APPENDIX A

SBIRT-PM (Pain Management) THERAPY MANUAL
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 describes how to conduct screening, brief intervention and referral to veterans applying for a service-connected disability for musculoskeletal disorders causing pain.
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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 intervention and a brief SBIRT screening and substance abuse 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). A key aspect of SBIRT is the incorporation of screening and VA treatment into the existing VA systems for conducting Compensation and Pension examinations. 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 intervention session conducted at the VA after the veteran has completed the Compensation and Pension evaluation and two sessions conducted by telephone afterwards.

Therapist Training to deliver SBIRT-PM
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 conduction 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.

Therapists will receive an overview of the Compensation and Pension examination process and should become familiar with the anxiety often experienced by Veterans undergoing the examination.

3) Therapists should become familiar with available substance abuse and mental health treatment at VA. Therapists should 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 should be visited as needed.

4) Motivational Interviewing Training: Motivational Interviewing training should describe current Motivational Interviewing concepts, and illustrate these concepts by case examples, training videotapes and role-play.

**Target Population**

SBIRT-PM is designed for Veterans who have applied for service-connected disability for musculoskeletal disorders.

**Motivational Interviewing Principles used in SBIRT-PM**

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-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 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 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 their 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”.
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 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:

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

<table>
<thead>
<tr>
<th>Features of SBIRT- VA Counseling</th>
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<tbody>
<tr>
<td><strong>Essential</strong></td>
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<tr>
<td>Inquiry about Veteran’s pain</td>
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<tr>
<td>Explanation of what pain treatment is</td>
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<tr>
<td>Explanation of pain treatment services available at VA</td>
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<tr>
<td>Screen veteran for substance use, provide feedback</td>
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<tr>
<td>Employ Motivational Interviewing stance and methods</td>
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<tr>
<td>Review barriers to reducing risky substance use</td>
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<tr>
<td>Generate “change talk” and make referral for services if indicated</td>
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<tr>
<td><strong>Allowed but not required</strong></td>
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<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>
</tr>
<tr>
<td>Pressuring Veteran to enroll in VA treatment</td>
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<tr>
<td>Interference with the claim application</td>
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<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)
Overview of the Sessions
The steps in SBIRT-PM are:
a. Establishment of rapport.
b. Explanation of the purpose of SBIRT-PM to the veteran. Explain that this is an opportunity to learn about pain management and screen for substance use problems that might undermine pain treatment.
c. Inquiry about Veteran’s Pain.
d. Explanation of pain treatment and how to access VA pain treatment services
e. Screening for risky substance use.
f. Motivational interview concerning barriers to reducing risky substance use.
g. Provide referral to treatment and other services as needed.
h. 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:
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 the problem you applied for service-connection for and ways you might 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.

Examples of rapport building questions:

Could you tell me a little bit about your decision to come to VA today?

How did your Compensation exam go?

How did you come to see me here?

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 with drugs and alcohol 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.*

*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?*

*In the last week, what is the most severe the pain has been?*

*[consider offering scale from 0 (no pain) to 10 (worst pain imaginable)]*

*When does your pain bother you?*

*Sometimes pain can effect other aspects of your life. Has the pain effected your:*

  *General activity?*
  *Mood?*
  *Walking?*
  *Work?*
  *Sleep?*
  *Relationships with Other People?*
  *Enjoyment of Life?*

**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 of expressing empathy, supporting self-efficacy, rolling with resistance, and developing discrepancy.

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?

THERAPIST:

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 it 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).

**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, the counselor will 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.*

*It's important for us to review this for two reasons.*

*One is that although alcohol and other drugs may offer temporary relief, they usually make pain worse in the long-run.*

*The second reason is that some of the pain treatments don't work as well with people who are using various substances.*

**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 Veteran 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.

**Ask about Use of Opioids**

First, act 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 by the therapist to those Veterans screening positive for risky substance use.

**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.
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**Quitting Substance Use - Abstinence Goal**

**Safer and/or Reduced Substance Use - Non-Abstinence Goal**

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**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
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 help for problems with substance abuse can be embarrassing, stigmatizing, and inconvenient. Encourage the Veteran to make an extensive list of his/her barriers to reducing substance use. If the Veteran is unable to come up with his/her own barriers, offer prompts to the Veteran.

**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.

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 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.

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

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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)

*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.*

*Suggested targets to cut down or reduce your substance include:*

*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?*

*Some things you can to reduce your substance use:*
*Talk to your treatment provider about how you are taking your prescribed pain treatment medications.*
*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.

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?
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
______________________________________________________________________

Signature of Counselor     Date
Referral to Treatment

The goal of the referral is to see that the Veteran contacts a specialist for further assessment and treatment. Discuss with the Veteran 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 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 musculoskeletal disorders 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 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 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 offer 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 their career or cause their peers to lose confidence in their abilities.
**Addressing Issues Related to the Compensation examination process:**

In SBIRT-PM, 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>
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<tbody>
<tr>
<td>--Substance abuse may appear to be your problem instead of pain</td>
<td>--You may have both pain 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 pain</td>
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The goal 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 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).

The SBIRT-PM therapist will work 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.
Concluding the Session

Explain the follow-up telephone counseling sessions

THERAPIST:
I would like to talk to you in a week or so 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?

Let's set a date to talk and a phone number I can call you at. 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
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.motivationalinterviewing.org/


Veterans Benefits Administration http://www.vba.va.gov/benefit_facts/Service-Connected_Disabilities/English/Strackseg_0406.doc
**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](http://sbirt.samhsa.gov).