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).

Adaptations by
Marc I. Rosen, M.D.
Karen Ablondi, M.P.H.

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 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 and providing treatment. 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 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

In addition to learning from this manual, therapist Training should involve the following:

1) Therapists should become experts in the Compensation and Pension process. The should meet with staff at the VA Compensation and Pension office who manage the scheduling and processing of examinations, representatives from the American Legion and the Purple Heart Veterans who assist veterans with their applications, and staff at the Veterans Benefits Administration who adjudicate claims and discuss issues raised by claimants.
2) 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 at both sites.

**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—

a. Explain the purpose of therapy to the veteran
b. Inquiry about the veterans’ experience of Compensation examination. Ask if the veteran has questions about the next steps in the disability determination process.

c. 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.

d. Motivational interview concerning barriers to seeking substance abuse treatment, and abstinence from alcohol and other drugs.

f. 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 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- the main tasks
b) Allowed but not required - non-specific things that a therapist may choose to do that are not specific to SBIRT - VA
c) Not allowed—things that are antithetical to the goals and methods of SBIRT - VA

<table>
<thead>
<tr>
<th>Features of SBIRT- VA Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential</strong></td>
</tr>
<tr>
<td>Review process of applying for compensation</td>
</tr>
<tr>
<td>Screen veteran for alcohol and substance use, provide feedback</td>
</tr>
<tr>
<td>Employ Motivational Interviewing stance and methods</td>
</tr>
<tr>
<td>Review barriers to treatment</td>
</tr>
<tr>
<td>Generate “change talk” and make referral to treatment</td>
</tr>
<tr>
<td><strong>Allowed but not required</strong></td>
</tr>
<tr>
<td>Discuss use of other VA services</td>
</tr>
<tr>
<td>Make general inquiries about home situation</td>
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<tr>
<td>Make general inquiries about health</td>
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<tr>
<td><strong>Not Allowed</strong></td>
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<tr>
<td>Value judgments about whether to work</td>
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<tr>
<td>Interference with the claim application</td>
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<tr>
<td>Release of information without claimant’s consent</td>
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<tr>
<td>Direct confrontation</td>
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<tr>
<td>Unsolicited advice</td>
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<tr>
<td>Asserting authority</td>
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To learn more about motivational interviewing, go [http://www.motivationalinterview.org](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)

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

Today, we’ll be discussing your experience with the application process and look at how drugs and alcohol may affect your symptoms. Is it ok if we talk about that today?

But first 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?

Example of rapport building dialogue:

THERAPIST: How is it being a civilian again?

VETERAN: I’m glad to be home, it’s great to be back with my family. I like to have a real bed to sleep in.

THERAPIST: Your family is important to you?

VETERAN: Yeah, they are what kept me going.

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 process of applying for service-connected compensation.

2. Screen veteran for alcohol, substance use. Provide feedback to the veteran.

3. Explore with the veteran potential substance abuse issues and address barriers that may impede his/her success in treatment.

4. To provide the veteran with a treatment referral as indicated by the screening.

How: (Suggested prompts)

THERAPIST: At this point, with your permission, I’d like to spend a few minutes explaining what we will be talking about.
THERAPIST: SBIRT - VA involves meeting together once. We will use this time to discuss the disability application process, and any other problems like alcohol and substance use that you may have. At the end of the 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.
Collect Compensation Application Information

The purpose of this exercise is to gather information regarding the Veteran’s compensation application. This will begin to inform you the therapist on how and where to proceed. In other words, “meeting the veteran where he/she is at”. This will begin to set the stage to assess the veteran’s motivation to engage in treatment.

Use the Compensation Application Background Sheet (page 11), to collect information regarding the status of the veteran’s compensation application by using open-ended questions or requests.

There are three specific areas on which to focus:
1) Medical and/or Psychiatric reasons for seeking compensation
2) Status of the veteran’s claim and who is assisting the veteran with the application
3) The veteran’s feelings regarding the application process and the status of the claim.

How: (Suggested prompts)

_I’d like to change the direction now, and ask you some questions about your compensation claim and its effect on you. Is that ok? Is it ok if I take some notes?_

For section 1:
_Tell me about your reasons for seeking compensation?

For section 2:
_Tell me about the status of your compensation claim.

For section 3:
_How has the compensation application process been going for you?

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

Example of affirmation dialogue:

_THERAPIST:_ Could you tell me how 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.
Compensation Application Background Sheet

1) Reasons the Veteran is seeking compensation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2) Status of Compensation Claim, Is anyone assisting the veteran with the compensation claim? If yes, please obtain the helper’s name, telephone number and address:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3) Veteran’s feelings regarding claim:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Clarify the Veteran’s Personal Values

This is accomplished by conducting the “Values Card Sort” Activity with the veteran. Follow the script below as you conduct this exercise with the veteran.

Personal Values Card Sort

1. Place three anchor cards in order from 1-3 in front of the participant (Least important should be on the left; Most important on the right).

2. Shuffle the 30 value cards; keep the 2 blank cards separate.

3. Instruct the Veteran to sort the cards using the following script: “I placed three title cards in front of you—least important, somewhat important, and most important. I’m going to give you a stack of 30 cards. Each card describes something that may represent a personal value for you. I would like you to look at each card and place each card under one of the three title cards. There are also two blank cards. If there is a value you would like to include, write it on the card and put it in whichever pile you would like. I would like you to sort all 30 cards, but whether you use the two additional cards is optional. The only rule is that you can have no more than 10 cards under the Most Important stack. After you are finished with this part, I will ask you to do one other small task. Do you have any questions?”

4. When the Veteran indicates s/he is finished with the sorting, look at the Most Important deck to make sure there are no more than 10 cards under this deck.

5. Read the following: “For the second task, I’d like you to focus on the top values you chose and sort them from 1 to n (total number participant has in the most important pile—no more than 10) using the ranking sheet. In this spot (point to #1) you will put the card that is your top value. Then you will put your second top value here (point to #2). Do you have any questions?”

6. When participant indicates s/he is finished rank ordering the most important pile, check to make sure you understand how the cards were sorted (ascending or descending). Point to the #1 spot and say, “I just want to make sure I have this right--Is this your number one value?”

7. Record values on the scoring sheet using value name.

8. Record rank order on the worksheet for stack #3 (most important), Indicate rank order.

Discuss with the veteran how these values influence his or her life style choices. In this exercise, veterans may begin to talk themselves into changing, if it is compatible with their personal values and aspirations. Referring to these values helps the veteran to explore the issues of compensation, employment and treatment.
How: (Suggested prompts)

I see that you rated _________ as very important. How is ______________ affected by your disability?

Are there values in the “very important” pile that you want to make a bigger part of your life than they already are?

Were you surprised by any of your answers?
Personal Values Activity  
(Worksheet Scoring Sheet)

1 = least important  2 = somewhat important  3 = most important

☐ Saving money  ☐ Spirituality
☐ Exercise
☐ Being involved with community  ☐ Having a meaningful job
☐ Being able to keep appointments  ☐ Dependability
☐ Being able to use my abilities  ☐ Solitude
☐ Working  ☐ Adventure
☐ Family  ☐ Independence
☐ Religion  ☐ Challenge
☐ Getting Rich  ☐ Loyalty
☐ Completing my education  ☐ Courage
☐ Free Time  ☐ Trustworthy
☐ Supporting family financially  ☐ Contribution
☐ Staying Healthy  ☐ Stability
☐ Owning a house  ☐ Growth
☐ Having a car  ☐ Helping others
☐ Having rewarding friendships
☐ Recovery
☐ Traveling
☐ Having health care insurance
Personal Values Activity
(Worksheet Rank Order)

1. _____________________________

2. _____________________________

3. _____________________________

4. _____________________________

5. _____________________________

6. _____________________________

7. _____________________________

8. _____________________________

9. _____________________________

10. _____________________________
Administer Screenings and Provide Feedback

Administer the ASSIST

The screening instrument for this SBIRT is the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (Group 2002) (Appendix B). It is useful for professionals who work with people with high risk of problems related to substance use. The ASSIST takes five minutes to administer and consists of eight questions concerning use of alcohol and or drugs, mostly within a three-month timeframe.

The ASSIST provides information about:

- the substances people have ever used in their lifetime;
- the substances they have used in the past three months;
- problems related to substance use;
- risk of current or future harm;
- dependence;
- injecting drug use.

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 shorten the interview. Others remind the therapist to probe for more detail to obtain accurate responses. It is important to make sure that all the relevant questions have been asked and that the answers have been recorded. The ASSIST Feedback Report Card is completed at the end of the ASSIST interview and is used to provide personalized feedback to the patient about their level of substance related risk. The ASSIST contains a response card for the veteran, a feedback report card for the veteran, the risks of injecting card and information for veterans.

Administer the AUDIT-C

To supplement the ASSIST, the therapist will administer the three-item version of the Alcohol Use Disorders Identification Test the AUDIT-C (Appendix C). The AUDIT-C is a brief alcohol screen that reliably identifies patients who hazardous drinkers or have active alcohol use disorders. 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 positive; in women, a score of 3 or more is considered positive. 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 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 or 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 or her readiness for treatment. It is here that the "motivational interviewing" utilized by the therapist to those veterans struggling with alcohol and/or substance abuse and other behaviors putting him/her at risk.

Provide Brief MI Intervention

Address Veterans’ Barriers to Seeking Mental Health Services

Based in 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 or 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?

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?

In a recent 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
Addressing Issues Related to the Compensation examination process:

In SBIRT-VA, therapists are equipped to directly address veterans’ concern that obtaining substance abuse treatment may impact their claim. These complicated issues will be summarized to the veteran as follows:

<table>
<thead>
<tr>
<th>Reason obtaining substance use treatment may hurt your claim</th>
<th>Reasons obtaining substance abuse treatment may NOT hurt your claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>--Substance abuse may appear to be your problem instead of PTSD</td>
<td>--You may have both PTSD and a substance abuse problem; many veterans do.</td>
</tr>
<tr>
<td></td>
<td>--Your substance abuse is reduced and it is easier to discern the effects of PTSD</td>
</tr>
</tbody>
</table>

The goal here is to engage the veteran in a discussion surrounding an important question about treatment and the application process: Is a claim more likely to be awarded or denied if the veteran attends treatment? This is best accomplished by the sequence illustrated below.

**Ask ➔ Inform ➔ Listen**

The first step to gather information (ask) from the veteran about his/her thoughts and concerns about engaging in treatment while the claim is being evaluated. Secondly, provide information (Inform) on the possible effects of attending treatment while the claim is being evaluated (Listen).

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, whereas 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.

**Importance and Confidence Rulers**

Both importance and confidence needs to be addressed to encourage patients 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.

Ask the veteran, “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 |

**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 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.

Ask the veteran, “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 symptoms of PTSD and is a barrier in recovery from PTSD. Often times 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 or 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 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 D) and refer the veteran for HIV risk reduction counseling at the local VA.


Concluding the 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.
References


Department of Mental Health and Substance Dependence, World Health Organization, The Alcohol, Smoking And Substance Involvement Screening Test (Assist): Guidelines For Use In Primary Care. 2003.


Motivational Interviewing Organization http://www.motivaitonalinterviewing.org/


Veterans Benefits Administration http://www.vba.va.gov/benefit_facts/Service-Connected_Disabilities/English/Strackseg_0406.doc
Additional Resources

ASSIST was downloaded from

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.

The VA HIV Prevention Handbook: A Guide for Clinicians. Available at:
Appendix A
Personal Value Cards

Saving money          Spirituality

Exercise              Having a meaningful job

Being involved with community

Being able to keep appointments

Being able to use my abilities

Working               Independence

Family                Challenge
<table>
<thead>
<tr>
<th>Religion</th>
<th>Loyalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Rich</td>
<td>Courage</td>
</tr>
<tr>
<td>Completing my education</td>
<td>Trustworthy</td>
</tr>
<tr>
<td>Free Time</td>
<td>Contribution</td>
</tr>
<tr>
<td>Supporting family financially</td>
<td>Stability</td>
</tr>
<tr>
<td>Staying Healthy</td>
<td>Growth</td>
</tr>
<tr>
<td>Owning a house</td>
<td>Helping others</td>
</tr>
<tr>
<td>Having a car</td>
<td>Recovery</td>
</tr>
</tbody>
</table>
Having rewarding friendships

Having health care insurance

Traveling
Appendix D

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.