

THEORY OF BRIEF INTERVENTIONS



Nick Heather PhD
Division of Psychology,
Northumbria University, UK



BENEFITS OF A THEORY OF BRIEF INTERVENTION

- **A theoretical understanding of how BI works is likely to lead to improvements in effectiveness**
- **Understanding of how BI works can be integrated with a wider understanding of behaviour change**



REQUIREMENTS OF A THEORY OF BRIEF INTERVENTION

- **Related to an existing theory of behaviour change in general**
- **Coherent and consistent – not bits and pieces from here and there**
- **Explains what we already know about brief interventions but makes new (an preferably non-obvious) predictions**
- **Falsifiable**



ONE THEORY OR MORE?

- BIs are not a single type of intervention but a family of interventions
- So, do we need different theories to explain the effects of, e.g., brief advice and brief motivational interviewing?
- Do some BIs work by increasing skills and others by increasing motivation?
- Do we need separate theories for BIs and for more intensive treatment?



A MOTIVATIONAL HYPOTHESIS

- All BIs work by increasing the client's level of motivation to change behaviour
- In their classic study of GPs' advice to quit smoking, Russell et al. (1979) followed subjects up by post 1 month after intervention and asked about intentions to quit
- They were able to say that the effects of brief advice at 12 months were due to motivating more patients to try to quit than increasing the success rate among those who did try
- But in a later study, Russell et al. (1983) concluded that the additional effects of NRT were due to an increased success rate among those who tried to quit
- This should be investigated for alcohol BI



STAGES OF CHANGE MODEL

- **Must predict that BI works by moving people along cycle of change**
- **But very little evidence for this**
- **Even if this were shown, it would arguably be a description rather than an explanation of behaviour change**



BANDURA'S SOCIAL LEARNING THEORY

- **Does BI work by increasing outcome expectancies or efficacy expectancies or both?**
- **How is this related to stages of change?**
- **And possibly to different types of BI?**



THEORIES OF HEALTH BEHAVIOUR CHANGE

- **Health Belief Model**
- **Theory of Reasoned Action**
- **Hypothesis: BI works by increasing the individual's perception of risk from excessive drinking**



BEHAVIOURAL CHOICE THEORIES

- Under these theories, BI would work by increasing preference for larger, later rewards over smaller, sooner rewards
- This would be by “bunching an extended series of choices” (Ainslie), “a restructuring of alternatives” (Herrnstein & Prelec) or “patterning of choices over time” (Rachlin)
- See Vuchinich, R. & Heather, N. (Eds.) (2003). *Choice, Behavioural Economics and Addiction*. Oxford: Pergamon



RECOMMENDATIONS

- **We now have enough evidence of effectiveness from “black box” studies of BI to warrant inclusion in future studies of process measures designed to increased understanding of how BI works**
- **Studies should also be designed from the outset to test specific hypotheses derived from coherent theories of how BI works**