

# SBIRT-PM (Pain Management) THERAPY MANUAL

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# SBIRT-PM

Excerpted and adapted from the SBIRT; Screening, Brief Intervention, and Referral to Treatment from the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).

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The manual is designed to be used in conjunction with the AUDIT-C and abbreviated ASSIST screening instruments. Together with the screening assessments, the manual describes how to conduct screening, brief intervention and referral to Veterans applying for a service-connected disability for musculoskeletal disorders causing pain.

Table of Contents

<b>The Goal of SBIRT - PM</b> .....	4
<b>Overview of SBIRT - PM</b> .....	4
<b>How to Use this Manual</b> .....	4
<b>Therapist Training to deliver SBIRT-PM</b> .....	5
<b>Target Population</b> .....	6
<b>Motivational Interviewing Principles Used in SBIRT-PM</b> .....	6
<b>Features of SBIRT-PM Counseling</b> .....	9
<b>Overview of the Sessions</b> .....	10
<b>Establishment of Rapport</b> .....	10
<b>Explanation of SBIRT-PM (Pain Management)</b> .....	10
<b>Inquiry about Veterans Musculoskeletal Condition and Pain</b> .....	11
<b>Explanation of Pain Treatment at VA</b> .....	11
<b>List of Pain Treatments at VA</b> .....	13
<b>Administer Screenings and Provide Feedback</b> .....	13
<b>Administer the AUDIT-C</b> .....	13
<b>Administer Abbreviated ASSIST</b> .....	14
<b>Ask about Use of Opioids</b> .....	14
<b>Provide Feedback</b> .....	15
<b>Provide Brief MI Intervention</b> .....	15
<b>Importance and Confidence Rulers</b> .....	18
<b>Developing an Action Plan</b> .....	18
<b>Action Plan Worksheet</b> .....	20
<b>Referral to Treatment</b> .....	21
<b>Concluding the Session</b> .....	22
<b>Follow-up Counseling by Phone</b> .....	23
<b>References</b> .....	24
<b>Additional Resources</b> .....	25

## **The Goal of SBIRT - PM**

The goal of SBIRT-PM is two-fold: first to reduce pain by fostering engagement in pain-focused treatment and second to evaluate the level of substance use and provide the appropriate level of intervention and referral.

## **Overview of SBIRT - PM**

SBIRT-PM involves a brief pain screening and intervention followed by an SBIRT substance abuse screening and brief intervention.

The pain intervention involves asking the Veteran about his/her pain, explaining what is involved in pain treatment, and explaining what services are available for pain treatment.

The substance abuse portion of SBIRT-PM involves assessing substance use. For those whose substance use puts them at risk, the risk of the substance use will be explained, and the Veteran will receive a brief intervention

The [brief intervention](#) portion of SBIRT-PM is tailored to the Veteran's level of substance use, focused on increasing insight into the role of substance use, fostering motivation to make behavioral changes, and accepting a [referral to further treatment](#) (if indicated). SBIRT-PM provides early intervention for at-risk Veterans before more severe consequences occur.

The therapist uses Motivational Interviewing methods to encourage Veterans to reduce substance use to non-risky levels. As prescribed in Motivational Interviewing, the therapist adopts a supportive, empathic stance to help Veterans explore ambivalence about their substance use. The therapist will encourage Veterans to identify their substance use behaviors and develop a plan to address them. SBIRT - PM consists of one 60-minute session conducted in person and two sessions conducted by telephone afterwards.

## **How to Use this Manual**

Don't:

- Don't read from the manual when you are with a veteran. You can use it for an outline or reminder but don't read from it. Reading from a manual is awkward.
- Don't say things like "I'm supposed to ask you this," or "The procedure is now for me to..." Rather, you should convey that you believe in the counseling you are delivering, e.g. "I'd now like to ask you..."
- Don't stick to the manual when it doesn't make sense. For example, if someone has told you during their discussion of their pain that they drink a six-pack per night, it's not necessary to administer the AUDIT-C.
- Don't deliver every part of the manual's recommended counseling if it doesn't fit the time constraints. For example, if you spent a long time discussing the Veteran's pain, you may have to spend less time on developing motivation for substance abuse treatment. You may just choose to emphasize that substance abuse can worsen pain.

Do:

- Practice the material in the manual enough so you don't have it with you during counseling.
- Have the key materials handy for the counseling (AUDIT-C, ASSIST (modified), Rethinking Drinking pamphlet), Action Plan, pencil and paper to list pros and cons
- Establish a rapport with the patient
- Practice using the ideas in the manual with your own language and examples.
- Follow-up on relevant things the veteran says, even if it does not follow the sequence of the manual. For example, you might follow-up on a particular problem that pain has caused the veteran, even if it means you won't have time to ask all the other questions about pain.
- Make sure you allow enough time to conduct the substance abuse portion of SBIRT-PM
- Make sure you allow enough time to make the treatment recommendations for pain and/or substance abuse treatment.

## **Therapist Training to deliver SBIRT-PM**

This manual is intended to train therapists to deliver SBIRT-PM. Therapists should have some experience interacting with clinical populations. In addition to learning from this manual, therapist training will involve the following:

1. Therapists will become familiar with available pain treatment at VA. Pain treatment is provided in specialized pain treatment clinics but also in other subspecialty clinics by physiatrists, physical and occupational therapists, anesthesiologists, chiropractors, neurologists, acupuncturists, and yoga specialists. Pain treatment is provided by primary care providers, sometimes in conjunction with specialists.

Therapists will meet with the intake staff for their site's pain treatment programs, and meet with staff at facilities Veterans are referred to that are outside VA.

2. Onsite SBIRT training will include an overview and discussion of risky substance use and a review of the screening instruments and scoring. Therapists will have the opportunity to role-play a brief intervention while trainers observe, provide feedback and answer questions.

When SBIRT-PM will be delivered to patients presenting for Compensation and Pension examinations, therapists will receive an overview of the examination process and should become familiar with the anxiety often experienced by Veterans undergoing it.

3. Therapists will become familiar with available substance abuse and mental health treatment at VA. Therapists will meet with the intake staff for their site's substance abuse and PTSD treatment programs, clinicians providing these treatments at VA, and staff processing clinic intakes. Off-site clinics will be visited as needed.
4. Motivational Interviewing Training: Motivational Interviewing training will describe current Motivational Interviewing concepts, and illustrate these concepts by case examples, training videotapes and role-play.

## **Target Population**

SBIRT-PM is generally designed for Veterans who are being evaluated for a painful condition, and has been specifically tailored to Veterans who have applied for service-connected disability for musculoskeletal disorders.

## **Motivational Interviewing Principles Used in SBIRT-PM**

Miller and Rollnick (2013) have described four guiding principles of Motivational Interviewing, 1) Express Empathy, 2) Support Self Efficacy, 3) Roll with Resistance, and 4) Develop Discrepancy. These four principles will be applied to SBIRT-PM to build the Veteran's motivation to engage in treatment.

### **Express Empathy**

It is often difficult to acknowledge that one has a disability and then go through the process of explaining one's difficulty to staff of the Veterans Benefits Administration and Compensation and Pension clinic. Expression of empathy for the Veteran's situation is critical in SBIRT-PM. It allows the therapist the opportunity to understand the Veteran's feelings and perspectives without judging, criticizing or blaming. When the Veteran feels understood, he or she is better able to open up about past experiences. Sharing experiences with the therapist in depth allows the therapist to assess when and where support is needed. Importantly, when the Veteran perceives empathy on a therapist's part, he or she becomes more open to the brief intervention. In short, the therapist's acceptance of the Veteran's experience facilitates change.

### **Support Self-Efficacy**

The Veteran's belief that change is possible is an important motivator to success. The Veteran can be helped to develop a belief that he or she can reduce substance use to non-risky levels. For example, the therapist might point out the initiative the Veteran has taken in facing his or her disability, in pursuing the disability application and in coming for SBIRT - PM. Part of SBIRT-PM involves asking the Veteran about his or her substance abuse, and the therapist might take this opportunity to acknowledge past efforts the Veteran has made in his or her life, highlighting skills the Veteran has acquired and situations the Veteran has adapted to. Acknowledge the courage it took for the Veteran to serve in the military.

### **Roll with Resistance**

In Motivational Interviewing, the therapist does not fight the Veteran's resistance, but "rolls with it." Statements demonstrating resistance are not challenged. Instead the therapist uses the Veteran's "momentum" to further explore the Veteran's views. Using this approach, resistance is decreased rather than increased, as Veterans are not reinforced for becoming argumentative and playing "devil's advocate" to the therapist's suggestions. Motivational Interviewing encourages Veterans to develop their own solutions to the problems they have defined. Thus, there is less of a hierarchy in the Veteran-therapist relationship for the Veteran to resist. In exploring the Veteran's

concerns about treatment, the therapist acknowledges the seriousness of the concerns and asks how confident the Veteran is that barriers to treatment can be overcome.

### **Develop Discrepancy**

The therapist works to develop a discrepancy between where the Veteran is and where the Veteran wants to be by helping the Veteran examine his or her current behavior and future goals. When the Veteran perceives that current behaviors are not leading toward a goal, he or she becomes more motivated to make important life changes. The therapist helps the Veteran see how risky substance use may lead the Veteran away from other goals.

### **SBIRT-PM Therapist Interaction Techniques**

The use of a variety of Motivational Interviewing techniques during the session is essential. Veterans who participate in SBIRT-PM may be at different levels of readiness to reduce risky substance use. Some Veterans may enter SBIRT-PM willing to reduce risky substance use while other Veterans might be reluctant to consider change. The following techniques summarized by the acronym OARS (Open Questions, Affirming, Reflecting, and Summarizing) will be used throughout the sessions to help the Veteran explore his or her ambivalence about risky substance use and to initiate “change talk”.

**Remember OARS:**  
**Open-Ended Questions**  
**Affirmations**  
**Reflective Listening**  
**Summaries**



1. Open-Ended Questions: Use questions that require the Veteran to provide an explanation instead of simple one- or two-word answers. The Veteran should do most of the talking during the session. While the Veteran is talking, the therapist should be actively listening and encouraging.

“How would you like things to be different?”

“What do you know about the risks of (behavior)?”

2. Affirmation: It is important for the therapist to provide the Veteran with statements of support, recognition and comprehension.

“I appreciate that you were willing to share that with me.”

“You’ve accomplished a lot in a short time.”

3. Reflective Listening: In reflective listening, the therapist provides a summary of the Veteran’s statements, attempting to accurately reflect back the Veteran’s meaning and feelings. Reflective listening provides an opportunity for the therapist to use the Veteran’s own words to identify reasons to attend treatment or not.

“It sounds like you ...”

“So, what I hear you saying is ...”

4. Summaries: The summary involves paraphrasing in the Veteran’s own words the areas of desired change. The Veteran’s statements indicating motivation to change are reviewed. After fully discussing the Veteran’s notions of how he or she wants to change, an action plan is developed.

“Here is what I’ve heard. Tell me if I’ve missed anything.”

“Let me see if I understand this so far ...”

**AVOID statements that lead to listening road blocks:**

1. Direct confrontation: ordering, directing or commanding:  
“You should stop using drugs!”
2. Asserting authority: warning, cautioning or threatening:  
“As your therapist, I am telling you that is a bad idea.”



## Features of SBIRT-PM Counseling

The table below lists:

1. Essential features of SBIRT-PM—the main tasks
2. Allowed but not required—non-specific things that a therapist may choose to do that are not specific to SBIRT-PM
3. Not allowed—things that are antithetical to the goals and methods of SBIRT-PM

Features of SBIRT-PM Counseling	
Essential	Inquiry about Veteran’s pain Explanation of what pain treatment is Explanation of pain treatment services available at VA Screen Veteran for substance use, provide feedback Employ Motivational Interviewing stance and methods Review barriers to reducing risky substance use Generate “change talk” and make referral for services if indicated
Allowed but not required	Make general inquiries about home situation Make general inquiries about health
Not Allowed	Pressuring Veteran to enroll in VA treatment Interference with the claim application Release of information without claimant’s consent Direct confrontation Unsolicited advice Asserting authority

To learn more about motivational interviewing, go <http://www.motivationalinterview.org>.

## **Overview of the Sessions**

The steps in SBIRT-PM are:

1. Establishment of rapport.
2. Explanation of the purpose of SBIRT-PM to the Veteran. Explain that this is an opportunity to learn about approaches that might help the Veteran cope with their pain.
3. Inquiry about Veteran's pain.
4. Explanation of pain treatment and how to access VA pain treatment services
5. Screening for risky substance use.
6. Motivational interview concerning barriers to reducing risky substance use.
7. Provide referral to treatment and other services as needed. Give Veteran handout with relevant referrals marked.
8. Two follow-up phone sessions.

## **Establishment of Rapport**

Establishing rapport requires having an attitude of curiosity, interest and respect for the Veteran. It involves conveying understanding and fostering collaboration. Part of establishing rapport is done by introducing yourself and welcoming the Veteran to the session.

*THERAPIST:*

*Thank you for agreeing to meet with me, I'm (name) and I have worked in (experience).*

*Today, we'll be discussing the problem you applied for service-connection for and approaches that might help you get some relief. Is it ok if we talk about that today?*

*But first I'd like to learn a little bit more about you.*

## **Explanation of SBIRT-PM (Pain Management)**

The aim is to provide an overview of SBIRT-PM and to describe the purpose of the session to the Veteran.

*THERAPIST:*

*This therapy involves us meeting together once, and then talking by phone twice afterwards. We will use this time to discuss the issue you filed a claim for, so you can get some relief.*

*I will ask you about your pain and explain how we think about pain treatment here at VA.*

*I'm also going to talk to you about problems some Veterans have that make it harder for them to get relief from their pain.*

*At the end of this session, I'd like to provide you with any counseling or treatment referrals you may want.*

## **Inquiry about Veterans Musculoskeletal Condition and Pain**

### **Sample Prompts about the musculoskeletal condition:**

*THERAPIST: Tell me about the problem you were evaluated for.*

*THERAPIST: How did the evaluation go?*

### **Sample Prompts about associated pain:**

*THERAPIST: How long has your condition been bothering you?*

*When your [body part or parts] hurt you, where do you feel the pain the most? When does your pain bother you?*

*Sometimes pain can affect other aspects of your life. Has the pain affected your:*

- *General activity?*
- *Mood?*
- *Walking?*
- *Work?*
- *Sleep?*
- *Relationships with other people?*
- *Enjoyment of life?*

*What things have you done to cope with your condition?*

## **Explanation of Pain Treatment at VA**

Note: The explanation will be in the spirit of providing information, without pressuring the Veteran to choose one path or another. The therapist should not argue with the Veteran about use of opioids or whether or not treatment can help. The stance should be a Motivational

Interviewing stance with an emphasis on expressing empathy, supporting self-efficacy, rolling with resistance, and developing discrepancy.

### **Examples of How to Explain the Different Pain Treatments:**

#### **EXAMPLE ONE---THE LIST OF TREATMENTS:**

*THERAPIST: The goal of pain treatment is to help you do things that are important to you. It may take a variety of different treatments to achieve this. Is it OK if I tell you about some of them? Here are some of the ways pain treatments can work.*

*A physical therapist can advise you about ways to use your body so the painful area has the best chance to get better.*

*Pain can contribute to new problems that keep you in pain. For example, you may not have used your leg muscles because your knee hurts. That creates a new problem because if your leg is weak, the pain can be worse because your knee isn't supported by your muscles as well as it could be. A Physical Therapist may have some home exercise and stretching programs that can be useful to you."*

*We know that our brain processes pain and studies show our thoughts and emotions strongly affect the way we feel pain. So a pain psychology referral may help in 2 ways: it may help you cope with pain better and it may even help your brain interpret pain differently.*

*Pain can affect your mental state. If you have depression or PTSD, treatment may help you feel better, and that can help you deal with the pain.*

*Medicines can help with your pain. There are a lot of medicines that can help with pain. A lot of people know about painkillers but there are others. There are medicines that help with pain that work on different parts of the pain pathway. Even some over-the-counter medicines can be very helpful if used properly.*

*It's important that you take your pain medicine safely. It is important to take opioid medicines as prescribed because there are risks of addiction and interactions with other substances (like alcohol).*

#### **EXAMPLE TWO---PAIN TREATMENT IS LIKE MAKING A BLUEBERRY PIE:**

*THERAPIST: At VA, the goal of pain treatment is to help you achieve the things that are important to you. We can go a long way in reducing the pain that you have, but getting your pain to zero may not always be possible. What we do want to do is see you functioning, doing well, and having as high quality of life as possible.*

*It actually might take a variety of treatments to achieve this. I like to compare getting good pain care to making a good blueberry pie. You can't make a blueberry pie with just blueberries. It takes flour and butter and good blueberries and sugar, right? And you have to have all of those ingredients at the same time. They have to bake in there together to get all yummy and gooey, right? That's how you make a good blueberry pie.*

*Putting the right things together at the same time is also the best way to treat pain. Multiple approaches, multiple interventions that work together at the same. Now I'm going to tell you about a couple of pain treatments that we have and how they work.*

Note that therapists can use other metaphors---you need line and bait and hooks to go fishing; you need all four wheels on a car for it to work, etc. The metaphor should be one the therapist is comfortable with and can describe well.

#### **EXAMPLE THREE---THE THREE MAIN TREATMENTS:**

*THERAPIST: I am going to tell you about our approach at the VA in terms of pain treatment. Generally, when it comes to treating pain that has lasted more than 3 months, we think about three different areas of treatment that all work together to improve your quality of life. The first is physical treatments – structured exercise, yoga, etc. Most people have the hardest time with this.*

*Second are behavioral treatments. These are things like relaxation techniques, biofeedback, meditation, and cognitive behavioral therapy.*

*Third is medication treatments.*

*Think of those three as the broad areas of pain treatment. We find that the more you're able to do something from each area, the better the areas work together to give you the best outcomes. We have resources here at the VA to get you more involved in those treatments.*

## **List of Pain Treatments at VA**

I have described some of the pain treatments available at VA. I am going to show you a list of the people who can treat you for pain at the VA. Let's talk about ones that you have some interest in:

- Physical therapist
- Occupational therapist
- General Doctors
- Physiatrist (doctors who specialize in nerves, muscles and bones)
- Neurologists (doctors who specialize in the brain and nerves)
- Health Psychologist (focuses on how the brain impacts the body)
- Pain Medicine Clinicians
- Mental Health Treaters

If the Veteran does not actively express interest in any treatment modalities, say:

*I know I've covered a lot. One thing you can always do is see your primary care provider to discuss these pain treatment options further.*

## **Administer Screenings and Provide Feedback**

### **Transition to Substance Abuse Focus**

Explain to the Veteran why you will now be asking about substance use.

*THERAPIST: As part of pain treatment, we ask people about their use of various substances. A lot of Veterans use substances like drugs or alcohol to cope with pain.*

### **Administer the AUDIT-C**

The therapist will administer the three-item version of the Alcohol Use Disorders Identification Test (AUDIT-C, Appendix B). The AUDIT-C is a brief alcohol screen that reliably identifies people whose drinking is either risky or already a problem.

Ask the following questions:

1. *How often do you have a drink containing alcohol?*
2. *How many standard drinks containing alcohol do you have on a typical day?*

3. *How often do you have six or more drinks on one occasion?*

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use). In men, a score of 4 or more is considered elevated risk; in women, a score of 3 or more is considered elevated risk. Generally, the higher the AUDIT-C score, the more likely it is that the Veteran's drinking is affecting his/her health and safety.

### **Administer Abbreviated ASSIST**

The therapist will administer a modified version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST, Group 2002, Appendix C). It is useful for professionals who work with people with high risk of problems related to substance use. The abbreviated ASSIST consists of four questions concerning use of drugs, and provides information about the substances people have used in the past three months, problems related to substance use, risk of current or future harm, and dependence.

It is especially important when asking questions about use of substances which may be illegal to assure the Veteran that their answers will be strictly confidential and will not be given to anyone else without his/her consent.

The ASSIST questionnaire contains some prompts and instructions to guide the therapist during the interview. Some of these instructions enable the therapist to leave out some questions for some Veterans and so shortens the interview. Others remind the therapist to probe for more detail to obtain accurate responses.

For this SBIRT, ask the following abbreviated list of questions:

1. *In the past three months, which of the following substances have you used and how often have you used them?*  
*Tobacco products*  
*Cannabis*  
*Cocaine*  
*Amphetamine type stimulants*  
*Inhalants*  
*Sedatives or sleeping pills*  
*Hallucinogens*  
*Opioids*  
*Other (specify)*
2. *In the past three months, how often has your use of any of the above drugs led to problems? Problems might include problems with your health, with other people, legal problems or financial issues.*
3. *In the past three months, has anyone expressed concern about your use?*
4. *Have you ever tried to cut down using any of these substances? Tell me about that.*

### **Ask about Use of Opioids**

First, ask the Veteran about medicines taken to relieve pain. Establish if any of them are opioid painkillers. Then ask about use of these specifically.

*THERAPIST: How often have you taken your pain medications in larger amounts than prescribed*

*or for a longer period than prescribed?” and “How often have you used your pain medicines to get high, to relax, or to make you feel more alert?”*

## **Provide Feedback**

Provide personalized feedback to the Veteran about his or her alcohol consumption and substance use. If the Veteran has been determined to be at risk, it's important to explore his or her readiness to reduce risky substance use behaviors. It is here that "motivational interviewing" will be utilized.

*THERAPIST: “This is how you compare to other Veterans who have taken this survey. Your use indicates that you (are/are not) at increased risk for harm. Regular use of (substance of use) is associated with...”*

Explain to a Veteran that has not been harmed that he/she is at high **risk** for harm.

*THERAPIST:*

*When we say you are “at risk” we are saying two things. First there is a high risk you will have problems from your alcohol use in the future. You may be only using a little now, or you may be able to control how much you use now, but over time, the amount you use is close to the amount that you might not be able to stop. Because you have chronic pain, you will be particularly tempted to use [substance] because it temporarily makes you feel better.*

*Second, you are “at risk” for worse pain. Substance use can make pain worse in several ways. It affects how well you sleep, it is a depressant, and it can interfere with medications you may take to control your pain. Have you noticed any ways your substance use affects your pain? Your sleep? Your work? Your mood? Your relationships? Your overall health/lifestyle?*

*A healthy lifestyle is key to successfully coping with pain. Eating right, exercising, and doing things in moderation can set you up physically and mentally to manage your pain better. Substance use may be interfering with that.*

*“You may be able to continue using without being harmed, but there’s a really high chance that you will eventually get into trouble from this...”*

If screening indicates elevated risk ...

## **Provide Brief MI Intervention**

### **Address Veterans’ Barriers to Seeking Substance Abuse and/or Mental Health Services**

Based in the results of the screenings, explore with the Veteran his/her way of thinking about substance abuse. Encourage the Veteran, by asking open-ended questions to discuss his/her “barriers” to reducing substance use.

Pros the Veteran may want to consider:

- to improve my health
- to improve my relationships to avoid hangovers
- to do better at work or school to lose weight or get fit
- to save money

- to avoid more serious problems
- to meet my own personal standards

Encourage the Veteran to make an extensive list of cons to reducing substance use. If the Veteran is unable to come up with his/her own cons, offer prompts to the Veteran. Listen carefully and reflect back to the Veteran your understanding of his or her reasons to continue drinking.

Cons the Veteran may want to consider:

- I like the taste of beer
- I feel good when I drink
- It's a fun thing to do with my friends.
- I'm funny when I drink
- It's a good way to meet guys/girls
- I haven't had any problems from my drinking---why should I stop?
- Everyone drinks when I get together with my (friends/family/work). I would be weird if I didn't drink.
- I know how to stop drinking before I get into trouble.
- It's a free country.



## DECISIONAL BALANCE WORKSHEET

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Continuing Behavior</b>		<b>Stopping Behavior</b>	
<b>PROS (Benefits)</b>	<b>CONS (Costs)</b>	<b>CONS (Costs)</b>	<b>PROS (Benefits)</b>

Material copied from the following text: Motivational Interviewing and Stages of Change Hazelden Publication, 2004  
Available [here](#).

## **Importance and Confidence Rulers**

Thinking of change is important but not always sufficient. The therapist tries to determine if the Veteran (a) is willing to make a change and (b) is confident of being able to do so.

Both importance and confidence need to be addressed to encourage Veterans to change their behavior. This is accomplished by using the importance and confidence ruler (below). If the Veteran is not ready at this time to pursue a change, roll with resistance. The Importance and Confidence Ruler may be used again later in the session.

### **Importance**

A simple way to find out how important the Veteran thinks it is to reduce their substance use is to use the importance ruler. This is a scale with gradations from 0 to 10 where 0 is not at all important and 10 is extremely important. Veterans can be asked to rate how important it is for them to change their substance use.

*THERAPIST: “On a scale from 0 to 10 (with 0 being not important and 10 being very important) how important is it to you to (cut down or stop your substance use, get treatment, go to counseling, receive more information, or accept a referral)?”*

*“And why are you at \_ and not lower?” The answer is change talk.*

If the Veteran reports importance of cutting down is zero, ask “*What would it take to raise your importance above a zero?*”

### **Confidence**

The same scale can also be used to assess how confident the Veteran is that he/she is able to reduce or stop their substance use. The confidence ruler can be used with Veterans who have indicated that it is important for them to make a change or it can be used as a hypothetical question to encourage the Veteran to talk about how they would go about making a change.

*THERAPIST: “On a scale from 0 to 10 (with 0 being not confident and 10 being very confident) how confident are you that you could .....(cut down or stop your substance use, get treatment, go to counseling, receive more information, or accept a referral)?”*

*“And why are you at \_ and not lower?” (The answer is change talk).*

## **Importance/Confidence Ruler**

0	1	2	3	4	5	6	7	8	9	10
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## **Developing an Action Plan**

The goal of the Action Plan is to minimize risky substance use behaviors as indicated from the Assist and Audit C. Adherence to the Action Plan will be reviewed in the upcoming telephone sessions.

How: (Suggested prompts)

*THERAPIST: “We have talked a lot today about your substance use and how you may be at risk of health and other problems from your current pattern of use. If you’re interested, we can develop an Action Plan for you to follow to help you reduce your use.”*

SAMPLE PLAN ONE (for Veterans who do not think their pattern of drinking is a problem):

*“You feel that drinking [amount] is okay with you and you don’t want to change it. One thing national organizations recommend for you, as someone with risky drinking, is to keep track of how much you drink for awhile.”*

*You can keep a drinking diary of how much you have drank on each day for the next two weeks and any things that happen when you drink. I will call you and we’ll review the results. What do you think?”*

GIVE VETERAN HANDBOOK, RETHINKING DRINKING:

[http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking\\_Drinking.pdf](http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf)

SAMPLE PLAN FOR PEOPLE WHO ARE MOTIVATED TO CHANGE THEIR DRINKING BUT DON’T WANT FORMAL TREATMENT:

*“First, let’s figure out what you want to change about your drinking. Here are some choices:*

- *How often will I use?*
- *What is the maximum amount I will use at any one time?*
- *How will I reduce the risk of harm from drinking?*

*Here are some things you can do to reduce your substance use:*

- *Keep track of how much alcohol you are drinking in a diary*
- *Include food (don’t drink on an empty stomach)*
- *Delay- Delay your substance use for 30 minutes. Your desire to use may pass.*
- *Make sure you have a healthy diet and get plenty of sleep.*
- *Limit alcohol use: Never have more than two drinks per day and try to limit the number of days per week you drink. To minimize the risk of developing alcohol dependence, there should be at least two days a week when you do not drink at all.*
- *Talk to your treatment provider about how you are taking your prescribed pain treatment medications.*
- *Ask for help: seek out supportive people non using friends and family members and VA staff to encourage you to make and maintain healthy changes.*
- *Is there anything that might be preventing you from sticking to your plan?*

GIVE VETERAN HANDBOOK, RETHINKING DRINKING:

[http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking\\_Drinking.pdf](http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf)

Action Plan Worksheet

I, \_\_\_\_\_, agree to complete the following steps and utilize the following appropriate supports available to me to reach my goal of:

List steps here:

List supports here:

---

Signature of Veteran Date

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Signature of Counselor Date

Follow-up phone call: \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_:\_\_\_\_  
Date Time

## Referral to Treatment

The goal of the referral is to see that the Veteran contacts a provider for further assessment and treatment. Discuss the ways in which substance use may temporarily relieve distress from pain. However, in the long-term, substance use is a form of avoidance that prevents Veterans from coping with their symptoms and is a barrier to recovery from pain.

Veterans who have not previously sought treatment may need information about what is involved. After describing the services available, the Veteran may be more receptive to making a decision to seek counseling or enter treatment. Offer the Veteran concrete steps:

- suggest walking the Veteran to the musculoskeletal disorders or substance abuse clinic,
- provide a written referral or make phone calls with the Veteran to schedule an appointment.

The VA offers a number of options for those seeking treatment for musculoskeletal disorders and substance use problems. Available treatments address all types of problems related to musculoskeletal disorders, substance use and other risky behaviors. These options include therapy, either alone with the therapist or in a group, as well as medications to help Veterans reduce their use of alcohol, tobacco and drugs.

If the Veteran is already enrolled in treatment the therapist will discuss how the Veteran thinks treatment is going in light of the screening feedback (current substance use). The therapist will explore the Veteran's current treatment arrangement to determine if the Veteran is attending regularly, adhering to all recommended treatment or just some of it, or if the Veterans is in need of further treatment.

How: (Suggested prompts)

- *What are your thoughts about treatment in general?*
- *Is there anything that might be preventing you from getting help for your symptoms?*
- *How does treatment and or counseling fit into your life?*
- *For you, what are the good things about attending treatment? And what are the not so good things about attending treatment?*
- *What are some things that keep you from attending treatment?*
- *So it sounds like there are some things preventing you from accepting a treatment referral?*

Common barriers to seeking treatment are listed below. Therapists should listen carefully to see if these apply to the Veteran being counseled, and allow the Veteran to voice any of these concerns.

Problems Accessing Mental Health Treatment:

- I don't know where to get help.
- I don't have adequate transportation.
- It is difficult to schedule an appointment.
- It would be difficult to get time off work for treatment.
- Mental health treatment costs too much.

Worry about the Stigma Associated with Seeking Treatment:

- It would be too embarrassing.
- It would harm my career.
- My unit leadership might treat me differently.
- My leaders would blame me for the problem.
- I would be seen as weak.

Not Having Confidence in Treatment:

- Mental health care doesn't work.
- I don't trust mental health professionals.

Additional barriers specific to women seeking alcohol and substance abuse treatment are listed below. The SBIRT-PM therapist will help the Veteran consider whether his/her identified barriers are reasons to not get treatment.

Reasons Women Give for Not Seeking Treatment:

- Lack of child-care
- Abusive or disapproving family members
- Pregnancy
- Concurrent mood and anxiety disorders

Concerns Related to Pain Treatment:

- Belief that only opioids can relieve pain
- Belief that only physical problem needs to be attended to.
- Belief treatment will not help.
- Family and friends can provide more help than a mental health professional.

Concerns Related to Alcohol and substance abuse:

- Denial of a problem
- I don't think treatment will make my life better
- I don't think I need treatment
- Seeking treatment might damage career or cause peers to lose confidence in their abilities.

THERAPIST: Sometimes Veterans are hesitant to get help because they are unsure how it may affect their military career. Your health records are private and can only be accessed by your supervisors if you give them permission. From my experience, I don't see why your supervisors would have a need to look into your records.

## **Concluding the Session**

Hand Veteran Treatment Referral Handout with notes about what was discussed in today's session.

Explain the follow-up telephone counseling sessions

*THERAPIST: I would like to talk to you in one week to see how you are doing with the things we talked about. That will give you some time to think about how you want to deal with your [pain*

*and/or substance use]. You may think of some things after you leave here that you want to talk about. Is that OK with you?*

*When would be a good time for us to speak? Okay, I will call you on (agreed upon date/time) to see how you are doing. Is it OK for me to leave you messages at that number?*

In concluding the session, support the Veteran's efforts toward change.

*THERAPIST: Let me try to summarize what we have talked about today... (grand summary) You spent some time on an important issue today---thank you.*

## **Follow-up Counseling by Phone**

### Logistics:

- Call Veteran at the phone number provided in the last session. Only leave a message if the Veteran said at the last session that was alright.
- The message should just say your name, that you are from the VA, and your phone number.
- Before disclosing any information to the person on the phone, confirm that you are speaking to the correct person.

### Content:

The goal of this session is to review and expand upon information from the first SBIRT-PM session.

First, ask the Veteran what he/she remembers from the previous session.

*THERAPIST: I wondered if there were things that we talked about last session that you want to talk about today.*

*[OR PROMPT] Last week you said some things that I noted. I wonder what your thoughts are about them this week. [then list issues from prior session]*

Second, review topics from the previous session, especially:

- substance use since the last visit
- pros and cons of substance use
- importance and confidence rulers
- treatment referrals

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## **Additional Resources**

ASSIST can be downloaded from

[http://www.who.int/substance\\_abuse/activities/assist\\_v3\\_english.pdf](http://www.who.int/substance_abuse/activities/assist_v3_english.pdf).

SAMHSA's Screening, Brief Intervention, Referral, and Treatment Web Site

A single, comprehensive repository of SBIRT information, including training manuals, online resources, links to organizations and publications, and a list of references.

<http://sbirt.samhsa.gov>.

The VA HIV Prevention Handbook: A Guide for Clinicians. Available at:

[http://www.hiv.va.gov/pdf/va01-pr/prtop-08/prevention\\_handbook.pdf](http://www.hiv.va.gov/pdf/va01-pr/prtop-08/prevention_handbook.pdf).