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► [What process research tells us about brief intervention efficacy.](#)

Daepfen J-B., Bertholet N., Gaume J. [Request reprint](#)

Drug and Alcohol Review: 2010, 29, p. 612–616.

The disappointing finding of no impact in a Swiss study of a brief alcohol intervention with risky drinking A&E patients prompted painstaking analyses of why some patients did respond, and why some counsellors had far better results than others.

Original abstract For a fuller account of the research referred to in this article see [this Findings analysis](#).

This article explores mechanisms of the efficacy of brief interventions.

Approach We conducted a brief intervention trial at the emergency department of the Lausanne University Hospital, Switzerland, at which 987 at-risk drinkers were randomised into brief intervention and control groups. The overall results demonstrated a general decrease in alcohol use with no differences across groups. The intention to change was explored among 367 patients who completed brief intervention. Analyses of 97 consecutive tape-recorded sessions explored patient and counsellor talk during brief intervention, and their relationships to alcohol use outcomes.

Key Findings Evaluation of the articulation between counsellor behaviours and patient language revealed a robust relationship between counsellor motivational interviewing skills and patient change talk during the intervention. Further exploration suggested that communication characteristics of patients during brief intervention predicted changes in alcohol consumption 12 months later. Moreover, despite systematic training, important differences in counsellor performance were highlighted. Counsellors who had superior motivational interviewing skills achieved better outcomes overall, and maintained efficacy across all levels of patient ability to change, whereas counsellors with inferior motivational interviewing skills were effective mostly with patients who had higher levels of ability to change. Finally, the descriptions of change talk trajectories within brief intervention and their association with drinking 12 months later showed that final states

differed from initial states, suggesting an impact resulting from the progression of change talk during the course of the intervention.

Implication These findings suggest that brief intervention should focus on the general motivational interviewing attitude of counsellors who are capable of eliciting beneficial change talk from patients.

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