9.6 Alcohol counselling: try brief therapy first

Findings An Australian study has extended work on brief alcohol interventions beyond the hospital clinic to a drug/alcohol counselling service, confirming their potential as a first-line response to less severely affected clients seeking help with drinking problems.

869 new clients completed a computerised assessment which established that 421 were seeking help with problems related to at least moderately heavy drinking. 295 agreed to enter the study and were randomly allocated to a up to 90 minutes of therapy (in one or several sessions) or to a scheduled four and a half hours of cognitive-behavioural therapy over six sessions, both to be completed within six weeks. The shorter intervention adopted the FRAMES approach incorporating feedback on the client's alcohol problems and an empathic counselling style offering advice but also focusing on personal responsibility for change.

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Six months after therapy ended, an attempt was made to follow up the 223 clients who had received at least half the scheduled intervention time. 133 responded. On the assumption that non-responders had not changed their drinking, both interventions had been equally effective in reducing drinking and drink-related problems. When the analysis was limited to responders, the conclusion was the same. For example, after either intervention the proportion of responders drinking at hazardous levels had fallen from nearly a half to under a fifth. Since the briefer option cost least, it was the most cost-effective.

In context Most previous studies have also found brief alcohol therapies equivalent to longer or more intensive therapies, but usually they suffered from limitations actually or potentially present in the featured study. Foremost are selection and attrition processes which tend to exclude the most severely dependent and problematic drinkers, the ones most likely to gain more from extended treatment. Unusually, the featured study took this further by only following up clients who had completed at least half their therapy, four in ten of whom did not respond. The remaining sample had nearly all completed therapy and had started it with relatively low levels of alcohol and other problems. Only among this subset can it claim to have found briefer therapy as effective as longer. Another common problem is that the intended gap between brief and longer therapies is in practice considerably narrowed, partly because research assessments themselves have an impact. This may have been a factor in the featured study. The therapies also shared one feature which can itself have a powerful impact – feedback to the client of their alcohol consumption/hazard levels compared to population norms.

Research to date shows that brief interventions can have an impact on many drinkers seeking help which rivals that of extended therapy, but such interventions have yet prove themselves across the full range of problem severity seen at treatment services. On the other hand, neither is there convincing evidence for the superiority of longer treatments practised in a variety of treatment settings, which now includes counselling services.

Practice implications Current evidence supports routinely offering assessment plus a relatively brief intervention to new alcohol treatment or counselling clients with low to moderate dependence and problems. Active ingredients seem to include: feedback to the client on how much they are drinking, how this compares with population norms and the associated risks; an empathic, non-confrontational counselling style; and self-help materials to take away. Many clients react as well to this as to more extended treatment, improving cost-effectiveness. However, it is advisable to monitor their reaction and if needed to offer more intensive help. Monitoring may itself be beneficial as well as enabling the intervention to be evaluated, and satisfying ethical concerns over possible under-treatment. Another approach is to offer all clients extended treatment but to incorporate a brief intervention in the first session or immediately after assessment, ensuring that even those who later drop out have received a potentially effective intervention. Treatment can then be curtailed for clients who respond well, improving cost-effectiveness.

Featured studies Shakeshaft A.P. *et al*. "Community-based alcohol counselling: a randomized clinical trial." *Addiction*: 2002, 97, p. 1449–1463. Copies: apply Alcohol Concern.

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