

SBIRT-VA

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 ASSIST and AUDIT-C screening instruments. Together with the screening assessments, the manual provides a comprehensive approach to screening, brief intervention and referral to treatment for Veterans applying for a service-connected disability for PTSD.

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Overview of SBIRT-VA

SBIRT-VA was developed to identify substance abuse problems among Veterans applying for disability compensation for PTSD. SBIRT-VA involves assessing substance use and other risky behaviors and briefly counsels the Veteran to participate in the appropriate level of care. It involves a brief intervention 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 treatment. A key aspect of SBIRT is the integration and coordination of screening and treatment into the existing VA systems for conducting Compensation examinations. SBIRT-VA provides opportunities for early intervention targeting at-risk substance use before more severe consequences occur.

The therapist uses Motivational Interviewing methods to encourage Veterans to engage in treatment. As prescribed in Motivational Interviewing, the therapist adopts a supportive, empathic stance to help Veterans explore ambivalence about treatment. As part of this assessment, the Veteran's risk factors for developing HIV will be assessed and brief HIV risk reduction counseling will be provided. The therapist will encourage Veterans to identify barriers to treatment and develop a plan to address them. SBIRT-VA consists of one 60 minute intervention session conducted at the VA and scheduled after the Veteran has completed the Compensation and Pension evaluation. At the Veteran's request, the therapist will be available for a phone session and/or repeat visit, but the focus of the intervention is to facilitate transition to treatment.

The Goal of SBIRT-VA

The goal of SBIRT-VA is to evaluate the level of substance use and other risky behaviors and to foster abstinence by encouraging and facilitating the Veteran's involvement in substance abuse and/or mental health treatment.

Therapist Training to deliver SBIRT-VA

This manual is intended to train master's level therapists to deliver SBIRT-VA. In addition to learning from this manual, therapist training will involve the following:

1. **SBIRT Training:** Instruction on how to deliver Screening Brief Interventions, and Referral to Treatment. Included will be a review of the Alcohol Use Disorders Identification Test (AUDIT-C) and a modified version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST, Group 2002).
2. **Motivational Interviewing Training:** Motivational Interviewing training will include a didactic presentation, training videotapes, practice exercises and role-play. Additionally,

personal performance feedback (e.g., from practice audiotapes) and/or individual coaching will be available to help therapists improve their clinical proficiency.

3. Therapists should become familiar with available substance abuse and mental health treatment at VA. Therapists should meet with the intake staff for the site's PTSD treatment programs, clinicians providing PTSD treatment at VA, Veterans Service Organizations involved in PTSD care, staff processing substance abuse intakes, and substance abuse clinicians from the wide range of facilities available.
4. Therapists will receive an overview of the Compensation and Pension examination process and should become familiar with the anxiety often experienced by Veterans undergoing it.

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 compensation evaluation 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 PTSD, 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 PTSD symptoms.

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 (Personal Values Card Sort, AUDIT-C, ASSIST (modified), pencil and paper to list personal values).
- 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 situation worsened by the Veterans PTSD symptoms even if it means you won't have time to ask all the other questions about the process of his compensation application.
- Make sure you allow enough time to conduct the substance abuse portion of SBIRT-VA.
- Make sure you allow enough time to make the treatment recommendations for PTSD and/or substance abuse treatment.

Target Population

SBIRT-VA is designed for Veterans who have applied for service-connected disability for PTSD.

Overview of the Session

The therapist will adhere to the following sequence:

- Explain the purpose of therapy to the Veteran.
- Inquiry about the Veterans' reasons for seeking compensation.
- Explain that this is an opportunity to consider if there is any other treatment or services the Veteran may need; administer substance abuse screenings and provide feedback to the Veteran.
- Motivational interview concerning barriers to seeking substance abuse treatment, and abstinence from alcohol and other drugs.
- Provide referral to treatment and other services as needed.

Motivational Interviewing Principles used in SBIRT-VA

Miller and Rollnick (2002) 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-VA to build the Compensation and Pension 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-VA. 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 more 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 gentle challenges by the therapist about lifestyle issues and beliefs about work. 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 stop drinking or using drugs. 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-VA. Part of SBIRT-VA 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 treatment refusal may lead the Veteran away from other goals.

SBIRT-VA Therapist Interaction Techniques

The use of a variety of Motivational Interviewing techniques during the session is essential. Veterans who participate in SBIRT-VA may be at different levels of readiness to engage in treatment. Some Veterans enter SBIRT-VA eager to obtain education and treatment information

and move forward with change 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 treatment 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.

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

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.

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.

Avoid statements that lead to listening road blocks:

1. Direct confrontation: ordering, directing or commanding,
“You should go to treatment.”

2. Asserting authority: warning, cautioning or threatening,
“As your therapist, I am telling you that is a bad idea.”

Features of SBIRT-VA Counseling

The table below lists:

- a) Essential features of SBIRT-VA

b) Allowed but not required features: Non-specific things that a therapist may choose to do that are not specific to SBIRT-VA

c) Not allowed features: Things that are antithetical to the goals and methods of SBIRT-VA

Features of SBIRT-VA Counseling	
Essential	Review reasons for applying for compensation Screen veteran for alcohol and substance use, provide feedback Employ Motivational Interviewing stance and methods Review barriers to treatment Generate “change talk” and make referral to treatment
Allowed but not required	Discuss use of other VA services Make general inquiries about home situation Make general inquiries about health
Not Allowed	Value judgments about whether to work 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>

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.

How: (Suggested prompts)

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

I’d like to learn a little bit more about you. Could you tell me a little bit about your decision to participate in this study?

Tell me about your transition from military life to civilian life?

Description of SBIRT-VA

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

1. Review the reasons for applying for service-connected compensation.
2. Screen Veteran for alcohol and substance use. Provide feedback to the Veteran.
3. Explore with the Veteran potential substance abuse issues and how it may exacerbate his/her PTSD symptoms and address barriers that may impede his/her success in treatment.
4. Provide the Veteran with a treatment referral as indicated by the screening.

How: (Suggested prompts)

THERAPIST:

This therapy involves us meeting together once. We will use this time to discuss the reasons you filed a claim. We will also talk about problems some Veterans have that make it harder for them to get relief from their symptoms.

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

THERAPIST:

It is hard to cope with a physical or mental impairment, and you have made the important decision to apply for service-connection. You may be coping with decisions about how to manage your symptoms, and what VA services might help you better cope with the effects of your impairment. The goal of this counseling is to help you to explore these issues.

Discuss Reasons for Seeking Compensation

The rationale behind asking the Veteran the reasons for applying for Compensation (as opposed to asking directly about PTSD symptoms) is that the latter approach may put the Veteran on the defensive, and make him/her less likely to talk about his concerns. A softer approach may help to generate a more open dialogue.

There are three specific areas on which to focus:

- 1) Veterans' reasons for seeking compensation.
- 2) Discussion surrounding how the evaluation went.
- 3) Veteran's feelings regarding claim.

How: (Suggested prompt)

I'd like to ask you some questions about your compensation claim and how you feel about how it went. Is that ok?



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

Example of affirmation dialogue:

THERAPIST: Please tell me why you decided to apply for compensation.

VETERAN: Our unit command encouraged everyone to apply. I wasn't going to until I started having nightmares when I got back home.

THERAPIST: You started having nightmares.

VETERAN: Yeah, the nightmares have been making it very difficult for me to get a good night's sleep.

THERAPIST: Getting a good night's sleep is very important to you.

VETERAN: Yeah, I think clearer when I get a good night sleep.

THERAPIST: It's great the way you see that a good night's sleep helps you to feel better the next day.

Sample Prompts about PTSD:

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

THERAPIST: How did the evaluation go?

THERAPIST: How long has your condition been bothering you?

THERAPIST: Sometimes emotional things can affect other aspects of your life. Have you had difficulties with your:

- *General activity?*
- *Mood?*
- *Walking?*

- Work?
- Sleep?
- Relationships with other people?
- Enjoyment of life?

THERAPIST: What things have you done to cope with your condition?

Explanation of PTSD 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.

THERAPIST: Today, there are good treatments available for PTSD. When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. But talking with a therapist can help you get better.

Cognitive behavioral therapy (CBT) is one type of counseling. Research shows it is the most effective type of counseling for PTSD. The VA is providing two forms of cognitive behavioral therapy to Veterans with PTSD: Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy. To learn more about these types of therapy, see our fact sheets listed on the Treatment page. There is a similar kind of therapy called Eye Movement Desensitization and Reprocessing (EMDR) that is used for PTSD.

Also, medications have been shown to be effective. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD.

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

THERAPIST: I know I've covered a lot. One thing you can always do is see your primary care provider to discuss these 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 any clinical care, we ask people about their use of various substances. Often times, people use substances like drugs or alcohol to cope with emotional 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:

How often do you have a drink containing alcohol?

How many standard drinks containing alcohol do you have on a typical day?

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). 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 his/her 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 to shorten the interview. Others remind the therapist to probe for more detail to obtain accurate responses.

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?*
 - a. *Tobacco products*
 - b. *Cannabis*
 - c. *Cocaine*
 - d. *Amphetamine type stimulants*
 - e. *Inhalants*
 - f. *Sedatives or sleeping pills*
 - g. *Hallucinogens*
 - h. *Opioids*
 - i. *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.*

Administer the HIV Risk Assessment

This assessment is administered to identify the Veteran's risk behaviors for HIV. Risk behaviors are the sex or drug use actions that can result in the transmission of HIV.

With the Veteran, identify the specific behaviors that place him/her at risk for HIV. Focus the Veteran on specific behaviors, situations and partner encounters that contribute to his/her risk. Establish an atmosphere that conveys a collaborative exploration of the relevant issues.

Suggested open-ended risk assessment questions:

- *Are you doing anything that might be putting you at risk for HIV?*
- *Have you been tested for HIV before? If so, when and why? Were you worried that you might have HIV? Was there something you had been involved in that had you worried about having HIV?*
- *What were the results of your HIV test?*
- *Do you [or partner for female Veteran] use condoms?*

Provide Feedback

Provide personalized feedback to the Veteran about his/her alcohol consumption and substance use and related risky behaviors that may be putting him/her at risk for HIV. If the Veteran has been determined to be at risk, it's important to explore his/her readiness for treatment. It is here that the therapist uses "motivational interviewing" with Veterans struggling with alcohol and/or substance abuse and other behaviors putting him/her at risk.

THERAPIST: This is how you compare to other Veterans who have taken this survey (use Appendix D Audit C- Pyramid Card). Your use indicates that you (are/are not) at increased risk for harm. High risk drinking is associated with accidents and injuries, relationship problems, potentially aggressive and violent behavior, stroke, liver disease and cancers..."

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, you might not be able to control your use or stop using. Because you have PTSD, you

will be particularly tempted to use [substance] because it temporarily makes you feel better.

Second, you are “at risk” for worse PTSD symptoms. Substance use can make symptoms 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 symptoms. Have you noticed any ways your substance use affects your symptoms? Your sleep? Your work? Your mood? Your relationships? Your overall health/lifestyle?

A healthy lifestyle is key to successfully coping with symptoms. Eating right, exercising, and doing things in moderation can set you up physically and mentally to manage your condition 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...

Explain to the Veteran the risks associated with other high risk behaviors:

Tobacco use is associated with: Premature aging, wrinkles, respiratory infections, asthma, heart disease, stroke and cancers.

Cannabis use is associated with: problems with attention and motivation, anxiety, depression, heart disease and cancers.

Opiate use is associated with: drowsiness, difficulty concentrating and remembering, relationship difficulties, financial and work problems, and overdose.

High –risk Sexual Behavior is associated with: Sexually transmitted diseases and unplanned pregnancy.

If screening indicates elevated risk ...

Provide Brief MI Intervention

Address Veterans’ Barriers to Seeking Mental Health Services

Based on the results of the screenings, explore with the Veteran his/her way of thinking about substance abuse and PTSD treatment. Encourage the Veteran, by asking open-ended questions to discuss his/her “barriers” to accepting a treatment referral.

Listen carefully and reflect back to the Veteran your understanding of his/her concerns. The length of the intervention will depend on the type of suggestions or counseling that would most benefit the Veteran and the willingness of the Veteran to receive it.

Seeking treatment for problems with substance abuse and PTSD can be potentially embarrassing, stigmatizing, and inconvenient. Encourage the Veteran to make an extensive list of his/her

barriers to seeking treatment. If the Veteran is unable to come up with his/her own barriers to treatment, offer prompts to the Veteran.

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?

What are some things that keep you from attending treatment?

In a survey conducted by Hoge, et al. (2004), important barriers to Veterans' seeking mental health services were identified. The barriers include accessing mental health treatment, the stigma associated with seeking treatment, and confidence in treatment:

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.

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.

Confidence in Treatment:

Mental health care doesn't work.

I don't trust mental health professionals.

Additional barriers specific to women, PTSD and alcohol and substance abuse are also included. The SBIRT-VA therapist will help the Veteran consider whether his/her identified barriers are reasons to not get treatment.

Barriers Specific to Women:

Lack of child-care

Abusive or disapproving family members

Pregnancy

Concurrent mood and anxiety disorders

Barriers Related to PTSD

Concern over the side effects of medication

Family and friends can provide more help than a mental health professional.

Seeking treatment might damage their career or cause their peers to lose confidence in their abilities.

Barriers 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

Decisional Balancing

Decisional balancing is another strategy that can be used to help the Veteran explore his/her ambivalence about seeking treatment. A good strategy is to ask the Veteran to complete the written Decisional Balance (DB) exercise (Appendix D).

The DB exercise asks Veterans to list the pros/cons about attending treatment. Talking with the Veteran about the good and less good things they have written down on their DB can be used to help him/her to understand ambivalence about attending treatment and to move them further toward wanting to attend..

Examples of How to Use a Decisional Balance Exercise

THERAPIST: What are some of the good things about seeking treatment for your PTSD symptoms?

VETERAN: ANSWERS...

THERAPIST: Okay, on the flipside, what are some of the less good things about seeking treatment.

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

After the Veteran completes the worksheet, discuss the pros and cons of seeking treatment, it is helpful for the therapist to use a reflective, summary statement with the intent of having the Veteran address their ambivalence about changing (seeking treatment).

In a qualitative study of OEF/OIF and older Veterans (Sayer, Friedemann-Sanchez et al. 2009) the investigators found that certain values, beliefs, and social norms served as factors that might predispose Veterans to not seek treatment (e.g. stoicism makes it less likely to seek treatment). Other factors appeared to facilitate treatment, such as a social support network and the ease of accessing appropriate care within the VA health care system. The SBIRT-VA therapist works with the Veteran to realistically evaluate the barriers identified by the Veteran. When the Veteran has identified a particular barrier, he or she might be ready to explore change. However, thinking of change is important but not always enough for a person to move into the action phase. Sometimes a person is willing to make a change but is not confident that they are able to do so. This is where the use of the Importance and Confidence rulers may be used to help move the Veteran toward change.

Importance and Confidence Rulers

Both importance and confidence needs 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 just 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)”.

Importance Ruler

0	1	2	3	4	5	6	7	8	9	10
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Confidence

The same sort of scale can also be used to assess how confident the Veteran is that he/she is able to cut down or stop 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).

Confidence Ruler

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Referral to Treatment

The goal of the referral should be to assure that the Veteran contacts a specialist for further diagnosis and, if required, treatment. Discuss with the Veteran the ways in which alcohol and other drugs may temporarily relieve distress from PTSD symptoms. However, in the long-term, substance use is a form of avoidance that prevents Veterans from coping with their PTSD symptoms and is a barrier in recovery from PTSD.

Veterans who have not previously sought treatment or counseling 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 PTSD or substance abuse clinic
- Provide a written referral
- Make phone calls with Veteran to schedule an appointment.

The VA offers a number of options for those seeking treatment for PTSD and substance use problems. Available treatments address all types of problems related to PTSD, 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, discuss with Veteran how he/she thinks treatment is going in light of his/her screening feedback (current substance use). The therapist will explore with the Veteran his/her current treatment arrangement to determine if the Veteran is attending regularly, adhering to all recommended treatment or just some of it, or is in need of further treatment.

If the Veteran identified as putting him/herself at risk for HIV, provide the Veteran with the VA handout (Information about HIV Testing, Appendix E) and refer the Veteran for HIV risk reduction counseling at the local VA.

To learn more about HIV risk reduction, refer to The VA HIV Prevention Handbook: A Guide for Clinicians. Available at: http://www.hiv.va.gov/pdf/va01-pr/prtop08/prevention_handbook.pdf.

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.

In concluding the session, support the Veteran's efforts toward change. Veterans in this situation are likely to benefit from words of assurance and encouragement.

How: (Suggested prompts)

Let me try to summarize what we have talked about today... (grand summary)

So we talked about several issues that are important to you...

You worked very hard today, I appreciate you honestly.

How do you feel about making use of the treatment referral I gave you?

Thanks for meeting with me today.

Thanks for being so open and talking about this today.

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Additional Resources

ASSIST was downloaded from

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.

Understanding PTSD Treatment: http://www.ptsd.va.gov/public/understanding_TX/booklet.pdf

Appendix A: ASSIST Screening Assessment

Appendix B: AUDIT-C

Appendix C: AUDIT-C Pyramid Card

Appendix D: Decisional Balance worksheet

Decisional Balance Worksheet

	Benefits/Pros	Costs/Cons
Attending Treatment		
Not attending treatment		

Appendix E

Information about HIV Testing

What is the HIV test?

This test can tell if you have human immunodeficiency virus (HIV), the virus that causes AIDS. HIV weakens the body's immune system. When the immune system is damaged so much that the person can get serious infections or cancers this is called AIDS. People infected with HIV may have no symptoms for many years. Even without symptoms damage to the immune system happens and infected people can still pass the virus to others

The test is usually done using blood taken from a vein with a needle. Sometimes it can be done using blood from sticking your finger or fluid from inside your mouth (oral fluid). If your first test is done with oral fluid or blood from a finger stick and is positive we will take blood from a vein for a second test to confirm the results.

Why does VA want to test me for HIV?

Testing is recommended for all patients, even those who do not think they may have been exposed to HIV. For some patients who have had a possible exposure or who have symptoms suggesting they might have HIV infection repeat testing may be recommended.

How will the HIV test help me?

If you have HIV, the sooner you know, the sooner you can take steps to stay healthy. There are effective treatments that help people with HIV live longer and healthier lives. If you learn you have HIV, you can take steps to avoid spreading the virus to others. You can get care for HIV at VA. Your HIV test result will not affect your VA care or eligibility for VA benefits.

What are the possible risks of this test?

- You may feel sad, depressed, angry or anxious if you learn you have HIV. This is natural. If these feelings are severe, your provider can refer you to someone at VA who can help you.
- If other people find out about the HIV diagnosis, some people may treat you unfairly.

Protecting your privacy

VA will not give your HIV test results to anyone except your caregivers or providers unless you give permission in writing except in these SPECIAL CASES

- Within VA for medical care
- With a VA health care provider or employee in case an employee comes into contact with your blood, such as by an accidental needle-stick
- Within VA if the VA needs the information to see if you qualify for VA benefits;
- With a specific health care provider in an emergency if the information is required to provide you with medical care
- To report to public health authorities
- If ordered by a court of law
- If the Department of Defense requests it (to use for treatment or benefits);
- If Congress requests it for VA program oversight (your name will not be used)
- For VA-approved scientific research (your name will not be used)
- To evaluate patient care
- If you tell a VA provider that you have unprotected sex with someone and will not tell them your HIV status the provider can tell them to protect their health.

What happens if I refuse to have this test?

You have the right to refuse to have this test done. If you refuse to have this test, your health care providers may not have all the information needed to take the best care of you.

What are the alternatives to having this test done in VA?

You can have an HIV test done outside VA. If you have a test done outside VA you will have to pay any cost yourself. In some places you can get an HIV test done anonymously (without giving your name.)

What HIV test results mean: When testing is completed the result is reported to your provider. Your provider will tell you the result. Possible results are:

Positive: result means that you have an HIV infection and you can pass it to others.

Negative: result means either you do not have HIV or got it so recently that your body has not had time to make enough antibodies to be seen by the test. If your result is negative but other things seem to point to HIV as a possibility you should have the test repeated later.

Indeterminate: means that the test did not show whether or not you have HIV. This could happen if you have another medical condition that interfered with the test or have been infected recently. If you have an indeterminate HIV test result, you need to have an HIV test repeated at a later date to find out for sure if you have HIV.

What everyone needs to know about how HIV spreads from person to person.

- People spread HIV by:
 - Unprotected (without a condom) sexual contact.
 - Sharing needles or "works" (cookers and other things used to prepare drugs for injection) during drug use.
 - From an HIV infected woman to her baby during pregnancy, labor, or breastfeeding
- You can reduce risk by:
 - Not having sex
 - Using a condom every time you have sex.
- For pregnant women there are drugs that will improve your health and reduce the risk to the baby
- You can get HIV any time you inject drugs and share needles or works. .You can reduce the risk by:
 - Not injecting drugs
 - Never sharing needles or works.

You should find out how and when you will get your HIV test results.

If your HIV test is positive, you can still get care at VA. Your provider may refer you to another medical professional for follow-up care.

Information about HIV Testing Retrieved from: <http://www.hiv.va.gov/vahiv?page=test-faqs>