



**Scale-up of Prevention and Management of
Alcohol Use Disorders and Comorbid Depression
in Latin America**





SCALE-UP OF PREVENTION AND MANAGEMENT
OF ALCOHOL USE DISORDERS AND
COMORBID DEPRESSION IN LATIN AMERICA

Training Package

Session 1

Date



Total time = 2hours



Unit 1

Generic concepts + Attitudes to alcohol



Total Time = 30 mins

Welcome and warm-up

- Introduce yourself (name, profession, background in SBI/alcohol)
- Ice-breaker activity (to be defined by each local trainer)

Suggestions:

- Throwing a ball and saying name + profession

<https://icebreakerideas.com/quick-icebreakers/>

- Paper aeroplane (name and answer question)
- Name game (adding adjective to their name)

Local tailoring: This slide should be added by the trainer.

Trainers' notes:

- Introduce yourself (mention at least your name and profession/background – you could also very briefly mention your work in SBI/alcohol – they should already have received information about you in the preliminary material to the training sessions)
- Run a very quick icebreaker activity (good if they can move around and laugh – raises the energy level).
- Try to remember the names in the group.
- You could also make the name choosing of the quiz the icebreaker activity after a brief round of introductions, if they know each other already.

Time = 4 mins

SCALA Training Course outline

Day/Session 1 (2 hours)

Schedule	Unit	Duration
	Unit 1 - Generic concepts + Attitudes to alcohol	(30 mins)
	Unit 2 - Screening for alcohol problems and comorbid depression	(45 mins)
	Unit 3 - Brief intervention on alcohol	(45 mins)

Day/Session 2 (2 hours)

Schedule	Unit	Duration
	Unit 4 - Advice for co-morbid depression	(50 mins)
	Unit 5 - Referrals for alcohol and depression	(40 mins)
	Unit 6 - Treatment when referral is not possible	(30 mins)

Local tailoring: This slide should be amended by the trainer

- **add the times.**
- **Put appropriate term for referral**
- Explain the topics that will be covered over the 2-day course.

Time = 1 min

Suggestion from Perú:

- Add information on the burden for services for other illnesses due to alcohol consumption
- Add “why to screen and attend in primary care”, care gap
- Add the need to work in networks

(We would prefer to include this information in the background material to the session – or alternatively an ice-breaker activity focusing on these 3 points could be developed)

A discutir

- Si es importante que las sesiones de formación/capacitación sean todos iguales o no?
- Como presentar esta información si esta en materiales preparatorios?

Quiz: What do you know about alcohol?

Team A

Pick a name

Team B

Pick a name

- OPTIONAL: Split the group into 2 teams
 - you can simply make each half of the room a team, or go round assigning them to A, B, A, B etc. if you prefer to mix the team members up
 - Make 3-4 teams if you prefer
 - If you have already done an icebreaker, no need to choose a name
- Explain that they to compete in a quiz about alcohol, based on the material sent round before the training session
- The teams should consult to quickly choose the right answer to the 8 questions and write them down on a sheet of paper

- If you prefer, the quiz can be done with the whole group each answering as individuals – either by raising their hands to indicate the answers, or using an app e.g. www.voxvote.com (you will have to do the open answers like a class exercise)

Total time = 10 mins (1 min per question)

Quiz:

What do you know about alcohol?

1. Alcohol consumption can increase your risk of pneumonia – true / false

Quiz:

What do you know about alcohol?

1. Alcohol consumption can increase your risk of pneumonia - true / false

Quiz:

What do you know about alcohol?

2. Which types of alcohol **do not cause cancer**?

- Beer
- Wine
- Rum
- All types do

Quiz:

What do you know about alcohol?

2. Which types of alcohol **do not cause cancer**?

- Beer
- Wine
- Rum
- All types do

Quiz:

What do you know about alcohol?

3. Name **4 mental health or cognitive problems** that are linked to alcohol consumption...

Quiz:

What do you know about alcohol?

3. Name **4 mental health or cognitive problems** that are linked to alcohol consumption...

Stress

Impaired
memory

Anxiety

Low mood

Poor sleep
/ insomnia

Alcohol Use
Disorder

Depression

Suicidal
thoughts

Quiz:

What do you know about alcohol?

4. How many grams of pure alcohol are there in a standard drink?

- a) 8g
- b) 10g
- c) 12g
- d) 14g

Quiz:

What do you know about alcohol?

4. How many grams of pure alcohol are there in a standard drink?

- a) 8g
- b) 10g
- c) 12g
- d) 14g

Local tailoring:

Circle the correct answer in your country:

Colombia – 12g

Mexico – 12g

Peru – 10g

Quiz:

What do you know about alcohol?

5. Which typically has the highest alcohol content?
- a. A small glass of wine (100ml)
 - b. A can or bottle of beer (330ml)
 - c. A single shot of spirits (30ml)

Quiz:

What do you know about alcohol?

5. Which typically has the highest alcohol content?

- a. A small glass of wine (100ml)
- b. A can or bottle of beer (330ml)
- c. A single shot of spirits (50ml)



Local tailoring:

- Image should be in ES and also correct grams for that country.

This answer may be surprising to many in the group, as beer can be seen as equivalent to a soft-drink, but it in fact contains 1,5 units, while the other drinks (being smaller volumes in these examples) contain less alcohol (1 unit each) – even though spirits and wine have a higher alcohol content.

Quiz:

What do you know about alcohol?

6. What is the recommended upper limit for occasional/binge drinking which should never be passed to stay safe?

Quiz:

What do you know about alcohol?

6. What is the recommended upper limit for occasional/binge drinking which should never be passed to stay safe?

4 standard drinks on one day

Verify that the recommended limit for regular/daily drinking is 2 units, while it is advisable to stay under 4 units even on heavier drinking (binge drinking) occasions.

Quiz:

What do you know about alcohol?

7. What percentage of the general population are **high-risk drinkers or have probable AUD** (AUDIT over 8)?
- a. 5%
 - b. 10%
 - c. 17%
 - d. 25%

Local tailoring:

This quiz question should be tailored to the % in each country (keep the answer as the highest figure)

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What do you know about alcohol?

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- a. 5%
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- c. 17%
- d. 25%

Local tailoring:

This quiz question should be tailored to the % in each country (keep the answer as the highest figure)

Point out that this means that around 1 in 4 (or 1 in 5, depending on the percentage) of all adult patients they see will be candidates for intervention according to the SCALA protocol.

Quiz:

What do you know about alcohol?

8. What percentage of the general population are abstinent (don't drink at all)?

Quiz:

What do you know about alcohol?

8. What percentage of the general population are abstinent (don't drink at all)?

40%

Local tailoring:

- **This quiz answer should be tailored to the % in each country**

- People who are risky or harmful drinkers often normalise their drinking in their mind, and feel it is very unusual for people not to drink.
- Alcohol companies also work hard to normalise regular alcohol consumption
- Both these reasons mean that many are surprised to find that such a high proportion of the general population are abstinent.

Attitudes towards alcohol

As a group, do you mostly agree or disagree with the statements on your cards?

If you do not reach consensus, choose 'not sure' and list the points for and against each statement.

Local tailoring:

Choose debate cards of attitudes chosen as priority by the partners/UP/CABs.

- Split the group into 5 smaller groups of 3-5 people
- Hand out 1-2 cards (or hand-out sheets) with selected statements for discussion and tell them they have 10 minutes to consider and talk about the 2 statements, then they will feed back to the whole group.

Time = 15 mins (10 mins discussing in small groups, 5 minutes feed back to whole group)

Attitudes towards alcohol

Feedback on the group discussions to whole group

Local tailoring:

Choose debate cards of attitudes chosen as priority by the partners/UP/CABs.

- Feedback: go through the statements allowing the groups 1 minute each to report on their opinions and discussions

Time = 15 mins (10 mins discussing in small groups, 5 minutes feed back to whole group)



Unit 2

Screening for alcohol problems and comorbid depression



Total time = 50 mins

Beginning the conversation



If you have talked with patients about alcohol before, how did it come up?

- Get SHORT responses from 2-3 participants in the group to this question
- Explain that the WHO has identified 3 strategies to start talking about alcohol in a primary care visit

Time = 1 mins

Beginning the conversation

Opportunistic (practitioner- led)	
Patient-led	
Planned (practitioner- led) *	

Local tailoring: phrases to be chosen by the local partners/CABs/UPs

- Explain: Three ways in which alcohol can arise in conversation:
 - Opportunistic (practitioner-led) is when an opportunity arises to discuss alcohol in response to an issue, symptom or event. An issue or problem that could relate to alcohol use, or be affected by alcohol, may provide an opportunity to start a discussion about alcohol in a way that is relevant to the patient's concerns.
 - Patient-led is when a patient brings up the topic of alcohol or is looking for information on alcohol. This provides an automatic way in.
 - Planned (practitioner-led) is when a practitioner systematically raises the topic of alcohol with all patients, or all patients in a specific group, as part of a routine assessment or initiative. – **this is what we will do in SCALA, although the other situations may also arise**
- As you explain, elicit phrases that could be used, then give some suggestions (click fwd to make them appear – these are only examples, not yet tailored)

Time = 7 mins

NB – phrases to be chosen in tailoring

Beginning the conversation

Opportunistic (practitioner-led)	<ul style="list-style-type: none"> • Another aspect that can affect your condition is lifestyle, including drinking alcohol. Do you enjoy a drink? Could we talk about that a little? • Some people with similar symptoms find that these issues can be affected by their alcohol use, without them realizing. ... Do you drink alcohol?
Patient-led	
Planned (practitioner-led) *	

Local tailoring: phrases to be chosen by the local partners/CABs/UPs

- Explain: Three ways in which alcohol can arise in conversation:
 - Opportunistic (practitioner-led) is when an opportunity arises to discuss alcohol in response to an issue, symptom or event. An issue or problem that could relate to alcohol use, or be affected by alcohol, may provide an opportunity to start a discussion about alcohol in a way that is relevant to the patient's concerns.
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Patient-led	<p><i>Patient mentions alcohol...</i></p> <ul style="list-style-type: none"> • It sounds as if you've been worrying about your drinking. Would you like to talk about that? • You've mentioned that you've stopped drinking just now. Is there a particular reason for that?
Planned (practitioner-led) *	

Local tailoring: phrases to be chosen by the local partners/CABs/UPs

- Explain: Three ways in which alcohol can arise in conversation:
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Time = 7 mins

NB – phrases to be chosen in tailoring

Beginning the conversation

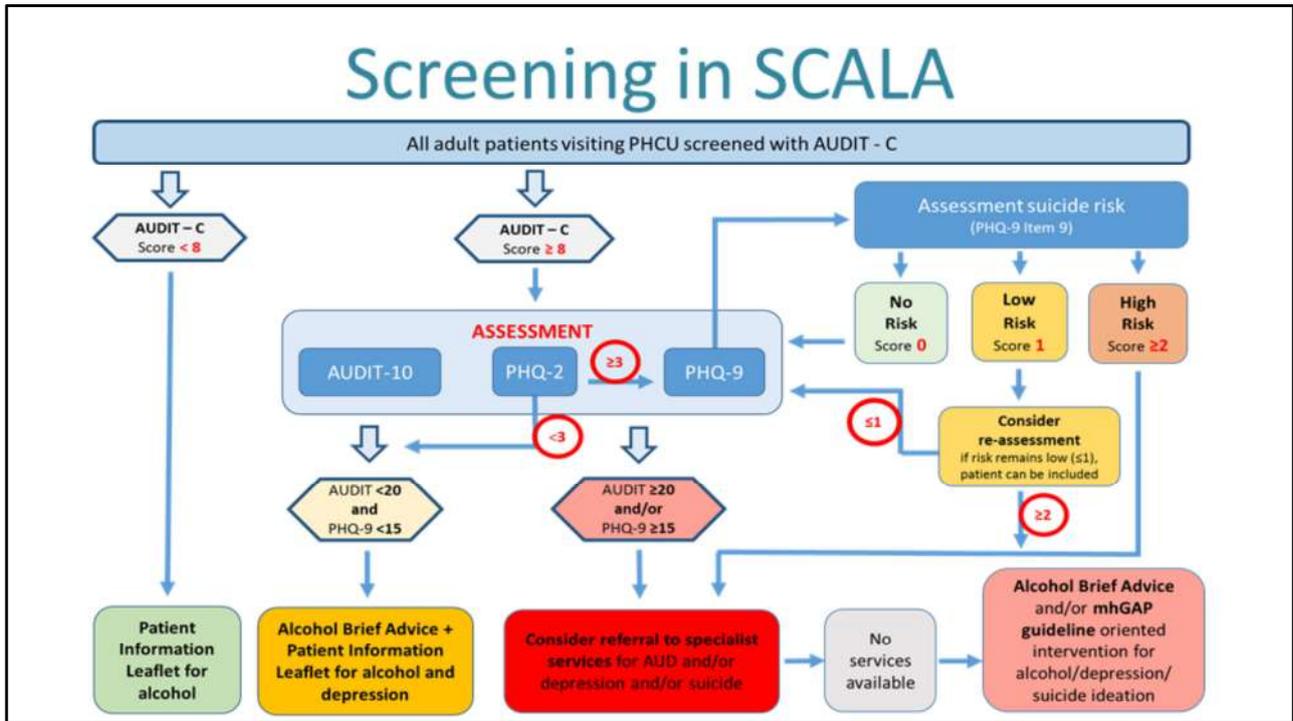
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Patient-led	<p><i>Patient mentions alcohol...</i></p> <ul style="list-style-type: none"> • It sounds as if you've been worrying about your drinking. Would you like to talk about that? • You've mentioned that you've stopped drinking just now. Is there a particular reason for that?
Planned (practitioner-led) *	<ul style="list-style-type: none"> • We are taking part in a new programme/campaign, and we're talking to everyone we see about their alcohol use. Would you mind if I ask you a few questions about this?

Local tailoring: phrases to be chosen by the local partners/CABs/UPs

- Explain: Three ways in which alcohol can arise in conversation:
 - Opportunistic (practitioner-led) is when an opportunity arises to discuss alcohol in response to an issue, symptom or event. An issue or problem that could relate to alcohol use, or be affected by alcohol, may provide an opportunity to start a discussion about alcohol in a way that is relevant to the patient's concerns.
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- As you explain, elicit phrases that could be used, then give some suggestions (click fwd to make them appear – these are only examples, not yet tailored)

Time = 7 mins

NB – phrases to be chosen in tailoring



Local tailoring: use local terminology for referral

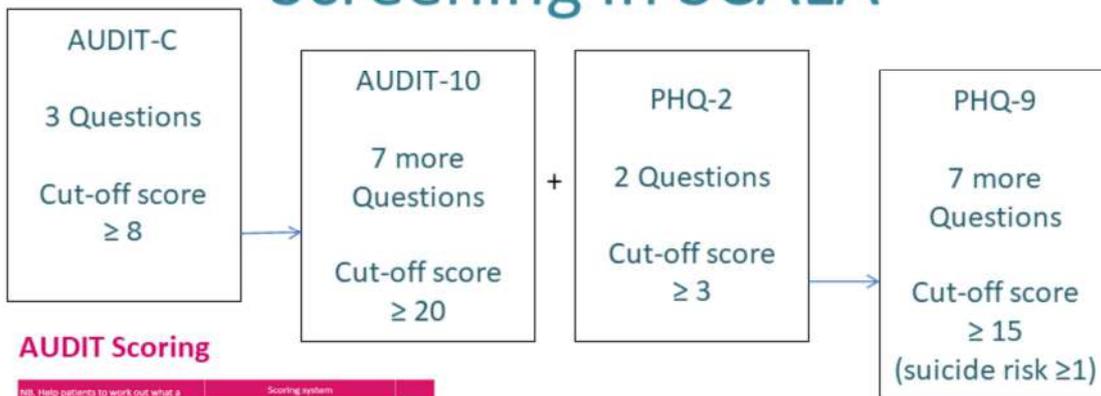
This is ENG final2 version

- Run very simply through the screening pathway (they should receive it before the training):

1. Screen all patients with AUDIT-C
2. Screen patients with score 8 or higher with AUDIT-10 and PHQ-2
3. Screen those with PHQ-2 of 3 or higher with PHQ-9
4. Especial attention to suicide risk question

Time = 2 mins

Screening in SCALA



AUDIT Scoring

NR. Help patients to work out what a standard drink is, based on what they drink

	Scoring system					Score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2. How many drinks containing alcohol (1 standard drink (SD) = 10 g) do you drink on a typical day when you are drinking?	0-2	3-4	5-6	7-9	10+	
3. How often have you had six or more SDs (60 g) of alcohol on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

PHQ-9 Scoring

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

- Present very quickly the 4 tests and score sheets (they should receive them in material before the training):
- 1. AUDIT-C : 3 questions to detect hazardous alcohol use; cut of score 8 or higher (to administer AUDIT-10 and PHQ-2)
- 2. AUDIT-10 : 7 more questions on dependence symptoms and harmful alcohol use; cut off score 20 or higher (for referral)
- 3. PHQ-2: 2 questions on frequency of depressive symptoms in last 2 weeks; cut off score 3 or higher (to administer PHQ-9)
- 4. PHQ-9: 7 more questions on frequency of depressive symptoms and *suicide risk* in last 2 weeks; cut off score 15 or higher (for referral), suicide risk of 1 (vigilance) or 2 or more (referral even if overall score lower)

Time = 2 mins

Key skills for SBI

“dancing, not wrestling”

Collaborate and work
with people
(dance)

vs.

Make them do something
that they do not want to do
(wrestle)

Skills to do this (OARSO):

- ✓ Open-ended questions – invite people to think and explain
- ✓ Affirmations – express appreciation and positive reinforcement
- ✓ Reflections – check your understanding and invite the patient to expand further
- ✓ Summaries – show you’re listening and clarify the situation
- ✓ Offer advice – ask about existing knowledge, ask permission to advise, give the briefest and clearest information possible, check that the patient has understood.

- Present the style and skills that the group will see in the modelling videos (both screening and brief intervention).
- Explain that a positive and respectful motivational style, allows patients to find their own reasons to reduce their drinking and strengthen their resolve to change behaviour.
- Highlight that the main objective is to have this conversation in such a way as to allow further discussion and insight on the topic of alcohol and depression (no matter what the outcome)

Time = 2 mins

Modelling and practice screening

Watch model videos 1a and 2a on screening patients with different problems.

- **Video 1 a – Pedro** – Screens positive for alcohol and negative for depression
- **Video 2a – Paola** – Screens positive for alcohol and positive for depressive symptoms



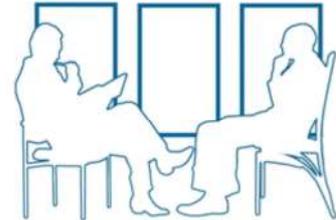
- Explain that we will watch two model videos on screening for alcohol and co-morbid depression, before practicing themselves.
- Highlight that all the skills they will learn in this course need practice, and will be difficult and slower at first, but should get better the more they use them in their daily consultations.
- The group should look out for how the screening tools and motivating skills that have been mentioned are used
- Afterwards, they will split into pairs and practice the screening interaction.

Time = 10 mins (5 mins per video)

Modelling and practice screening

Practice screening techniques

1. One is the professional, the other the patient (patient takes the card)
2. The professional should open the conversation and ask questions to screen the patient (identify their problem) in 5 minutes
3. The patient should use the information on their card to respond, or invent where necessary
4. When you've finished, or the facilitator says stop, swap roles and repeat with a new card.

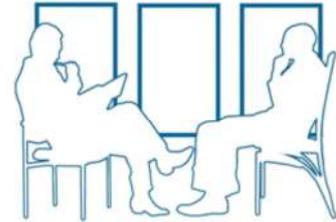


- Put the participants into pairs (next to each other), and give out role play cards to each patient.
- Tell them to follow the instructions and monitor the time – tell them when a minute is left, after 5 minutes ask them to stop and swap roles
- This exercise may well go over time, which is fine – remind them it will get quicker and more agile with regular practice

Time = 15 mins (3 minutes to set up exercise, 5 mins per role play, 2 mins to stop and swap)

Modelling and practice screening

How did it go?



- As a whole group, ask for feedback on how it went – elicit with questions:
 - Did they manage to successfully identify their partner’s problem?
 - Which of the OARS techniques did they use?
 - Did the interview feel comfortable to both sides?
- reinforce any positive comments and try to address any obstacles encountered (especially in motivational skills).
- Remind the professionals that the conversation will become more easier and quicker over time and with practice (as they become familiar with the screening tools and develop their own phrases and styles), and the main objective is to screen in such a way as to allow further conversation on the topic

Time = 10 mins



Unit 3

Brief intervention on alcohol



Time = (40 mins)

The SCALA brief intervention (BI)

The intervention in SCALA has the following features:

- Brief advice (BA): ~5 mins, 1 session
- Based on motivational interviewing
- different responses for different cases
 - High-risk drinking
 - Depressive symptoms
 - Severity (advice or referral)

- Explain briefly that the SCALA intervention is based on a short brief advice for alcohol for those who screen as high-risk drinkers, and is based on motivational interview techniques to increase behaviour change and maintenance.

Time = 1 mins

Brief advice for alcohol



“What you do”

5 key points:

1. Personalized feedback
2. Information on the harms (harm reduction)
3. Change normative misperception
4. Agree on individual goals (different options)
5. Assist in the change

- Present “what you do” for the Brief Advice in SCALA - 5 key actions after screening, which they will see in the modelling videos.

Time = 3 mins

Brief intervention for alcohol

“How you do it”

Motivational approach:

- **Collaboration** – avoid confrontation and using force (dance, don’t wrestle)
- **Empathy** - avoid blame or value judgment
- Building **Self-efficacy** in the person receiving the brief advice – eliciting past success, reinforcing positive intention
- Promote **Autonomy** – Put the responsibility for change (and decision to change) onto the patient



- Present 4 key points in the approach (the “how”), which are based on the motivational approach, and which they will see in the modelling videos.
- Remind the participants of the ‘dance, not wrestle’ analogy

Time = 3 mins

Brief intervention for alcohol

Motivational approach:

Dance vs. wrestle

- Respectful
- Collaborative
- Outcome – to dance again
- Confrontational
- Outcome can be resistance

Core skills of a brief motivational intervention:

- Engaging – link to visit, ask permission, leave door open
- Evoking change talk – active listening and reinforcing
- Eliciting options for behavior change – personalized options
- Planning change – setting goals and agreements

Local tailoring: Optional slide if time (trainer to decide)

- Outline motivational approach and core skills which they will see modelled in the following videos
- Remind the participants of the approach used in screening (the dance, don't wrestle analogy can be useful)

Time = 2 mins

For more information and exercises, see the WHO alcohol brief intervention training manual for primary care (2017)

slides: <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2017/who-alcohol-brief-intervention-training-manual-for-primary-care-2017>

Change and sustain talk

- **Change talk:** is any self-expressed language that is an argument for change.
- Evoke and elicit change talk with open questions about priorities:

<p><i>Desire</i></p> <ul style="list-style-type: none"> ✓ How would you like things to change? ✓ What do you hope you can change? ✓ Tell me what you do not like about how things are now. ✓ What would you like to be different? 	<p><i>Reasons</i></p> <ul style="list-style-type: none"> ✓ What concerns you? ✓ Why would you want to cut down? ✓ What might be the benefits of drinking less? ✓ What are the reasons to change as you see them?
<p><i>Looking forward</i></p> <ul style="list-style-type: none"> ✓ How would you like your life to be in a year? ✓ What do you hope for over the next five years? ✓ In what way do you want to feel better? 	<p><i>Looking back</i></p> <ul style="list-style-type: none"> ✓ Can you remember a time before you were drinking like you've described? What was different? ✓ How did you cope before?
<p><i>Querying extremes: no change</i></p> <ul style="list-style-type: none"> ✓ What most concerns you about your drinking in the long run? 	<p><i>Querying extremes: change</i></p> <ul style="list-style-type: none"> ✓ If you cut down today, how would you hope to feel different?
<p>Whenever you hear change talk, you can ask open questions that encourage elaboration.</p> <ul style="list-style-type: none"> ✓ In what way? ✓ Tell me more? ✓ What else? 	

Local tailoring: Optional slide if time (trainer to decide) – as these slides go into detail on identifying change talk, the trainer should use them at their own discretion.

Time = 2 mins

For more information and exercises, see the WHO alcohol brief intervention training manual for primary care (2017)

slides: <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2017/who-alcohol-brief-intervention-training-manual-for-primary-care-2017>

Change and sustain talk

- **Sustain talk** refers to arguments against change

Avoid questions which elicit sustain talk (justifying unhealthy drinking etc.)

Avoid questions that will lead to sustain talk.

X Why do you drink in the way you've described?

X What's stopping you from cutting down?

X What worries you about drinking less?

Local tailoring: Optional slide if time – as these slides go into detail on identifying change talk, the trainer should use them at their own discretion. For more information and exercises, see the WHO alcohol brief intervention training manual for primary care (2017)

slides: <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2017/who-alcohol-brief-intervention-training-manual-for-primary-care-2017>

Time = 1 min

Modelling and practice BA for alcohol

Watch model video 1b on brief advice for patients with alcohol problems.

- **Video 1 b – Pedro** – The doctor discusses options and negotiates a change in drinking behaviour with Pedro, a hazardous drinker.



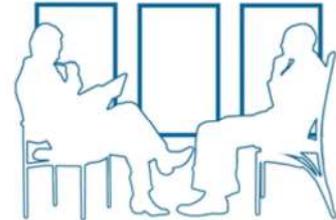
- Explain that they will watch a model video of the doctor giving Pedro brief advice for alcohol (caso de Pedro), before practicing themselves.
- Highlight that all the skills they will learn in this course need practice, and will be difficult and slower at first, but should get better the more they use them in their daily consultations.
- The group should look out for the “what” and the “how” (motivational skills) of brief advice that have been mentioned are used
- Afterwards, they will split into pairs and practice the BA interaction for alcohol (the BI for alcohol and depression and for referral will be focussed on in Day 2).

Time = 5 mins

Modelling and practice BA for alcohol

Practice brief advice techniques

1. One is the professional, the other the patient
2. The professional should give feedback on the screening (AUDIT score of 15), elicit change talk and advise action with the patient in 5 minutes
3. The patient should invent their personal motivations where necessary
4. When you've finished, or the facilitator says stop, swap roles and repeat with a new card.

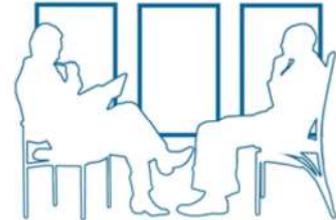


- Put the participants into pairs (next to each other – you may wish to make different pairs from before, by moving one participant). They do not need cards this time, but they should try to imagine motivations for the patient.
- Tell them to follow the instructions and monitor the time – tell them when a minute is left, after 5 minutes ask them to stop and swap roles
- This exercise may well go over time, which is fine – remind them it will get quicker and more agile with regular practice

Time = 15 mins (3 minutes to set up exercise, 5 mins per role play, 2 mins to stop and swap)

Modelling and practice screening

How did it go?



- As a whole group, ask for feedback on how it went – elicit with questions:
 - Did they manage to successfully advise their partner and negotiate goals?
 - Which of the motivational techniques did they use?
 - Did the interview feel comfortable to both sides?
- reinforce any positive comments and try to address any obstacles encountered (especially in motivational skills).
- Remind the professionals that the conversation will become more easier and quicker over time and with practice (as they become familiar with the process and develop their own phrases and styles), and the main objective is to give advice in such a way as to avoid confrontation and resistance and increase the self-efficacy and autonomy of the patient.

Time = 10 mins

Recap

Topics covered

1. Impact and costs of alcohol use (quiz)
2. Attitudes towards alcohol
3. Opening the conversation
4. Screening for alcohol and co-morbid depression
5. Brief intervention for alcohol & Motivational techniques



Next time

- Dealing with depression and suicide risk
- Referral

Any comments
or questions?

Local tailoring: local term for referral

- Quickly run through the topics covered (on this slide), and ask if they have any questions (take 1-2 max)
- Explain that they will practice the conversation with a patient with depression and referral in the 2nd session.
- Remind the participants of the date and time of the second session.

Time = 5 mins

