Introduction
Interventions to change behaviour have great potential to alter current patterns of disease. Commonly used methods to drive behaviour change are brief intervention and brief advice. (1)

This guidance paper aims to assist physiotherapists in providing brief advice and brief interventions within their day-to-day practice and should be read alongside CSP’s Public Health Series Paper 1: Guidance for physiotherapists: Behaviour change. The principles outlined here are based on National Institute for Health and Clinical Excellence (NICE) Guidelines and include the best available evidence to support broad-ranging and specific interventions. (2)

Brief interventions and advice can be used in many areas of public health, including smoking cessation, alcohol misuse, physical inactivity, poor nutrition and obesity, and are known to be one of the most effective preventative measures.

The 2004 Wanless Report (3) emphasised that a substantial change is required in order to produce reductions in preventable diseases. For more effective service delivery, this report also proposed an enhanced role for private sector providers in developing opportunities for people to secure better health. Physiotherapists have a major role to play in this space.

What are brief interventions?
• Short interventions delivered in a structured way to provide a step beyond brief advice through the provision of more formal help that may include follow-up support
• Practices that aim to identify risk factors and motivate an individual to do something about these risk factors
• Actions aimed at bringing about behaviour change that can be delivered at an individual or community level using a variety of means or techniques
• Can include opportunistic advice, discussion, negotiation or encouragement and are common in many areas of health promotion, e.g. physical activity promotion
• Can vary from basic advice to more extended individually focussed attempts to identify and change factors that influence behaviour
• Are a time limited (between 5 and 30 minutes) interaction/conversation between a practitioner and patient
• Are practices that can be delivered by a range of primary and community care professionals.

How do they differ from brief advice?
Brief advice is less in-depth and more informal than a brief intervention and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change.

How can physiotherapists incorporate brief interventions into practice?
Studies suggest that extensive training is not required to carry out a simple brief intervention. (4) Outlined below are a range of recommendations that can be used as a guide for how to include brief interventions
and advice across a range of public health areas, that include; physical activity, risky alcohol use, tobacco/smoking cessation, falls prevention in the elderly, and poor diet and obesity.

**Physical activity**
This guidance aims to help practitioners deliver effective interventions to increase people’s physical activity levels and therefore benefit their health. Physical activity can help prevent and manage over 20 conditions and diseases including coronary heart disease, stroke, diabetes and cancer.\(^2\) It also promotes mental well-being and helps people to manage their weight.\(^5\)

**Physiotherapists should:**
- Take the opportunity where possible to identify inactive individuals and advise them to aim to reach the recommended minimum levels of activity (judgement should be used to determine when this would be inappropriate). Recommended activity levels are as follows:\(^2\)
  - Under-fives: 180 minutes (three hours) each day, once a child is able to walk. For non-walkers physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments
  - Children and young people (5-18 year olds): 60 minutes and up to several hours every day of moderate to vigorous intensity physical activity. Three days a week should include vigorous intensity activities that strengthen muscle and bone
  - Adults (19-64 years old) and older people (65+): 150 minutes (2½ hours) each week of moderate to vigorous intensity physical activity (and adults should aim to do some physical activity every day). Muscle strengthening activity should also be included twice a week
- Promote physical activity that focuses on activities that fit easily into people’s everyday life (e.g. walking)
- Follow up patients at appropriate intervals over a 3 to 6 month period.\(^2\)
- Tailor activities to peoples individual preferences
- Aim to improve people’s belief in their ability to change (e.g. verbal persuasion, modelling exercise behaviour)
- Provide appropriate ongoing support, including written materials (e.g. written exercise prescription) and goal setting
- Promote effective exercise referral schemes to promote physical activity;
- Promote walking and cycling as a means of incorporating regular physical activity into an individual’s daily life
- Endorse pedometers and walking and cycling schemes to promote physical activity that are part of a properly designed and controlled research study for determining effectiveness.

Please refer to the accompanying support material ‘Physical Activity: Evidence briefing’ Available at [www.csp.org.uk/publichealth](http://www.csp.org.uk/publichealth)

**Tobacco use/Smoking cessation**
For smoking cessation, brief interventions typically take between 5 and 10 minutes and may include the following advice\(^6\): simple and opportunistic advice to stop, an assessment of the individuals commitment to quit, an offer of pharmacotherapy / and or behavioural support, and provision of self-help material and referral to further support.
Physiotherapists should:

- Support the implementation of policies around smoking cessation by asking patients about smoking on initial assessment
- Signpost to smoking cessation services
- Ensure any advice given to stop smoking is sensitive to the individual’s preferences, needs and circumstances.

In addition, all interventions to support smoking cessation should:[5]

- Ensure people are given information on services that provide advice on prevention and management of obesity if appropriate
- Give people who are concerned about their weight general advice on long-term weight management, in particular encouraging increased physical activity.

Falls Prevention in the elderly

Physiotherapists working with older people should routinely ask about falls within the past year, as well as the frequency, context and characteristics of any fall(s) reported. Any older person reporting a fall or considered at risk of falling should have a multi-factorial assessment for balance and gait deficits and be considered for multi-factorial interventions to improve strength and balance.

Physiotherapists should:[7]

- Perform an assessment that may include: falls history, osteoporosis risk, visual and cognitive impairment, urinary incontinence and home hazards
- Undertake a risk assessment for older people reporting a fall or who are considered a falls risk
- Provide interventions that include strength/balance training, and home hazard intervention (shown only to be effective in conjunction with follow up and intervention, not in isolation);
  - Multi-factorial interventions with an exercise component are recommended for older people in extended care settings who are at risk of falling.
- Provide interventions that are individually prescribed and are monitored appropriately
- Discuss which changes a person is willing to make to prevent falls.

Nutrition and diet/poor diet and obesity

It is unlikely that the problem of obesity can be addressed solely through primary care management. In England, more than 50% of the population are overweight or obese and a larger proportion will need assistance with weight management.[5] Evidence suggests that brief interventions can lead to at least short-term changes body weight and behaviour if they are; focused on both physical activity and diet; incorporate behavioural techniques, and encourage the person to seek support from other people.[8]

Physiotherapists should:[5]

- Provide multi-component interventions (e.g. dietary modification, targeted advice, family involvement and goal setting)
- Tailor to the individual and provide ongoing support
- Provide interventions that may include promotional, awareness raising activities that are part of a long-term multi-component intervention (rather than a one-off activity)
- Discuss weight, diet and activity with people at times when weight gain is more likely, such as during and after pregnancy, the menopause and whilst stopping smoking
• Actively involve parents and carers when providing advice to children and young people about improving diet
• Ensure people are given information on services that provide advice on prevention and management of obesity if appropriate
• Tailor advice to different groups which is particularly important to people from minority and vulnerable groups, such as those on low incomes and people at life stages with increased risk for weight gain.

Furthermore, physiotherapists should aim to:
• Support and promote community schemes and facilities that improve access to physical activity (e.g. walking routes)
• Establish partnerships with local businesses and support the implementation of workplace programmes to prevent and manage obesity.

**Risky alcohol use**
Brief interventions have become increasingly valuable in the management of individuals with alcohol-related problems. There is evidence that well-designed brief intervention strategies are effective, low in cost and easy to administer.\(^{(9)}\) Thus, there is encouraging evidence that harmful alcohol use can be effectively altered by brief intervention methods. It is important to note that brief interventions are not designed to treat persons with alcohol dependence which generally requires greater expertise and more intensive clinical management.

For early-stage alcohol problems, brief interventions are consistently identified as a key ingredient in a comprehensive alcohol-prevention strategy because they are regarded as relatively inexpensive, take very little time, and they can be implemented by a wide range of health and welfare professionals.\(^{(10)}\)

**Physiotherapists should:**
• Support brief interventions as part of routine practice which can assist changes in drinking behaviour and attitudes to alcohol consumption
• A brief intervention may include some of all of the following components:\(^{(11)}\)
  - Feedback on an individual’s alcohol use and the risk of harm from their current rate of consumption or drinking pattern
  - Information on the benefits of reducing intake and what constitutes low risk alcohol consumption
  - Attempt to increase the individuals beliefs and confidence in their ability to change their drinking behaviour (self-efficacy)
  - Identification of a high risk situation for drinking and coping strategies
  - Goal setting, development of a personal plan to reduce consumption.
References


