

# **Evaluation of Preston's alcohol brief intervention training pack: 'Train the Trainers'**

## **Final report**



May 2007

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### Key findings:

1. The dissemination model used for expanding capacity to deliver brief interventions can be effective when the relevant issues highlighted in this report are addressed.
2. Participants from all three training groups rated the individual sections of the course very highly (in particular regarding content and relevance); however, there were areas where confusion arose and where improvements to the course could be made.
3. Training on screening tools for brief interventions may not be relevant for all of those settings represented at the training session.
4. Reports of confidence levels from participants of all three training groups show a notable improvement following their respective training course.
5. The majority of participants expected to encounter barriers in implementing brief interventions and brief intervention training.
6. Levels of knowledge of alcohol are likely to be lower amongst the trained trainer compared with the original trainer, but this is not thought to have impacted on the value of the training.

### Key recommendations:

#### General recommendations:

1. To ensure that the event is suitable for all those planning to attend the course by providing clear information to all those invited to attend the course, which succinctly explains the nature of brief interventions.
2. To consider whether future research could be used to identify the settings and populations that would be the most conducive to performing brief interventions.
3. To provide deliverers and trainers with regular updates and feedback on the alcohol situation in Preston and the surrounding area for motivational purposes.

#### Recommendations which specifically relate to the course's administration:

1. To provide a short introduction on brief interventions before going through the training package, so that participants are aware of the target of the day.
2. To dedicate a section of the course to ways of overcoming barriers to implementing brief interventions and the training course.
3. To ensure that the course is as clear and as simple as possible. This will make sure that it is accessible to those delegates who do not work in health care.
4. To consider ways of making the delivery of the brief interventions course less resource intensive so that it is more appealing to organisations to deliver.

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# 1. Introduction

In 2004, the Government published the *Alcohol Harm Reduction Strategy for England* (Strategy Unit 2004). It aimed to guide regional and local services to reduce levels of harm associated with alcohol, whilst maintaining the benefits provided by the alcohol industry through its four aims:

- Improved education and communication;
- Tackling alcohol-related crime and disorder;
- Working with the alcohol industry; and
- Improved health and treatment services (including developing services to identify risky drinkers).

The North West is disproportionately affected by alcohol use and related harms, with higher levels of, for example, alcohol consumption, alcohol-related mortality and alcohol-related crime (NWPHO 2006). However, levels of harm also vary within the region (Morleo et al. 2006; NWPHO 2006). Preston in particular suffers from alcohol-related crime, with the fifth highest level of alcohol-related violent crime in the region in 2005/06 (NWPHO 2006).

As part of their response to this situation and to the Strategy, Central Lancashire Primary Care Trust (PCT) investigated methods by which they could increase access to brief interventions (see Box 1.1 for further details on brief interventions) and commissioned HIT<sup>1</sup> to develop an alcohol brief intervention training package. The Centre for Public Health (CPH) at Liverpool John Moores University undertook a formative evaluation of this training in 2006. The results from the evaluation showed that the training had increased levels of understanding of the issues required to deliver a brief intervention, as well as showing a measurable improvement in participants' confidence to deliver them (Burrell et al. 2006). The authors also made recommendations for further delivery, which included the need to evaluate the proposed 'Train the Trainers' event (which would train practitioners with the skills and knowledge necessary to train others in delivering brief interventions).

## Box 1.1: Brief interventions

Brief interventions are targeted towards those who are consuming excessive amounts of alcohol but are not yet experiencing significant levels of harm (Alcohol Concern 2001a). They are not designed for dependent drinkers. The term brief intervention can relate to a variety of intervention-types including 5-10 minutes of information provision or advice, 2-3 counselling sessions or motivational interviewing etc. They are often opportunistic and can be delivered by non-alcohol specialists.

## 1.1 Training the Trainers

In January 2007, Central Lancashire PCT commissioned HIT to deliver a 'Train the Trainers' event for brief interventions for those practitioners working in and around Preston. This training was designed to enable practitioners to train their colleagues to deliver brief interventions.

CPH was commissioned to evaluate the effectiveness of this, and provided an interim report at the end of March (Morleo et al. 2007). The document discussed the 'Train the Trainers' event, using questionnaires and observation of the training course to

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<sup>1</sup> For more information on HIT, please go to [www.hit.org.uk](http://www.hit.org.uk).

investigate areas such as reactions to the course, levels of confidence following the event and expected barriers to implementation of future training sessions.

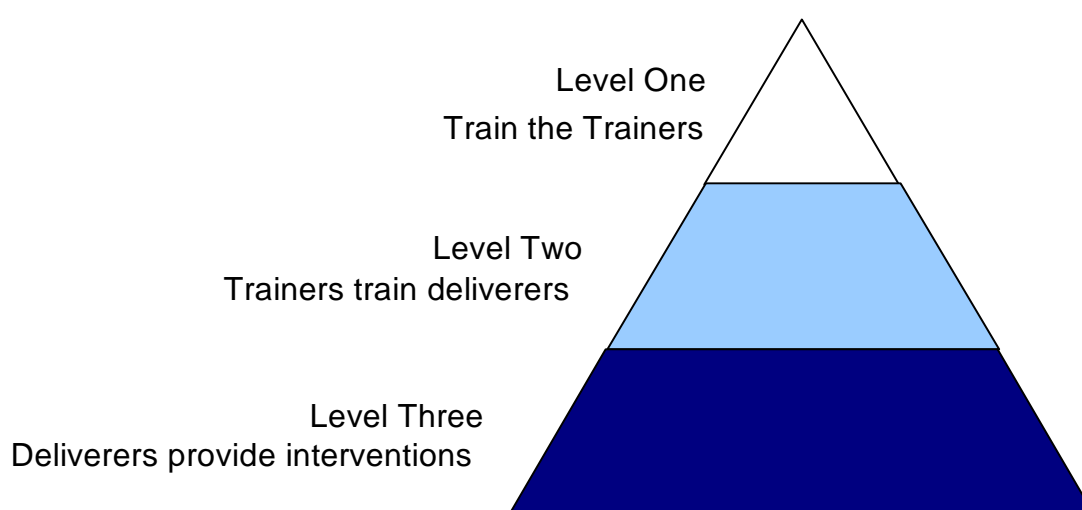
This report builds on the initial findings of the interim report and further develops the evaluation. In addition to the findings of the interim report, it will also discuss:

- The experiences of the participants who delivered the primary training;
- The experiences of the participants who received the secondary training (those participants who were trained to deliver the brief interventions – the deliverers); and
- The barriers encountered in trying to organise training sessions and deliver brief interventions.

## 2. Training to deliver brief intervention training

The HIT 'Train the Trainers' session (Level One in Figure 1) was designed to provide practitioners with the skills necessary to deliver alcohol brief intervention training (Level Two). This second level of training would then provide the practitioners' colleagues and partner agencies with the skills necessary to deliver alcohol brief interventions to the relevant individuals with whom they are in contact (Level Three). The aim of this dissemination method is to provide an effective and efficient way of delivering knowledge and skills regarding brief interventions to a large number of people (the size of the sections in Figure 1 represents the number of people involved in that particular stage).

**Figure 1: Dissemination model of brief intervention training**



*Further information on each of the levels involved is provided in the following sections, and Appendix 1 provides more details on the timescales involved.*

### 2.1 Level One: 'Train the Trainers'

In order to train the delegates on how to deliver brief intervention training, the HIT Trainer used the brief intervention training presentation<sup>2</sup> as the basis for this 'Train the Trainers' course. In this way, he could teach the delegates about the alcohol situation and brief interventions, as well as physically demonstrating how they would teach the package (providing advice and tips on the way). Each participant was provided with a photocopied training pack containing: copies of the slides, handouts and further information where appropriate. Course content was delivered through a PowerPoint presentation, handouts, interactive exercises and group discussion. The content was divided into four sections:

- The nature and extent of alcohol use in the UK;
- Responding to alcohol use;
- Introducing the Preston Screening Tool; and
- Using the Preston Screening Tool.

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<sup>2</sup> The course and its evaluation were discussed in Section 1 of Burrell et al.'s (2006) report.

The course was delivered as a one day training event at Preston Business Centre, Central Lancashire Primary Care Trust (PCT). Fourteen delegates attended.

## **2.2 Level Two: Trainers train deliverers**

Participants were instructed to use the pack that they were provided with in Level One to deliver brief interventions training to their colleagues and partners. As such course content for this Level is very similar to that delivered in Level One's 'Train the Trainer' event (see Section 2.1).

## **2.3 Level Three: Deliverers provide interventions**

Attendees of the Level Two training session are trained to be able to screen individuals for alcohol misuse and provide the subsequent brief intervention (via the booklet<sup>3</sup>).

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<sup>3</sup> Following Burrell et al.'s (2006) recommendation, HIT and Central Lancashire PCT have developed an information booklet to give to individuals who might be misusing alcohol.

## 3. Methodology

The evaluation for this training program was divided into stages and includes a variety of different evaluation methods (Table 1), so providing a very rich and in-depth analysis.

**Table 1: Methodologies used in the evaluation**

Level of dissemination	Questionnaires	Participant observation	Interviews
Level One: Train the Trainers	✓	✓	✓
Level Two: Trainers train deliverers	✓	✓	
Level Three: Deliverers provide interventions	Partially*		

\* See Section 3.3 for information relating to the evaluation of Level Three. See Section 2 for more details on the levels in the dissemination model.

### 3.1 Level One: ‘Train the Trainers’

#### 3.1.1 Questionnaires

Participants were asked to complete two questionnaires: one before the training began (n=14), and the other at the end of the day (n=13<sup>4</sup>). These questionnaires will be referred to as Q1 and Q2 respectively (see Appendices 2 and 3). The questionnaires addressed: background details, previous training, knowledge, confidence, course satisfaction, barriers expected and recommendations. The results from these questionnaires are discussed in Sections 4.1.1 and 4.1.3.

Each participant was supplied with a third questionnaire for completion after they had delivered the training (referred to as Q3; see Appendix 4). This questionnaire addressed: details about the training groups held, confidence, barriers encountered, recommendations and future plans. Two trainers completed this questionnaire. Key comments from these questionnaires will be included where appropriate.

All of the questionnaires incorporated both closed and open field questions; data were analysed using SPSS.

#### 3.1.2 Observation

Two researchers from the Centre for Public Health attended the training session to observe the course (see Appendix 5 for the observation notes). The results from this observation are discussed in Sections 4.1.2 and 4.1.3.

#### 3.1.3 Interviews

To further assess the effectiveness of the training, it was intended that a focus group would be held to fully discuss participants’ experiences (Morleo et al. 2007); however due to a low turnout, the focus group was cancelled. Instead, the researcher contacted each of the participants to arrange an individual discussion or interview (either via telephone or, if this was not possible, email; Table 2). The results from these communications are discussed in Section 4.1.4.

<sup>4</sup> Due to unforeseen circumstances, one participant had to leave the session before the end.

**Table 2: Number of people involved in Stage Four of the evaluation**

Method of communication	Number
Telephone interview	4
Email discussion	6
TOTAL	10

### 3.2 Level Two: Trainers train the deliverers

#### 3.2.1 Questionnaires

Prior to attending, each potential trainer (from the Train the Trainer session) was asked to provide at least one training event before the end of March for evaluation purposes: two were able to do so.

All potential trainers were supplied with questionnaires for the deliverers: one questionnaire was to be completed before the session started (referred to as QA; see Appendix 6) and one when it ended (QB; see Appendix 7). They addressed: background details, previous training, knowledge, confidence, course satisfaction and recommendations. Table 2 has details on the number of participants involved. Both of the questionnaires incorporated both closed and open field questions; data were analysed using SPSS. The results from these questionnaires are discussed in Section 4.2.1.

**Table 3: Number of attendees and questionnaires completed in the subsequent brief intervention training sessions**

Sector	Environmental Health	Drug Services	TOTAL
Number of attendees	17	5	22
Number of pre-questionnaires completed (QA)	17	5	22
Number of post questionnaires completed (QB)	15	5	20
Number of sessions used to provide the training	2	1	N/A
Non-participant observation performed	Yes	No	N/A
Number of trainer questionnaires completed	1	1	2

#### 3.2.2 Observation

A researcher arranged to attend two of the organised training groups for observation; however one of the sessions was postponed beyond the remit of the evaluation due to personal reasons. Results from this section are discussed in Section 4.2.2. (See Appendix 8 for the observation notes.)

### 3.3 Level Three: Deliverers provide intervention

The analysis of this level was not within the remit of the evaluation. However, sections of the overall evaluation will provide some analysis of participants' intentions via a discussion of their reported confidence levels in brief intervention delivery and perceived barriers. Relevant results are discussed in Section 4.2.

## 4. Results

### 4.1 Level One: Train the trainers

#### 4.1.1 Questionnaire analysis

Fourteen delegates attended the ‘Train the Trainers’ training session. The participants represented a variety of different services with only three participants working in the healthcare field. These services included:

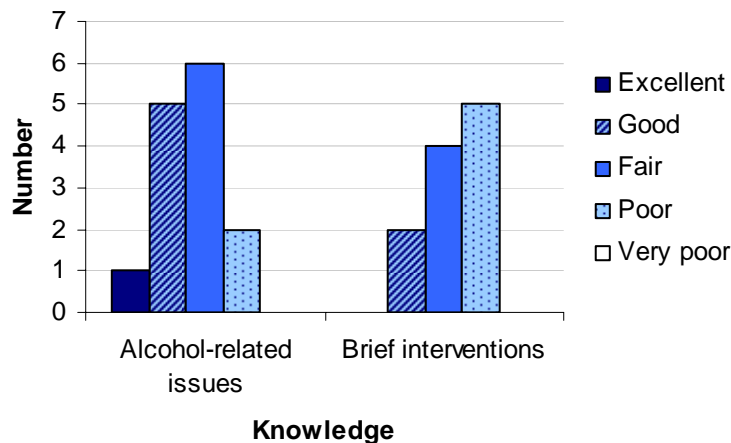
- Children’s and/or young people’s services;
- Drug/alcohol support services;
- Environmental health;
- Hospital; and
- Prison service.

Eight had worked in their current field for more than five years.

A large number had undergone relevant training previously: nine had attended alcohol-related training, whilst six had attended brief intervention training covering topics such as smoking cessation (four participants had attended such training), alcohol, illegal drug use cessation; domestic violence; and breast feeding. Three participants had experience of both alcohol-related and brief intervention training.

Generally, levels of knowledge were slightly higher for alcohol issues generally compared with knowledge on brief interventions (Figure 2).

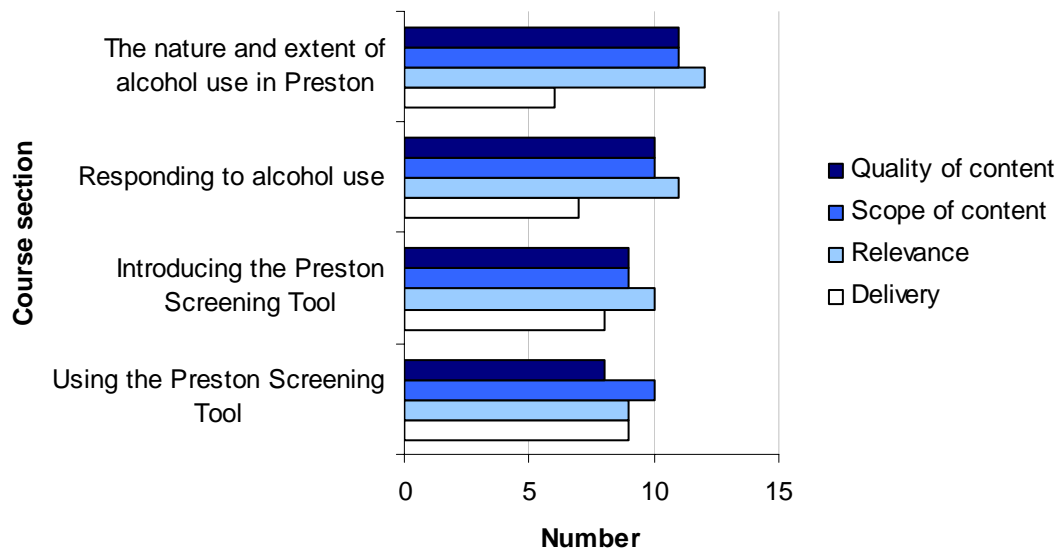
**Figure 2: Self-reported levels of knowledge amongst the participants of the ‘Train the Trainers’ course before the session**



Please see Appendix 9 for accompanying figures.

Overall, participants rated each of the individual course sections very highly (Figure 3), in particular regarding content and relevance. Perceptions of the course’s delivery, although still quite high, tended to be slightly lower.

**Figure 3: The number of participants who rated the individual sections of the ‘Train the Trainers’ course as good or excellent**



Please see Appendix 9 for accompanying figures.

The training event improved levels of confidence in delivering brief interventions training: by the end of the course twelve participants felt that their confidence in doing so was either high or very high (Figure 4).

**Figure 4: Levels of confidence in delivering brief interventions training**



Please see Appendix 9 for accompanying figures.

Participants were also able to contact HIT for further support or information (which could have improved confidence levels even further); however no one did so. This is despite the fact that the majority of attendees expected to encounter barriers in introducing the training (nine participants expected barriers). The nature of these barriers will be discussed further in Section 4.1.3.

#### 4.1.2. Observation

The training was divided into four sections (see Table 4 for more details and Appendix 5 for the observation notes):

- The nature and extent of alcohol use in the UK;
- Responding to alcohol use;
- Introducing the Preston Screening Tool; and
- Using the Preston Screening Tool.

The training used a variety of different methods to encourage discussion including a PowerPoint presentation using text and images, an alcohol quiz, group discussion and role play. On the whole, participants were receptive and saw their value in provoking discussion (further information is available in Table 4). The interactive nature of the course also allowed participants to voice concerns, which were dealt with by the trainer (further information is available in Table 5).

The training session used the brief intervention training package as the basis for the 'Train the Trainers' course, so that delegates could be taught about alcohol and brief interventions, as well as physically demonstrating how they would teach the package. However, this meant that the trainer had to condense the training course. They did this by making relevant time-saving adaptations (for example using group discussion rather than small group discussion, which would have required extra time for feeding back to the group). The trainer identified and discussed these adaptations, so that the potential trainees could make the relevant changes in their training events.

In the group work, some participants suggested that they would like to change parts of the training package to fit in with the work they already do. They thought that the necessary information could be delivered in a smaller timeframe. However, there are several reasons as to why this might not be appropriate:

- As the trainer noted during the session, the course in its current format and structure has been evaluated as being an effective way to deliver brief intervention training (Burrell et al. 2006);
- Levels of related knowledge amongst the participants before the course were not high (eight and nine people respectively reported their knowledge of alcohol-related issues and brief interventions to be fair to poor; Figure 2); and
- Participants felt that all of the sections in the course were important and relevant (Figure 3).

**Table 4: Details of the ‘Train the Trainers’ course and participants’ responses to the course**

Section	Details	Participants’ responses
The nature and extent of alcohol use in the UK	Slides, images and a quiz were used to provoke discussion around alcohol use in the UK.	The images and quiz did provoke considerable discussion amongst the group: <i>“Quiz was a good inclusion and I would perhaps include this earlier on in the session as it was the first time any discussion took place.”</i>
Responding to alcohol use	The participants discussed possible questions that could be used to assess if someone is misusing alcohol. From this, they selected those that could be used for initial screening.	A large number of participants contributed to the discussion and suggested a range of questions that could be used. <i>“Very good description of screening v assessment. I liked the way this was presented via the ‘exercise’.”</i>
Introducing the Preston Screening Tool	The Alcohol Use Disorders Identification Test PC (AUDIT PC) <sup>5</sup> was introduced – a validated and tested screening tool.	There was some discussion about when this section should have been introduced: <i>“The session was not delivered clearly. I feel it would have been better to explain what ‘brief interventions’ were instead of everyone left guessing. Then the sessions would have flowed better.”</i> <i>“The tool was only introduced at the last minute but should have taken centre stage.”</i> <i>“This was introduced at the right time. Any earlier and people would have been reading it and distracted from the other training information.”</i>
Using the Preston Screening Tool	Role play was used to practise screening the case studies. The trainer discussed how to introduce the screening tool and the booklet <sup>6</sup> .	Although the scores for this section were relatively high <sup>7</sup> , they were the lowest scores overall (Figure 3). The observation notes show the reasons behind this. Participants found it difficult to interpret the case studies: they <i>“were open to too much interpretation”</i> and the alcohol consumption levels <i>“could have been [detailed] in units instead of vol.”</i> . However, others said: <i>“Good session”</i> and <i>“I enjoyed doing these”</i> .

<sup>5</sup> The AUDIT PC is an abbreviated version of the AUDIT (Saunders et al. 1993), using five of the ten questions. For further details on the AUDIT PC, please see Alcohol Concern (2001b) or Piccinelli et al. (1997). For information on AUDIT PC’s selection as the screening tool, please see Burrell et al. (2006).

<sup>6</sup> Following Burrell et al.’s (2006) recommendation, HIT and Central Lancashire PCT developed an information booklet for those who are misusing alcohol.

<sup>7</sup> Nine participants said that the scope of the content for this section was good or excellent.

**Table 5: Queries and corresponding responses during the ‘Train the Trainers’ course**

Query	Trainer’s response
People interpret slides or images differently.	Participants can personalise aspects of the presentation: not all images have to be used particularly if they are not comfortable with a certain image or slide.
Some of the quiz answers were queried and participants were concerned that they may not know all the answers.	Some of the answers may need qualifications as not all the answers have straightforward answers. Participants do not need an in-depth knowledge of alcohol, but could find out more if they thought it beneficial. The quiz intends to provoke discussion, and it is not important if they cannot answer all questions which arise.
A website could be given for further information.	This could be a good idea.
Some confusion over the toolkit over when and where to use it as, for example, one participant asked if there were treatment services for referral of harmful drinkers.	The screening tool was designed for “people like you and me”, those who are consuming excessive amounts of alcohol but not experiencing significant problems. So it is not an appropriate tool for dependent drinkers.
A Unit Calculator Wheel could simplify calculating alcohol consumption levels.	A second participant said that the Portman Group supplies these but not in the volume that would be required by a large organisation such as a hospital.
One of the case studies is only 15 years old, yet the screening tool has been designed for use with adults.	The Trainer will change her age to 16.
A participant from a drug service asked if their service’s details could be added to the booklet.	The Trainer explained that a small number of booklets were printed so that changes could be made.

#### *4.1.3 Overall evaluation of the day*

As mentioned in Section 4.1.1, nine people who attended the training course expected to encounter barriers when setting up a training event. These barriers were discussed both during the day and in the questionnaires, and included:

- Getting people to attend the training course;
- Lack of time;
- Providing cover at work for those attending the training course; and
- Getting people together at the same time.

Importantly, one particular barrier that was identified was that the training package and its accompanying screening were not suitable tools for some of the individual workplaces represented. This is because of problems such as:

- The potential for harming relationships built with families;

- Working in a service which serves clients accessing Tier 3 treatment services or above (so the screening tool may not be relevant as it is not intended for identifying dependent users); and
- Working in a service where there is an established screening procedure.

Participants suggested that further resources or modifications to the existing resources could improve the course:

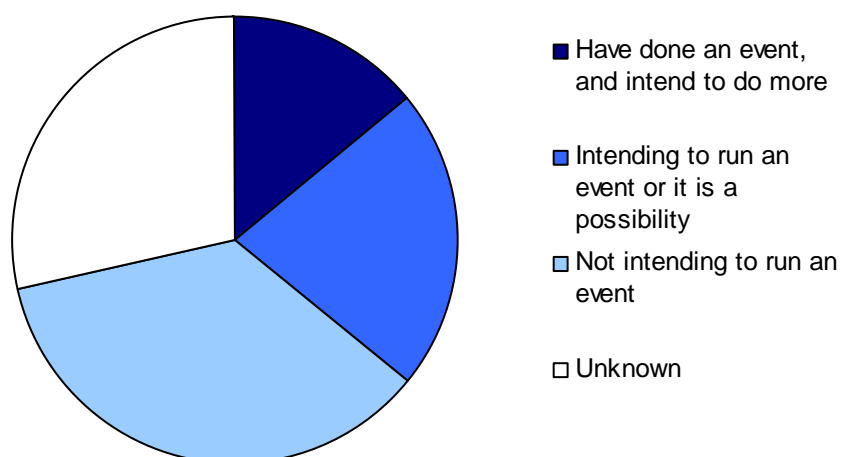
- Originally, it was intended that the delegates would share access to two packs, which would be held by the PCT. However, participants said that it would be easier if they could access their own information. As such, the trainer said that he would try to provide a CD-ROM version of the presentation and accompanying documents for everyone.
- One participant thought that the booklet intended to be given to members of the public as a brief intervention could have provided further details on alcohol's effects on the body. A second participant suggested that maybe the booklet was only designed to discuss the more immediate consequences of alcohol, and the trainer re-iterated this, explaining that the booklet might be more valuable by not focusing on health impacts.

At the end of the day, one of the participants commented that they did not know who the trainer was or anything about his organisation because he had not introduced himself fully at the start of the session. Perhaps this might explain the lower scores given for the delivery of the training event if participants felt that they did not connect with the trainer.

#### 4.1.4. Interviews

Participants were contacted in April to discuss whether they had carried out any training events (see Section 3.1): five had either already run the training session or intended to do so in the future (Figure 5).

**Figure 5: Future intentions of the 'Train the Trainer' participants**



*Please see Appendix 9 for accompanying figures.*

To date, two participants from the original training session have run their own brief interventions training session. They found the pack useful, making only small changes either to shorten the course or increase its relevance (see Appendix 10).

Both participants intend to run the course again<sup>8</sup>, and have suggested a number of amendments which could be made to make the course more user-friendly:

- Numbering the slides;
- Providing sample questions for use as a prompt for when asking participants to think about questions they could ask to assess whether an individual is misusing alcohol; and
- Making the case studies easier to use and clearer as they can cause confusion.

Three participants had not run a training event but did intend to do so in the future. They had not been able to run a training event to date because of reasons such as needing to set up funding, volume of work, and absence (through sickness or leave). Key points from their interviews included (see Appendix 10 for more details):

- The screening tool will be used as a way to measure levels of alcohol misuse and to raise awareness; and
- One participant planned to change the sequence of the training so that brief interventions are explained at the outset of the training.

Five participants did not intend to run the training event. Key points from their interviews included (see Appendix 11 for more details):

- The course was not relevant to their role or sector: five people did not think that the tool was relevant to their role either because screening was already established or because such screening was not a suitable tool in their setting. These participants were based in services such as the prison service, Tier 3 drugs services and children's or family services;
- The course was too geared towards the health sector;
- The course was disjointed and brief interventions should have been explained at the start of the day; and
- They currently use other means to improve alcohol awareness which are more appropriate for their setting.

Such participants could still see the value of the tool:

*“The tool will be invaluable to people who are in the right place to use it.”*

However, it was just not relevant to their role and/or organisation.

Of note, one of the trainers has subsequently carried out screening for brief interventions, for example, whilst at a university open day where their drugs service had a stall. She introduced the screening tool in a light-hearted way and found that many people were happy to answer the questions. All of those that she spoke to were drinking hazardously, and she provided each one with a booklet.

## **4.2 Level Two: Trainers train the deliverers**

Prior to attending, each potential trainer (from the Train the Trainer session) was asked to provide at least one training event before the end of March for evaluation purposes. However, only two participants were able to do so (see Section 4.1.4). This section discusses the relevant completed questionnaires and the observations made during the training events.

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<sup>8</sup> One intends to run the training session again both internally and externally with a large employer in the local area.

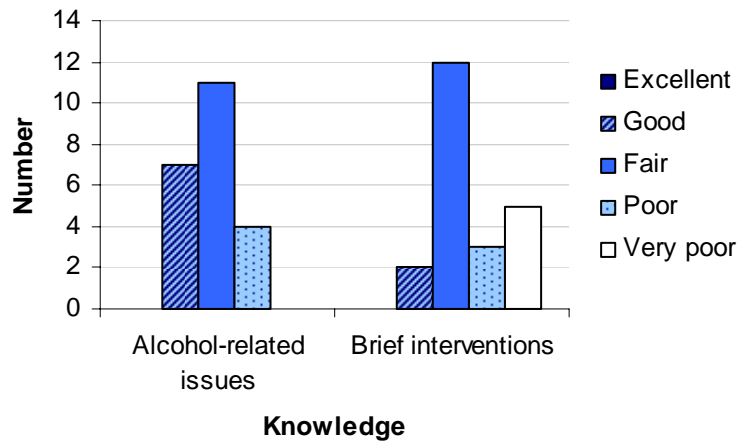
#### 4.2.1 Questionnaire analysis

A total of 22 people attended the two brief intervention training courses that have been run for deliverers: 17 from environmental health and five from drug services. Fourteen had worked in their current field for more than five years.

A large number had attended relevant training previously: two had attended alcohol-related training (both were from drug services), and eight had attended brief interventions training (four from each agency). The topics covered in their previous brief intervention training included dermatitis in hairdressers, working at heights, drug awareness, and smoking. Two participants had experience of both alcohol-related and brief intervention training.

However, although levels of previous training were higher for brief interventions, participants reported their levels of knowledge surrounding alcohol to be higher than that of brief interventions (Figure 6).

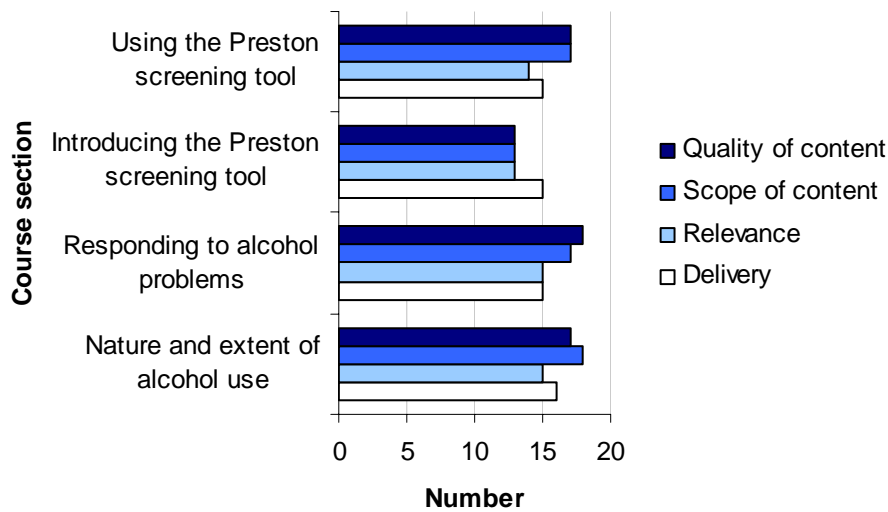
**Figure 6: Self-reported levels of knowledge amongst the brief intervention training participants**



*Please see Appendix 10 for accompanying figures.*

Overall, participants rated each of the individual course sections very highly (Figure 7), in particular regarding content. The course seems to have scored slightly lower on relevance, especially amongst the environmental health group. This may be because the idea of working around alcohol initiatives is any easier step for drug services to take because of the obvious link between alcohol and drugs compared with environmental health where such ideas may still be very new. As such, scores were generally higher in the drug services group, with all five participants scoring the each section of the course as either good or excellent for each evaluation criterium.

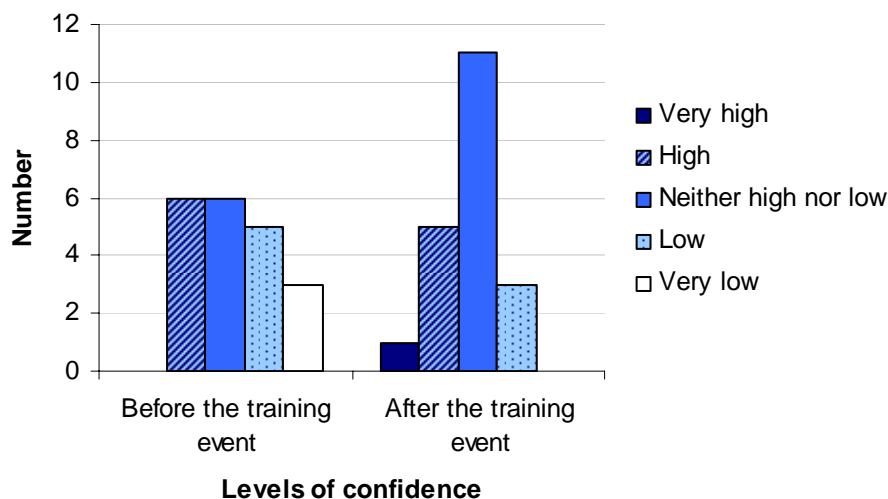
**Figure 7: The number of participants who scored the individual sections of the course as good or excellent**



Please see Appendix 10 for accompanying figures.

The training event improved the levels of confidence in delivering brief interventions: by the end of the course, six people felt that their confidence in doing so was either high or very high (Figure 9). The levels of confidence achieved are not as high as those achieved in the first training session (with regards to delivering the training) but it is difficult to make comparisons and draw firm conclusions when such small numbers are involved.

**Figure 8: Confidence in delivering brief interventions**



Please see Appendix 10 for accompanying figures.

Thirteen participants expected to encounter barriers when delivering brief interventions. Expectations of these may have been influenced by the sector in which they work: all thirteen of those who did expect barriers (Figure 10) were based in environmental health whereas in drug services, the trainer stated that:

*All [drug service] attendees said that they would be happy to use the brief intervention with clients if appropriate.*

Comments made by those expecting obstacles included:

- The barriers expected by participants include time constraints and unwillingness from members of the public to co-operate or respond;
- Barriers are expected but they will look into ways of working through this; and
- It will be easier in circumstances other than home visits such as health promotion exhibitions.

#### 4.2.2 Observation

One of the brief intervention training sessions was observed by a researcher, this was the training session held by the environmental health group.

The brief interventions training sessions discussed the same topics and followed a similar format to the “Train the Trainers” session discussed in Section 4.1 (see Table 6 for more details and Appendix 8 for the observation notes).

Again, as with the “Train the Trainers” session, the interactive nature of the course, allowed participants to voice concerns, which were dealt with by the trainer. For example, one participant asked how the effectiveness of the brief interventions would be measured, and the trainer responded that Preston would be able to measure its impact in other ways (also, see Table 6). Several suggested ways in which the screening tool and booklet could be improved:

- The AUDIT PC is difficult to read and it could be laid out better;
- One participant said that there should be two screening tools, one for males and one for females;
- One participant said that the questions would be more useful if they were laid out on a piece of cardboard; and
- A participant said that there should be an email address on the ‘Safer Drinking Guide’ that people could use for support or advice.

The Trainer mentioned in private that it can be frustrating when participants asked questions that he did not know the answer to. This did occur a few times in the session but it did not impact on the quality of the training itself. In addition, the Trainer also highlighted where the training resources could be improved:

- Numbered slides (for ease when cross-referencing with the training pack); and
- Providing example questions for assessing alcohol use (for use in the ‘Responding to alcohol use’ section), which could be used as prompts.

However, as discussed earlier, the introduction of brief intervention and alcohol-related training in a sector such as environmental health may be a relatively new idea and this may have meant that not all participants were immediately responsive to the training:

*“Just another [training] box to tick.”*

*“We’re not social services.”*

*“I will not be telling people what to do”*

**Table 6: Details of the brief interventions training course and participants' responses to the course**

Section	Details	Participants' responses
The nature and extent of alcohol use in the UK	Slides, images and a quiz were used to provoke discussion around alcohol use in the UK.	The images and quiz sparked considerable discussion about alcohol use. Several queries arose from the quiz (e.g. regarding whether alcohol is a depressant why a beer belly is not always the result of alcohol) but the trainer responded well.
Responding to alcohol use	The participants discussed possible questions that could be used to assess if someone is misusing alcohol in groups. From this, they selected those that could be used for initial screening.	Some of the slides are <i>"too orientated to health professionals"</i> . <i>"Tier 1 needs to incorporate other services such as Environmental Teams."</i>  The groups adopted different styles. Some listed the questions they would ask and others the steps they would take in the setting to determine if the screening tool is appropriate. One participant said <i>"the questions so far are relying on the person being totally honest"</i> and suggested that you should look for visual signs (e.g. empty bottles).
Introducing the Preston Screening Tool	The AUDIT PC was introduced.	The trainer introduced the tool and went over concerns about screening such as lack of time and inadequate training, and told participants that they must avoid stereotyping and generalising.
Using the Preston Screening Tool	Role play was used to practise screening the case studies. The Trainer discussed how to introduce the screening tool and the booklet.	It can be difficult to work out the number of alcohol units in drinks.  The scoring could identify many people as being in need of a brief intervention because it does not differentiate between those drinking slightly over the recommended limits and those drinking very large amounts.  One said that if an individual was scored as being a hazardous drinker, she would not tell them but would just give them the booklet. However another participant said that they should be telling such an individual that they are drinking over recommended levels. One participant said that a person like the case study 'Stan' could be adamant that they did not need alcohol advice. The Trainer assured the participants that it was not their place to tell someone what to do but to <i>"supply them with the 'Safer Drinking Guide' in order for them to identify the problem themselves"</i> .

## 5. Discussion

The variety of research methods used in this evaluation were intended to provide an in-depth and meaningful analysis of the impact of the training session and to identify whether the capacity to implement brief interventions can be disseminated via the chosen method. Due to the low numbers involved in the later stages of the evaluation finds resulting from here should not be viewed as fully comprehensive; however, the evaluation does help to illustrate the value of the training and of the dissemination method involved.

Key findings from the training sessions:

- Participants from all three training groups rated the individual sections of the course very highly (in particular regarding content and relevance); however, there were areas where confusion arose and where improvements to the course could be made.
- Reports of confidence levels from participants of all three training groups show a notable improvement following their respective training course.
- The screening tools for brief interventions provided by this training event may not be suitable in all settings (such as the prison service where screening already exists, Tier 3 drugs services and children's or family services).
- Attendees of the two courses observed participated fully, taking part in group work and posing questions to the trainer throughout the day.
- The majority of participants expected to encounter barriers in implementing brief interventions and brief intervention training.
- Levels of knowledge of alcohol are likely to be lower amongst the trained trainer compared with the original trainer, but this is not thought to have impacted on the value of the training.

Consequently, the dissemination model used for expanding knowledge and expertise around brief interventions can be effective; however the evaluation has also identified key issues and recommendations that need to be addressed in order for the training to achieve its full value:

1. **Of those attending the 'Train the Trainers' session, a large number felt that the course was not relevant to their role or organisation.**

*Recommended action:* Clear information on the nature of the course should be supplied to all those considering participating in the course. In order to address this issue more fully, a research project and/or literature review of existing information could investigate:

- The nature of the settings where brief interventions and their screening tools could be employed which would maximise their effectiveness and their appropriateness; and
- Which populations are more responsive to brief interventions.

2. **The training course is focused too much towards health professionals.**

*Recommended action:* The course needs to be more accessible to those from other fields through, for example, adapting the language used, avoiding the use of abbreviations and jargon.

- 3. Several participants reported that they felt the course was disjointed, and that brief interventions should have been explained at the start of the course.**

*Recommended action:* A short introduction should be provided at the start of the day which succinctly explains brief interventions, so providing participants with more direction. This introduction should also, where appropriate, fully introduce the trainer and their organisation.

- 4. In each of the three training sessions, there was confusion surrounding the case studies.**

*Recommended action:* This could be tackled in one of the following ways:

- The case studies could explicitly show the unit consumption of each one (as this was where the confusion often arose);
- Provide more guidance for participants on how to identify unit consumption with people in the community – after all individuals approached may not know their levels of consumption in terms of units and may need probing in order to estimate this; or
- Remove the case studies altogether, and ask participants to improvise.

- 5. Some of the participants from the brief intervention training session for the deliverers were reluctant to deliver brief interventions.**

*Recommended action:* Reluctance to deliver brief interventions could be tackled by providing deliverers of brief interventions with regular feedback on the alcohol situation in Preston and the surrounding area (for example, the number of people accessing alcohol treatment, or the number of people presenting to hospital or Accident and Emergency for alcohol-related violence or injuries).

- 6. A large number of participants reported that they expected barriers in either implementing the training or delivering the brief interventions themselves.**

*Recommended action:* Part of the training courses (both the ‘Train the Trainers’ course and the brief interventions course) could be dedicated to ways of overcoming barriers.

Overcoming the barriers identified by participants is particularly important if the implementation of brief interventions is going to be expanded. In order to do this, it is necessary to consider ways of making the delivery of the brief interventions course less time consuming, less resource intensive and more appealing to organisations. There are two methods which could be used to do this.

- Examine the validity of providing a shorter course. However, this would mean that participants would have less opportunity to increase their knowledge on the surrounding issues.
- Consider providing a brief intervention training course that could include other issues for which screening for brief interventions has been shown to be effective<sup>9</sup>. One person within an organisation could be trained to deliver brief intervention training on various different areas. Here, the training course provided would have a foundation which dealt with brief interventions, and

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<sup>9</sup> For example, participants previously mentioned having attended brief interventions courses which covered a variety of topics including smoking and domestic violence.

then supplementary sections would be covered that would tailor the course to the individual topics involved. The trainer could then select the appropriate sections for delivery when and where relevant.

Implementation of these recommendations could help to promote the uptake of brief intervention training and overcome some of the barriers highlighted, so that practitioners recruit the most appropriate people to train in brief interventions and ensure that they are fully prepared to deliver the course.

Finally, a number of small changes were recommended by the participants that could be made to the training package to make them more user-friendly, including numbering the slides and providing example alcohol use assessment questions. They also suggested a number of resources that would help in course delivery and encouragement of brief intervention dissemination:

- Providing all individuals who attended the 'Train the Trainer' course with a CD-ROM holding all the relevant documentation;
- Drafting a short list of website addresses and/or resources that participants can access for further information if desired;
- Providing resources such as the Unit Calculator Wheel in sufficient quantities for large companies to encourage delivery of brief interventions; and
- Investigating whether organisations could add their contact details to the booklet on its next print.

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## Appendices

### Appendix 1: Timeline for the 'Train the Trainers' project and evaluation

STAGE	DATE	ACTION
ONE	12 January 2007	Pre and post training questionnaires for the trainer
	12 January 2007	Pre and post training questionnaires for the deliverers of brief interventions
	12 January 2007	Evaluation questionnaire for the trainer
	15 January-1 February 2007	Analysis
	22 February 2007	Interim report
TWO	TBC	Training group observation
	28 March 2007	Intended focus group
THREE	2-23 April 2007	Analysis
	16-23 April 2007	Telephone interviews
FOUR	23 April-7 May 2007	Analysis
	21 May 2007	First draft of the report
	31 May 2007	Final report
	TBC	Presentation of report

## Appendix 2: Pre-intervention questionnaire for those attending the 'Train the Trainers' session (Q1)

### PRESTON BRIEF INTERVENTION TRAINING EVALUATION

# Q1. Pre-intervention questionnaire



Please complete the following details **before the training session** to enable us to establish your role, experience and expectations. These data will contribute towards a formative evaluation and provide information to support the development and improvement of the Preston Alcohol Brief Intervention training.

Thank you for your help.

1. What is your job title?

2. Which service do you work in?

Community healthcare services	<input type="checkbox"/>
Drug / alcohol support services	<input type="checkbox"/>
General practice	<input type="checkbox"/>
Hospital - Accident and emergency	<input type="checkbox"/>
Hospital - Inpatient	<input type="checkbox"/>
Hospital - Outpatient	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>
Prison service	<input type="checkbox"/>
Sure Start	<input type="checkbox"/>
Young person's services	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

3. How long have you worked...?

	<input type="checkbox"/>	Under 1 year
	<input type="checkbox"/>	1-2 years
	<input type="checkbox"/>	3-5 years
	<input type="checkbox"/>	5-10 years
	<input type="checkbox"/>	10+ years

a) In this post?

b) In this field?

4. Is your post based in the health care field?  
 Yes  No

5. Have you previously had any alcohol-related training?  
 Yes  No  Don't know   
*If yes, please explain below.*

6. Have you previously had any brief intervention training?  
 Yes  No  Don't know   
*If yes, please explain below.*

7. Did you attend one of the pilot brief intervention training sessions held by Preston Primary Care Trust in 2006?

Yes  No  Don't know

8. How confident do you feel generally about providing training sessions?

Very high   
 High   
 Neither high nor low   
 Low   
 Very low

9. How would you rate your knowledge of...?

	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Very poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a) Alcohol-related issues?  
 b) Brief interventions?

10. How would you rate your confidence in responding to alcohol-related issues?

Very high   
 High   
 Neither high nor low   
 Low   
 Very low

11. How often do you come into contact with people that may benefit from receiving an alcohol brief intervention?

Daily   
 Weekly   
 Monthly   
 Rarely

12. How do you rate your confidence in delivering training in the use of alcohol brief interventions within your work setting?

Very high   
 High   
 Neither high nor low   
 Low   
 Very low

13. What are you hoping to learn from the training session today? (Please provide as much detail as possible, for example, how to raise the issue of the alcohol use, how to respond to hazardous drinking by young people, how to identify hazardous drinking etc.)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

PLEASE RETURN THE QUESTIONNAIRE TO AN LJMU REPRESENTATIVE.

## Appendix 3: Post intervention questionnaire for those attending the 'Train the Trainers' session (Q2)

### PRESTON BRIEF INTERVENTION TRAINING EVALUATION

# Q2. Post intervention questionnaire



Please complete the following details **immediately after the training session** to enable us to record your perceptions of the course and provide the opportunity for making recommendations. These data will contribute towards a formative evaluation and provide information to support the development and improvement of the Preston Alcohol Brief Intervention training.

**Thank you for your help.**

For each element of the training, could you please indicate how useful it was in terms of content (quality and scope), relevance and delivery.

#### 1. The nature and extent of alcohol use in the UK

		Further comments
	Excellent Good Fair Poor Very poor	
a) Content (quality)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Content (scope)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Relevance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

#### 2. Responding to alcohol use

		Further comments
	Excellent Good Fair Poor Very poor	
a) Content (quality)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Content (scope)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Relevance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

#### 3. Introducing the Preston screening tool (PAST)

		Further comments
	Excellent Good Fair Poor Very poor	
a) Content (quality)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Content (scope)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Relevance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

#### 4. Using the Preston screening tool (case study exercise)

		Further comments
	Excellent Good Fair Poor Very poor	
a) Content (quality)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b) Content (scope)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c) Relevance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d) Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

#### 5. How do you rate your confidence in delivering training in the use of alcohol brief interventions within your work setting?

		Please describe any further support you might need.
	Very high High Neither high nor low Low Very low	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

#### 6. Do you anticipate any barriers to implementing the brief intervention training in your work setting?

		Please explain if appropriate.
	Yes No Don't know	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

#### 7. Do you think there was anything missing from today's training session?

		Please explain if appropriate.
	Yes No Don't know	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.  
PLEASE RETURN THE QUESTIONNAIRE TO AN LJMU REPRESENTATIVE.**

## Appendix 4: Follow-up questionnaire for those attending the 'Train the Trainers' session (Q3)

### PRESTON BRIEF INTERVENTION TRAINING EVALUATION



# Q3.

## Follow-up questionnaire

Please complete the following questionnaire **after you have provided brief intervention training to others**. These data will contribute towards a formative evaluation and provide information to support the development and improvement of the Preston Alcohol Brief Intervention training. The questionnaire should be returned to JMU as soon as it is completed using the details provided overleaf.

**Thank you for your help.**

1. Since attending the training course in January, how many times have you provided training to others on providing brief interventions?

Once       Three times   
 Twice       More than three times

2. Which dates did you run the sessions on?

3. Please provide details of the training courses held - continuing on another sheet if more space is needed

#### TRAINING EVENT 1

Date held

Number of attendees

Length of training session

*Please detail any feedback received*

*Further comments*

Professions of those involved



#### TRAINING EVENT 2

Date held

Number of attendees

Length of training session

*Please detail any feedback received*

*Further comments*

Professions of those involved



4. How confident do you feel generally about providing training sessions?

Very high   
 High   
 Neither high nor low   
 Low   
 Very low

5. How confident did you feel about providing training sessions on alcohol-related brief interventions?

Very high     
 High     
 Neither high nor low     
 Low     
 Very low

Event 1    Event 2

6. Did you encounter any obstacles when setting up the training event (s)?

Yes     No

*If yes, please explain below.*

7. Looking back to your training session in January, is there anything that you feel now should have been included in the training session?

Yes     No

*If yes, please explain below.*

8. Are there any additional resources that you would find useful?

Yes     No

*Please clarify below.*

8. Are you planning to run any events in the future?

Yes     No     Don't know

*Please explain below.*

### THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

Once completed, please return this questionnaire to the address below. If you have any questions about the questionnaire or the evaluation more generally, please contact either Michela Morleo or Clare Lushey using the details provided below.

Clare Lushey, Research Assistant  
 Centre for Public Health, Liverpool John Moores University, Castle House, North Street, Liverpool L3 2AY  
 Tel: 0151 231 4510  
 Email: m.j.morleo@ljam.ac.uk or c.j.lushey@ljam.ac.uk

## Appendix 5: Observation notes from the 'Train the Trainers' session

Date: 12 January 2007  
Time: 9.30am to 3.30pm  
Location: Central Lancashire PCT, Preston Business Centre

Training organisation: HIT  
Observers: Michela Morleo, Centre for Public Health, LJMU  
Clare Lushey, Centre for Public Health, LJMU  
Number of participants: 14

### Setting

The room organised by Central Lancashire PCT met the needs of the group. Everyone was able to see the presentation / flip-chart, and there was enough space for the participants to work separately for the smaller group work.

Lunch was served separately in the adjoining room (where there were chairs and tables as well). Tea and coffee were on hand throughout the day, and water was available in the next room.

### Initial observations

A total of fourteen people attended the session, representing a variety of different services and fields. Two had attended the pilot brief intervention training sessions held by Preston PCT in 2006.

The Trainer explained that the pack was designed for use with non-specialist substance use workers across a range of fields. After the first few initial slides, the Trainer checked to see if the course so far was what they had expected. There was a general assent that this was the case.

The Trainer emphasises at various points that brief interventions and the brief intervention training session have been evaluated and validated. The report for the brief intervention training pilot is available online on either HIT or the Centre for Public Health's website.

The Trainer then ran through the training pack itself that they would be using to show how it should be or could be used.

### First session: "The nature and extent of alcohol use in the UK"

Trainer: Images are used in the presentation as a way of sparking discussion e.g. the picture of Gin Lane (which it did). Some of the pictures will have prompts in the pack. Because people interpret the slides differently, there is the opportunity to personalise your presentation. So if you feel that the picture is not something you would like to discuss, you do not have to show it.

Trainer: Some of the figures have been updated since these slides were put together. The Trainer will see if he can insert more up to date slides, but he emphasised that the data are not old, being only published in 2004.

The second picture shows two girls downing their drinks. The Trainer asks if this picture is a true representation, and discussion is sparked e.g. around the reasons for heavy drinking.

A true or false quiz on alcohol knowledge is used as a more interactive element.

One of the participants questioned how many brief intervention training packs have been bought by the PCT. When the Trainer said that two had been purchased, it was questioned as to whether this would be enough: *“That should be the tool that everyone walks away from this course with”*. The Trainer said that he would copy the CD (which has the presentation, notes and any other documents included).

When going through the quiz’s answers, one of the participants expressed concern that she would not be able to provide further information on any of the quiz questions if her trainees requested it. Trainer: For some of the questions, there is no straightforward answer and qualifications are needed. The trainer does not need to know everything about alcohol; they can always go away and find out pieces of information. However, the quiz is there only to prompt discussion. It can be dropped if you are not comfortable with it or questions can be changed. Trainers need to use the bits of information that they feel confident with. A different participant suggested that maybe a website could be given to the trainers so that further information could be sought where necessary. Reacting to this, another participant said that not being an expert was a good thing because trainees would feel more confident. Trainer: It’s about brief interventions, not the specifics around alcohol.

Some of the answers to the quiz are queried, and these are discussed in more detail. This task could take much longer and be more in-depth by separating people into groups to discuss the answers in more detail, but here it has just been skimmed over.

Trainer: Tell people what they are going to learn at the start of a section, and then what they have learned at the end. He summarises what has been discussed.

Trainer: The pack does contain more information on alcohol. Trainers do not need to know it all (he does not). It can be overwhelming to give out too much information to trainees, so it’s up to the individual trainer to do what makes them feel confident.

### **Second session: “Responding to alcohol use”**

The Trainer shows the participants that there is a handout for the Alcohol Harm Reduction Strategy for England, which can be used to provide further information.

The Trainer introduces the next exercise. Participants are asked what questions they would ask in order to find out whether someone is misusing alcohol. The Trainer explained that this could be done in small groups with flip-chart paper for each group: one group could be asked to show their list, and then the other groups are asked for any omissions. There is no point in going through every list because the number of repetitions will be large. However, to save time, today’s group shouted out answers to go on the flip-chart.

Questions suggested included:

- When do you drink?
- How often do you drink?
- Who do you drink with?
- Why do you drink?

- Have you experienced any negative consequences of drinking?
- What do you drink?
- Have you been referred to any services?

Trainer: All suggestions are useful and appropriate for finding out whether someone is misusing alcohol, but some questions are more appropriate for assessing clients than for initial screening. Screening needs to be brief so that people are more likely to comply and so that the questions are not too intrusive.

Participants are then asked to identify which ones they would use for screening rather than assessment, and they discuss the difference between the two processes.

Trainer: The screening tool is a standardised list of questions that are evidence-based as being able to identify hazardous drinkers. It is designed to be user-friendly. Because of these reasons, it would be very difficult to deviate from the questions provided.

The Trainer recaps what has been discussed and suggests that if the course is to be run in two sessions, this point would be where the first session would end.

### **Third session: “Introducing the Preston Screening Tool”**

Trainer: Provide a recap at this point of what has been discussed before, especially if the course has been run in two parts. Give delegates five minutes or so to digest the brief intervention package. Those providing brief interventions should introduce the questions as a helpful tool or a survey being run, not as a serious investigation. Those who score five points or more should receive one of the booklets that the PCT has provided.

One participant asked where they could get the booklet from. Trainer: Speak to the PCT. The information used to be given out on photocopied sheets but the PCT found the resources to provide the information within a helpful booklet.

Trainer: The screening tool has been validated and tested. Preston has advised the use of the AUDIT PC, which has five questions rather than the 10 used in the original AUDIT.

Participant: Does the interviewer go through the booklet? Trainer: They can do, but they may be lacking time so it's not necessary. Screening can have an impact on its own.

Participant: Did they stop drinking? Trainer: The AUDIT is designed to screen not to intervene on its own. It is a general intervention, used for everyday people *“like you and me”*. It aims to make people make small changes. Evidence shows that public health gains can be massive.

Participant: Compliance in hospitals may be tricky to obtain. Trainer: This will be covered later.

Participant: What if people have serious problems? Trainer: You can refer them – this will be covered later.

Participant: The Portman Group’s Wheel could be useful for working out levels of alcohol consumption.

Lunch.

Trainer: Reminded people about what screening is. This is very important if the training has been split.

One question was asked at lunch, which the Trainer fed back to the group:

- Can the AUDIT be self-administered? Trainer: Yes, this may be preferred. Time is important for those being screened and those screening. The AUDIT is like those questionnaires in magazines, where you add up the scores to see what kind of person you are, so they are easy to do yourself.

Participant: Are the services there for people to be referred to? Trainer: Brief Interventions may not have an impact on alcohol treatment. It is designed to be used for people *“like you and me”*. Tier 0 has been used before to describe where these interventions fit in. They can be self-administered, like websites where we find out information for ourselves or community involvement.

#### **Fourth session: “Using the Preston Screening Tool”**

At this point, the class was asked to get into small groups of three to perform a role play of providing a brief intervention. Three case studies are included in the pack. Each person should take a turn in being the case study individual, the practitioner and an observer.

Trainer: To introduce the brief intervention, say that you are generally asking people these questions and are trying to get as many people involved as possible.

Participant: Is it relevant to the prison setting because prisoners are screened for drugs and alcohol when they first come in, and then are screened again when they are sentenced. Individuals are then referred to the Drug Dependency Unit where appropriate. Also prisoners are not going to be able to drink anyway for x months or years. Trainer: This does not sound as relevant for prisoners. Participant: Prisoners who committed alcohol-related or drug-related crimes are screened automatically. Trainer: What about the others? This may need to be investigated further.

#### *Group one observations:*

It took the group time to work out the number of units a day. There is a bit of discussion when the group notice that the case study details do not provide all the information necessary to answer the questions. One participant suggests that maybe they could make up the answers. They did not practise the role play fully, but got the idea about how it works. Their conclusions were that they all drank too much and all needed the booklet.

#### *Group two observations:*

The group discussed how some of the individuals have bigger problems than what the booklet is designed for. The group acted out the role play. They found it difficult to work out the exact units but discussed how the exact level may not necessarily matter because you only need to get a rough idea to get the score. One participant said that the booklet was not detailed enough, and that maybe something more in-depth was needed. For example, it does not cover the effects on the body. Only one more page would be needed to do this. A second participant suggests that maybe the booklet has only been designed to discuss the more immediate consequences of alcohol misuse (e.g. related to the effects at home, work or on driving). They suggest

that they might tweak it to fit in with what they already do. They also go on to suggest that potentially a full day is too much, and that the necessary information (either in the Train the Trainers training, or in the Brief Intervention training) could be delivered in a much smaller timeframe). Brief Interventions could be integrated into the training that they already run. They think the tool is really useful, and could potentially be used as a street survey to identify the levels of harmful drinking, which could help fund an area's project.

Throughout the group work, the Trainer went between groups to check for any problems or any questions etc.

Trainer: The tool is not being used to judge or assess the individuals. It is just a screening tool. One of the groups noted that one of the case studies ("Jayne") is only 15. As the AUDIT has been designed for adults, this will be changed so that she is 16. It is only a Brief Intervention screening tool; it is not for use with dependent users who will need other types of interventions. It should be done on everyone, not the people whom you know are problematic users.

Participant: Could the booklet be expanded to cover the effects of alcohol on the body? Trainer: The booklet may be more valuable in that it does not concentrate on health impacts.

Trainer: There is a right and wrong way to introduce booklets. Tell them that others have found the booklets useful. Sometimes discussions around alcohol use follow a more softly, softly approach unlike with smoking.

A discussion follows around the latest Government campaign, with the "Superman" advert. The Trainer asks them if they think these campaigns work, and suggests that the situation needs to be right for shock tactics and maybe we're not there yet with alcohol like we are for smoking.

Participant from Young Addaction: Could our services be added to the booklet? It could be useful to have a variety of services included so people have a choice, and we don't have a waiting list at the moment. Trainer: the PCT purposefully only printed 3,000 booklets so that changes can be made.

## **Discussion**

Participant: Could brief interventions have been explained earlier on so that trainees understand the direction of the day? Trainer: This point did not come up in the earlier pilots, but that could be one way of presenting the information.

Participant: Could you introduce yourself and HIT more fully? The Trainer explained about HIT etc.

Participant: Could we have more sandwiches next time?

Participant: I am still concerned about being challenged by trainees, or that other people attending may feel that they do not have enough knowledge surrounding alcohol. Trainer: You don't need to know everything about alcohol to train people on brief interventions, but maybe further training would be useful. You can also take advantage of the extra one-to-one support that is being provided by HIT to go alongside this session.

Participant: Could we find out more about the previous pilots? Trainer: The report is available online on either HIT or the Centre for Public Health's website.

Participant: Would it be possible to get copies of the wheel to use with the brief interventions? Second participant: The Portman Group distribute them for free via their website. They give out 50 or 100 at a time. First participant: I would need 6,000 to cover all staff in the hospital.

## Appendix 6: Pre-training questionnaire for those attending the brief interventions training session (QA)

### PRESTON BRIEF INTERVENTION TRAINING EVALUATION



**QA**

## Pre-training questionnaire

Please complete the following details **before the training session** to enable us to establish your role, experience and expectations. These data will contribute towards a formative evaluation and provide information to support the development and improvement of the Preston Alcohol Brief Intervention training.

**Thank you for your help.**

1. What is the date of your training session?

2. What is your job title?

3. Which service do you work in?

- Community healthcare services
- Drug / alcohol support services
- General practice
- Hospital - Accident and emergency
- Hospital - Inpatient
- Hospital - Outpatient
- Mental health services
- Prison service
- Sure Start
- Young person's services
- Other (please specify)

4. How long have you worked...?

- |  |              |                          |                          |                          |                          |                          |
|--|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Under 1 year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 1-2 years    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 3-5 years    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 5-10 years   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 10+ years    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- a) In this post?
- b) In this field?

5. Is your post based in the health care field?

Yes  No

6. Have you previously had any alcohol-related training?

Yes  No  Don't know

*If yes, please explain below.*

7. Have you previously had any brief intervention training?

Yes  No  Don't know

*If yes, please explain below.*

7. How confident do you feel about providing brief interventions?

- Very high
- High
- Neither high nor low
- Low
- Very low

8. How would you rate your knowledge of...?

- |  |           |                          |                          |                          |                          |                          |
|--|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Excellent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Good      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Fair      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Poor      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Very poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- a) Alcohol-related issues?
- b) Brief interventions?

9. How would you rate your confidence in responding to alcohol-related issues?

- Very high
- High
- Neither high nor low
- Low
- Very low

10. How often do you come into contact with people that may benefit from receiving an alcohol brief intervention?

- Daily
- Weekly
- Monthly
- Rarely

11. What are you hoping to learn from the training session today? (Please provide as much detail as possible, for example, how to raise the issue of the alcohol use, how to respond to hazardous drinking by young people, how to identify hazardous drinking etc.)

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**

**PLEASE RETURN THE QUESTIONNAIRE TO YOUR TRAINER.**

## Appendix 7: Post training questionnaire for those attending the brief interventions training session (QB)

### PRESTON BRIEF INTERVENTION TRAINING EVALUATION



## Post training questionnaire



Please complete the following details **immediately after the training session** to enable us to record your perceptions of the course and provide the opportunity for making recommendations. These data will contribute towards a formative evaluation and provide information to support the development and improvement of the Preston Alcohol Brief Intervention training. **Thank you for your help.**

**1. What is the date of your training session?**

For each element of the training, could you please indicate how useful it was in terms of content (quality and scope), relevance and delivery.

**2. The nature and extent of alcohol use in the UK**

- a) Content (quality)
- b) Content (scope)
- c) Relevance
- d) Delivery

Excellent					
Good					
Fair					
Poor					
Very poor					

Further comments

**3. Responding to alcohol problems**

- a) Content (quality)
- b) Content (scope)
- c) Relevance
- d) Delivery

Excellent					
Good					
Fair					
Poor					
Very poor					

Further comments

**4. Introducing the Preston screening tool (PAST)**

- a) Content (quality)
- b) Content (scope)
- c) Relevance
- d) Delivery

Excellent					
Good					
Fair					
Poor					
Very poor					

Further comments

**5. Using the Preston screening tool (case study exercise)**

- a) Content (quality)
- b) Content (scope)
- c) Relevance
- d) Delivery

Excellent					
Good					
Fair					
Poor					
Very poor					

Further comments

**6. How do you rate your confidence in delivering alcohol brief interventions within your work setting?**

- Very high
- High
- Neither high nor low
- Low
- Very low


Please describe any further support you might need.

**7. Do you anticipate any barriers to implementing the brief intervention in your work setting?**

- Yes
- No
- Don't know


Please explain if appropriate.

**8. Do you think there was anything missing from today's training session?**

- Yes
- No
- Don't know


Please explain if appropriate.

## Appendix 8: Observation notes from the 'Train the Deliverers' session

Date: 3 March 2007; 27 March 2007  
Time: 10am – 12.15pm; 10am – 12pm  
Location: Training room, Town Hall, Preston

Group: Environmental Health  
Observers: Clare Lushey, Centre for Public Health, LJMU  
Number of participants: 17; 15

### The setting

The training was delivered in a room that met the needs of the group.

The training was divided into two sections and presented over the course of two days.

### DAY ONE. Initial observations

The Trainer introduced himself and asked the participants to introduce themselves to the group. The Trainer gave a brief introduction to the training session. One participant asked if the training was just for this team, the Trainer said "*if found useful it will be rolled out to more people from the council*".

### DAY ONE. First session: The nature and extent of alcohol use in the UK

The Trainer distributed an agenda and reiterated that the event would be delivered over two days. The images on the slides sparked quite a bit of discussion about alcohol use, and the Trainer incorporated some of his own experiences into the presentation.

Some questions did arise here:

- One participant asked for copies of the slides – the Trainer said that he would email them to all attendees.
- One of the slides refers to members of various religions who choose not to drink alcohol (e.g. Hindus, Jains, Christians). One participant asked for clarification on 'Jain', although the Trainer did not know the answer to this question, it did not affect the overall training session.
- A participant questioned the data presented, noting that there are certain groups of hazardous drinkers who are not always identified through particular data collection methods.
- A participant asked the Trainer if he knew how much money the Government makes from the alcohol industry, but he did not know.

The quiz was introduced, and participants were given plenty of time to complete it. There were some questions:

- One participant questioned whether alcohol is a depressant. The Trainer explained that "*alcohol loosens inhibitions but is not a stimulant drug*".
- One participant doubted whether people actually calculate their drinks on a night out.
- A participant asked why a beer belly was not the result of alcohol. The Trainer said the so called 'beer belly' is not always a result of alcohol, but is where men store excess fat.

- A participant asked if the recommended daily alcohol limits were how much you could drink before you experienced harms or whether they were the healthy amount to drink. The Trainer stated that the recommended daily alcohol limits are the recommended safe levels of alcohol consumption.

### **DAY ONE. Second session: Responding to alcohol problems**

A participant asked for a definition of intervention; the Trainer explained that he would discuss this in more detail later but that it is *“an opportunity to intervene and provide information”*.

A participant said that some of the slides are *“too orientated to health professionals”*. Another said that the *“Tier 1’ needs to incorporate other services such as Environmental Teams”*.

A participant said that by doing alcohol brief interventions they are in danger of diluting the service they provide.

At this stage one participant said *“I will not be telling people what to do”*. The Trainer assured her that that is not her job. The participant said that recently she confiscated a stereo from someone whom she noticed was drinking neat vodka; she would not have felt comfortable to intervene and provide a brief intervention. Another participant said he was quite happy to intervene stating that he would say *“stop drinking, being noisy and sitting on your arse claiming benefits!”*

The Trainer handed out paper to participants and asked them to get into groups and write down what questions they would ask a person to determine their drinking behaviour.

Some participants were not happy about doing this training saying *“just another [training] box to tick”* and *“we’re not social services”* although the Trainer did not overhear this.

One participant asked if the questions needed to be put into context with their job roles. The Trainer said that they just needed to suggest questions that they would ask a person to determine their drinking behaviours.

One group could not decide how to begin asking a person about their alcohol patterns and there was some disagreement over the initial question.

Groups adopted different styles. Some listed the questions they would ask and others wrote what sort of steps you would take (e.g. taking in the setting and the person before them to determine if it is appropriate to ask about the persons drinking patterns).

The Trainer walked around the room to see how everyone was doing. Once the participants had finished, the Trainer took one suggestion at a time from each group. A number of suggestions were made by participants including asking if alcohol is affecting the persons lifestyle (e.g. finances, family, work, accommodation); establishing if the person is from a high risk group in order to prioritise; reasons for drinking; and whether they would like help. One participant said *“the questions so far are relying on the person being totally honest”* and suggested that you should look for visual signs (e.g. empty bottles, neglected home/health).

The Trainer asked the participants what questions should be used as part of a screening. A participant said they would ask a person how much they drink and how often. But one participant said you would need to assess the situation to see if it was appropriate. The Trainer asked if there was anything else you would ask and a participant said they would ask if the person felt they needed assistance.

The Trainer said that this was the end of the first part of the training session. He thanked everyone for attending and reiterated that the next session would be on 27<sup>th</sup> March 2007.

## **DAY TWO. Initial observations**

The Trainer briefly went through the issues addressed during the last session and went onto explain the aim of today's session. He also informed the participants that they would be doing role-play during this session and asked if anybody had a problem with this. One participant said she did, but The Trainer assured her that she was "*amongst friends*".

The Trainer reiterated the patterns of alcohol use in the UK and the harms caused by alcohol in the UK and in Preston, and started discussion by asking participants about the recommended number of alcohol units for males and females.

## **DAY TWO. Third session: Introducing the Preston Screening Tool (PAST)**

The Trainer went onto explain what this training session would entail and provided all participants with the AUDIT PC screening tool, the 'Safer Drinking Guide' and a background guidance information handout. He gave the participants 10 minutes to read through these.

The Trainer explained screening and told participants that it is explained further in their handout. He then went onto to talk about the possible outcomes of screening such as referral to alcohol services. He went on to inform the participants that the AUDIT PC is not an assessment but a screening tool and it is a shortened version of the AUDIT.

At this stage The Trainer introduced the 'Safer Drinking Guide' and assured participants that it was designed for non-health professionals. He also went over concerns about screening such as lack of time and inadequate training, and told participants that they must avoid stereotyping and generalising.

## **DAY TWO. Fourth session: Using the Preston Screening Tool**

The Trainer asked the participants to get into groups of three to do the case study exercise. The Trainer explained that the participants were going to do role-play and handed out three case studies: Jayne, Mary and Stan. He asked all participants to take it in turns to be a case study, the person delivering the brief intervention and an observer. The Trainer asked the observer to give feedback after each role-play.

The groups had different ways of introducing the screening tool and the brief intervention.

### *Group one observations:*

Group one did not introduce the screening tool to their "case study" or add up the scores. The "practitioner" told the case study that they were drinking over the safe drinking guidelines and handed them the 'Safer Drinking Guide'.

*Group two observations:*

The “practitioner” introduced the screening tool and then went on to ask the case study questions about their drinking behaviour. During the screening she summed the alcohol units the case study was consuming and exclaimed that it was quite a lot, and the case study agreed. The “practitioner” was very understanding and asked the case study if she was aware of how much alcohol she was consuming and attempted to have a conversation with them about it. She gave the case study the ‘Safer Drinking Guide’ and explained that it provided advice on alcohol and that she was not judging her, but just supplying information that she might find useful.

*Group three observations:*

The participants discussed how to introduce the ‘Safer Drinking Guide’ and one participant said she would introduce it by saying “*this leaflet has handy tips and is a useful tool*”.

During this exercise The Trainer walked around the groups to observe the role-playing.

Some questions or issues arose during the group work, including:

- One participant said that he found it difficult to calculate the number of units in drinks.
- One participant said that a person like the case study ‘Stan’ would probably be adamant that he did not need alcohol advice. The Trainer assured the participants that it was not their place to tell someone what to do but to “*supply them with the ‘Safer Drinking Guide’ in order for them to identify the problem themselves*”.
- Many thought that the scoring would identify too many people as drinking over the safe drinking guidelines and therefore in need of a brief intervention because it does not differentiate between those going slightly over the recommended daily alcohol limits and those drinking very large amounts of alcohol. They were also concerned that you could go over the recommended daily alcohol limits very easily.
- One participant said that she would not read the results out to the person receiving the brief intervention (i.e. you are drinking over recommended levels) she would just give them the ‘Safer Drinking Guide’. However another said that the whole point is to tell them that they are drinking over recommended levels as well as giving them the ‘Safer Drinking Guide’.
- One participant said that there should be two screening tools one for males and one for females.
- Another participant said that the AUDIT PC was difficult to read and it could be laid out better. Further to this, another said that it should be on a piece of cardboard.
- One participant asked if they needed to record the brief interventions they deliver. The Trainer answered that they did not.
- The participant asked how effectiveness would be measured. The Trainer said that Preston would be able to measure its impact in other ways.
- A participant said that there should be an email address on the ‘Safer Drinking Guide’ that people could use for support or advice.

The Trainer assured the participants that if they were believed that the person needed more specialised help they could refer them onto a specialist alcohol service.

At the end of the session, the Trainer reiterated the definition of a brief intervention. He then asked the participants to get into groups to write down what would be good practice when delivering brief interventions. There was some confusion at first about what the participants were supposed to be doing as the slide said 'Giving advice about alcohol - What is good practice?'. This slide may need to be re-worded to avoid confusion in the future.

When the groups finished the Trainer told them that he would go around the table and take an example from each group. Participants gave various answers including: do not be judgmental; do not push it; if they are not receptive leave it; remember that it is voluntary; know your limits [in relation to alcohol knowledge]; be understanding; do not interrogate; and build up a rapport. The Trainer also made some suggestions including considering people's culture and level of intelligence. The Trainer also said *"an incentive would be to inform the person receiving the intervention of how much money they could save if they cut down on their alcohol consumption"*.

### **Course administration notes**

The Trainer mentioned in private that some of the participants were asking questions that he does not know the answers to, which can be frustrating. He also said he would like some guidance on what questions should be used for screening rather than assessing and it would be helpful if the slides were numbered, so he knew when one part of the training session had ended another had begun.

The Trainer noted that the 'Impact of Alcohol in Preston' slide had the information sliding onto the screen in stages, which The Trainer found to be inappropriate.

## Appendix 9: Level One tables to accompany figures in the text

**Table 7: Self-reported levels of knowledge amongst the participants of the 'Train the Trainers' course before the session**

	Level of knowledge regarding alcohol-related issues		Level of knowledge regarding brief interventions	
	Number	Percentage	Number	Percentage
Excellent	1	7%	0	0%
Good	5	36%	2	14%
Fair	6	43%	4	29%
Poor	2	14%	5	36%
Very poor	0	0%	0	0%
Missing	0	0%	3	21%
Total	14	100%	14	100%

*The data in this table accompany Figure 2.*

**Table 8: The number and percentage of participants who rated the individual sections of the 'Train the Trainers' course as good or excellent**

Course section	Quality of content	Scope of content	Relevance	Delivery
The nature and extent of alcohol use in Preston	11 (85%)	11 (85%)	12 (92%)	6 (46%)
Responding to alcohol use	10 (77%)	10 (77%)	11 (85%)	7 (54%)
Introducing the Preston Screening Tool	9 (69%)	9 (69%)	10 (77%)	8 (62%)
Using the Preston Screening Tool	8 (%)	10 (77%)	9 (69%)	9 (69%)

*Thirteen participants completed this section of the questionnaire.*

*The data in this table accompany Figure 8.*

**Table 9: Levels of confidence in delivering brief interventions training**

	Level of confidence before the training event		Level of confidence after the training event	
	Number	Percentage	Number	Percentage
Very high	1	7%	4	29%
High	4	29%	8	57%
Neither high nor low	6	43%	1	7%
Low	2	14%	0	0%
Very low	1	7%	0	0%
Missing	0	0%	1*	7%*
Total	14	100%	14	100%

*\* One participant did not complete the second questionnaire because they had to leave the session early.*

*The data in this table accompany Figure 4.*

**Table 10: Future intentions of the 'Train the Trainer' participants**

Intentions	Number	Percentage
Have done an event and intend to do more	2	14%
Intending to run an event or it is a possibility	3	21%
Not intending to run an event	5	36%
Unknown	4	29%
Total	14	100%

*The data in this table accompany Figure 5.*

## Appendix 10: Level Two tables to accompany figures in the text

**Table 11: Self-reported levels of knowledge amongst the brief intervention training participants**

	Level of knowledge regarding alcohol-related issues		Level of knowledge regarding brief interventions	
	Drug Services (%)	Environmental Health (%)	Drug Services (%)	Environmental Health (%)
Excellent	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Good	3 (60%)	4 (24%)	2 (40%)	0 (0%)
Fair	2 (40%)	9 (53%)	3 (60%)	9 (53%)
Poor	0 (0%)	4 (24%)	0 (0%)	3 (18%)
Very poor	0 (0%)	0 (0%)	0 (0%)	5 (29%)
Total	5 (100%)	17 (100%)	5 (100%)	17 (100%)

*Percentages should be viewed with caution because the numbers are so low.*

*The data in this table accompany Figure 6.*

**Table 12: The number and percentage of participants who scored the individual sections of the course as good or excellent in the Drug Services brief interventions training group**

Course section	Quality of content	Scope of content	Relevance	Delivery
The nature and extent of alcohol use in Preston	5 (100%)	5 (100%)	5 (100%)	5 (100%)
Responding to alcohol use	5 (100%)	5 (100%)	5 (100%)	5 (100%)
Introducing the Preston Screening Tool	5 (100%)	5 (100%)	5 (100%)	5 (100%)
Using the Preston Screening Tool	5 (100%)	5 (100%)	5 (100%)	5 (100%)

*The data in this table accompany Figure 7.*

**Table 13: The number and percentage of participants who scored the individual sections of the course as good or excellent in the Environmental Health brief interventions training group**

Course section	Quality of content	Scope of content	Relevance	Delivery
The nature and extent of alcohol use in Preston	12 (80%)	13 (87%)	10 (67%)	11 (73%)
Responding to alcohol use	13 (87%)	12 (80%)	10 (67%)	10 (67%)
Introducing the Preston Screening Tool	8 (53%)	8 (53%)	8 (53%)	10 (67%)
Using the Preston Screening Tool	12 (80%)	12 (80%)	9 (60%)	10 (67%)

*Fifteen people attended the second session held for this training group.*

*The data in this table accompany Figure 7.*

**Table 14: Levels of confidence in delivering brief interventions in the Drug Services brief interventions training group**

	Level of confidence before the training event		Level of confidence after the training event	
	Number	Percentage	Number	Percentage
Very high	0	0%	1	20%
High	3	60%	3	60%
Neither high nor low	2	40%	1	20%
Low	0	0%	0	0%
Very low	0	0%	0	0%
Total	5	100%	5	100%

*The data in this table accompany Figure 8.*

**Table 15: Levels of confidence in delivering brief interventions in the Environmental Health brief interventions training group**

	Level of confidence before the training event		Level of confidence after the training event	
	Number	Percentage	Number	Percentage
Very high	0	0%	0	0%
High	3	18%	2	12%
Neither high nor low	4	24%	10	59%
Low	5	29%	3	18%
Very low	3	18%	0	0%
Missing	2	12%	2*	12%*
Total	17	100%	17	100%

*\* Two participants did not attend the second half of the training session and so did not complete the second questionnaire.*

*The data in this table accompany Figure 8.*

## Appendix 11: Further details surrounding the interviews

**Table 16: Summary of participant experiences of those who had run the training event**

Participant number	The training pack	Their possible recommendations for the pack	Using the screening tool	Future plans	Other comments
1	<p>The structured nature of the pack really helped.</p> <p>Slight variations in the presentation from the original training event but mainly stuck to the pack.</p>	<p>Felt it would be useful for the pack to have sample questions when discussing questions to use as prompts</p> <p>Might be useful to number the slides themselves so that it is easier to run through and understand before the session.</p>	<p>Not started to use the screening tool yet, but are hoping that they will start running it in the near future.</p>	<p>Hoping to run the training course for a grocery chain in Preston</p>	<p>Ran the course over two sessions was useful because it was more manageable and the content became more digestible.</p>
2	<p>Used the pack but improvised as well – they did not have as much time as in the original session so she cut back on certain areas.</p>	<p>The case studies were confusing.</p>	<p>The participant has used the screening tool at a university open day and on International Women’s Day.</p> <p>Colleagues have not used the tool (they are based in drug services).</p>	<p>The participant has now left the service but plans to carry on using the screening tool and the training event in her future career.</p>	

**Table 17: Summary of participant experiences of those who intend to run the training in the future**

Participant number	Barriers	The training pack	Using the screening tool	Future plans
3	Needing to organise funding, time.	Unsure as yet whether they will make any changes to the training's delivery.	Has not screened anyone yet, but has distributed the booklet during a flu campaign and at a local secondary school.	To use the screening tool as a way to measure levels of alcohol misuse and to raise awareness.  Hoping to train at least 20 people in June.
4	Has been on leave due to personal reasons.			Still intends to run the course but is unsure when.
5	Volume of work, staff being absent.	Would make amendments to the course both to make it more relevant to the sector and to turn the course around in sequence so that the tool is explained at the outset.	Has not screened anyone yet.	Is doing a course via Central Lancashire University on Health Trainers – these follow a similar ethos to brief intervention screening by helping people before problems develop. She plans to incorporate brief interventions into her role as a health trainer.

**Table 18: Summary of participant experiences of those who do not intend to run the training in the future**

Participant number	Relevance to their role	Training day experience
6	The course was not relevant to the sector because a screening system is already in place.	Brief interventions should have been explained at the start of the day – the day felt disjointed and did not flow.
7	The course was not relevant to the sector because they work with young people and because it is a Tier 3 service.	
8	The screening tool was not appropriate to the sector because they work with families where the relationships can easily be damaged.	The day did not meet their expectations.
9	The training was not relevant to their role because of the nature of their client interactions.	The tool is useful. However, they would not use the pack if they were to deliver the training – the session was too long, too prescriptive, too mundane and too geared towards the health sector. They did not feel motivated by the trainer.
10	The screening tool was not appropriate to the sector because they work with families where the relationships can easily be damaged.	The day did not meet their expectations.

## **Appendix 12: Email sent to participants by the Preston Primary Care Trust before the event**

Dear [insert name],

Last year Central Lancashire PCT commissioned HIT to develop and pilot a Preston Alcohol Brief Intervention Training Resource. This aims to train professionals from a range of agencies to raise the issue of alcohol, screen using the shortened AUDIT Tool and carry out very brief interventions utilising a self help resource and the provision of service information. The training was evaluated by Liverpool John Moores University.

The evaluation showed that the training was effective, but we are conscious that this was when it was delivered by a HIT Trainer.

In order to support the dissemination of this training Central Lancashire PCT have commissioned HIT to deliver a Train the Trainer Event on Friday 12th January for agencies from Preston to attend. In order to establish if the training maintains its effectiveness when delivered by agencies in Preston other than HIT, the training delivered by agencies that attend will be evaluated by Liverpool John Moores University.

I appreciate that you already probably have internal training, but it would be great if one or two of [your] staff could attend the training and deliver a subsequent training session to their colleagues

Please find attached a flyer that outlines this training in more depth, alongside details of how to register for the day. If anyone from [your organisation] is interested in attending it would both support the dissemination of this training, but would also be a good personal development opportunity as the training they go on to deliver in your organisation will be evaluated by Liverpool John Moores University.

Individuals attending the training will also receive free copies of the recently commissioned Alcohol Booklet to provide clients following screening.

Please contact me if you have any questions

## Appendix 13: Flyer sent to participants by the Preston Primary Care Trust before the event



# PRESTON ALCOHOL SCREENING TOOL AND BRIEF INTERVENTION TRAIN-THE-TRAINER WORKSHOP

**Friday 12th January 2007, 9.30 AM – 4.30 PM**

*Preston Business Centre*

Your chance to receive 1-day's free training from HIT; to take part in an evaluated project; and to help implement the Preston Alcohol Screening Tool and Brief Intervention Training Pack.

## Background

The Preston Alcohol Screening Tool and Brief Intervention Training Pack has been developed by HIT to enable practitioners to conduct alcohol related screening and provide appropriate interventions. The objectives of the Training Pack are:

- To examine the nature and extent of alcohol use in Preston and the UK
- To highlight the effects, risks and harms associated with alcohol use
- To become skilled in using the Preston Alcohol Screening Tool
- To gain confidence in applying brief interventions to risky drinking.

The Training Pack has already been piloted by HIT with practitioners in Preston and evaluated by Liverpool John Moores University, Centre for Public Health. The evaluation showed that the training provided practitioners with the confidence to carry out brief interventions in their workplace.

## The next stage

The next stage of this project is to determine if the Preston Alcohol Screening Tool and Brief Intervention Training Pack maintains its effectiveness when delivered by professionals in Preston as opposed to it being delivered by a HIT Trainer.

In order to allow this, Preston PCT will fund an individual from your organisation to attend a Train the Trainer Session provided by HIT. The training will enable your organisation to utilise the Preston Alcohol Screening Tool and Brief Intervention Training Pack. Liverpool John Moores University will evaluate this next stage of the project. They will determine the effectiveness of the Training Pack when delivered by a member of your staff team who attended the Train the Trainer Workshop.

## Requirements

Individuals who attend the Train the Trainer Workshop will be required to:

- Possess good presentation skills
- Possess basic knowledge of alcohol related issues
- **Deliver a 1-day training session to their colleagues utilising the Preston Alcohol Screening Tool and Brief Intervention Training Pack by 31 March 2007.** Liverpool John Moores University, Centre for Public Health, will evaluate this session.

HIT will provide a 1-hour one-to one tutorial to support each workshop participant. Preston PCT will also provide your organisation with copies of the Preston Alcohol Booklet to provide clients.

### **Reserving a place**

Please help implement the Preston Alcohol Screening Tool and Brief Intervention Training Pack. To reserve a place on the Train the Trainer Workshop, please email Steve Williams. [Steve.Williams@Centrallancashire.nhs.uk](mailto:Steve.Williams@Centrallancashire.nhs.uk)

### **Further information**

For further information regarding this project please contact Andy Ascroft, Central Lancashire PCT. [Andrew.Ascroft@Centrallancashire.nhs.uk](mailto:Andrew.Ascroft@Centrallancashire.nhs.uk)

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