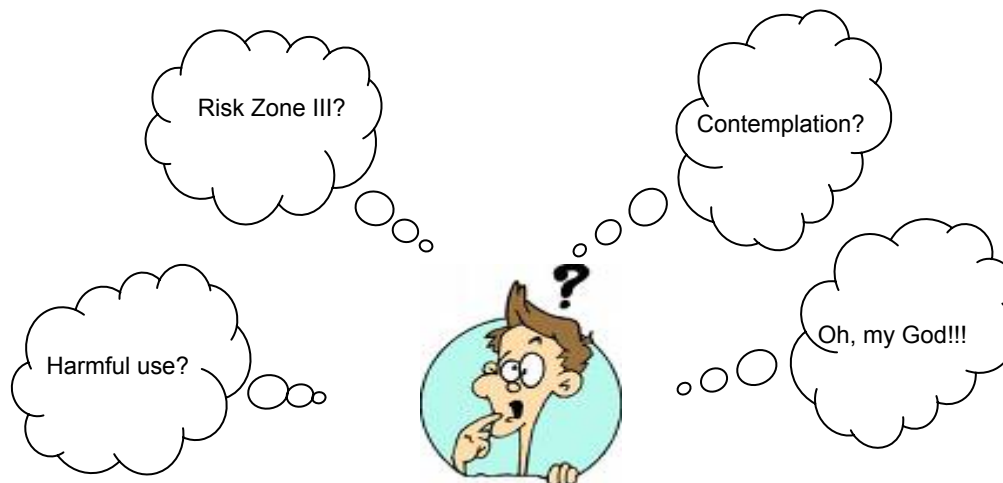
- Assess the advantages and disadvantages
- Emphasize the benefits of changing
- Discuss how to choose a goal
- Monitoring

Our experience...

Bad news

- Participants: dependence focused
- Challenge: switch the focus toward prevention

And adding different new terms...



Our experience...

Good news

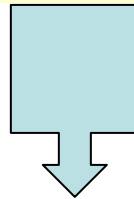
- Participants: accustomed to doing other preventive work
- Orientation for diet to diabetic patients

And they already knew how to do that well!

Our experience...

Solutions!

Intervention for harmful use:
Construction with the participants



- To use their personal experience
- To use their experience with diabetic patients

Using their personal experience...

- Who here has already been on a diet?
- How was it?
- Did you suddenly decide to start it?
- What helped you to take this decision?
- Did you start straight away?
- How did you decide which diet to do?
- After you started, did you have any relapses?

... to increase the empathy

Using their professional experiences...

- Are all the diabetic patients the same?
- Have you ever met one that...
 - did not accept that he/she needed to start a new diet?
 - wanted to change his diet but did not know how to?
 - was on a diet but had moments of relapse?
- How do you deal with these different patients?

Now lets apply that to alcohol users...

... to increase their self-efficacy

Lessons learned...

- Training strategies:
 - Address professionals attitudes
 - Use the professionals personal experience to get close to the patients experiences
 - Use the professionals practical experience to facilitate the understanding of the new content
 - Making the new content more meaningful and applicable

To implement SBIs in Brazil: to adapt and to create teaching strategies

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Thank you very much!

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