SBIRT-PM (Pain Management)
THERAPY MANUAL

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SBIRT-PM

Excerpted and adapted from the SBIRT; Screening, Brief Intervention, and Referral to Treatment from the Substance Abuse Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and from the SBIRT-PM (Pain Management) Therapy Manual prepared by Rosen, M.I., Becker, W., Ablondi, K., and Kerns, R. for the SBIRT (Pain Management) for Veterans Filing Compensation Claims project funded by NCCAM (R34 AT 008318-01).

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This manual describes how to conduct screening, brief intervention and referral to Veterans applying for a service-connected disability for musculoskeletal disorders causing pain. The manual is designed to be used in conjunction with the Heaviness of Smoking Index, AUDIT-C, and abbreviated ASSIST instruments to screen Veterans for at-risk substance use.

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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 screening and intervention followed by substance use screening and a brief intervention, if indicated. The counselors delivering SBIRT-PM use motivational interviewing (MI) to facilitate behavior change (i.e., multi-modal pain treatment engagement and reduction in risky substance use). As needed, they also contact key staff at each of the medical centers to facilitate the Veterans' service engagement. Counselors conduct all sessions with Veterans by phone. The first session is approximately 60 minutes. Sessions 2-4 are about 20 minutes. All sessions occur within 12-weeks. The basic premise of SBIRT-PM is to provide early intervention for at-risk Veterans before more severe consequences occur.

The pain intervention involves asking the Veteran about his/her pain, explaining what is involved in pain treatment, and describing what services are available for pain treatment. Counselors motivate Veterans to participate in multi-modal pain care, help Veterans pick services they are willing to try, and make plans with Veterans for engaging in them. The manual details pain treatment available at each of the eight VISN1 VA medical centers.

The substance use portion of SBIRT-PM involves assessing substance use. For those whose substance use puts them at risk, the risk associated with substance use is explained, and the Veteran receives a brief intervention to become motivated to change this behavior.

How to Use this Manual

Do:

- Practice the material in the manual enough so you can deliver it conversationally and flexibly.
- Practice using the ideas in the manual with your own language and examples.
- During the session, follow-up on what is relevant to the Veteran, even if it does not follow the sequence of the manual. For example, follow-up on a problem that pain has caused the Veteran, even if it means you may have less time to explore other aspects of the Veteran's pain. Follow meaningful motivational pathways as they emerge in the conversation.
- Allow enough time to conduct the substance abuse portion of SBIRT-PM
- Allow enough time to develop change plans for pain care engagement and reducing risky substance use, if indicated.

Don't:

- Don't read from the manual when you are with a veteran. Rather, use the manual as an outline or guide. Reading from the manual is awkward and diminishes the person-centeredness of SBIRT-PM.
- Don't say things like "I'm supposed to ask you this," or "The procedure is now for me to…" Rather, deliver the counseling confidently
- Don't stick to the order or content of the manual when it doesn't make sense. For

example, if someone has said when discussing their pain that they drink a six-pack per night, it's not necessary to administer the AUDIT-C.

Counselor Training to Deliver SBIRT-PM

This manual is intended to train counselors to deliver SBIRT-PM. Counselors should have some experience interacting with clinical populations. In addition to learning from this manual, counselor training involves the following:

1. Counselors become familiar with available pain treatment at VISN1 VA medical centers. Pain treatment is provided in specialized pain treatment clinics but also in other subspecialty clinics by physiatrists, physical and occupational counselors, anesthesiologists, chiropractors, neurologists, acupuncturists, and yoga specialists. Pain treatment is provided by primary care providers, sometimes in conjunction with specialists.

2. SBIRT-PM training includes an overview and discussion of the VA healthcare system, the Compensation & Pension examination process, and pain services available in VISN1 medical centers. Counselors also review screening instruments for risky substance use and commonly available addiction and mental health treatments within the VA. These instruments will include the Heaviness of Smoking Index, AUDIT-C, a single question illicit drug use screen followed by an abbreviated ASSIST, and questions about prescription medication use.

3. Counselors become familiar with PACT Teams in Primary Care and how consults are placed for pain treatment and substance use services.

4. Counselors learn MI as the broad approach they use for delivering SBIRT-PM. Training begins with a 2.5-day workshop that is multi-modal and experiential. They role-play the brief intervention while trainers observe, provide feedback and answer questions, and coach to improve delivery.

5. Following workshop training, counselors practice SBIRT-PM with 3 simulated patients by phone and record each session. Simulated patients provide counselors with performance feedback at the end of the session. The SBIRT-PM expert listens to the sessions, rates them for MI integrity, and provides either individual phone-based or in-person feedback and coaching for each counselor. Counselors must reach an adequate level of performance on one session with each simulated patient to be certified to use SBIRT-PM with Veterans who participate in the study.

Target Population

SBIRT-PM is generally designed for Veterans who are being evaluated for a service-connected musculoskeletal condition for which they are seeking disability compensation. Some of these Veterans will smoke cigarettes, drink alcohol in risky ways, use illicit drugs, or take pain medicines not as prescribed or for mood altering purposes.

Motivational Interviewing Principles

Miller and Rollnick (2013, p. 29), define MI as "a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." The approach is grounded in humanistic psychology, especially the work of Carl Rogers, in that it employs ***a very empathic, supportive style of interacting*** with Veterans and upholds their welfare, best interests, and inherent potential for change. MI is distinct from nondirective approaches, however, in that ***counselors' intentionally attend to and selectively reinforce Veterans' stated motives that support change.*** Over the course of the interview, counselors help Veterans identify these change-oriented motives, elaborate upon them, and resolve ambivalence about change. If successful, Veterans become more likely to commit to changing their behaviors and initiating a change plan. ***The combination of 1) partnering with Veterans, 2) non-judgmentally accepting their stance, 3) showing compassion, and 4) evoking Veterans' own arguments for change collectively represent the spirit of MI.***

Counselors use a variety of strategies to build Veterans' motivation over the course of the interview, and they try to match their interventions to the individual's level of motivation. For example, counselors sometimes move quickly to planning for change with Veterans who are already committed to it. Extensive exploration of their motives for change might frustrate Veterans who want to move forward. In contrast, attempting to develop change plans with Veterans who are not yet ready to change would likely increase their arguments against it. More time would be needed to determine what might make changing matter more or possible; a change plan might not even be developed in this type of session. This latter interaction illustrates how motives to change (called "change talk") and motives to stay the same (called "sustain talk") can be thought of as opposite sides of the same coin, meaning that if counselors give insufficient attention to addressing important issues that impede change, Veterans are likely to raise these issues again during the interview. In a similar vein, counselors expect Veterans who initially argue against change to have some intrinsic motivation for change within them. It is the responsibility of the counselors to look for opportunities to draw it out.

Notably, ***MI is behaviorally specific and has direction.*** This means that counselors need to be clear about what it is that they are trying to motivate Veterans for. Motivation for change in one area does not guarantee motivation for change in another (e.g., a Veteran may commit to attend a yoga class but decide to not change his/her drinking). Each behavior may require a separate motivational enhancement process. ***MI also requires that counselors take a stance about the preferred direction for change.*** For engagement in nondrug pain treatments, this decision is relatively clear in that most people would agree that it is ethically sound to enhance motivation for multi-modal pain care. The same is true for substance misuse that could potentially lead to harmful or hazardous consequences. However, some behavioral issues do not have a clear change direction. For example, decisions about organ donation or pregnancy termination likely would require a nondirective approach in which counselors suspend their own values or goals and assume a position of "equipoise" (i.e., indifference or no clear attachment to a position or recommendation). In these situations, a Veteran-centered counseling approach, devoid of evocation, would allow Veterans to explore their ambivalence without intentional counselor influence.

MI works through counselors' use of four overlapping processes (see Table 1), represented as stair steps, each building upon one another over the course of the interview (1). In this model, "each later process builds upon those that were laid down before and continue to run beneath it as a foundation." (p. 26). The processes include ***engaging*** (connecting with Veterans and establishing a good working relationship), ***focusing*** (agreeing on the target of motivational enhancement and directing the conversation toward it), ***evoking*** (drawing out the Veterans' own motivations for changing the target behavior), and ***planning*** (developing commitment to change and formulating a specific plan of action). Counselors move flexibly between these processes and act like guides rather than experts during the MI transaction (8).

Table 1. The Four Processes of MI

PROCESS	DESCRIPTION
Engaging	Connecting with Veterans and establishing a good working relationship
Focusing	Agreeing on the target of motivational enhancement and directing the conversation toward it.
Evoking	Drawing out the Veteran's own motivations for changing the target behavior
Planning	Developing commitment to change and formulating a specific plan of action

Two main sets of MI practices are simultaneously in motion across the four overlapping processes. First, counselors use core interviewing skills that build rapport, convey empathy, and clarify the goals toward which the Veterans and counselors will move together. These skills include asking open questions to invite conversation about a topic, affirming positive aspects of the Veteran, reflecting what the Veteran has communicated, and summarizing periodically, often referred to as the OARS of MI. In addition, mapping out an agenda, often through the exchange of information between Veterans and counselors, is another core skill used to set a target for motivational enhancement and provide direction in the interview.

Second, counselors use specific practices to elicit Veterans' change talk and consolidate commitment. Change talk includes statements that prepare or build motivation for change, such as desire, ability, reasons, or need to make changes in behaviors (**DARN**), sometimes referred to as preparatory language in that these statements represent the building of motivation that prepares Veterans to make a commitment to change. ***Desire*** statements indicate a clear wish for change ("I don't want my pain to get worse" or "I want to get my life back"). ***Ability*** statements indicate Veterans' beliefs that they can change, given their skills and available resources ("I was able to survive war, so maybe I can get my drinking under control"). ***Reason*** statements note the benefits of change and the costs of not changing ("I will be able to play with my kids if I have less pain" or "If I don't stop misusing my pain meds, I worry my doctor will drop me"). ***Need*** statements underscore how the problem behavior interferes with important areas of an individual's life and how changing the behavior would likely improve matters ("I don't even recognize myself; I can't go on like this anymore").

Change talk also includes statements that suggest people are mobilizing themselves for change.

These statements involve commitment, activation, and taking steps to change (**CAT**). ***Commitment*** statements convey the stated intention to change ("My quit date will be this Thursday"). ***Activation*** statements indicate how people are getting ready to change ("I am going to call the acupuncture program and see if I can get in"). Statements about ***taking steps*** to change are the strongest demonstration of commitment in that the people have put their words into action and are reporting these early efforts to the counselor ("Instead of laying down when I get home, I will walk a half hour each night").

During the interview counselors identify the extent to which Veterans express DARN-CAT motivations and, as needed, encourage them to elaborate further or explore areas not discussed. For example, if a Veteran clearly articulated desire, reasons, and need for change but had not discussed an ability to change, the counselor would ask the Veteran about his or her capacity or confidence in making a change. The failure to believe in one's capacity to change may override one's belief that making a change is important. Strategically helping the Veteran feel more able to change would make the most sense at this juncture. In short, ***a Veteran's statements continuously signal the counselor how to conduct the interview, like a navigation system guiding where the counselor and Veteran will proceed.***

Table 2. Features of SBIRT-PM Counseling

Essential	Orientation to SBIRT-PM Inquiring about Veteran's pain Explanation of multi-modal pain treatment Explanation of pain treatment services available at VA Enhancing motivation for multi-modal pain care Screening Veteran for risky substance use Providing feedback about risky substance use Enhancing motivation for changing risky substance use. Developing a change plan
Prohibited	Pressuring Veteran to enroll in VA treatment Interference with the claim application Release of information without Veteran's consent Direct confrontation Unsolicited advice Asserting authority

Features of SBIRT-PM Counseling

Table 2 above lists:

1. Essential features of SBIRT-PM—the main tasks
2. Prohibited – things that are antithetical to the goals and methods of SBIRT-PM

Overview of Session 1

The steps in SBIRT-PM are:

1. Orientation to SBIRT-PM.
2. Inquiry about Veteran's musculoskeletal condition and pain.
3. Explanation of multi-modal pain treatment

4. Enhance motivation for multi-modal pain care.
5. Screening for risky substance use.
6. Enhance motivation for reducing risky substance use.
7. Developing a change plan, including referrals to treatment/services, as indicated
8. Summarize.
9. Three follow-up phone sessions.

Orientation to SBIRT-PM

Counselors must rely on audio cues to get a good sense of the Veteran on the phone. Having a heightened ability to hear audio cues, like breathing (is the Veteran calm or excited), background noises (distraction, others potentially hearing the conversation), and changes in tone of voice allows the counselor to be attuned to the experience and reactions of the Veteran during SBIRT-PM. This attentiveness improves the capacity of the counselor to establish rapport and reflectively listen to the Veteran while orienting him or her to SBIRT-PM.

Begin by introducing yourself and welcoming the Veteran to the session.

COUNSELOR:
Hello Mr./Ms. [last name]. I'm (name), and I am one of the counselors working on the pain management project you agreed to participate in. Thanks for talking with me today. How are you doing?

These calls are meant to give you an opportunity to talk about your pain and different pain management options available to you. Our conversation will have no bearing on your claim, and anything we discuss will not be shared with C&P. Mainly, I am interested in understanding your experiences managing your pain and how to go forward from there. Is it ok if we talk about that today?

If you decide you want to try any pain management services, I will help you come up with a plan to access them. I also will ask you about your use of cigarettes, alcohol, drugs, or prescription medications. Sometimes people use substances to cope with pain. That may or may not be true for you. We'll talk about your view of your substance use and, if relevant, anything you think might be worth changing. How does that sound?

After today's call, we will talk again 3 more times over the next 3 months for me to see how you are doing and to continue to help you access appropriate services. Okay?

Because the sessions are being conducted by phone, getting the location from where the Veteran is speaking on the phone is important. It allows the counselor to consider what services are available in the Veteran's vicinity. Also, in the event of an emergency, the counselor may need to call the local 911 and report where the Veteran is located.

COUNSELOR:
Before we get going, may I ask where you are calling from today? When we get to discussing services, it will help me to know your location. Also, may I have you last four SSNs? This will allow me to enter a quick note in CPRS to indicate that you met with me for this project and to inform your providers what, if any, services you want to try or discuss with them.

Inquiry about Veteran's Musculoskeletal Condition and Pain

Sample Prompts about the musculoskeletal condition:

COUNSELOR:
Tell me about the problem you were evaluated for in which you are seeking service-connection. How did the evaluation go?

Tell me about how your condition has been bothering you.

Sample Prompts about associated pain:

COUNSELOR: When your [body part or parts] hurts you, where do you feel the pain the most? When does your pain bother you? How long has this been going on?

COUNSELOR: Sometimes pain can affect other aspects of your life. How has your pain affected things like:

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

COUNSELOR: What things have you done to cope with and manage your condition? Please tell me about some of the things you have tried.

Throughout this conversation, the counselor reflects the Veteran′s viewpoint. The counselor listens for the Veteran′s statements that indicate his/her motivation to engage in pain treatments and services and includes these statements in the reflections.

Explanation of Multi-Modal Pain Treatment

The counselor provides an explanation of multi-modal pain treatment in the spirit of providing information, without pressuring the Veteran to choose one path or another. The counselor should not argue with the Veteran about the appropriate use of opioids, muscle relaxants, benzodiazepines, or if treatment can help. Rather, information is shared for the Veteran's consideration, and the Veteran is encouraged to share his or her knowledge and experiences with pain treatments during this conversation.

COUNSELOR: I'd like to talk with you about different types of pain treatment. You already told me that you have tried [pain treatments]. You may want to try them again or you might consider trying something new. [begin a description of pain treatment]

The counselor should have in mind a way to explain multi-modal pain care. Some examples are:

EXAMPLE ONE---THE LIST OF TREATMENTS:

COUNSELOR: 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. Using a few different treatments typically helps people reduce their pain and function better. Here are some of the ways pain treatments can work:

- *Physical therapists can advise you about ways to use and strengthen your body to reduce pain. They may have some home exercise and stretching programs that can be helpful. For example, you may not have used your leg muscles because your knee hurts. As your leg becomes weaker, your knee isn't supported by your muscles as well as it could be, and then the pain can be worse. Physical therapists would come up with a plan to address this issue.*
- *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. There is a counseling approach called Cognitive Behavior Therapy for chronic pain that specifically tries to help you in these areas.*
- *Pain can affect your mental state. If you have depression or PTSD, counseling for these kinds of issues may help you feel better, and that can help you deal with the pain better.*
- *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 medications only as prescribed because there are risks of addiction and interactions with other substances (like alcohol).*

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

COUNSELOR: At VA, the goal of pain treatment is to help you achieve the things that are important to you. We can go a long way in reducing the pain that you have, even if it can't be eliminated. This will help you function better and have a better quality of life.

- *It typically takes a variety of treatments to achieve this. I like to compare getting good pain care to making a blueberry pie. You can't make a blueberry pie with just blueberries. It takes flour and butter and blueberries and sugar, right? And you must have all those ingredients at the same time. They must bake together to get all yummy and gooey. That's how you make a good blueberry pie.*
- *Putting the right things together at the same time is also the best way to treat pain – multiple approaches, multiple interventions that work together at the same. Now I'm going to tell you about a couple of pain treatments that we have and how they work.*

EXAMPLE THREE---THE 3-LEGGED STOOL:

COUNSELOR: I am going to tell you about our pain treatment approach at the VA. Generally, we think about three different areas of treatment that all work together to improve your quality of life. They kind of act like a 3-legged stool.

- *The first is physical treatment – structured exercise, yoga, physical therapy, chiropractors.*
- *The second is behavioral treatment. These are things like relaxation techniques, biofeedback, meditation, cognitive behavioral therapy and other types of counseling.*
- *Third is medication treatment that does not put people at great risk for substance misuse.*

Think of these three areas as the main components of pain treatment. The more you're able to do something from each area, the better the areas work together to give you the best outcomes. Also, if any one of them is missing or not being used well, the stool weakens or falls. We have resources here at the VA to get you more involved in those treatments.

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

List of Pain Treatments

COUNSELOR: Let's talk about different pain treatment options and see what you might have some interest in. You may have even tried some in the past and want to use them again.

- Physical therapy - Physical therapists play an important role in managing chronic pain by administering treatments that include strengthening and flexibility exercises, manual therapy, posture awareness, and body mechanics instruction. Physical therapists can also help people understand the underlying causes of their pain.
- Occupational therapy - Occupational therapists often support individuals with chronic pain remain in or return to work or function better at home or in the community. Occupational therapists try to help people develop the skills needed to manage the physical, psychological and social demands of returning to work or living independently and functioning well at home or in the community.
- Seeing your general primary care doctor or provider – Your primary care provider in the VA is the person who can refer you to services that can help you manage your pain. It is important for your provider to understand your pain and consider the many different pain treatment options available to you.
- Seeing specialized doctors who may help with pain, like:
    - Physiatrists (doctors who specialize in nerves, muscles and bones and provide a variety of pain treatments including joint and trigger point injections)
    - Anesthesiologists (doctors who sometimes specialize in chronic pain medicine and offer interventional approaches like several different pain-blocking techniques, often in the form of injection therapies or minimally invasive surgery or use of electronic devices like a TENS (a pad on your skin that delivers an electric current) or spinal cord stimulator (a device inserted into your spine)
    - Neurologists (doctors who specialize in the brain and nerves causing pain and often use anti-epileptic drugs (AEDs) to help control pain).
- Seeing health psychologist – Health psychologists focus on how the thoughts, emotions, and relationships impact the body and affect pain. They often offer a treatment called Cognitive Behavior Therapy for Chronic Pain.
- Going to a pain clinic – Pain clinics are where professionals from a variety of disciplines help you manage your pain condition. They try to take a comprehensive look at all the issues that might be contributing to your pain and come up with a plan for how to manage your pain more effectively. Usually people consider going to a pain clinic when their initial efforts to manage pain with the help of their primary care providers have not been helpful enough.
- Education about coping with pain (e.g., VA Pain Schools). People often learn about coping with pain through interactions with their various providers of care, as described above. Sometimes it is helpful to learn about coping with pain in an organized way. VA Pain Schools serve this purpose. Pain schools emphasize the importance of improving function

and gaining a better sense of well-being. These schools offer a fixed block of classes that cover many aspects of living with chronic pain. Topics may include the following:

  - Alternative therapies for pain such as acupuncture, yoga, and massage
  - Nonopioid treatment options for pain
  - Physical therapy, recreational therapy, and occupational therapy adjuncts for pain control
  - Pain psychology to teach relaxation techniques, approaches to conflicts that may worsen pain, and education about underlying psychiatric problems that can worsen pain when not properly treated, such as depression, anxiety, and substance abuse
  - Information about prosthetics that can be helpful, such as braces, canes, and walkers for patients with gait instability, and helpful appliances to use for reaching and dressing for patients with arthritis and for those who are unable to easily care for themselves without these aids

- Mental health providers like psychiatrists, psychologists, social workers or counselors. People with chronic pain often struggle with problems like depression, anxiety, difficulty sleeping, or have other mental health issues that make managing chronic pain more difficult. Mental health providers can help people address these issues.
- Mindfulness approaches like meditation or Acceptance and Commitment Therapy
- Acupuncture - Acupuncture is a holistic health technique that stems from Traditional Chinese Medicine practices in which trained practitioners stimulate specific points on the body by inserting thin needles into the skin. One form of acupuncture, called Battlefield Acupuncture, involves an auricular therapy (Ear acupuncture) protocol. A military physician came up with the name Battlefield Acupuncture for the simple reason that it could be used on the battlefield when it was not advisable to use western pain medications. This form of treatment is available at many VAs.
- Yoga – Yoga is a group of physical, mental, and spiritual practices or disciplines which originated in ancient India. There is a broad variety of yoga schools, practices, and goals. Among the best-known types of yoga are Hatha yoga and Rāja yoga. Yoga combines physical exercise involving stretching and poses, meditation, and a spiritual core.
- Tai chi – Tai chi is an ancient Chinese tradition that is practiced as a graceful form of exercise performed in a series of slow, focused manner and involves deep breathing.
- Massage - Massage may be effective in inhibiting the transmission of pain by stimulating large nerve fibers that have been shown to alter pain perception.

If the Veteran expresses interest in any pain treatment modalities, say:
You're interested in trying [selected modality]. Let's come up with a plan for how you might do that. Begin developing a Change Plan (see below).

If the Veteran does not actively express interest in any treatment modalities, summarize what the Veteran has said and select the most appropriate strategy going forward to enhance the Veteran's motivation for multi-modal pain care:

Enhance Motivation for Multi-Modal Pain Care

Based on what the Veteran has told you about his/her musculoskeletal condition and pain and the Veteran's reaction to the information about Pain Treatments, determine where there are opportunities

for enhancing the Veteran's motivation to engage in multi-modal pain care. If the issue is that the Veteran does not believe engaging in pain services is important enough, try any of the following strategies:

- Summarize drawbacks for not engaging in pain services, followed by any reasons the Veteran stated for trying pain services and prompt for additional reasons to engage in multi-modal pain care. Reason may include:
    - To have better pain relief
    - To be more active
    - To sleep better
    - To feel better emotionally
    - To show my doctor I am willing to try things
    - To reduce my reliance on opioid and other medications
    - To gain support and learn from other people trying to manage pain
    - To be able to work again
    - To be able to do more things with my friends and family
    - To be more social
- Ask about what would make engaging in pain treatment matter enough for the Veteran to give some approaches a try.
- Use the importance ruler technique, from 0 (not at all important) to 10 (extremely important), to explore and develop motivation to try additional pain treatments.
- Ask him/her to consider the future under circumstances of no change in how the Veteran is approaching pain care and if he/she were to try a few different approaches.
- Ask the Veteran about the worst thing that could happen if he/she tried a pain treatment/service for a trial period and what the best thing is that could happen.

If the Veteran does not believe he/she is able to access pain treatments or services, even if the Veterans wants to participate in them, consider the following strategies:

- Ask about what would need to happen for the Veteran to feel more able to engage in other pain services.
- Use the confidence ruler technique, from 0 (not at all confident) to 10 (extremely confident), to explore and develop motivation to try additional pain treatments.
- Ask the Veteran about past successes in getting involved in pain care (or in any other areas of his/her life) and how he/she might apply these experiences to his/her present situation.
- Ask the Veteran to identify personal strengths, have him/her describe them to you, and ask the Veteran how he/she might use these strengths to engage in multi-modal pain care.
- Ask the Veteran to describe the main obstacles to trying additional pain treatments/services change and brainstorm some possible options that might remove them.

If the Veteran's disinterest in engaging in pain treatments or services is based on "I already tried that" and any of the strategies above have not enhanced the Veteran's motivation for change, consider using an amplifying reflection such as:

- It didn't work for you then, and you can't imagine it ever being helpful to you in any way.
- There was absolutely no benefit to it, and you think it could never be helpful.
- Your experience tells you that it isn't worth trying anything else again, whether you have tried something in the past or it involves something you haven't tried yet.

- Nothing is worth the effort. None of it will help you better manage your pain.

If after further motivational enhancement efforts, the Veteran expresses interest in any pain treatment modalities, summarize the Veteran's resolution of ambivalence toward seeking pain care and end by saying:
You're interested in trying [selected modality]. Let's come up with a plan for how you might do that. Begin developing a Change Plan (see below) and then return to screening for at-risk substance and medication use.

If the Veteran continues disinterest in any treatment modalities, summarize what the Veteran has said as a lead into: *One thing you can always do is see your primary care provider to discuss these pain treatment options further. You can also think about it. We can discuss it again the next time we talk in a few weeks. In the end, what you decide to try to help you manage your pain is entirely up to you.*

The counselor next screens the Veteran for at-risk substance or medication use.

Screening for Risky Substance and Medication use

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

COUNSELOR: As part of pain treatment, we ask people about their use of various substances and prescribed medications. Some people use substances like cigarettes, alcohol, or drugs to cope with pain. Also, sometimes they may not take pain medications as prescribed. I am going to ask you about each of these areas and then talk more about them with you as needed. Would that be okay?

Cigarette Use – Heaviness of Smoking Index

The counselor asks the Veteran if he/she smokes cigarettes. If yes, the counselor will administer the 2-item Heaviness of Smoking Index (Appendix A).

COUNSELOR: First, I am going to ask you about your use of cigarettes:

a. *How many cigarettes per day do you smoke?*
   0 – 10 or less
   1 – 11-20
   2 – 21-30
   3 – 31 or more
b. *How soon after you wake up do you smoke your first cigarette?*
   3 – Within 5 minutes
   2 – 6-30 minutes
   1 – 31-60 minutes
   0 – After 60 minutes

Higher scores indicate more severe nicotine use.

Alcohol Use – AUDIT-C

The counselor will next ask the Veteran about alcohol use. The counselor will administer the 3-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.

COUNSELOR: Now I am going to ask you about your use of alcohol:

a. *How often do you have a drink containing alcohol?*
b. *How many standard drinks containing alcohol do you have on a typical day?*
3. *How often do you have six or more drinks on one occasion?*

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

Illegal Drug Use – Single Question Screener and Abbreviated ASSIST

It is important to assure the Veteran that his/her answers to questions about drug use will be strictly confidential and not be given to anyone else without his/her consent.

COUNSELOR: How many times in the past year have you used an illegal drug or marijuana?

A response of at least 1 time is considered positive for drug use. If the Veteran says at least once, the counselor asks which drugs the Veteran has used. The counselor then identifies if the Veteran has used any of these substances in the past 3 months.

COUNSELOR: Have you used any of these drugs in the past 3 months?

If the Veteran responds 'No", then the counselor rules out risky drug. For any drug used in the past 3 months, the counselor will administer a modified version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST, Group 2002, Appendix C).

The abbreviated ASSIST consists of three questions concerning problems related to substance use and severity. The counselor will ask the questions separately for each identified drug.

COUNSELOR: I'd like to ask you just a few questions about [identified drug].

1. *In the past three months, how often has your use of [identified drug] led to problems? Problems might include problems with your health, with other people, legal problems or financial issues.*

2. *In the past three months, has anyone expressed concern about your use of [identified drug]?*

3. *Have you ever tried to cut down using [identified drug]? Tell me about that.*

Prescription Medication Use

Counselors should be familiar with common painkillers. Common opioid painkillers are:

- codeine
- fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis)
- hydrocodone (Hysingla ER, Zohydro ER)
- hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)
- hydromorphone (Dilaudid, Exalgo)
- meperidine (Demerol)
- methadone (Dolophine, Methadose)
- morphine (Kadian, MS Contin, Morphabond)
- oxycodone (OxyContin, Oxaydo)
- oxycodone and acetaminophen (Percocet, Roxicet)

Sometimes Veterans with chronic pain are prescribed muscle relaxants or benzodiazepines in addition to opioid painkillers. These medications also can place Veterans at-risk for substance-related problems. Muscle relaxants may include baclofen, carisoprodol, hydrochloride, fioricet, and Skelaxin. Benzodiazepines may be valium (diazepam), zanax, niravam (alprazolam), klonopin (clonazepam), and Ativan (lorazepam).

The counselor asks about the Veterans use of common pain medications (Appendix D).

I'd like to ask you about your experience with medicine. In the past 4 weeks, have you been prescribed any medicines?

If yes:

Which ones? _____ *(list)*

If not: END

In the past 4 weeks, did you ever use any of these medicines in larger amounts than was prescribed or for a longer period than was prescribed?

If yes:

Which ones? _____ *(list)*
How often? _____ *(# times in past 4 weeks)*

If not:

In the past 4 weeks, have you used any of these medicines to get high, to relax, or to make you feel better, more active, or alert?

If yes:

Which ones? _____ *(list)*
How often? _____ *(# times in past 4 weeks)*

Provide Feedback about Risky Substance Use

Summarize what the Veteran has said about his/her substance and prescription medication use and give the Veteran an opportunity to respond to the summary.

If the Veteran reports no at-risk substance or medication use, affirm him or her for this accomplishment and reinforce maintaining this stance with education about risky use and chronic pain management.

COUNSELOR: According to what you've told me, you are not using substances in a risky way. That's great that you have not developed problems related to substances or medications given the pain you have been experiencing. Not everyone has been able to achieve that. A healthy lifestyle is key to successfully coping with pain. Eating right, exercising, and doing things in moderation can set you up physically and mentally to manage your pain better. Risky substance use could interfere with your pain management efforts.

If the Veteran reports risky use, offer the Veteran feedback about how his or her use increases risk for harm.

COUNSELOR: When we say you are "at risk", we are saying two things. First, there is a high risk you could develop problems from [substance] use in the future, especially if the amount you use increases. People with chronic pain are often tempted to use [substance] because it may temporarily make them feel better.

Second, you are "at risk" for worse pain. Substance use can make pain worse in several ways. It affects how well people sleep, it is a depressant, and it can interfere with medications to control pain.

In what ways do you think your substance use has increased over time or affected your pain? Your sleep? Your work? Your mood? Your relationships? Your overall health/lifestyle?

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

For problematic use of opioid pain medicines, you can also share the following:

The latest research shows that taking opioid pain meds (like Vicodin and OxyContin) for chronic pain can change the brain, damaging its ability to feel pleasure and leading to a craving for more drugs. A few studies have found that long-term use can lead to increased back, neck, shoulder, or knee pain. In the long run, successful pain management involves eating right, exercising, doing things in moderation, and developing skills for coping with pain. Trying several of these things and seeing what works can help you to manage your pain better physically and mentally.

Ask the Veteran about his or her reaction to this feedback and then further enhance the Veteran's motivation to change risky substance use.

Enhance Motivation for Changing Risky Use

Based on what the Veteran has told you about his/her substance or medication use and its relationship to pain, determine opportunities for enhancing the Veteran's motivation to not use substances or medication in risky ways. If the issue is that the Veteran does not believe stopping or reducing risky substance or medication use is important enough, try any of the following strategies:

- Discuss reasons for changing risky use based on prior discussion and try to develop this list further. Some reasons to change might include:
    - 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

- Determine the annual cost of substance use and what else the Veteran would have preferred to spend that money on if he/she could go back a year.
- Ask: *What would make quitting matter enough for you to change your substance use?*
- Use the importance ruler technique.
- Ask the Veteran to consider the future under the circumstances of no change in use and if he/she were to stop use.
- Ask the Veteran what the worst thing is that could happen if he/she tried to stop using or take medications only as prescribed for a trial period and what the best thing is that could happen.

If the issue is that the Veteran does not believe he/she is able to stop using, try the following:

- Ask: *What would need to happen for you to feel more able to quit?*
- Use the confidence ruler technique
- Ask the Veteran about past successes in cutting down or stopping substance use (or about successes in any other areas of her life) and how the client might apply these experiences to his/her present situation
- Ask the Veteran to identify his/her personal strengths, have the Veteran describe them to you, and ask the Veteran how he/she might use these strengths to stop risky substance use.
- Ask the Veteran to describe the main obstacles to change and brainstorm some possible options that might remove them

If the Veteran decides not to change his or her risky use, thank the Veteran for discussing the matter and encourage the Veteran to keep the door open to talking about it again on future calls:

COUNSELOR: Thank you for being open with me about your substance use. If you find your substance use is not helping your pain over time or if you decide you want to change your use of

[substance]in the future, I am available to talk with you about it on any of our subsequent calls. In the end, what you decide to do about your substance use is entirely up to you.

The counselor then moves to summarize the entire session (see below).

If the Veteran commits to stopping risky use (cutting back, quitting, adhering to prescription), summarize the Veteran's motivations for change and proceed to developing a change plan.

Developing a Change Plan

The counselor develops a change plan to strengthen the Veteran's commitment to engage in pain care and, if indicated, cut back or quit substance use or take medications only as prescribed. A very important aspect of developing a change plan is to identify "when" the Veteran should use the change plan. For example, if the Veteran's goal is to receive battlefield acupuncture (BFA), it would be important to help the Veteran specify "when" the Veteran will take specific steps to receive BFA. Rather than having the Veteran say, "I will get battlefield acupuncture at the VA," the goal would be to have him or her say something like: "When I go for my primary care appointment next week, I will tell the nurse and my doctor that I am interested in battlefield acupuncture." Thus, the main thrust of change planning should be to have the Veteran identify when he/she intends to implement the specific steps of the change plan. The more specific and clear the "when" is stated, the more likely it is that the Veteran will employ the change plan.

Keep in mind that Change Planning is not about telling the Veteran what he or she should do to change. Rather, it is to help the Veteran identify what he or she is ready, willing, and able to do to reach his or her goal. Also, motivational enhancement may be needed during change planning, as some Veterans may become ambivalent again as they think about committing to a plan. Reflecting their hesitancies and coupling them with prior change talk may help resolve their ambivalence and re-engage them in the change planning discussion.

Change planning involves the following components:

- Reiterate or clarify the Veteran's goals for engagement in pain care and reducing risky drug use.

- Describe the pain management services and substance use treatment and self-help support services available in the area. [See list of facility-specific pain care options.]

- Ask the Veteran about his or her interest in including any of these services as part of his/her change plan.

- Ask the Veteran what steps he/she will take to engage in specified pain treatments or services or reduce risky substance use. Remember to explore with the Veteran when each identified step will be employed.

COUNSELOR: How do you want to approach trying acupuncture? What steps can you take to get an appointment for acupuncture?

COUNSELOR:
So you've heard there is a long wait for acupuncture at the VA and you would prefer to get it in the community. You've decided to talk with your primary care providers about getting a referral for acupuncture near where you live. When do you think you will contact them?

- In addition, ask who might help the Veteran achieve his/her goals.

  COUNSELOR:
  Who can help you stop using [substance]? What specifically do you think he/she could do that would be helpful?

- Ask the Veteran about obstacles that might come up and how the he or she might handle them if they were to occur.

  COUNSELOR:
  What might interfere with your effort to try [pain service] or be an obstacle for you? How would you handle that?

Some Veterans may not be interested in specific referrals and instead may elect to change on their own. Consider discussing with these Veterans ways they can help themselves:

- Set a date by which an appointment will be made for a pain treatment or for a "quit" or "cut down" date
- Tell others about your plan to change
- Get rid of things that remind you of using
- Learn to outlast the urge or craving to use
- Avoid people, places and things that might trigger you or be detrimental to managing your pain or substance use
- Distract yourself with new, healthy and pleasant things
- Make sure you have a healthy diet and get plenty of sleep
- Talk to your treatment provider about how you are taking your prescribed pain treatment medications
- Ask for help from friends
- Go online for support:
  - www.va.gov/PAINMANAGEMENT/Veteran_Public/index.asp
  - WebMD Pain Coach app
  - www.drugscreening.org , www.alcoholscreening.org
  - www.quitweedandsucceed.com
  - www.addictionrecoveryguide.org
  - www.acar.net.au/control_your_drinking_online.html
  - http://women.smokefree.gov/
  - www.rethinkingdrinking.niaaa.nih.gov

Summarize

At the end of the call, the counselor summarizes the discussion, restating key motivational issues that support engaging in pain care, as well as changing at-risk substance or medication use as appropriate.

COUNSELOR:
I'd like to thank you for talking with me about your condition and the pain you have been experiencing. You've been trying to manage your pain for quite some time and really want to improve your ability to get around and be more active with your kids. You think trying some new approaches might be helpful, like acupuncture and massage, and you are glad to hear that you likely can access these services in the community with the support of your VA. You also said that you need to follow-up with your primary care doctor. You haven't seen her for about six months, and she will need to formally place the referrals for acupuncture and massage. I will send a message to the nurse who works with your doctor letting her know about your interest. We will talk again in about it 2 weeks.

Follow-up Counseling

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.
- Ask the Veteran where he/she is located at the start of the call.

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.

COUNSELOR: I wondered if there were things that we talked on our last call that you want to talk about today.

[OR PROMPT] Last time, you said some things that I noted. [summarize issues from prior session]. What are your thoughts about these issues now?

Second, review topics from the previous session, especially:

- Reviewing change plan accomplishments
- Ongoing experience managing pain
- Substance or medication use since last call
- Continued motivational enhancement for pain care engagement and reduction of risky substance use

Pain Care Services in VISN1 Facilities

Bedford VA

SERVICE	CLINIC	PROGRAM	WHO CAN REFER?	HOW TO REFER	CONTACT PERSON	LOCATION/ CLINIC DAYS
Primary Care Behavioral Health (PCBH)	Individual Treatment	Individual cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT) for chronic pain as well as biofeedback services	Anyone	Consult: PRIMARY CARE PAIN MANAGEMENT OUTPT; Indicate that consult is for "Individual psychological approaches"	Tu Ngo, PhD, MPH Tu.Ngo@va.gov 781-687-2420	Monday – Friday, 8 am – 4:30 pm; extended hours available Thursdays until 6 pm; Bldg 78, Primary Care
	Pain School	Five session group treatment for chronic pain led by providers from multiple disciplines	Anyone	Consult: PRIMARY CARE PAIN MANAGEMENT OUTPT; Indicate that consult is for "Pain School"	Tu Ngo, PhD, MPH Tu.Ngo@va.gov 781-687-2420	Fridays, 10 am – 12 pm; Bldg 78, Rm 311
	Interdisciplinary Pain Team	Interdisciplinary team that can meet face-to-face with Veterans to provide feedback on treatment options or can provide chart review services (e-consults) with recommendations sent directly to the primary medical care provider	Primary Care Provider	Consult: PRIMARY CARE PAIN MANAGEMENT OUTPT; Indicate if consult is for "Full-Interdisciplinary pain team" for face-to-face meeting OR for "e-consult" and specify service or full-team	Tu Ngo, PhD, MPH Tu.Ngo@va.gov 781-687-2420	Mondays, 1 - 3 pm; Bldg 78, Primary Care Firm B
	Opioid Reassessment Clinic (ORC)	Interdisciplinary team that collaborates with medical care providers to work with Veterans coping with difficulty related to opioid use or wanting to taper off opioids	Primary Care Provider	Consult: PRIMARY CARE PAIN MANAGEMENT OUTPT; Indicate that consult is for "Opioid Reassessment Clinic"	Rosanne Schipani, MD Rosanne.Schipani@va.gov 781-687-2665	Fridays, 8 am – 12 pm; Bldg 78, Primary Care Firm B
Inter-disciplinary Pain Outpatient Program (IPOP)	*coming soon* Interdisciplinary Pain Outpatient Program (IPOP)	Intensive interdisciplinary outpatient pain rehabilitation program; plan to run for 8 sessions (full-day on Mondays and Tuesdays for 4 weeks in a row)	Primary Care Provider	TBD	Tracey Gagnon, PhD Tracey.Gagnon@va.gov 781-687-4529	Mondays and Tuesdays, 8 am – 4 pm; Location TBD
Pain Clinic	Interventional Clinic	Comprehensive evaluation of patients with chronic pain. Wide spectrum of minimally invasive interventions for pain including ultrasound guided muscle, joint and peripheral nerve injections. Recommendations provided to referring physician regarding non-interventional treatment options (e.g. choice of	Primary Care Provider	Consult: PAIN INTERVENTIONAL MEDICINE CONSULTATION OUTPT	Milan Stojanovic, MD Milan.stojanovic@va.gov Sarah Duncan, RN Sarah.duncan@va.gov 781-687-4451	Mondays 8:00-12:00 Tuesdays 8:00-4:00 Building 78, Urgent Care

		medications) and need for multimodal approach including referrals to other specialties and imaging options.				
Physical Medicine & Rehabilitation	Physical Therapy	Individualized treatment options include exercise, electrical stimulation, manual therapy, soft tissue massage/mobilization, Graston, iontophoresis, ultrasound, taping, aquatic therapy, and heat/cryotherapy.	Primary Care Provider	Consult: Physical Therapy Outpatient/Physical Therapy Inpatient	Margaret Gallagher, PT Supervisor Margaret.Gallagher@va.gov	Mon-Friday 7:30am-3:00pm Bedford Tues and Fri 8:00am-3:00pm GLO CBOC
	Occupational Therapy	Individual assessment and treatment for ADLs, including musculoskeletal, neurological, and/or cognitive impairments.	Primary Care Provider	Consult: Occupational Therapy Outpatient/ Occupational Therapy Inpatient	Gail Granger, Chief of Rehab Services Gail.granger@va.gov 781-687-3358	Bedford: Mon-Fri 8:00am-3:00pm CBOCs: Tues 1:30pm-3:30pm HAV Weds 8:00am- 3:00pm GLO Fri 8:00am-3:00pm LYN
	Physiatry	Functional optimization, integrated with brace clinic, PT/OT, follow-ups and more. Full evaluation and treatment plan for headaches and concussion in Polytrauma Clinic.	Primary Care Provider	Consult: Rehabilitation Medicine Outpatient/Rehabilitation Medicine Inpatient	David Chen, MD David.Chen4@va.gov	Mon 8-10, 11-12, 1-3 Weds 8-10, 11-12 Thurs 8-10, 11-12, 1-3 Fri 2-3
Nutrition	Nutrition Services	Individual consultations with nutrition services regarding diet and pain	Anyone	Consult: Nutrition Outpatient	Marie McGrail RD, LDN, Med 781-687-2685	Monday-Friday 7:00 to 3:30 Building 2, Room 139
Pharmacy	Pharmacy Services	Chart review and recommendations for medication management. Individual consultations also available.	Primary Care Provider	Consult: Pharmacy E-Consult Outpt; Indicate if consult is for med review/management or for face-to-face appt	Linda Niesner Linda.niesner@va.gov 781-687-2509	Monday-Friday 8:00-4:30; by appt only Building 78, Primary Care Firm A
CIH	Acupuncture Clinic	Methods include battlefield, auricular and medical acupuncture.	Primary Care Provider	Consult: Rehabilitation Medicine Outpatient; Indicate that consult is referring patient for Acupuncture	David Chen, MD David.Chen4@va.gov	Mon 9:00am-10:00am Tues 10:00am-12:00pm, 1:00pm-3:00pm Thurs 10:00am-12:00pm, 1:00pm-3:00pm Fri 8:00am-12:00pm, 1:00pm-3:00pm
Recreational Therapy	Adaptive Sports	Remove the barriers to your favorite activities! Equipment adapted for veteran use. Available options include cycling, archery, rowing. Equine therapy also available. *offerings are limited*	Primary Care Provider	No Consult needed specifically for adaptive sports but must have already had gym/pool clearance f	Joe Grimard Joseph.grimard@va.gov 781-687-3043	Vary per offering, please direct veteran to calendar posted in gym
	Art Therapy	Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness or	Anyone	No consult needed – offerings are posted outside Art Studio	Nadene Stillings Nadene.Stillings@va.gov 781-687-3199	Open studio and Pottery Bldg 4, Rm B32 Creative Writing

		trauma. Through creating art, and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress, and trauma; by enjoying the life-affirming pleasures of making art, the physical structure of the brain can change, potentially changing the way one thinks and feels. The Bedford VA offers multiple Creative Art Therapies, including pottery, creative writing, and open studio art therapy sessions.				Library, Building 10
	Yoga	Yoga is a safe and effective complimentary integrative health offering that has been found to reduce pain and disability among adults with chronic pain. Regular Yoga practice has also been linked to an increase in sleep hygiene and a decrease in anxiety. The Bedford VA offers three types of Yoga: Slow Flow Vinyasa, Restorative, and Yin Yoga—all levels of ability are welcome and all equipment is provided.	Primary Care Provider	No Consult needed specifically for yoga but must have had gym/pool clearance	Nadene Stillings Nadene.Stillings@va.gov 781-687-3199	Library, Building 10 *Check Recreation Therapy Calendar for current offerings
	Gym/Pool	Cardio and exercise equipment available, along with weight machines and free weights. All self-directed and self-paced. Staff available on site for questions and guidance.	Primary Care Provider	Consult: Rec/Gym/Pool Clearance Outpt	Joe Grimard Joseph.grimard@va.gov 781-687-3043	Gym Hours: M-F 7:30 am – 6:30 pm Sat 8:30 am – 5 pm Pool Hours: M-F 11:30 am – 3 pm Sat 12 – 3 pm

Boston VA

Service	Specifics	Program	Who Can Refer	How to Refer	Contact	Location/Clinic Days
Pain Clinic	Interventional Clinic	Comprehensive evaluation of patients with chronic pain. Wide spectrum of minimally invasive interventions for pain including ultrasound guided muscle, joint and peripheral nerve injections. Recommendations provided to referring physician regarding non-interventional treatment options (e.g. choice of medications) and need for multimodal approach including referrals to other specialties and imaging options. Ultrasound guided, fluoroscopy guided and other percutaneous interventional procedures are offered.	Primary Care Provider	Consult: Outpatient Pain Clinic Consult	Cheryl Federico Pain Resource Nurse Cheryl.Federico@va.gov (857)-364-3757	**JP, BK, and Lowell:** 8:00am-4:00pm
	Interdisciplinary Outpatient Pain Clinic	Anesthesia/Pain, Pain Psychology, Physiatry, Pharmacy, Addiction Psychiatry, Pain Resource Nurse	Primary Care Provider	Consult: Outpatient Interdisciplinary Pain Team	Kathleen Killilea, MD Kathleen.Killilea@va.gov (857) 203-5096 Ivan Valovski, MD Acting Director Ivan.Valovski2@va.gov 857-203-6230	**JP:** Every Other Wednesday 8:00am-10:00am 4th Floor D/E Wing 107-E
	Pain Psychology-CBT	Individual cognitive behavioral therapy (CBT) for chronic pain. Focuses on changing thoughts and behaviors related to pain. Treatment goals typically are to increase valued activities and decrease pain interference.	Primary Care Provider	Consult: Anesthesia/Pain Management Outpatient- Pain Psychology	Diana Higgins, PhD Diana.Higgins2@va.gov (857)-364-4950	**JP**: 8:00am-4:00pm
	Acupuncture	Methods include medical acupuncture, electrical acupuncture, cupping, and Gwa Sha as adjunctive therapies.	Primary Care Provider	Consult: Rehabilitation Medicine Outpatient; Indicate that consult is referring patient for Acupuncture	Charles Takayanagi Acupuncturist (857)-364-4872 Charles.Takayanagi @va.gov	**JP:** Pain Clinic 6th Floor B Wing Monday, Tuesday, Every Other Thursday **BK**: Wednesday and Friday **Lowell:** Opposite Thursday's Hours: 7:30am-3:00pm
Pharmacy	Pharmacy Service	Chart Review and Recommendations for medication management. Individual consultations also available.	Primary Care Provider	Consult: Pharmacy E-Consult Outpt; Indicate if consult is for med review/management or for face-to-face appt	Campus Specific Supervisors Numbers on VA Wiki	**Outpatient**: **BK, WR, JP** M-F: 8-5:30pm WR Only: Saturday 8am-12:00pm **Causeway/Lowell**: M-F 8-4:30pm **Inpatient**: BK: M-F 7-4:30pm; Sat/Sun 7-3:00pm WR: 24/7

Physical Medicine and Rehabilitation	Physical Therapy	Individualized treatment options include exercise, electrical stimulation, manual therapy, soft tissue massage/mobilization, Graston, iontophoresis, ultrasound, taping, aquatic therapy, and heat/cryotherapy.	Primary Care Provider	Consult: Physical Therapy Outpatient/Physical Therapy Inpatient	Catherine Kelly PT Supervisor-WR Catherine.Kelly2@va.gov x36768	**BK**: inpatient and outpatient **WR**: inpatient only **JP**: outpatient only
	Aquatherapy	Water-based physical therapy and strength-training with the goal for transition to land-based PT exercise.	Primary Care Provider	Consult: Rehabilitation Medicine WR- Physical Therapy Outpatient Low Risk: Aquatherapy	Lincoln Lawrence Physical Therapist Lincoln.Lawrence@va.gov (857)-203-6527	**WR:** Therapeutic Pool M-F 8-4:00pm
	Occupational Therapy	Individual assessment and treatment for ADLs, including musculoskeletal, neurological, and/or cognitive impairments.	Primary Care Provider	Consult: Occupational Therapy Outpatient/ Occupational Therapy Inpatient	Katherine Langille OT Supervisor-BR Katherine.Langille@va.gov x 62282	Campus Specific**: BK, WR, and JP**
Physiatry		Functional optimization, integrated with brace clinic, PT/OT, follow-ups and more. Full evaluation and treatment plan for headaches and concussion in Polytrauma Clinic.	Primary Care Provider	Consult: Rehabilitation Medicine	Edward Phillips, MD Interim Chief of Physiatry Edward.Phillips@va.gov x36500 David Blaustein, MD Director of Inpatient Rehab Medicine David.Blaustein@va.gov x36931	Campus Specific: **BK, WR, and JP** Functional Back Restoration Program: **BK**
Behavioral Medicine	Group Chronic Pain Self-Management Program	Group cognitive behavioral therapy for chronic pain (CBT-CP). Focuses on changing thoughts and behaviors related to pain. Group setting provides support while individual learns self-management skills.	Primary Care Provider	Consult: Mental Health Consults, direct request to Behavioral Medicine (BR) under Behavioral Medicine	Michelle Kovacs, PhD Michelle.Kovacs@va.gov (774)-826-3719	Group- **BK:** Thursday 1:00pm-3:00pm Upcoming- Monthly Maintenance Group with Dr. Kovacs
Neurology		Standard neurology procedures including: Botox clinic for pain management; EMG and Neuromuscular Clinics; EEG and Epilepsy Clinics; Stroke Clinic, Parkinson's, ALS, Multiple Sclerosis care; General neurology outpatient care; inpatient specialty medical care and evaluation at WR.	Primary Care Provider	Consults are received from Boston providers and also through inter-facility consults within VISN 1.	Neil Kowall, MD Neil.Kowall2@va.gov Chief of Neurology (857)-364-4750 x44831	**BK:** Outpt Monday-Friday **JP**: Outpt Monday-Friday **WR**: Inpatient **Lowell**
Podiatry		Palliative foot care to veterans with service-connected for related issues. Preventative high risk foot management and amputation prevention to diabetic, vascular, and other patients fitting criteria for increased risk for amputation. Evaluation of patient on consult for surgical issues related to acute trauma to the foot and ankle, Evaluation of complex congenital deformities of the foot and ankle, chronic degenerative conditions of the foot and ankle, Evaluation of inflammatory and other rheumatologic disorders	Primary Care Provider	Complete the outpatient consultation request in the electronic patient record. No telephone call is required. Podiatry will contact the patient to arrange a mutually acceptable appointment time. Typically appt. within 30 days for pt.	Charles Foster, MD Chief of Podiatry Charles.Foster5@va.gov (857)-364-4835 x43614	**BK**: Wednesday/Friday **WR**: Inpatient **JP**: Monday to Friday **Lowell:** Every other Tuesday **Causeway:** Opp. Tuesday to Lowell

Rheumatology		To manage primarily and support other VA healthcare providers in the diagnosis and management of the systemic rheumatic disorders and related musculoskeletal diseases. Diagnosis and treatment of rheumatic diseases including collaborative clinics with Dermatology and Orthopedics for patients with overlapping diseases. Infusion services to administer new biologic parenteral drugs.	Primary Care Provider	Referral from primary care provider or other VA care provider.	Paul Monach, MD Section Chief Paul.Monach@va.gov (857)-364-5552	**JP**: Primary site for outpatient care **WR**: Acute care services, surgical care and consults **Remote site locations**: Causeway, Lowell and Brockton
Orthopedics		State-of-the-art orthopedic surgical care Adult Reconstruction (routine and complex primary and revision total joint arthroplasty) Hand and Upper Extremity procedures Sports Medicine procedures Tumor surgery Foot and Ankle procedures General Orthopedic care Trauma surgery	Primary Care Provider	For non-urgent outpatient consultation: complete the outpatient consultation request in the electronic patient record. No telephone call is required. Orthopedics will contact the patient to arrange a mutually acceptable appointment time. Typically appt. within 30 days for pt.	Jorge Villafuerte Chief of Orthopedics Jorge.Villafuerte@va.gov (857)-364-4720	BK, WR, JP and Causeway Hours Vary by Clinc **BK**- Tuesday/Wednesday 8:30am-4pm **WR**- Monday 8:00 am – 4:00 pm Tuesday 10 am – 12 pm Weds, 8:00 am - 4:00 pm Friday 8:40 – 11:40 twice per month **JP**- Thursday, 8:00 am – 12:00 pm and 12:30 pm – 4:00 pm Friday, 8:00 am- 12:00 pm **Causeway**-Monday 8:00 am – 4:00 pm
Neurosurgery		Outpatient evaluations on a Consult basis; Preoperative evaluations; Obtaining outpatient diagnostic studies Surgical interventions including spine surgery, craniotomies, peripheral nerve surgery; Postoperative care including Unit coverage; Inpatient consults for al services at West Roxbury campus; Collaborative approach to care with Spinal Cord Injury service	Primary Care Provider	For non-urgent outpt consultation: complete the outpatient consultation request in the electronic patient record. No telephone call is required. The Neurosurgery Service will contact the patient to arrange a mutually acceptable appointment time. Typically appt. within 30 days for pt. For inpatient consultation: Consultation in the electronic health record	Jacob Rachlin Chief of Neurosurgery Jacob.Rachlin@va.gov (857)-203-6200	**WX:** Hours Variable for Individual Doctors, Normal business hours and emergency care 24/7
Vascular Surgery		Comprehensive and innovative vascular surgical service to treat patients with arterial, venous, and lymphatic disorders. Diagnosis and treatment of complex cardiovascular issues, continuing care following hospitalization, clinical care, education, research, and collaborative work with other services.	Care Providers	For non-urgent outpatient consultation: complete the outpatient consultation request in the electronic patient record. No telephone call is required. Vascular will contact the patient to arrange a mutually acceptable appointment time. Typically appt. within 30 days for pt.	Joseph Raffetto Chief of Vascular Surgery Jospeh.Raffetto@va.gov	**WX:** Normal business hours and Emergency Care 24/7
Nutrition	Nutrition Clinic	Individual consultations with nutrition services regarding diet and pain	Anyone	Consult: Nutrition Outpatient	Sandra Athanas-Moccia Sandra.Athanas-Moccia@va.gov x35910	**BR**: M-F 8:00-3:00pm **WR**: M-F 8:00-3:00pm **JP**: M-F 8:00-3:00pm **Lowell**: M/Th or M/Th/F 8:00-3:00pm **Causeway**: T/W/Th 8:00-3:00pm
Massage (Non VA)	Outside VA	VA will pay for Massage services	Primary Care Provider	Consult: Non VA Care-Massage Therapy		Outside VA
Chiropractic Care (Non-VA)	Outside VA	VA will pay for chiropractic services	Primary Care Provider	Consult: Non VA Care-Chiropractic Care		Outside VA

Service	Specifics	Program	Who Can Refer	How to Refer	Contact	Location/Clinic Days
Self Management Skills	**Many Activities Subject to Change Times, Days, and					
Creative Activities	Exploration Through Art/Art Therapy	Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness or trauma. Through creating art, and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress, and trauma; by enjoying the life-affirming pleasures of making art, the physical structure of the brain can change, potentially changing the way one thinks and feels.	Anyone	Wellness Class Handout or Online for Monthly Updates	Teresa Czepiel teresa.czepiel@va.gov (857)-360-7661	**BK**: Bldg 4 Basement Rm A-001 Monday 9-10:30am Friday 1-2:30pm
	Drumming Group	This Drumming class will focus on West African Style Drumming, Djembe Rhythms and Clave Beats as instructed by a Veteran facilitator. Drumming offers embodiment of individual empowerment, a way to nonverbally communicate or process emotions and a connection between body and mind. There is no experience or requirements for this course.				**BK**: Bldg 4 Basement, Room A-001 Thursday 11-12pm
	Open Studio	Provides space for Veterans to explore artistic process' they are interested in, there is no commitment needed to attending each week and this group is ongoing. This group is not structured and allows participants to be involved in a community of fellow Veterans.			Aimee Rosner (774)-826-2949 Andrea Barbosa (774)-826-3316	**BK**: Bldg 4 Basement, Room A-001 Wednesday 9-10:00am and Thursday 9-11:00am
Yoga		Yoga is a safe and effective complimentary integrative health offering that has been found to reduce pain and disability among adults with chronic pain. Regular Yoga practice has also been linked to an increase in sleep hygiene and a decrease in anxiety. All levels of ability are welcome and equipment is provided	Primary Care Provider	No Consult needed specifically for yoga; Must have had gym/pool clearance	Teresa Czepiel teresa.czepiel@va.gov (857)-360-7661	Drop-in and Open to Veterans **BK**: Bldg 4 Basement, Rm A-001 Monday 1-2:15pm **WR**: Canteen Conf Rm, Bldg 3, 1st Floor Chair Yoga-Thursday 10:30-11:30am
Aqua Yoga		Aqua yoga is a form of water exercise, led in the West Roxbury pool by an experienced yoga instructor. Aqua Yoga is a low-impact approach to increasing balance, strength, and flexibility. Like traditional yoga, this practice includes focused breathing techniques and gentle standing poses which can be modified for any skill level. No experience is necessary; however, a simple verbal questionnaire (by phone) and pre-registration are required.	Primary Care Provider	No Consult needed specifically for yoga; Must have had gym/pool clearance	Teresa Czepiel teresa.czepiel@va.gov (857)-360-7661	**WR**: Therapeutic Pool, Bldg 2 Ground Floor 12:00pm-12:45pm **REGISTRATION REQUIRED**-Limited Space
Tai Chi		A Chinese practice characterized by a series of very slow and deliberate balletic body movements that can be adapted for individuals who would prefer to be seated. These Veteran focused Tai Chi classes offer embodiment of individual empowerment, self-awareness, shifting weight and twisting at the spine, a state of relaxation for both the body and mind. All are welcome and does not require any previous experience. Space is limited and registration is required .	Primary Care Provider	No Consult needed specifically for tai chi but must have had gym/pool clearance. Contact Mynor Diaz mynor.diaz@va.gov (617)-352-3685	**Standing Tai Chi** BK: Bldg 5, Mental Health Conf Rm C-210-B5 Tuesday 10-11am Bldg 4 Basement, Rm A-001 WR: Canteen Conf. Rm (1D-104A-3), Bldg 3, 1st Floor Thursday 1-2:00pm Causeway: 3rd Floor, Rm 356 11:30am-12:15pm Lowell: VCCC Recreation Therapy Room 164 Monday	

Body Movement Class		This class will incorporate gentle body movements that will build coordination. All movements are executed in a controlled manner and are adaptable for all levels of fitness.	Primary Care Provider	No Consult needed specifically for class but must have had gym/pool clearance	Mynor Diaz mynor.diaz@va.gov (617)-352-3685	**BK:** Bldg 22, Conference R, C 12:30-1:00pm **Registration Required**
Service	**Specifics**	**Program**	**Who Can Refer**	**How to Refer**	**Contact**	**Location/Clinic Days**
Recreational Therapy	Adaptive Sports	Removes the barrier to some of Veterans' favorite activities. Equipment adapted for veteran use. Variety of available activity options: Kayaking, Cycling, Surfing, Rowing, Fishing, Sailing, Golf, Skiing, Snowboarding, Air Rifle, Sled Hockey Wheelchair Sports: tennis, basketball, softball, soccer	Primary Care Provider	Must be medically stable and cleared for active participation; Obtain consult from primary physician for "Adaptive Sports/Recreation" evaluation; Complete sports evaluation for full assessment	Jenny McLaughlin Jennifer.McLaughlin@va.gov (774)-826-1955	**BK:** Monday-Friday 8am-4pm
	Pool	BR: Recreation groups run by Robin WR: PT/Aquatherapy Options along with Rec. Swim	Primary Care Provider	BR: Primary Care Provider consult needed with recreation staff before participation and enrollment. WR: Primary Care Consult to Outpt Physical Therapy-Low Risk/Aquatherapy	**BR**: Robin Erichsen Recreation Therapy Assistant (774)-826-1935 **WR**: Lincoln Lawerence Physical Therapist (857)-203-6527	**BK**: Recreational Pool Therapy Classes (w/ instructor) **WR**: Aqua Physical Therapy available with Physical Therapist; Rec Swim (w/o instructor) Th. 2pm-4pm and Sun. 4pm-6pm
	Self-Monitored Exercise Program	Cardio and exercise equipment available, along with weight machines and free weights. All self-directed and self-paced. Staff available on site for questions and guidance.	Primary Care Provider	Consult: Rec/Gym/Pool Clearance Outpatient	**BR**: Jeff Lewis Recreation Supervisor (774)-826-3625	**BR** Gym Hours: M-F: 8:15-11:30am M, W, Th, Fri: 12:30pm-4pm
Whole Health	Whole Health Group	9 week long class that teaches veterans skills about whole health skills/considerations in their healthcare.	Anyone	Contact local Behavioral Health Coordinator, Peer Partner, or Health Coach to help veteran get in contact with services and programs offered within the BHS.	Whole Health Location Specific Contacts; See Whole Health Handout	New Program-Dates/Times variable Likely will occur quarterly at multiple campuses
	Introduction to Whole Health	Drop-In Program. Introduces veterans and caretakers to the ideas and facets of whole health care.	Anyone	Fliers available online. Refer patients to Peer Partners or Health Coaches for more information	Stephanie Adjei Peer Partner (857)-203-4831	New Program/Seminar- Monthly or Quarterly Presentations Dates/Times Variable at multiple campuses (Fliers on VA website)
	Whole Health Meditation Guided Meditation	The use of breath awareness, body scanning, healing music and nature imagery is used to systematically guide and relax. The goals of this guided meditation are to reduce stress and help self-healing.	Anyone	Drop-In	Teresa Czepiel teresa.czepiel@va.gov (857)-360-7661	Various Times/Dates; Check online calendar. **WR**: Bldg 1, Primary Care Conf. Rm, Ground Floor
	Women's Holistic Healing Group	Women's Holistic Healing is a drop in group focusing on implementing a wide range of modalities to increase coping mechanisms, calming and mindfulness techniques, individual empowerment and explore holistic wellness. Such modalities as Aromatherapy, Meditation, Art Therapy, Talk Therapy, Yoga, Tai Chi and others will be utilized based on what the Veterans would like to focus on.	Anyone/ Providers	Providers can contact Aimee or Andrea or veteran self-refer. Open to both Inpatient and Outpatient women. Typically 6-12 women per cohort group. The group runs for 6-8 weeks with a new cohort of Inpatient Women who have substance abuse issues and are enrolled in the Women's Integrated Treatment and Recovery Program (WITRP).	Aimee Rosner (774)-826-2949 Andrea Barbosa (774)-826-3316	**BK**: Center for Integrated Wellness Bldg 4 Basement Room A-001 Tuesday 10-11:00am Can be a variable schedule based on group's needs

Central Western Massachusetts VA

CLINIC/ PROGRAM	OFFERS	WHO CAN REFER	HOW TO REFER?	CONTACT PERSON	LOCATION/ CLINIC DAYS	ADD'L INFO
Pain School	Pain Education and Resources	All	Via Consult Pain → Northampton → Pain School (Outpt)	Jennifer Brown, PhD x2039	Leeds, Building 1, Room 2217 Tuesdays 1-2 p.m.	Available at Worcester CBOC on Lincoln Street (CVT)
Physical Therapy	Therapeutic exercises, aerobic and restorative training, manual manipulation, various modalities	MD DO PA NP APRN	Via Consult Physical Med & Rehab → Choose Location → Physical Therapy (Outpt)	Kortney Simard, MSPT 413-731-6014	Leeds, Building 1; Springfield CBOC; Worcester CBOC, Lincoln Street location M-F	
Occupational Therapy	Adaptive equipment, home modifications, mobility devices, work simplification and energy conservation techniques & modalities	All LIPs	Via Consult Physical Med & Rehab → Choose Location → Occupational Therapy (Outpt)	Kortney Simard, MSPT 413-731-6014	Leeds, Building 1; Worcester CBOC, Lincoln Street location M-F	
Back Boot Camp	Dynamic group exercise class for Veterans with a history of chronic back pain that focuses on functional core strength, restoring optimal movement patterns, and increasing cardiovascular endurance	PCP	Via Consult Physical Med & Rehab → Northampton → Physical Therapy (Outpt)	Physical Therapy Department 413-582-3034	Leeds, Building 11 M-W-F, 3-4 p.m.	Please specify in consult that referral is for Back Boot Camp. Requires an 8-week commitment.
Rehabilitation Medicine	Physiatry services include evaluation and localization of pain generator(s), procedures +/- fluoroscopy, and referrals to specialists as indicated	MD PA NP APRN	Via Consult Physical Med & Rehab → Northampton → Rehab Medicine (Outpt)	Sandra Diamond, PT X2270	Leeds, Building 1 M-F	

Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)	Individual or Group CBT-CP	All	Via Consult Pain → Northampton → CBT For Chronic Pain (Outpt) Or Mental Health Consult → Springfield → CBT Chronic Pain (Outpt)	Jennifer Brown, PhD x2039 (Northampton) Eileen Tam, PhD X6127 (Springfield)	Leeds, Springfield CBOC Variable	
Suboxone Program	Outpatient treatment with Suboxone for patients with pain AND opioid use disorder	All	Via Consult Mental Health Consult → Northampton → SUD Clinic Outpt	Susan Molano, LICSW X2606	Leeds, Building 7	This is an opioid use disorder treatment program NOT a pain management program.
Interdisciplinary Pain Clinic	Physician, psychologist, pharmacist, physical therapist, and social worker conduct biopsychosocial evaluation and provide detailed patient-centered treatment recommendations	PCP	Via consult Pain → Northampton → Pain Clinic (Outpt)	William Cutler, MD X2049	Leeds, Building 1, Room 2217 Monday afternoon, Thursday morning	
Pain MONITOR Clinic	Pharmacy resource for chronic pain management including medication counseling, naloxone distribution, medication adjustments and titrations, opioid monitoring and tapering, and electronic consults	PCPs can refer patients who have been seen by Interdisciplinary Pain Clinic	No Consult Available	Macayla Landi, PharmD X2455	Leeds, Building 1, Second Floor, Pain Clinic	To request service, PCP can add Dr. Landi as a signer to progress note in CPRS.
Rheumatology	Diagnosis and treatment of musculoskeletal disease and systemic autoimmune conditions	MD DO PA NP APRN	Via consult Rheumatology → Worcester → Rheumatology (Outpt)	Jessica Pivero 413-575-4672	Worcester CBOC, Lake Avenue location	
Neurology	Diagnosis and treatment of diseases of the nervous system	MD DO PA NP APRN	Via consult Neurology → All Sites → Neurology Clinic (Outpt)	Jessica Pivero 413-575-4672	Leeds, Building 1; Springfield CBOC; Worcester CBOC, Lake Avenue location	
Podiatry	Diagnosis and treatment of diseases of the feet and ankles	MD DO PA NP APRN	Via consult Podiatry → Choose Location → Podiatry Clinic (Outpt)	Jessica Pivero 413-575-4672	Leeds, Building 1; Springfield CBOC; Worcester CBOC, Plantation Street location	

Qigong	An ancient Chinese practice that integrates physical postures, breathing techniques, and focused intention. Can be easily adapted and can help to maintain health, heal bodies, calm minds, and reconnect with the spirit.	All	No Referral Needed, Walk-ins Accepted	Christina Bertrand X2340	Leeds, Building 11 Tuesdays, 3-4 p.m.	Program is Volunteer-led. Call Ms. Bertrand to confirm date/time of class.
Easy Tai Chi for Health	Ancient forms with slow, gentle movements and careful placement of feet and knees build inner strength and alert calmness.	All	No Referral Needed, Walk-ins Accepted	Christina Bertrand X2340	Leeds, Building 11 Thursdays, 9-10 a.m.	Program is Volunteer-led. Call Ms. Bertrand to confirm date/time of class.
Yoga	Yoga includes breath control, mindfulness, and adoption of certain physical postures. It is practiced for health and relaxation.	All	No Referral Needed, Walk-ins Accepted	Christina Bertrand X2340	Leeds, Building 11 Tuesdays, 1-2 p.m.	Program is Volunteer-led. Call Ms. Bertrand to confirm date/time of class.
Chiropractic Care	Individual chiropractic	MD DO PA NP APRN	Via Consult Chiropractic → Newington CHS → Chiropractic Clinic			Service not available at CWM. Veteran must travel to VA CT/Newington.
Acupuncture	Individual acupuncture	MD DO PA NP APRN	Via Consult Acupuncture → Community Care - Acupuncture	Seth Kupferschmid, MD X3002	Variable	

Maine VA

Service Provided	Staff Members Providing Service	Email	Telephone Extension Number
Pain Consults	Dayton Haigney, M.D. Gordon Caldwell, M.D. Brittanie Henderson, N.P.	Dayton.Haigney@va.gov Gordon.Caldwell@va.gov Brittanie.Henderson@va.gov	(207) 623-8411 x4275 (207) 623-8411 x4275 (207) 623-8411 x4275
Physiatry	Gene Giunti, D.O.. Dayton Haigney, M.D.	Gene.Giunti@va.gov Dayton.Haigney@va.gov	(207) 623-8411 x4275 (207) 623-8411 x4275
Osteopathic Manipulative Treatment	Gene Giunti, D.O.	Gene.Giunti@va.gov	(207) 623-8411 x4275
Acupuncture	Dayton Haigney, M.D.	Dayton.Haigney@va.gov	(207) 623-8411 x4275
Interventional Pain Procedures	Gordon Caldwell, M.D. Stephen Williams, M.D. Karl Saba, D.O.	Gordon.Caldwell@va.gov Stephen.Williams@va.gov Karl.Saba@va.gov	(207) 623-8411 x4275 (207) 623-8411 x2986 (207) 623-8411 x4989
Functional Pain School	Deidre Tukey, RN, APRN	Deidre.Tukey@va.gov	(207) 623-8411 x6335
Intensive Outpatient Rehabilitation	Deidre Tukey, RN, APRN Liesl Beecher-Flad, Psy.D	Deidre.Tukey@va.gov Liesl.Beecher-Flad@va.gov	(207) 623-8411 x6335 (207) 623-8411 x5003
Individual Pain Therapy Counseling	Liesl Beecher-Flad, Psy.D	Liesl.Beecher-Flad@va.gov	(207) 623-8411 x5003
Physical Therapy for Chronic Pain	Kristen Bingaman, PT	Kristen.Bingaman@va.gov	(207) 623-8411 x5078
Yoga for Chronic Pain	Accessed through the Rehabilitation Consult Package under Complementary Integrated Health	N/A	N/A
Neuromusculoskeletal/	Joy Palmer, D.O.	Joy.Palmer@va.gov	(207) 623-8411 x3100

Osteopathic Manipulation Medicine	Accessed through the Rehabilitation Consult Package under Complementary Integrated Health. Service is limited to the Saco, Maine, Community Based Outpatient Clinic.		

Manchester VA

SERVICE	CLINIC	PROGRAM	WHO CAN REFER	HOW TO REFER	CONTACT PERSON	LOCATION/ CLINIC DAYS
Interdisciplinary Pain School	Pain School	90min group session for Veterans with chronic pain and their supporting persons led by providers from multiple disciplines	Anyone / Self-Referral	Consult: PAIN SCHOOL OUTPT Cons	Alicia Semiatin, Psy.D. Alicia.Semiatin@va.gov 603-624-4366 x2484	1st Thursday every month, 9 am – 10:30 am; 3rd floor, Rm E301
Pain Clinic	Functional Restoration Program/ Interventional Clinic	Comprehensive evaluation of patients with chronic pain. Wide spectrum of minimally invasive interventions for pain including ultrasound guided muscle, joint and peripheral nerve injections. Recommendations provided to referring physician regarding non-interventional treatment options (e.g. choice of medications) and need for multimodal approach including referrals to other specialties and imaging options.	Primary Care Provider	Consult: PAIN MANAGEMENT OUTPT	Grigory Chernyak, MD grigory.chernyak@va.gov Patrick Maltais, RN Patrick.Maltais@va.gov Beth Sherman, RN elizabeth.sherman@va.gov Audrey Robnett-Brown audrey.robnett-brown@va.gov 603-624-4366 x2702	Monday-Friday 8:00am-6:00pm Building 1, 3rd & 4th Floors
	Chiropractic Care	Chiropractic is a health-care profession that focuses on a dynamic (or functional, movement-based) model of the spine and peripheral joints of the body, and its connection to the nervous system. With new research using MRI adding to an already growing body of scientific research, we have a better understanding that joint manipulation is essential in restoring proper joint motion for improved function. We have learned, through better diagnostic imaging and rigorous research, that the implications associated with loss of joint function (muscular compensation, altered mechanical function) have a direct link to pain. Manipulation of the spine or peripheral joint complexes along with specific treatment of the associated soft tissue can assist in reducing mechanical	Pain Clinic Provider	Pain Clinic Provider Referral Only	James Barassi, DC James.barassi@va.gov	Monday-Thursday 7:30am-5:30pm Building 1, 3rd Floor

		pain and improve or normalize complex joint function.				
	Acupuncture-Individual	Acupuncture is an ancient healing modality from China involving the use of sterile, single-use, hair-thin needles placed at specific sites in the body to promote healing. Acupuncture has been shown to be effective in the treatment of multiple types of chronic pain and suffering. Our pain management acupuncturists will work one-on-one with patients to encourage a greater quality of life and better daily functioning.	Pain Clinic Provider	Pain Clinic Provider Referral Only	Tony Bailes, LicA Anthony.bailes@va.gov Paul Mosier, LicA Paul.mosier@va.gov	Monday-Friday 8:00am-5:30pm Building 1, 3rd Floor
	COMING SOON Acupuncture-Group	Acupuncture is a whole-body medicine originating from China. Regular use of acupuncture promotes a greater sense of wellness, mental & emotional relaxation, and stress management. The VA offers acupuncture in a group setting for veterans seeking greater well-being in a like-minded community.	Pain Clinic Provider	Pain Clinic Provider Referral Only	Tony Bailes, LicA Anthony.bailes@va.gov Paul Mosier, LicA Paul.mosier@va.gov	Monday-Friday 8:00am-5:30pm Building 1, 3rd Floor
	Chronic Pain Skills Class	Cognitive Behavioral Therapy for Chronic Pain	Primary Care Provider/ Pain/ Self-Referral	Consult: PAIN PSYCHOLOGY OUTPT; indicate if consult is for "Chronic Pain Skills Group"	Alicia Semiatin, Psy.D. Alicia.Semiatin@va.gov 603-624-4366 x2484	Wednesdays, 1 pm – 2:30 pm; Building 1, 3rd floor, Rm E301
	Pain-Focused Psychotherapy	Individual cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT) for chronic pain, cognitive behavioral therapy for insomnia (CBT-I), biofeedback, relaxation/mindfulness training, procedural anxiety reduction	Primary Care Provider/ Pain/ Self-Referral	Consult: PAIN PSYCHOLOGY OUTPT; indicate if consult is for "Cognitive Behavioral Therapy for Chronic Pain"	Alicia Semiatin, Psy.D. Alicia.Semiatin@va.gov 603-624-4366 x2484	Wednesday-Friday; Building 1, 3rd floor, Rm E301
	Pre-surgical Psychological Assessment	Comprehensive assessment for candidacy for spinal cord stimulator or pain pump	Primary Care Provider / Pain	Consult: PAIN PSYCHOLOGY OUTPT	Alicia Semiatin, Psy.D. Alicia.Semiatin@va.gov 603-624-4366 x2484	Wednesday-Friday; Building 1, 3rd floor, Rm E301
Intensive Pain Rehabilitation Program (IPRP)	Intensive Pain Rehabilitation Program	Intensive interdisciplinary outpatient pain rehabilitation program; runs for 8 sessions (full-day on Tuesdays for 8 weeks)	Primary Care / Pain/ Self-Referral	Consult: INTESIVE PAIN REHAB PROGRAM OUTPT	Alicia Semiatin, Psy.D. Alicia.Semiatin@va.gov 603-624-4366 x2484	4 cohorts per year – Tuesdays for 8 weeks in a row 8:30am – 2:30pm; 3rd floor, Rm E301

Opioid Reassessment Clinic (ORC)	***COMING SOON*** Opioid Reassessment Clinic (ORC)	Interdisciplinary team that collaborates with medical care providers to work with Veterans related to chronic opioid use or wanting to taper off opioids	Primary Care Provider/ Psychiatry	Consult: TBD	Alicia Semiatin, Psy.D. Alicia.Semiatin@va.gov 603-624-4366 x2484	Monday-Friday; 3rd floor, Integrated Pain Care
Physical Medicine & Rehabilitation	Physical Therapy	Individualized treatment options include exercise, electrical stimulation, manual therapy, soft tissue massage/mobilization, iontophoresis, ultrasound, taping, and heat/cryotherapy. Wheelchair clinic with a variety of vendors to offer clinically appropriate DME to best meet the Veteran's need.	Primary Care or other Provider	Consult: PHYSICAL THERAPY OUTPT Wheelchair clinic can direct schedule without a consult	Evan Kelley, PT Supervisor Evan.kelley@va.gov	Monday-Friday 8:00-4:30pm Building 15, Basement
	Occupational Therapy	Individual assessment and treatment for ADLs, including musculoskeletal, neurological, and/or cognitive impairments. Specialized thermoplastic splint fabrication, ergonomic assessments, and post-operative rehab with a myriad of modalities to offer (Kinesiotape, estim, TENS, US, Hawk Grips). Wheelchair clinic with a variety of vendors to offer clinically appropriate DME to best meet the Veteran's need.	Primary Care or other Provider	Consult: OCCUPATIONAL THERAPY OUPT Wheelchair clinic can direct schedule without a consult	Erin Paquin, OT Supervisor erin.paquin@va.gov	Monday-Friday 8:00am-4:30 with extended AM hours available as well starting at 6:30am Building 15, Basement
	Recreational Therapy	Individual and group therapeutic interventions to improve and maintain physical and mental health through recreation and leisure.	Primary Care or other licensed clinician	Consult: RECREATION THERAPY OUTPT	Laura Shannon, RT Laura.Shannon@va.gov	Monday-Friday 8:00-4:30 + evening hours
	Spinal Cord Injury (SCI) Clinic-Physiatry	Full evaluation and ongoing treatment and case management for Veterans with spinal cord injury or dysfunction. Assessment of ADL needs to include prescription of durable medical equipment for home access, mobility and self care.	Primary Care or other Provider	Consult: SPINAL CORD INJURY OUTPT	Loren Gebo, SW, Loren.Gebo@va.gov	Monday-Friday Building 15, Basement
	Polytrauma/TBI Clinic	Full evaluation, interdisciplinary care planning, education for Veterans and families, and ongoing case management for Traumatic Brain Injury and Polytrauma Veterans. Program also offers a botox clinic to manage headaches.	Primary Care or other Provider	(+) TBI clinical reminder will automatically populate consult. OR Consult: TBI/NEURO	Nina Romano, RN, TBI Program Coordinator Nina.Romano@va.gov	Monday-Friday 7:30-4:30p

Nutrition	Nutrition Services	Individual consultations with nutrition services regarding dietary options to reduce inflammation and improve lifestyle choices to reduce pain.	Any Provider	Consult: NUTRITION OUPT	Maureen Foltz, RD Maureen.foltz@va.gov	Monday-Friday 7:00 to 3:30 Building 1, 1st floor
Clinical Pharmacy	Pharmacy Services	Chart review and recommendations for medication management. Individual consultations also available.	Primary Care Provider	Consult: PHARMACY E-CONSULT OUTP	Caitlin Moses Caitlin.moses@va.gov	TBD
Whole Health	Yoga for Well-Being	A specifically designed yoga for Veteran regardless of physical limitations or emotional issues. It includes meditation, movement, and relaxation therapy. Participants will benefit from increased physical flexibility, decreased depression, anxiety, and irritability resulting in better coping and a general sense of contentment.	Self-referral	Open to all Veterans without consult needed.	Stacey Nolin, Program Support Stacey.nolin@va.gov 603-624-4366 x2680	Please contact program for current class schedule
	Tai Chi	Tai Ji Quan Moving For Better Balance uses 8 forms of the traditional Yang style of Tai Chi. It is designed for adults at risk of falling and people with balance disorder. Participants benefit from enhanced mindfulness, core strengthening, and a greater locus of center of gravity.	Self-referral	Open to all Veterans without consult needed.	Stacey Nolin, Program Support Stacey.nolin@va.gov 603-624-4366 x2680	Please contact program for current class schedule
	Whole Health Coaching	Coaching includes a comprehensive assessment of all parts of the Veteran's life through the completion of the Personal Health Inventory. Areas explored include: physical, emotional, spiritual, environmental, social and nutritional. From this evaluation, the Veteran, with the help from the Health Coach, designs a Personal Health Plan with achievable goals.	Self-referral	Contact Whole Health Program at 603-624-4366 x2680 for appointment	Stacey Nolin, Program Support Stacey.nolin@va.gov 603-624-4366 x2680	Please contact program for current class schedule
	RxRelax Yoga	"Relax Yoga" is suitable for beginners as well as experts. These sessions are designed to help people reverse or better manage stress, depression, anxiety, insomnia, pain and hypertension. This is a seated practice.	Self-referral	Open to all Veterans; no consult needed	Stacey Nolin, Program Support Stacey.nolin@va.gov 603-624-4366 x2680	Please contact program for current class schedule

	Mindfulness Group	Mindfulness Practice is to achieve a sense of calm and quiet in the face of dealing with the difficulties we encounter in our daily lives. Mindfulness Practice can help with a wide range issues including pain, anxiety, depression, stress, PTSD and life in general.	Self-referral	Open to all Veterans; no consult needed	Stacey Nolin, Program Support Stacey.nolin@va.gov 603-624-4366 x2680	Please contact program for current class schedule
	Walking Group	A group for female veterans focusing on issues related to women's health and wellness. Covers wellness related topics such as physical, emotional, spiritual, environmental, social, and nutritional.	Self-referral	Open to all Veterans; no consult needed	Stacey Nolin, Program Support Stacey.nolin@va.gov 603-624-4366 x2680	Please contact program for current class schedule
	Expressive Art Group	Veterans will use art as a way of exploring, expressing, and discussing emotions, experiences, and opportunities for growth. Veterans will use different art media to work on mental health concerns, social skills, and group processing.	Self-referral	Open to all Veterans; no consult needed	Valerie Carter, CTRS Valerie.Carter2@va.gov 603-624-4366 x2680	Please contact program for current class schedule
	Functional Fitness	An exercise program designed to help reduce back, joint or muscle pain by improving strength, flexibility and function with the goal of giving Veterans the knowledge to safely exercise on their own. *This class requires a provider's consult*	Primary Care Provider	Consult: FUNCTIONAL FITNESS GROUP OUTPT	Alyssa Miller, PTA Alyssa.Miller@va.gov 603-624-4366 x6256	Please contact program for current class schedule
	Qi Gong	Qigong is a set of techniques from China that encourage greater mental mastery over the body. Regular practice can help you move with greater ease, lower pain and stress, and enjoy activities in your life longer. We offer a group that teaches these techniques for people of all ages and abilities. Come play with us and improve your health!	Self-referral	Contact Whole Health Program at 603-624-4366 x2680 prior to participation	Paul Mosier, LicA Paul.mosier@va.gov 603-624-4366 x2680	Please contact program for current class schedule

Providence VA

PVAMC PAIN	CLINIC	OFFERS	WHO CAN REFER	HOW TO REFER	CONTACT PERSON	LOCATION/ CLINIC DAYS	ADD'L INFO
REHAB	Physical Therapy	Therapeutic exercises, aerobic and neuromuscular education, individualized pain management and prevention education, manual mobilization and manipulation techniques, various modalities	MD NP PA	Phys. Medicine & Rehab → Physical Therapy Outpt Consult	Anita Solomon, S&RSL Chief x3227	Eagle Square Building 6 M-F 0700-1630	
	Occupational Therapy	Adaptive equipment, home modifications, mobility devices, work simplification and energy conservation techniques, neuromuscular education, desensitization and modalities	MD NP PA	Phys. Medicine & Rehab → Occupational Therapy Outpt Consult	Erinn Raimondi, OT x3234	Eagle Square Building 6 M-F 0700-1630	
CIH	Integrative Health & Wellness Center	Complementary and integrative health modalities such as: Group acupuncture, Reiki, mindfulness meditation, tai chi, yoga, OMM, massage therapy	All	Integrative Health & Wellness Consult	Stephanie Proske, RN or Marjorie Crozier, PhD x3082	Building 1 Room 243C, 2nd Floor M-F Weekly	Clinic offerings are posted outside the door
	Acupuncture Clinic	Individual acupuncture	PCP	Acupuncture Clinic Providence Consult	Rebecka Patel, MSA or Leslie Franklin, MD x4268	Building 1 Primary Care M-Th	Patient must have a clear diagnosis. May be referred to

						Morning	**community based care**
MH	**Cognitive Behavioral Pain School**	**Individual and group cognitive behavior therapy for chronic pain**	**PCP**	**Primary Care Consult Screen → Primary Care Behavioral Health Pain School Outpt**	**Kevin McKay, PhD x2199**	**Building 1 Primary Care Thursday 1100-1300**	**Individual appointments available M-F**
cars	**Opiate Treatment Program**	**Methadone and buprenorphine for patients with pain AND opiate use disorder**	**All**	**MHBSS Consults → Opiate Treatment Program Outpt**	**Jay Billingsley, LICSW x3978 or Laura Levine, MD x3878**	**Building 1 3rd Floor, A Wing M-F**	**This is an opiate treatment program NOT pain management program. No capacity for same day admissions**
	Office Based Suboxone Program	**Outpatient treatment with Suboxone for patients with pain AND opioid use disorder**	**All**	**MHBSS Consults → Opiate Treatment Program Outpt**	**Jay Billingsley, LICSW x3978 or Laura Levine, MD x3878**	**Building 1 4th Floor, E Wing Mon - Thurs**	**This is an opiate treatment program NOT pain management program. No capacity for same day admissions**

PHARM		**Pharmacy resource for chronic pain management including opioid taper and rotation guidance**	**All**	**Pharmacy Outpatient Consult Attn: Kathryn Tiene**	**Kathryn Tiene, PharmD x4239**	**Building 1 Primary Care**	
	Inpatient Pharmacy	**Pharmacy resource for inpatient pain questions**	**All**		**Sherry Farrell, PharmD x2222**	**Building 1 2nd Floor**	
PC	**Living Well RI Chronic Pain Self-Management Workshop**	**6 weekly group sessions covering non-medical pain management. Facilitated by trained leaders from RI DoH.**	**Self-Referral or by Health Care Team member**	**Primary Care Consult Screen Living Well Education Outpt**	**Ellen Lynch, BSN, MPH X3970**	**Building 1 Primary Care**	**Quarterly Workshops**
PAIN CLINICS	**Interventional Pain**	**Evaluation of pts with chronic pain specifically for interventional injections**	**MD NP PA**	**Interventional Pain Consult**	**Brooke Coelho, MSA x5875 or Susan Bridges, NP x5875**	**Building 1, Room 235, 2nd Floor M-W-F**	**Pt must have imaging of affected area or recent OS report/CD scanned into CPRS prior to placing consult**
	Interdisciplinary Pain	**Comprehensively evaluate and provide detailed patient centered recommendations for patients at an impasse in chronic pain management**	**PCP**	**Thomas.Reznik@va.gov**		**Eagle Square Building 6 Friday Morning**	**Email or view alert case to Dr. Reznik for possible inclusion**

VA Connecticut

Clinic	Program/Services Offered	Who Can Refer?	How to Refer	Contact Person	Location/ Clinic Days
Integrated Pain Clinic (IPC)	One-time interdisciplinary assessment of chronic pain complaints (Pain MD, PT, Health Psychology)	Primary Care	Via consult: INTEGRATED PAIN CLINIC OUTPT WHAV	John Sellinger, Ph.D. John.Sellinger1@va.gov 203-932-5711, x3589	West Haven – Primary Care Firm B Wednesdays, 8:30-12:00
Opioid Reassessment Clinic (ORC)	Interdisciplinary treatment clinic focused on opioid safety. Services include monitored opioid tapering, incorporation of adjuvant medications, and initiative of opioid alternatives (e.g., Buprenorphine). Cognitive behavioral therapy for chronic pain is offered to all patients in this clinic. Team includes MD, Addiction Psychiatry, and Health Psychology.	Primary Care or the Integrated Pain Clinic team	Via consult: OPIOID REASSESSMENT CLINIC OUTPT WHAV	William Becker, M.D. William.Becker4@va.gov	West Haven – Primary Care Firm B Fridays, 8:30-12:00
Physical Therapy	Therapeutic exercises, aerobic and restorative training, manual therapy, neuromuscular re-education, gait training, various modalities	MD, DO, PA, NP, APRN	Via consult: West Haven: PT WHAV OUTPATIENT Newington: PT NEWT OUTPATIENT	Front Desk 203-932-5711, x2885	West Haven and Newington Campuses M-F, 7:00 a.m. - 4:30 p.m. Two Saturday mornings/month (West Haven only)
Occupational Therapy	Outpatient: Evaluation and treatment of musculoskeletal injuries, determination of adaptive equipment needs, and assistance with return to daily activities Mental Health: work with cognition, stress, and PTSD related difficulties around daily activities and overall functional capabilities	All LIPs	Via consult: West Haven: OT WHAV OUTPATIENT OT MENTAL HEALTH-CLINIC Newington: OT NEWT OUTPT	Beverly Bell OTR/L Beverly.Bell@va.gov 860-667-6869	West Haven 7:00-3:30 Newington Campuses 7:00-4:30
Physiatry	Evaluation and management of musculoskeletal and neuromuscular disorders. Treatment may include injections, prescription of therapeutic modalities such as PT, OT medication, bracing, and integrative medicine treatment approaches.	MD, DO, PA, NP, APRN	Via consult: West Haven: PHYSIATRY WHAV OUTPT Newington: PHYSIATRY NEWT OUTPT	Clinic front desk: West Haven: 203-932-5711, x2885 Newington: 860-594-6373	West Haven and Newington Campuses West Haven: M-F, 8:30-3:30 Newington: M-Th, 8:30-3:30
Wellness Center	Fitness center available to all patients	MD, DO, PA, NP, APRN	Via Consult: KT WELLNESS OUTPT WHAV	Stan White 203-932-5711, x5642	West Haven M-F 9:00-12:00; 1:00-4:30 p.m.

Interventional Pain Clinic	Evaluate patients for appropriateness of interventional options to treat pain such as epidurals, nerve blocks, facet joint injections, medial branch radiofrequency ablation, etc. This clinic does not prescribe pain medications.	MD, DO, PA, NP, APRN	Via consult: PAIN MANAGEMENT CONSULT OUTPT	Ahmed Haque M.D. 203-932-5711, x5871 Ahmed.haque@va.gov	West Haven Building 2, 4th floor specialty clinic
Neurology Pain	Follow-up clinic for general neurology patients with complicated pain disorders (neuropathy, myalgia, spasm) that may result in significant physical and psychiatric impairment.	MD, DO, PA, NP, APRN	Via consult: NEUROLOGY PAIN MANAGEMENT CONSULT OUTPT	Hajime Tokuno, MD 203-937-4724 Hajime.Tokuno@va.gov	West Haven Building 2, 4th floor Wednesdays, 1:30-4:00 p.m.
Chiropractic Clinic	Diagnosis and management of non-operative musculoskeletal conditions. Treatment via evidence-based non-pharmacological options including: spinal manipulation, myofascial therapies, acupuncture, patient education and active care.	Any VA provider managing the patient	Via consult: West Haven: CHIROPRACTIC CONSULT CLINIC OUTPT Newington: CHIROPRACTIC CLINIC CONSULT NEWT OUTPT	Anthony Lisi, D.C. 203-932-5711, x5341	West Haven Building 2, Floor 5 M-F 8:00-4:30 Newington Building 2, Floor 2 M-F 8:00-4:30
Health Psychology	Cognitive Behavioral Therapy for Chronic Pain, as well as additional behavioral treatments focused on pain-related comorbidities (weight loss, smoking cessation, insomnia).	Any LIP	Via consult: West Haven: HEALTH PSYCHOLOGY PRIMARY CARE WHAV OUTPT Newington: MHC BEHAVIORAL PAIN CONSULT (NEWT) OUTPT	West Haven: Jessica Barber, Ph.D. 203-932-5711, x2303 Newington: Mayumi Gianoli, Ph.D. 203-932-5711, x7875	West Haven: M-F, 8:00-4:30 Newington:
Pain Rehab School	Eight week, group-based intervention which combines supervised exercise with a physical therapist and cognitive behavioral therapy for chronic pain with a Health Psychologist	MD, DO, PA, NP, APRN	Via consult: PAIN REHAB SCHOOL OUTPT	John Sellinger, Ph.D. 203-932-5711, x3589 John.Sellinger1@va.gov Carly Croteau, DPT -Carly.Croteau@va.gov	West Haven Fridays, 8:30-9:30
Battlefield Acupuncture	Weekly drop-in program for administration of battlefield acupuncture needles. Additional services to foster self-management of chronic pain are offered by Health Psychology and Nutrition.	Any LIP	Via addendum to progress note requesting that nurse contact Veteran to schedule them into the clinic. Add Lanee Williams, RN as additional signer to note.	Daniel Federman, M.D. 203-932-5711, x2003	West Haven 2:00-3:30 p.m. First Thursday of the month for all new visits. All remaining Thursdays of the month are drop-in for returning Veterans.

Integrative Health Center - Acupuncture	Offers auricular microsystem acupuncture, full body acupuncture, and battlefield acupuncture	Primary Care and Mental Health Providers	Via consult: PC INTEGRATIVE HEALTH NEWT OUTPT	Aysha Saeed, M.D. Aysha.Saeed@va.gov	Newington – Building 1, 4th floor, Integrative Health Center
Yoga for Chronic Pain	One hour yoga class, weekly for eight weeks. Pain and yoga education. Breathing, yoga and meditation.	Primary Care Provider	Via consult: PC INTEGRATIVE HEALTH WHAV OUTPT	Dana Cervone, APRN Dana.Cervone@va.gov 203-932-5711, 3282	West Haven – Errera Community Care Center (ECCC) Mondays 1:00-2:00 pm

White River Junction VA

SERVICE	CLINIC	PROGRAM	WHO CAN REFER	HOW TO REFER	CONTACT PERSON	LOCATION-CLINIC DAYS
Mental Health	Chronic Pain 101-Resources for a Better Life	In one, two-hour visit, Veterans will learn about the many self-management programs offered at WRJ VAMC. This will include trying some non-medication methods that have been found to help Veterans who live with chronic pain to improve wellness and quality of life. At the end of this introductory session Veterans will be encouraged to set goals and sign up for one or more treatment options.	Anyone	Consult: Anesthesia/Pain Services OR Mental Health-Chronic Pain 101-Resources for a Better Life		First Tuesday of the month 10 AM- 12PM
	Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)	A focused brief treatment that helps Veterans learn coping skills to improve quality of life and to better manage the stress associated with living with chronic pain. Offered at WRJ VAMC as well as at the CBOCs.	Primary Care Provider	Consult: CBT-CP	Mark Detzer PhD X5617 Mark.Detzer@va.gov	
	Creative Arts Therapy	Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families and communities through active art-making, creative process, applied psychological theory and human experience within a psychotherapeutic relationship. Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress and advance societal and ecological change.	Anyone	Consult: Recreational Therapy and Creative Arts – Art Therapy	Brooke Robinson-Drew X5454 Brooke.Robinsondrew@va.gov	Art Therapy Group Tuesday 1PM Open Studio Wed and Fri 10AM-12PM
	Health Psychology 1:1	Veterans can meet 1 on 1 with a Health Psychologist or Fellow to work on coping strategies for pain, sleep and healthy lifestyle changes.	Primary Care Provider		Mark Detzer PhD X5617 Mark.Detzer@va.gov	

					Glenna Rousseau PhD X5663 Glenna.Rousseau@va.gov	
	Portable Sleep Study	This is for uncomplicated patients who likely have OSA and are willing to use CPAP. Place a Sleep Clinic Outpatient Consult for patients with complications such as COPD, CHF, atrial fibrillation, history of stroke or taking opioid medications	Anyone	Consult: Sleep Consult-Portable Sleep Study Outpatient		
	Sleep Clinic Outpatient	The Sleep Clinic Outpatient Consult is for patients who need to be seen by a sleep physician	Anyone	Consult: Sleep Consult-Sleep Clinic Outpatient		
	Sleep 101/CBT-Insomnia	A two-hour class that is an introduction to CBT-Insomnia treatment proven to help Veterans learn strategies to have better sleep.			Mark Detzer PhD X5617 Mark.Detzer@va.gov	
Sensory Physical Rehab	Acupuncture	Veterans with a service-connected injury MAY qualify for Choice referral outside the VA-Acupuncture is not accepting new patients- will be forwarded to Office of Community Care	Primary Care Provider	Consult: Rehab Services Consult-Acupuncture	Cheryl Hunt X5615 Cheryl.Hunt2@va.gov	Bldg. 39, 3rd floor
	Adaptive Sports-Recreation Therapy	Rehabilitation through Sports. To enhance physical, cognitive, emotional, social and leisure development that support each Veteran's self-directed, self-determined and fully independent participation in their chosen life pursuits	Primary Care Provider	Consult: Adaptive Sports Consult	Jennifer Stark, CTRS X4694 Jennifer.Stark3@va.gov	Clinic times vary. Participation is subject to evaluation of Veteran by CTRS.
	Battlefield Acupuncture (BFA)	BFA is a procedure used to treat chronic or acute pain. Small microneedles are placed in the ear by a trained clinician to decrease pain	Primary Care Provider	No Consult Needed-Contact Ms. Hunt for Information	Cheryl Hunt X5615 Cheryl.Hunt2@va.gov	Bldg. 39, 3rd floor
	Chiropractic	The VA chiropractic clinic provides diagnosis and management of non-operative neuromuscular and musculoskeletal conditions. This most commonly includes problems in the low back, neck and associated referred spinal pain. They will provide diagnosis and management consistent with both VA and external evidence-based guidelines. Chiropractic treatment options include patient	Primary Care Provider	Consult: Rehab Service Consult-Chiropractor	Derek Golley X6983 Derek.Golley2@va.gov	Rehab Suite Mon-Fri 8AM-430PM

Service - SPRS		education, active rehabilitation, spinal manipulation and other manual therapies. If unsure of appropriateness of a chiropractic consult for patient, order an e-consult with a brief patient presentation/summary for review				
	First Fitness Center	Gym for Veterans to use. Must meet with trainer prior to first use	Anyone	No consult needed	Carey Colburn BA x5811 Carey.Colburn@va.gov	M-F 630AM-3PM S-S 8AM-2PM
	Nutrition	The type of foods that you eat and your weight may play a role in your pain and energy level. Nutrition counseling is available on an individual basis along with group weight management classes and healthy teaching kitchen (HTK).	Anyone	Consult or Self-Referral ext.5457	Maureen Gallagher ext. 5573 Maureen.Gallagher@va.gov	WMF MOVE: Wed @ 9am &Thurs @ 11am HTK: Tues @ 12pm
	Occupational Therapy	Individual assessment and treatment for ADLs, including musculoskeletal, neurological and/or cognitive impairments. Also available through Telehealth	Primary Care Provider	Consult: Rehab Services – Occupational Therapy	Joe Barry X5451 John.Barry@va.gov	Rehab Suite M-F 8AM-430PM
	Physical Therapy	Specific therapeutic exercises combined with manual therapy to help empower patients to regain functions and movement. By focusing on therapeutic neuroscience education as a core theme of all interventions, patients walk out with a deeper understanding of their pain and with knowledge necessary to live their lives to the fullest. Also available through Telehealth.	Primary Care Provider	Consult: Rehab Service Consults – Physical Therapy	Kurt Armbrust X5446 Kurt.Armbrust@va.gov	Rehab Suite M-F 8AM-430PM
	Pool Therapy	6-session pool therapy offered through WRJ VAMC Physical Therapy	Primary Care Provider	Consult: Rehab Service Consults – Physical Therapy	Erin Umphrey X4879 Erin.Umphrey@va.gov	CCBA Mon and Fri 130PM
	Recreation Therapy	Recreation Therapy is a health care and human service discipline that delivers treatment services designed to restore, remediate and/or rehabilitate functional capabilities through leisure education and community integration VHA	Anyone	Contact PCP, Mental Health, Social Work, SPRS or CTRS	Jennifer Stark CTRS X4696 Jennifer.Stark3@va.gov	Clinic times vary. Participation is subject to evaluation of Veteran by CTRS

	Tai Chi	Certified Tai Chi instructor teaches class with a focus on "Arthritis and Falls Prevention". Veterans can stand or be seated to participate	Anyone	No consult needed	Carey Colburn BA x5811 Carey.Colburn@va.gov	Mon 11-Noon Bldg. 44
Mental Health and SPRS	iRest Yoga Nidra	Integrative Restoration (iRest) is designed to help people learn to relax and release stress. It involves guided visualization and meditation. iRest has been used for treatment of insomnia, anxiety, depression, chronic pain and PTSD.	Anyone	No consult needed. Contact appropriate individual	WRJ – Cheryl Hunt NP X5615 Cheryl.Hunt2@va.gov BLC – Sam Standard PhD X7093 Samuel.Standard@va.gov	Mon and Wed 10-11AM Lodge/Bldg. 88
	Reiki	Reiki involves the use of energy directed by the practitioner's hands to strengthen the body's ability to heal. Reiki is noninvasive and can be performed fully clothed with hands on or hands off. Reiki treatments are generally 30 minutes in length. They involve blood pressure and pulse readings as well as assessment of level of pain and anxiety before and after a treatment. Reiki has been used for relief from pain, anxiety, depression, PTSD, insomnia, high blood pressure and other stress related conditions.	Primary Care Provider	Consult: Anesthesia/Pain Services – Reiki Therapy	Sharon Tweedie RNBC X6189 Sharon.Tweedie@va.gov	Wed 10-Noon Fri 1-3PM
Volunteer Services	Yoga for Veterans	Weekly classes	Anyone	No consult needed. Walk-ins welcome.		Tues 11-Noon Thurs 9-10AM Bldg. 44 Rm 103A or 103B

Coordinating Care in VISN1 Facilities

Bedford VA

Care	Notes
Pain Management Team	Members of the Pain Team: Tu Ngo, Ph.D. (Director); Milan Stojanovic, M.D. (Pain Anesthesiologist); Asmaa Shaikh, PharmD (Clinical Pharmacist), Sarah Duncan, RN (Pain Nurse Care Manager); Rosanne Schipani, MD (Psychiatrist), and Paul Lehane (Pain Peer Specialist). The team is largely a consultative service to Primary Care clinical teams (team mission is to support Primary Care), evaluating Veterans, and making recommendations to the referring providers/team. Consults can be e-consults or in-person and involve general pain consultations or referral to the Opioid Reassessment Clinic (ORC). Dr. Stojanovic provides limited interventional pain services at Bedford, but can refer Veterans in need of these services to the Boston VA where he also has an appointment. Dr. Schipani prescribes Suboxone for pain treatment and is a member of the ORC. SBIRT-PM counselors most likely will not directly interact with the Pain Team, but rather coordinate mostly with PC, though consultation with Dr. Ngo to clarify available services and how their care coordination may occur. When placing the Primary Care Pain Management Consult, the provider selects which members/services from the team they wish the patient to see. This same consult is used to refer Veterans to other pain services, such as the Pain School, CBT-CP, and Biofeedback. Pain Team members emphasized the importance of the peer specialist in facilitating Veterans' involvement in multi-modal pain care. The peer specialists call Veterans at 2, 4, 6, and 8 weeks post-visit with the team for this purpose. There is a Chronic Pain Self-Management Group. Dr. Ngo discussed the Whole Health Initiative, which dovetails the Pain Team efforts. The Pain Team and Whole Health both have the goal of improving the Veterans functioning in the face of pain. They maintain a calendar of activities, which includes sports through recreation therapy, including use of a pool and gymnasium, arts through art therapy, equine therapy and yoga. Participation in these activities do not require consults. Some Whole Health treatments are under recreation therapy (e.g. yoga, equine therapy, photo club) and do not require a consult.
Primary Care Nursing Management	Met with Monica Sharma, MD (Primary Care Service Line Manager) and Lorraine Dounis, BSN, RN (Assistant Nurse Manager). They described how PC operates with 8 PACTs, each of which has an assigned RN care manager. All new patients are typically seen/reviewed by the New Patient Coordinator, Eloise Jones, with the support of the AO, Ionie Pond, and the Clinic Coordinator, Stacy Fantasia. Calls to the Call Center are forwarded to them. They coordinate initial patient care and book them into new slots. All new patients are offered a patient orientation meeting. Access to PC is swift – usually within a week and often same day or within a few days. Bedford had

	the quickest primary care appointment access of any VA in the country (at least at some point in time). Established patients will have an assigned PACT, which can be determined in CPRS within a patient's record by clicking the Provider tab (all team members are listed). For established patients, the team advised that it would be most efficient for study counselors to contact the PACT nurses to coordinate services for a Veteran. New patients sometimes come through Eligibility, which places consults or walks Veterans to PC. New patients have an orientation to VA care. Before patients are assigned to PCPs, they can go to Urgent Care. Eligibility will put in consults to Primary Care at the same time as eligibility is determined. Dr. Sharma emphasized that not all Veterans are seen at the Bedford VA and may have a PCP in the community, yet receive other VA services. SBIRT-PM counselors will need to clarify this. Clear communication about the study to PC will be critical. Dr. Ngo leads a monthly Pain Conference in PC, which she believes will be the best forum for communication as the study unfolds.
Interface of the Pain Management Team with Primary Care	As noted above, the Pain Management Team is primarily a consultation service available to Primary Care. The team conducts much of its work within the Primary Care setting.
Community Care Consults	Met with Linda Gaudet, BSN, RN from Community Care (CC) Utilization Review. She described how a PCP must place a CC consult for desired services. Bedford VA has no chiropractic services and limited acupuncture (only Battlefield Acupuncture delivered 1:1). They also have limited interventional pain services in the absence of an anesthesiology department, though they have a part-time anesthesiologist, Dr. Stojanovic, who provides some interventional pain treatments at Bedford; Veterans who might benefit from injections are referred to the Boston VA, where Dr. Stonjanovic also has an appointment, and he sees them in the Lowell CBOC. CC consults go through an approval process for both initial and continued services. Standards Episodes of Care, per modality, are approved (usually 6 sessions initially). Extension of care can be requested with justification once the Standard Episode of Care is complete. The Office of Patient-Centered Care (OPPC) develops and releases guidelines about standard episodes of care for integrated health services - most recently for acupuncture and massage therapy. The have established 2 lists of services: List 1 – those that are deemed evidence-based, and List 2 – those that do not yet have empirical support but may be made available to Veterans. It usually takes about 2 weeks to get an actual appointment. Veteran utilization of CC services can be tracked in the Consult Toolbox in CPRS. Specific notes about services received from community providers are kept in VISTA Imaging. Doctors will make referrals for patients they have not seen if they have enough information from other sources (e.g. C&P exam and lab test results).

Contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	PC recommended we identify RN nurse care managers via the provider tab in CPRS. Recommended means of communication with PACT nurses was via co-signature on notes in CPRS (documentation trail) or via Lync messenger during business hours.

Boston VA

Tasks	Notes
Pain Management Team	Met with Diana Higgins, Ph.D. (pain psychologist), who provided us with an overview of the pain care services offered across all three campuses of the VA Boston Healthcare System - Jamaica Plain (JP), West Roxbury (WR), and Brockton (BR). The pain services that are offered in-house include interventional pain management (JP, BR), Physical Therapy (all campuses), Aquatherapy (WR, BR), Physiatry all campuses), Health Psychology (JP, BR), and an interdisciplinary pain assessment clinic (JP). They are planning for a "Opioid Risk Clinic" which may come online soon. Boston is a flagship site for the Whole Health Initiative, and they offer a wide array of CIH services under the direction of Dr. Eddy Phillips. The CIH services currently offered include acupuncture, battlefield acupuncture, tai chi, yoga (chair and adaptive), reiki, massage, aroma therapy, a drumming circle, and a shared medical appointment for battlefield acupuncture (coming online soon). They also offer a 6-week functional restoration program in Brockton. The Chief of Anesthesia is Kay Leissner, MD, PhD. They are currently recruiting to fill vice positions, including 2 pain interventionalists, as well as a new Chief of Pain Management. They currently have 3 pain MDs, all of whom split their time between pain and anesthesia (50/50). There is also a pain resource nurse (Cheryl Federico, RN) and a nurse practitioner in the Pain Clinic. Finally, they have a Functional Restoration Clinic, roughly equivalent to Pain School, which operates 2x/week for 6 weeks (BR), and caters to more motivated, stable, and non-substance misusing Veterans. Boston VA also is implementing an extensive Whole Health rollout that started as part of VA Boston's role as a flagship site in the Whole Health initiative. It will involve peer counselors reaching out to Veterans to connect them with CIH services. We discussed how our study counselors could refer Veterans into that new process, as indicated. They are currently working on hiring 8 peer counselors as part of their Whole Health initiative. Boston VA posts a schedule of all drop-in CIH activities in the Boston VA system, which our counselors might be able to access.
Primary Care Nursing Management	Spoke with Cheryl Federico, RN to discuss interfacing with nursing and learning more about the Interdisciplinary Pain Clinic that operates a half-day per week on Weds (JP). Cheryl is the pain nurse and is very supportive of SBIRT-PM efforts.
Interface of the Pain Management Team with Primary Care	Met with Susan Krantz, MD, Primary Care Pain Champion. Dr. Krantz noted that primary care has RN care managers who can assist study counselors with having PCPs place consults for services. We will need to develop a communication plan with primary care as we get ready to launch the study. For new enrollees, the goal is to connect them to Primary Care from C&P within 14 days, per Dr. Krantz. Per Cheryl Federico, RN, the most effective way to communicate with Primary Care is to add the Primary Care Provider as well as the Nurse Case Manager as additional cosigners to the progress note.
Community Care Consults	All community care consults are put in through Primary Care.

Contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	To identify the PACT Team, you will need to log into CPRS, click on notes, at the top of the page click on the Primary Care Team Box, which will display all team members. To access the Whole Health Wellness classes, go to the VA intranet homepage for each campus, and look under announcements. If the class schedule is not posted there, try typing in the class schedule on the search bar at the top of the page. Counselors may contact Cheryl Federico via email if they have any questions: Cheryl.Federico@va.gov or can try 857-364-3757.

Central Western Massachusetts VA

Tasks	Notes
Pain Management Team	Met with Bill Cutler, MD & Jennifer Brown, Ph.D. Observed Pain Clinic patient consult assessment/treatment planning.
Primary Care Nursing Management	Met with Melissa Zanvettor, RN (Primary Nurse Care Manager). She indicated we should contact her counterpart at the Wooster location, which is part of CWM VA and likely to have Veterans participate in our study.
Interface of the Pain Management Team with Primary Care	The PMT receives pain consults from PCPs, assesses the Veteran, and makes treatment recommendations that are then forwarded to the PCPs for review with the Veteran and further action. The PMT does not give direct feedback to the Veteran; this procedure strives to underscore PC as the center of coordinated pain care instead of turfing it to the PMT as a separate entity.
Community Care Consults	All community care consults are put in through Primary Care.
Verify contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	Donna Scavone (413-584-4040 x17009, Donna.Scavone@va.gov) and Melissa Zanvettor (413) 584-4040 x2491, Melissa.Zanvettor@va.gov. Best to have a note placed in CPRS after counseling sessions indicating the outcome and Veteran preferences for pain services, with PACT PCP and RN alerted for co-signature. For Northhampton (LEEDS), we could also send Melissa Zanvettor (Nurse Care Manager) and Veteran's PCP an email, including the Veteran's contact information when communicating to PC about requested pain treatments.

Maine VA

Tasks	Notes
Pain Management Team	Met with Dayton Haigney, MD (physiatrist), Liesel Beecher-Flad, Ph.D. (psychologist), Kristen Bingaman, PT (physical therapist), and Diedre Tookey, RN. The Pain Clinic members are all co-located in a new building and act in a very integrated/interdisciplinary manner, guided by a whole health approach (who you are beyond your pain). Consults come from Primary Care (pain clinic consult). Pain services included a 5-day ACT for Chronic Pain IOP (CARF-accredited program) that runs approximately every six weeks, a Functional Pain School (4 sessions over 1 month), PT for Pain (direct referrals can be made via a PT for Pain Consult with consult options for acute or chronic pain), numerous recreation therapies (including an onsite pool and gym), and whole health modalities (yoga, pilates) Ms. Tookey manages all the consults. The Pain School focuses on self-management skills and is a gateway for many patients to many other VA and non-VA pain services. The Pain Team noted they needed to improve in their capacity to provide integrated care for Veterans with pain and substance use disorders and poke about the challenges of working with some Veterans going through C&P who have incentive to not get better in order to maintain benefits or increase the % service connection.
Primary Care Nursing Management	Met with Colleen Allen-Roig, RN and Christina Zimmerman, DO from Primary Care, who are on the research team supporting SBIRT-PM at the Maine VA. Also met with Kevin Krus, MD (ACOS for primary care and mental health).
Interface of the Pain Management Team with Primary Care	VA Maine does not yet have PACT because of an insufficient # RNs (have 6 in place but need 13 in total). Primary Care in Togus serves about 12,000 Veterans; Portland serves about 6-8,000. Pain consults come to a Lyncs group comprised of physicians and a nurse (Drs. Zimmerman, Kenney, Lindsley and Colleen Allen-Roig, RN). One of these individuals places the consult for the Pain Clinic to review and clinically manage. Primary Care also often provides suggestions for Veterans to better manage their pain (e.g., Dr. Zimmerman described how she talks with obese Veterans about back pain and her recommendation to watch exercise videos for pregnant women to address pain related to big bellies). VA Maine has no chiropractor on site, but they are in the process of onboarding one and they have only a few PTs. Dr. Zimmerman also spoke about Tufts Longitudinal Integrated Clerkship for 3rd year medical students, which has a 9-month Maine track and how students might benefit from handling some of the requests for pain consults coming through our SBIRT-PM counselors.
Community Care Consults	Met with Corey Vail, RN, BSN, MBA (Chief, Non-VA Care) and Casie Doyon (Advanced Medical Support Assistant). They informed us that after a PCP enters a pain consult, the Pain Clinic reviews them. If approved services cannot be provided at the VA, the Pain Clinic places a community care pain consult, which then is reviewed by a Delegation of Authority and comes to Community Care to arrange the referral. Community Care tracks utilization and obtains all documentation for services provided and has documents scanned into CPRS. Commonly used community care services for pain include acupuncture, massage, injections, substance abuse, interventional procedures, and prolotherapy.

Contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	Lyncs message to Christina Zimmerman, Shannon Kenney, Eric Lindsley, and Colleen Allen-Roig to arrange for consult.

Manchester VA

Tasks	Notes
Pain Management Team	Met with Thomas Provost, DO (Anesthesiology), Irina Boucher, APRN (Pain NP), Alicia Semiatin, PsyD (Psychologist), Patrick Maltais, RN, and Beth Sherman, APRN. Grigory Chernyak, MD (Chief of the Pain Clinic and an Anesthesiologist) was on vacation. Dr. Provost (a Veteran) emphasized the VA needs to focus more on functional restoration instead of on pain per se and disability more broadly. The interventional unit experienced a flood, closing the unit with an uncertain re-opening date, which has severely limited their capacity to provide Veterans with medical pain treatments (i.e., no interventional pain treatments since July 2017). More veterans now get these pain services through community care, and this trend worries the Pain Clinic. They all noted the lack of standardization of CIH interventions or clear specifications for appropriate referrals (e.g., Should everyone who requests massage therapy receive it?) The Pain Clinic is very interdisciplinary and whole health focused. VA Manchester is the flagship Level 3 Facility for the Whole Health program. Consults come to them through Primary Care. Dr. Semiatin, however, may also take direct referrals for CBT-CP. In addition, Dr. Romulo Valdez is the Director of the Whole Health Program, which provides a variety of group modalities (e.g., yoga, meditation, Tia Chi). Dr. Valdez focuses on breath meditation and sound healing (music and gongs). He emphasized the community support provided by the group program for Veterans. Veterans don't need a referral; they can simply call # and come to the groups as desired. Dr. Semiatin said VA Manchester is rapidly increasing pain care staff. Through the VISN1 grant and in collaboration with White River Junction and ? VAs, they have begun an IOP pain rehab program, which they aim to get CARF accredited.
Primary Care Nursing Management	Met with Jo Foucher, RN, Assistant Nurse Care Manager and Rob Hase, Ph.D. (Health Behavior Coordinator). Ms. Foucher works with Donna Swallow, RN, the Primary Care Nurse Manager who could not attend the meeting. Ms. Foucher said that SBIRT-PM counselors should work with nurse care managers from the PACT teams (list provided by Dr. Sematian) when coordinating care and that IM/Lync or e-mail is the best way to communicate with the nurse care managers. Both Ms. Foucher and Dr. Hase were very supportive of the project.
Interface of the Pain Management Team with Primary Care	All pain consults come to the Pain Clinic through Primary Care. The Pain Clinic provides pain services, as well as consultation to Primary Care. Dr. Semiatin emphasized that most providers know one another throughout VA Manchester, allowing for a great deal of collaboration within the system.
Meet with the Community Care Consult manager	Spoke by phone with Brian Phemester, MD (Chief of Community Care). Manchester VA is level 3 facility and, per CHOICE legislation, is not considered a medical center (has no inpatient medical services). They are one of 3 state VA systems wherein Veterans can access community care (system of local contracts) if that is their preference, even if the services are available at the VA; given the rural nature of NH and this allowance, almost all Veterans at VA Manchester use community care. While Primary Care is the default for pain consults, almost anyone can put in a community care consult. Dr. Phemester

	and his group review all community care request and obtain a Delegation of Authority (DOA) approval (i.e., designated expert reviews appropriateness of consults). If the community care provider is not contracted, Dr. Phemester's group arranges the contract before services can be rendered. Those Veterans must invoke CHOICE referrals by calling the CHOICE #; CHOICE ends FY18.
Contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	Contact nurse care managers from the PACT teams via Lync or email.

Providence VA

Tasks	Notes
Pain Management Team	• Afreen Siddiqui, MD is an interventional anesthetist. Kevin McKay, PhD directs behavioral treatments (e.g. CBT-CP). Kathryn Tiene, PharmD is the pain pharmacist and Marjorie Crozier, PsyD directs the Integrative Health and Wellness Center. James Navilliat does PT and Erinn Raimondi does OT. • They noted financial issues impact pain experience (what is real?). • Noted that aerobic exercise is a pain treatment. • Evaluations for caregiver support program need determines how much money family/caregivers will get. • Patients should have 8 weeks of Rx before being considered for injections. • CBT- Chronic Pain consults all made from PCMHI service.
Primary Care Nursing Management	• Paul Pirraglia MD (service chief), Paul Astphan (nurse manager), John Anderson (nurse manager). • Veterans eligible at one site are eligible at all sites. • Veterans service-connected for a condition automatically eligible for treatment for that condition (but still should go through primary care to access it). Jo Anne Cardoza in the eligibility office re: the issue of Veterans with a service connection accessing specialty clinics without having a primary care physician. She says any Veteran who has a service connected condition but doesn't have a PCP can see the specialty associated with their service connected condition without a referral. In practical terms, this usually occurs in the emergency room, where an unassigned patient would go for any acute condition (service connected or not) and the ER would initiate the consult to the specialty clinic if appropriate and place a Primary Care Consult. Again, this is for Veterans who already have the service connected condition, not those pending a comp and pen examination. • Nurse in PACT team triages patients. • Call Center has a coverage list for primary care providers. Can also double-click on named primary care provider in CPRS and see the names of people on the teams. • Most Rx for back pain starts with PT. • Twenty-one days is the typical timeframe for new Primary Care consults. • Best way to contact PACT nurses is via view alert in CPRS or through Lync Messenger during business hours.
Interface of the Pain Management Team with Primary Care	• Thom explained that primary care providers are like quarterbacks. Make sure person has had a proper evaluation, is receiving the proper modalities. Can refer to interdisciplinary pain service, treat for sleep/depression/mood/prescribe meds. Need everything for treatment to work. Like car with four flat tires --- have to fix them all for car to run. "I'm not here to relieve your pain. I'm here to improve your functioning."

	• Jeff Lamereau schedules new patient visits. Linda Patton is new patient coordinator. They schedule appointments, get history, gather old records, order labs • Joanne Cordoza is the supervisor for eligibility. • Direct access available for power mobility training (managing one's wheelchair).
Community Care Consults	• Anna Peloquin. Lots of community referrals made for acupuncture (limited providers in Providence although more being trained), chiropractic (none done in Providence), aquatic, PT, interventional pain. • SECO --- standard unit of care. For instance, each yoga approval is for up to 8 sessions. • VA provider must make consultation for Community Care. • Anna has set up provider agreements with 208 providers in community. • Most Rx at Martha's Vineyard and Nantucket is by community providers. Dr. VanBebber in Hyannis triages. • Some Veterans come to the Cape for the summer and Florida for the winter. • Outside records are scanned into the medical record for data tracking purposes.
Contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	• Best way to contact PACT nurses is via view alert in CPRS or through Lync Messenger during business hours.

VA Connecticut

Tasks	Notes
Pain Management Team	VA Connecticut's Pain Management Team includes Pavan Tankha, MD (Pain MD), William Becker, MD (Primary Care), Ellen Edens, MD (Addiction Psychiatry), John O'Brien (PM&R-Physiatry), and John Sellinger, Ph.D. (Health Psychology). Members of the team work collaboratively in two interdisciplinary clinics - the Integrated Pain Clinic and the Opioid Reassessment Clinic, both of which are based in Primary Care and are designed to support primary care in the management of Veterans with complex chronic pain. The IPC team includes representatives from Pain Medicine, Health Psychology, Physical Therapy, Nursing, Pharmacy, and Internal Medicine/Primary Care. The ORC team includes representatives from Internal Medicine/Primary Care, Addiction Psychiatry, Nursing, and Health Psychology. Some members of the Pain Management Team also work on the Opioid Safety Initiative review team, with additional assistance provided by Primary Care pain champions and the Pharmacy Service to conduct comprehensive reviews of medical records of Veterans who are flagged as being at high risk.
Primary Care Nursing Management	Nurse care managers are included in each PACT team. The best way to communicate with the nurses for the purpose of service referral is through documentation in the medical record with the nurse added as a co-signer. Best to use templated notes that clearly detail what is being requested of the primary care team. The assigned nurse for a given Veteran can be identified by clicking on the top bar in the CPRS screen. Coverage for each day, in the even that a nurse is out, can be found via the Primary Care Sharepoint site.
Interface of the Pain Management Team with Primary Care	Primary Care is responsible for coordinating all care, and providers typically place consults for any required pain care services. The Integrated Pain Clinic (IPC) and the Opioid Reassessment Clinic (ORC), both of which function out of the primary care clinic (Firm B), provide direct support to primary care by way of direct assistance with medication management for high risk patients, and with assessing and referring Veterans on for appropriate specialty care services. Outside of the IPC and ORC, primary care providers can also refer directly to all of the pain management specialty services offered within the healthcare system. The IPC team's role is to help with complex cases, in which the appropriate referrals or next steps may not be clear. The IPC team helps to identify appropriate treatment options and then assists primary care with placing the appropriate consults.
Community Care Consults	All community care consults are put in through Primary Care.
Verify contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	Each PACT team has an assigned nurse care manager. The nurse can be identified by clicking on the PACT team at the top of the CPRS screen. If a nurse is out on leave, the coverage plan (updated daily) can be found on the Primary Care Sharepoint site, listed by provider.

White River Junction VA

Tasks	Notes
Pain Management Team	Met with Mary Ann Suriel, MD (Anesthesiology) and Cheryl Hunt, APRN, both of the Pain Service, all under Julie Franklin, MD. Day-to-day operations are handled by Ms. Hunt, who also runs the chronic opioid treatment clinic. Referrals come mainly through PC,Neurology and orthopedic, though Dr. Suriel also handles consults from inpatient medical and e-consults. Anesthesiology seems to function as the vortex for more comprehensively evaluating and referring patients, as well as drawing in other disciplines for interdisciplinary assessment/treatment planning, as needed. These integrated pain care meetings typically occurred on Fridays, but have not been occurring in the past few months, leaving pain assessment and care a bit fragmented now. Some individuals commonly called in for integrated assessments include Mark Detzer, Ph.D. (health psychologist), Heather Hathaway, PharmD, and John Hammel, MD (psychiatrist and Director of Substance Abuse Service). When patients have significant addictions, Pain Clinic refers them to SAS, including the Residential Recovery Center. Pain care consult are largely placed by Dr. Suriel and Ms. Hunt. The Pain Clinic offers Pain 101 (Pain School) once per month, which includes a 4-session curriculum. Ms. Hunt will send us an electronic copy of pain services available to patients. In addition, Nancy Bernardi, Ph.D. will send us a list of Community Care pain services/providers available to Veterans at WRJ.
Primary Care Nursing Management	Nurse care managers are assigned to each PACT team. SBIRT-PM Counselors will need to contact them to coordinate pain consults for Veterans who have an assigned PCP. For those without PCPs, SBIRT-PM counselors will need to work with the Primary Care AO. We will need to get the names and contact information of the nurse care managers and PC AO from Ms. Hunt or Laurie Waterman (Research Coordinator). We need to follow-up with Dr. Hammel about how SBIRT-PM counselors will coordinate to refer Veterans to SAS; we are not sure if Primary Care places the consult or if we need to work in some other manner.
Interface of the Pain Management Team with Primary Care	There isn't a separate Pain Management Team within Primary Care. The Pain Clinic is housed in Anesthesiology. See notes above about how Pain Clinic and disciplines interact.
Meet with the Community Care Consult manager	Ms. Waterman will obtain the name of the Community Care Consult Manager.
Contact information for key VA nurse case managers or community care coordinators working with SBIRT-PM counselors	Nurse care manager assigned to PACT team If unassigned, contact primary care AO

Emergency Procedures and Mandated Reporting in VISN1 Facilities

Emergency and mandated reporting procedures follow ethics codes and mandated reporting laws in each State. There is a duty to intervene if somebody is in danger of harming self or others. If there is any abuse or neglect toward children, elderly, or disabled individuals, reports must be made to the local protective service agencies within specified time periods. The Tarasoff warning would be relevant when a specific person has been targeted, meaning that person and/or the police must be warned of the potential threat. Most often, Social Work within VISN1 facilities provides consultation and support when mandated reporting situations arise.

Bedford VA

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the VA Police at 781-687-2000, x2555 to report the emergency and request help. VA Police will notify the local police and request intervention.

If the Veteran needs to speak with a mental health professional during business hours, contact the Walk In Clinic at 781-687-2000, x2347 (if unable to get through, try x2494, x3514, x4959, x4958). The Walk In Clinic is located in Bldg 78, 2nd Floor.

Counselors may also reach the Suicide Prevention Team at x2680, x3425, or x2176; Brenda Kline is the Suicide Prevention Coordinator.

Otherwise, the Veteran should call/text/or visit Veteran Crisis using the following information:

1. Veteran Crisis Line 1-800-273-8255 press 1
2. Text 838255
3. Website: https://www.veteranscrisisline.net

After hours if Veterans are in distress, the Veteran may call the Psych OD at x2275 or ask to speak with Nurse in Charge. The Psych OD is located at Bldg 78, 1st Floor. Alternatively, Veterans may walk-in to the ED, where they can seek emergency services. Veterans can also go to their nearest local Emergency Department if that is the quickest and most convenient option (for those who do not live near the Bedford campus).

Mandated Reporting

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain

as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

Elder Services, Department of Children and Families (DCF), or the Disable Persons Protection Commission may be contacted with the Veteran's local services/town through hotlines or online.

1. Elder Services (age 60+)
    a. Massachusetts Elder Abuse Hotline: (800) 922-2275 or (800) 243-4636 to connect to local elder service agency.
        i. If reporting by phone, mandated reporters must submit an Elder Abuse Mandated Reporter Form to the local Protective Services agency within 48 hours.
        ii. Report online: https://fw1.harmonyis.net/MAAPSLiveIntake/
        iii. More information can be found at https://www.mass.gov/how-to/report-elder-abuse

2. DCF (up to age 17)
    a. During regular business hours (8:45 – 5; Mon – Fri), call the local DCF area office that serves the Veteran's city or town: https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations?_page=1.
    b. Otherwise, call the Child-at-Risk Hotline: (800) 792-5200
    c. Mandated reporters must also complete a written report within 48 hours of their call to DCF. The written report can be completed online or sent by mail or fax. Information can be found at https://www.mass.gov/how-to/report-child-abuse-or-neglect

3. DPPC (age 18-59)
    a. DPPC's 24-hour Hotline: (800) 426-9009 or (888) 822-0350
    b. Written reports must be submitted within 48 hours of a verbal report
    c. Information can be found at https://www.mass.gov/service-details/how-to-file-a-report-of-abuse-or-neglect

Reports of abuse will be limited to providing the name and address of the abused person and that information specifically permitted or required by the statute to follow the reporting provisions of the applicable State law. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

When written reports are submitted, mandated reporters should write a progress note with this

information, add the Veteran's appropriate treatment team or provider(s) as co-signers, and provide copies to the Health Information Management (HIM) Office and Social Work Service. Documentation should note that the report was filed timely with the appropriate agency and what follow-up care was provided for the Veteran, as relevant. Additionally, the Veteran should be informed of the report.

If counselors feel unsure of reporting procedures or how to safely inform the Veteran, always err on the side of caution and seek consultation from the Chief of Social Work Services (Ken Link, LICSW at 781-687-2000 ext. 2375)

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. Counselors may also contact the Site PI, Tu Ngo, Ph.D. at 781-687-2000 ext. 2420, if needed.

Boston VA

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the emergency number for the police department in the town where the Veteran is located. Contact information for all police departments in Massachusetts can be found at http://www.masshome.com/police.html or https://www.usacops.com/ma. If the Veteran lives in a small town, call the State police at 508-820-2350.

The locations and phone numbers for all urgent care/ED at Boston campuses are below. Obviously, if a counselor is talking to a Veteran who is at home and is expressing SI/HI, 911 will need to be called. Otherwise, the Veteran can go to one of these places, and the Counselor should call ahead to inform the clinic that the Veteran intends to present for evaluation.

- Contact information: Urgent Care/ED
  - Jamaica Plain Urgent Care: 857-364-5251
    - Main building, 1st floor lobby (behind information desk)
  - Brockton Urgent Care: 508-583-4500 x62519
    - Building 3 (first floor/A wing – right at main entrance)
  - West Roxbury ED: 617-323-5425; 617-323-5426
    - Building 3 (ground floor)

Suicide Prevention Case Manager (Jamaica Plain)	Amanda Bishop	617-352-2941
Suicide Prevention Case Manager (Brockton)	Julie McCarthy	774-826-3024

Otherwise, the Veteran should call/text/or visit Veteran Crisis using the following information:

4. Veteran Crisis Line 1-800-273-8255 press 1
5. Text 838255
6. Website: https://www.veteranscrisisline.net

Mandated Reporting

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

Elder Services, Department of Children and Families (DCF), or the Disable Persons Protection Commission may be contacted with the Veteran's local services/town through hotlines or online.

4. Elder Services (age 60+)
    a. Massachusetts Elder Abuse Hotline: (800) 922-2275 or (800) 243-4636 to connect to local elder service agency.
        i. If reporting by phone, mandated reporters must submit an Elder Abuse Mandated Reporter Form to the local Protective Services agency within 48 hours.
        ii. Report online: https://fw1.harmonyis.net/MAAPSLiveIntake/
        iii. More information can be found at https://www.mass.gov/how-to/report-elder-abuse

5. DCF (up to age 17)
    a. During regular business hours (8:45 – 5; Mon – Fri), call the local DCF area office that serves the Veteran's city or town: https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations?_page=1.
    b. Otherwise, call the Child-at-Risk Hotline: (800) 792-5200
    c. Mandated reporters must also complete a written report within 48 hours of their call to DCF. The written report can be completed online or sent by mail or fax. Information can be found at https://www.mass.gov/how-to/report-child-abuse-or-neglect

6. DPPC (age 18-59)
    a. DPPC's 24-hour Hotline: (800) 426-9009 or (888) 822-0350
    b. Written reports must be submitted within 48 hours of a verbal report
    c. Information can be found at https://www.mass.gov/service-details/how-to-file-a-report-of-abuse-or-neglect

Reports of abuse will be limited to providing the name and address of the abused person and that information specifically permitted or required by the statute to follow the reporting provisions of the applicable State law. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

When written reports are submitted, mandated reporters should write a progress note with this information, add the Veteran's appropriate treatment team or provider(s) as co-signers. Documentation should note that the report was filed timely with the appropriate agency and what follow-up care was provided for the Veteran, as relevant. Additionally, the Veteran should be informed of the report. At VA Boston, the Chief, Patient Services, or designee, and Chief, Quality Management should be informed that a report has been filed in the event information is requested

from Regional Counsel. The counselor should add Dr. Martino (or Rosen), the Site PI Dr. Higgins, and the Boston VA Social Work Executive (as cosigners to the CPRS note to alert them of the report.

If counselors feel unsure of reporting procedures or how to safely inform the Veteran, always err on the side of caution and reach out to the Social Work Service. The Social Work Service is available to assist with providing education on how to make that report (i.e. the agency to contact, documentation to use, etc.) if a specific provider is unsure. Social Work can also assist with follow up treatment and/or referral for services as appropriate to the case. Call Social Work at 1-800-865-3384.

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. Counselors may also contact the Site PI, Diana Higgins, Ph.D. at 857-364-2221, if needed.

Central Western Massachusetts VA

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the emergency number for the police department in the town where the Veteran is located. Contact information for all police departments in Massachusetts can be found at http://www.masshome.com/police.html or https://www.usacops.com/ma. If the Veteran lives in a small town, call the State police at 508-820-2350.

Remember the Steps of Operation SAVE:

S = Signs of Suicidal Thinking
A = Ask Questions
V = Validate Veteran's Experience
E = Encourage Treatment and Expedite Referral

Veteran Calls in Distress:

1. Keep veteran on line. Do not hang up, or transfer.
2. Engage Veteran in conversation and state you are glad they have called.
5. Additional information:
    - Are you feeling hopeless about the future?
    - Are you having thoughts of taking your life?
    - Are you having these thoughts now?
    - Do you have a plan as to how you might harm yourself?
    - Do you have the means to carry out this plan?
    - When do you intend to act on this plan?
    - Is anyone else in the house with you now?
6. Attempt to use a cell phone or alternate available phone line to call for help.
7. Call 911 to notify local Police Department of need for help.

During Normal Business Hours (VA Central Western MA HCS):

1. Suicide Prevention Coordinator: Jillian Hynek, LICSW at 413-584-4040 ext. 2112 or cell 413-454-8789
2. Urgent Care/AD Social Workers: Amy Toller, LICSW or Lise Wessman 413-584-4040 ext. 2469
3. Urgent Care, Leeds, MA: 413-584-4040 ext. 2461
4. Primary Mental Health Clinic: Henry Rivera (supervisor) 413-584-4040 ext. 2143
5. VA Police, Leeds, MA: 413-584-4040 ext. 2444

After Hours (VA Central Western MA HCS):

Refer to Urgent Care Staff for assistance – Administrative Officer of the Day (AOD) at 413-548-4040 x 2461 or
Lise Wessman 413-584-4040 ext 2469 (until 10:30pm)

Veteran's Crisis Line Number: 1-800-273-TALK (8255) press 1 or Text: 838255; available 24 hours a day, 365 days a year.

Mandated Reporting

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

Elder Services, Department of Children and Families (DCF), or the Disable Persons Protection Commission may be contacted with the Veteran's local services/town through hotlines or online.

7. Elder Services (age 60+)
    a. Massachusetts Elder Abuse Hotline: (800) 922-2275 or (800) 243-4636 to connect to local elder service agency.
        i. If reporting by phone, mandated reporters must submit an Elder Abuse Mandated Reporter Form to the local Protective Services agency within 48 hours.
        ii. Report online: https://fw1.harmonyis.net/MAAPSLiveIntake/
        iii. More information can be found at https://www.mass.gov/how-to/report-elder-abuse

8. DCF (up to age 17)
    a. During regular business hours (8:45 – 5; Mon – Fri), call the local DCF area office that serves the Veteran's city or town: https://www.mass.gov/orgs/massachusetts-department-of-children-families/locations?_page=1.
    b. Otherwise, call the Child-at-Risk Hotline: (800) 792-5200
    c. Mandated reporters must also complete a written report within 48 hours of their call to DCF. The written report can be completed online or sent by mail or fax. Information can be found at https://www.mass.gov/how-to/report-child-abuse-or-neglect

9. DPPC (age 18-59)
    a. DPPC's 24-hour Hotline: (800) 426-9009 or (888) 822-0350
    b. Written reports must be submitted within 48 hours of a verbal report
    c. Information can be found at https://www.mass.gov/service-details/how-to-file-a-report-of-abuse-or-neglect

Reports of abuse will be limited to providing the name and address of the abused person and that information specifically permitted or required by the statute to follow the reporting provisions of the applicable State law. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human

immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

When written reports are submitted, mandated reporters should write a progress note with this information, add the Veteran's appropriate treatment team or provider(s) as co-signers, or alert Henry Rivera, PsyD (Northhampton/Leeds Medical Center) or Jeff McCarthy, PsyD (any Central Western Mass CBOC) if the Veteran is not in any mental health or VA treatment. Documentation should note that the report was filed timely with the appropriate agency and what follow-up care was provided for the Veteran, as relevant. Additionally, the Veteran should be informed of the report.

If counselors feel unsure of reporting procedures or how to safely inform the Veteran, always err on the side of caution and reach out to Dr. Rivera (413-584-4040 x2143) or Dr. McCarthy (413-731-6000 x6050).

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. Counselors may also contact the Site PI, Brad Brummett, Ph.D. at 413-584-4040 x2489, if needed.

Maine VA

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the emergency number for the police department in the town where the Veteran is located. Local police department locations and numbers can be found at https://www.50states.com/maine/police_departments.htm or https://www.usacops.com/me. If the Veteran lives in a small town, call the State police; the general headquarters number in Augusta is 207-624-7200. 24-hour regional communication centers for the Maine State Police are:

AUGUSTA 207-624-7076
BANGOR 207-973-3700
HOULTON 207-532-5400

For non-life-threatening issues, Veterans should be encouraged to call their mental health provider.

Otherwise, the Veteran should call/text/or visit Veteran Crisis using the following information:

1. Veteran Crisis Line 1-800-273-8255 press 1
2. Text 838255
3. Website: https://www.veteranscrisisline.net

Mandated Reporting

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.
Reports regarding abuse, neglect (including self-neglect by an incapacitated adult) or exploitation of a dependent adult must be made by telephone to the **State of Maine Abuse and Neglect Intake Hotline at 1-800-624-8404**.

For situations involving children, the following number **Maine Child and Family Services Child Abuse Hotline should be used: 1-800-452-1999**.

The reports must contain the name and address of the suspected victim; information regarding the nature and extent of the abuse, neglect or exploitation; the source of the report; the person making the

report; their occupation; and where they can be contacted. The report may contain any other information which the reporter believes may be helpful. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

The counselor is responsible for filling out the template "Abuse/Neglect Report" progress note in CPRS, which documents the call to the relevant state agency and identifies the person who took the report and the information that was disclosed to them. Use of the note acknowledgement process (adding additional signers) must be used to alert the primary care provider, physician/provider, and the social worker involved in Veteran's care.

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. As needed, counselors may also contact the Site PI, Todd Stapley, MD at 207-623-8411 x5384.

Manchester VA

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the emergency number for the police department in the town where the Veteran is located. Local police department locations and numbers can be found at https://www.50states.com/new_hampshire/police_departments.htm or https://www.usacops.com/nh. If the Veteran lives in a small town, call the State police at 603-271-1162.

For non-life-threatening issues, Veterans should be encouraged to call their mental health provider.

Otherwise, the Veteran should call/text/or visit Veteran Crisis using the following information:

1. Veteran Crisis Line 1-800-273-8255 press 1
2. Text 838255
3. Website: https://www.veteranscrisisline.net

Mandated Reporting

When a suspected child, elder or adult abuse report is to be filed, the mandated reporter will telephone the appropriate State agencies. Because Manchester VA serves some Veterans in New Hampshire, Vermont, and Maine, the following phone numbers may be useful:

1. New Hampshire State Child Protective Service agency (603-271-6562) or Adult Protective Service agency (603) 271-7041
2. Vermont Adult Protective Services (800) 564-1612 or Vermont Child Abuse, Neglect, Exploitation Reporting (800) 649-5285
3. Maine Abuse and Neglect Intake Hotline at 1-800-624-8404 or Maine Child and Family Services Child Abuse Hotline 1-800-452-1999.

Reports of abuse will be limited to providing the name and address of the abused person and that information specifically permitted or required by the statute to follow the reporting provisions of the applicable State law. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

When written reports are submitted, mandated reporters should write a progress note with this information, add the Veteran's appropriate treatment team or provider(s) as co-signers. Documentation should note that the report was filed timely with the appropriate agency and what follow-up care was provided for the Veteran, as relevant. Counselors must complete the CPRS template, ABUSE <Report of suspected abuse/neglect>". Additionally, the Veteran should be informed of the report.

If counselors feel unsure of reporting procedures or how to safely inform the Veteran, always err on the side of caution and reach out to the Social Work Executive Kristin Maxwell at (603) 624-4366 x6468 or kristinmaxwell@va.gov.

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. Counselors may also contact the Site PI, Alicia Semantian, Psy.D. at 603-624-4366 x6588 or VA cell 603-722-9295, if needed.

Providence VA

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the emergency number for the police department in the town where the Veteran is located. Local police department locations and numbers can be found at https://www.50states.com/rhode_island/police_departments.htm or https://www.usacops.com/ri. If the Veteran lives in a small town, call the State police at 401-333-1000.

Mental Health
911 should be called for all life-threatening emergencies; counselors should make this call while the veteran is still on the line.
Veterans who have established mental health care should be encouraged to call their provider.
Veterans who need same day evaluation/service but who are not in imminent danger can be directed to the Providence VA Mental Health Urgent Care (Interim Care) – they can be connected via 401-273-7100 x1487 or directed to present to the main hospital 3rd Floor, B-wing

Local Suicide Protocol –

a. Dial 401-273-7100 x2154 to speak with Jeanne Smith – Providence Suicide Prevention Coordinator
b. **If no answer at 2154**: Dial x1487 Interim Care
c. **If no answer at 1487:** call interim care staff directly
    a. Robert Plante: x3556
    b. Kathy Neil: x3557

On a national level – veteran can be directed to call/text/or visit Veteran Crisis using the information below if not able to reach mental health provider or requires additional support:

1. Veteran crisis Line 1-800-273-8255 press 1
2. Text 838255
3. Website: https://www.veteranscrisisline.net

Medical
911 should be called for all life-threatening emergencies; counselors should make this call while the veteran is still on the line.
Veteran should be encouraged to call the TAP line – locally 401-457-3336 to leave a message to speak with the PACT RN or PACT MD
Veteran will be triaged to an appropriate level of care – home care instructions or clinic visit same day or in a few days

Mandated Reporting

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or

neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

The Providence VA catchment area encompasses 3 states. Reporting requirements are state specific. For Connecticut reporting requirements, see VA Connecticut. For Massachusetts, reporting requirements refer to those specified in each of the 3 VAs based in this state (Bedford VA, Boston VA, and Central Western Massachusetts VA).

VA Providence covers Veterans who live in Rhode Island, Massachusetts, and Connecticut. For Rhode Island, the reporting requirements are as follows:

1. Division of Elderly Affairs – call the DEA Protective Services Unit at 401-462-0555
2. Department of Children, Youth & Families – call the hotline at 1-800-742-4453

Reports of abuse will be limited to providing the name and address of the abused person and that information specifically permitted or required by the statute to follow the reporting provisions of the applicable State law. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

When written reports are submitted, mandated reporters should write a progress note with this information, add the Veteran's appropriate treatment team or provider(s) as co-signers. Documentation should note that the report was filed timely with the appropriate agency and what follow-up care was provided for the Veteran, as relevant. Additionally, the paper Rhode Island form should be copied and sent to the Providence VA CIO-HIMS Betsy Fabian. If Massachusetts forms are submitted online or a phone call is made, Betsy Fabian should be added as a cosignatory to the note. Additionally, the Veteran should be informed of the report.

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. Counselors may also contact the Site PI, Thom Reznik, MD at 401-325-0311 (pager), if needed.

VA Connecticut

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the emergency number for the police department in the town where the Veteran is located. Local police department locations and numbers can be found at https://www.50states.com/connecticut/police_departments.htm or https://www.usacops.com/ct. If the Veteran lives in a small town, call the State police at 203-974-7353.

If you cannot call, you could also use Text-to-9-1-1 in Connecticut. Texts to 9-1-1 are routed to one of Connecticut's 100+ public safety answering points (PSAPs). All PSAPs (9-1-1 call centers) are operated on a 24-hour basis, receive 9-1-1 calls and texts and dispatch emergency response services. Use the following steps for Text-to-9-1-1:

1. Enter the numbers 911 in the "To" field
2. Text the exact location of the emergency
3. Briefly describe what kind of help you need
4. Push the "Send" button
5. Respond to any questions

For non-life-threatening issues, Veterans should be encouraged to call their mental health provider. Veterans should be reminded that the telephone numbers for the West Haven Mental Health Clinic are: (203) 932-5711, x2569, x2570, or x2571. For the Newington Mental Health Clinic, the number is 860-667-6763; Newington Substance Use Disorders Program is 860-667-6747.

Otherwise, the Veteran should call/text/or visit Veteran Crisis using the following information:

4. Veteran Crisis Line 1-800-273-8255 press 1
5. Text 838255
6. Website: https://www.veteranscrisisline.net

After hours if Veterans are in distress, the Veteran may call the VACHS switchboard (203) 932-5711, where the operator will transfer them to the ED. Alternatively, Veterans may walk-in to the ED, where they can seek emergency services. Veterans may also directly call the Psychiatric Emergency Room at 203-932-5711, x4471 or x4472. Veterans can also go to their nearest local Emergency Department if that is the quickest and most convenient option (for those who do not live near the West Haven campus).

Mandated Reporting

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

For VA Connecticut, the reporting requirements are as follows:

1. Call Protective Services for the Elderly at the Department of Social Services during business hours at the toll-free line: 1-888-385-4225. After business hours or on weekends or state holidays, please call Infoline at 2-1-1. A written referral can also be made in lieu of an oral report using the W-675 form. If a written report is completed, it must be faxed to 860-424-5091 and submitted to the VA HIMS office to fine in the administrative folder (http://www.ct.gov/dss/lib/dss/pdfs/W-675.pdf).
2. For child abuse, an oral report must be made to the DCF Careline no later than 12 hours after the mandated reporter has become aware of or suspects abuse or neglect of a child. Within 48 hours of making an oral report, a mandated reporter must submit a written report to the DCF Careline on the DCF-136, "Report of Suspected Child Abuse or Neglect." The completed 136 should be faxed to the appropriate field office listed at the bottom of the form, and subsequently submitted to VA HIMS office to file in the Administrative Folder. DCF Careline: 860-550-6515 or 800-842-2288 (http://www.ct.gov/dcf/lib/dcf/policy/forms/DCF-136_Rev_05_2015.pdf).

Reports of abuse will be limited to providing the name and address of the abused person and that information specifically permitted or required by the statute to follow the reporting provisions of the applicable State law. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

When written reports are submitted, mandated reporters should write a progress note that documents the following information in CPRS, as appropriate: date and time, chief complaint, medical history, relevant social history, detailed description of suspected abuse/neglect/exploitation, information given for referrals or actual treatment/follow-up, name of practitioner of record, confirmation that a verbal report of the event was made to the appropriate agency and indication that any required written reports wer both forwarded to the appropriate agency and filed with the HIMS in the Administrative folder, name and number of the agency representative., add the Veteran's appropriate treatment team or provider(s) as co-signers, or alert Henry Rivera, PsyD (Northhampton/Leeds Medical Center) or Jeff McCarthy, PsyD (any Central Western Mass CBOC) if the Veteran is not in any mental health or VA treatment. Documentation should note that the report was filed timely with the appropriate

agency and what follow-up care was provided for the Veteran, as relevant. Additionally, the Veteran should be informed of the report.

All reports must be communicated to the Chief of Social Work, Neil Beesley via email (Neil.Beesley@va.gov or phone (203) 932-5711 ext. 3571, who maintains a record for the Privacy Office.

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. Counselors may also contact the Site PIs, Steve Martino, Ph.D. at 203-932-5711 ext. 7418 or 2468 or Marc Rosen, MD at 203-932-5711 ext. 2112, if needed.

White River Junction VA

Crisis Intervention

At the start of the call, counselors should ask the participants their last for SSNs, current location and the name of their mental health and primary care providers (if not already known). It is also helpful to know if any other individuals are present during the call.

For all life-threatening emergencies, counselors should keep the Veteran on the line and call the emergency number for the police department in the town where the Veteran is located. Local police department locations and numbers can be found at https://www.50states.com/vermont/police_departments.htm or https://www.usacops.com/vt. If the Veteran lives in a small town, call the State police at 802-244-8727.

Veterans should be encouraged to call their mental health provider.

Otherwise, the veteran should call/text/or visit Veteran Crisis using the information:

1. Veteran crisis Line 1-800-273-8255 press 1
2. Text 838255
3. Website: https://www.veteranscrisisline.net

WRJVA also has a walk-in clinic in which the veteran can speak with a psychiatrist/counselor. The Primary Mental Health Clinic is located between the Emergency Room and Green Mountain Firm in Bldg 39. Hours: Monday-Friday, 8am to 4pm, and new patients can potentially be seen at 4:00PM. Phone: 802-295-9363, ext. 6132. After hours, the veteran may speak with the on-call doctor by calling 802-295-9363, ext. 5700. The veteran should be reminded that they should call the nearest emergency department or 911 if they need emergency care.

Mandated Reporting

Reporting will be accomplished after firsthand information is obtained regarding possible abuse or neglect. Firsthand knowledge will include information obtained from the allegedly abused child or adult, involved family members, or persons providing direct care. If a mandated reporter is uncertain as to whether the case constitutes abuse or neglect, further assessment of the situation as well as conferring with other relevant treatment providers and supervisors in a timely manner, so as not to leave the victim vulnerable, may be warranted prior to reporting, though guidelines suggest erring on the side of caution and that "mere suspicion," is enough to report. The appropriate hotlines may also be contacted for consultation.

For the White River Junction VA, Veterans may live in Vermont, New Hampshire, Massachusetts, or New York. To report child abuse in these states, call the state-specific hotline:

- Vermont: 1-800-649-5285
- New Hampshire: 603-271-6562
- Massachusetts: 1-800-792-5200
- New York: 1-800-342-3720

To report Elder Abuse and/or Vulnerable Adult Abuse in these states, call the state-specific hotline:

- Vermont: 1-800-564-1612
- New Hampshire: 603-271-7014
- Massachusetts: 1-800-922-2275
- New York: 1-844-697-3505

Additional information on reporting in each state is also available online.

A covered professional filing a report directly must:

a. Make a report with the state in which the Veteran currently resides, regardless of where the incident occurred.
b. Complete an Adult Abuse/Neglect Note or Child Abuse/Neglect Note in CPRS. Use of this note title is required and alerts Social Work and the Privacy Officer that a report has been made.
c. Document in CPRS that examination and treatment for conditions caused by the abuse or neglect were offered.

Reports of abuse will be limited to providing the name and address of the abused person and that information specifically permitted or required by the statute to follow the reporting provisions of the applicable State law. In no event shall information protected under 38 U.S.C. 7332, that pertains to treatment for drug and alcohol abuse or sickle cell anemia or to testing for, or infection with human immunodeficiency virus (HIV), be disclosed to comply with a state request unless the Veteran signs a prior written special consent or there is a valid court order. If the state agency which has received a report of abuse seeks additional information to further investigate the report, it may be provided only with the Veteran's consent or in response to a letter prepared by the law enforcement agency charged with the investigation in accordance with the provisions of 5 U.S.C. 552A(b)(7).

Procedures within the VA

When written reports are submitted, mandated reporters should write a progress note with this information, add the Veteran's appropriate treatment team or provider(s) as co-signers, Documentation should note that the report was filed timely with the appropriate agency and what follow-up care was provided for the Veteran, as relevant. Additionally, the Veteran should be informed of the report.

A Social Worker will provide follow-up to any Adult Abuse/Neglect Note or Child Abuse/Neglect Note entered in CPRS and can also be contacted directly by any covered professional or other VA employee.

If a Veteran is currently using Mental Health services, counselors may reach out to the provider first. Counselors may also contact the Site PI, Paul Holtzheimer, MD at 802-295-9363 x6042, if needed.

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Veterans Benefits Administration http://www.vba.va.gov/benefit_facts/Service-Connected_Disabilities/English/5trackseg_0406.doc

Additional Resources

ASSIST can be 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 Counselors. Available at:
http://www.hiv.va.gov/pdf/va01-pr/prtop-08/prevention_handbook.pdf.

Appendix A: Heaviness of Smoking Index

The counselor will ask the Veteran if he/she smokes cigarettes. If yes, the counselor will administer the 2-item Heaviness of Smoking Index.

COUNSELOR: First, I am going to ask you about your use of cigarettes:

c. *How many cigarettes per day do you smoke?*
   0 – 10 or less
   1 – 11-20
   2 – 21-30
   3 – 31 or more
d. *How soon after you wake up do you smoke your first cigarette?*
   3 – Within 5 minutes
   2 – 6-30 minutes
   1 – 31-60 minutes
   0 – After 60 minutes

- Higher scores indicate more severe nicotine use.

Appendix B. AUDIT-C

3. How often did you have a drink containing alcohol in the past year?
   - Never (0 points)*
   - Monthly or less (1 point)
   - Two to four times a month (2 points)
   - Two to three times per week (3 points)
   - Four or more times a week (4 points)

4. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
   - 0 drinks (0 points)*
   - 1 or 2 (0 points)
   - 3 or 4 (1 point)
   - 5 or 6 (2 points)
   - 7 to 9 (3 points)
   - 10 or more (4 points)

5. How often did you have six or more drinks on one occasion in the past year?
   - Never (0 points)
   - Less than monthly (1 point)
   - Monthly (2 points)
   - Weekly (3 points)
   - Daily or almost daily (4 points)

- If AUDIT-C question #1 is answered "never", scores of 0 can be validly imputed for questions 2-3.
- 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.

Appendix C. Single Question Screener and Abbreviated ASSIST

COUNSELOR: How many times in the past year have you used an illegal drug?"

- A response of at least 1 time is considered positive for drug use.
- If the Veteran says at least once, the counselor asks which drugs the Veteran has used. The counselor then identifies if the Veteran has used any of these substances in the past 3 months.

COUNSELOR: Have you used any of these drugs in the past 3 months?

- If the Veteran responds 'No", then the counselor rules out risky drug.
- For any drug used in the past 3 months, the counselor will administer a modified version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST, Group 2002, Appendix C). The abbreviated ASSIST consists of three questions concerning problems related to substance use and severity. The counselor will ask the questions separately for each identified drug.

COUNSELOR: I'd like to ask you just a few questions about [identified drug].

1. *In the past three months, how often has your use of [identified drug] led to problems? Problems might include problems with your health, with other people, legal problems or financial issues.*

2. *In the past three months, has anyone expressed concern about your use of [identified drug]?*

3. *Have you ever tried to cut down using [identified drug]? Tell me about that.*

- If the Veteran endorses any of these three ASSIST questions, he or she is using drugs in a risky way.
- The more symptoms the Veteran endorses, the more severe or at-risk the substance use is.

Appendix D. Medication Misuse Screening

The counselor asks about the Veterans use of common pain medications.

I'd like to ask you about your experience with medicine. In the past 4 weeks, have you been prescribed any medicines?

If yes:

Which ones? _____ *(list)*

If not: END

1. *In the past 4 weeks, did you ever use any of these medicines in larger amounts than was prescribed or for a longer period than was prescribed?*

   If yes:

   Which ones? _____*(list)*
   How often? _____ *(# times in past 4 weeks)*

   If not:

2. *In the past 4 weeks, have you used any of these medicines to get high, to relax, or to make you feel better, more active, or alert?*

   If yes:

   Which ones? _____ *(list)*
   How often? _____ *(# times in past 4 weeks)*

- If the Veteran has endorsed either #1 or #2, he/she is using medications in a risky way.

- Counselors should be familiar with common painkillers. Common opioid painkillers are codeine, fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis), hydrocodone (Hysingla ER, Zohydro ER), hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin), hydromorphone (Dilaudid, Exalgo), meperidine (Demerol), methadone (Dolophine, Methadose), morphine (Kadian, MS Contin, Morphabond), oxycodone (OxyContin, Oxaydo), oxycodone and acetaminophen (Percocet, Roxicet)

- Sometimes Veterans with chronic pain are prescribed muscle relaxants or benzodiazepines in addition to opioid painkillers. These medications also can place Veterans at-risk for substance-related problems. Muscle relaxants may include baclofen, carisoprodol, hydrochloride, fioricet, and Skelaxin. Benzodiazepines may be valium (diazepam), zanax, niravam (alprazolam), klonopin (clonazepam), and Ativan (lorazepam).

Summary of SBIRT-PM Session

1. Orientation to SBIRT-PM

Hello Mr./Ms. [last name]. I'm (name), and I am one of the counselors working on the pain management project you agreed to participate in. Thanks for talking with me today. How are you doing?

These calls are meant to give you an opportunity to talk about your pain and different pain management options available to you. Our conversation will have no bearing on your claim, and anything we discuss will not be shared with C&P. Mainly, I am interested in understanding your experiences managing your pain and how to go forward from there. Is it ok if we talk about that today?

If you decide you want to try any pain management services, I will help you come up with a plan to access them. I also will ask you about your use of cigarettes, alcohol, drugs, or prescription medications. Sometimes people use substances to cope with pain. That may or may not be true for you. We'll talk about your view of your substance use and, if relevant, anything you think might be worth changing. How does that sound?

After today's call, we will talk again 3 more times over the next 3 months for me to see how you are doing and to continue to help you access appropriate services. Okay?

Before we get going, may I ask where you are calling from today? When we get to discussing services, it will help me to know your location. Also, may I have you last four SSNs? This will allow me to enter a quick note in CPRS to indicate that you met with me for this project and to inform your providers what, if any, services you want to try or discuss with them.

2. Inquiry about Veteran's musculoskeletal condition and pain

Tell me about the problem you were evaluated for in which you are seeking service-connection. How did the evaluation go?

Tell me about how your condition has been bothering you.

When your [body part or parts] hurts you, where do you feel the pain the most? When does your pain bother you? How long has this been going on?

Sometimes pain can affect other aspects of your life. How has your pain affected your:

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

What things have you done to cope with and manage your condition? Please tell me about some of the things you have tried.

3. Explanation of multi-modal pain treatment

I'd like to talk with you about different types of pain treatment. You already told me that you have tried [pain treatments]. You may want to try them again or you might consider trying something new. [begin a description of multi-modal pain treatment]

The goal of pain treatment is to help you do things that are important to you. It may take several different treatments to achieve this. Using a few different treatments typically helps people reduce their pain and function better. [Use an analogy to describe multi-modal pain care, e.g., making a blueberry pie, 3-legged stool.]

Is it OK if I tell you about some of them? Here are some of the ways pain treatments can work…

IF THE VETERAN COMMITS TO TRYING SOME PAIN SERVICES, START DEVELOPING A CHANGE PLAN FOR ENGAGING IN PAIN MANAGEMENT TREATMENTS AND SERVICES. YOU DO NOT HAVE TO FURTHER ENHANCE MOTIVATION FOR MULTI-MODAL PAIN CARE.

4. Enhance motivation for multi-modal pain care

A. <u>If the Veteran does not believe getting additional pain treatments or services is important enough right now</u>, consider the following strategies:

- Summarize drawbacks for not engaging in pain services, followed by any reasons the Veteran stated for trying pain services and <u>prompt for additional reasons to engage in multi-modal pain care</u>. Reason may include:

    - To have better pain relief
    - To be more active
    - To feel more in control of my life
    - To sleep better
    - To feel better emotionally
    - To show my doctor I am willing to try things
    - To reduce my reliance on opioid and other medications
    - To gain support and learn from other people trying to manage pain
    - To be able to work again
    - To be able to do more things with my friends and family
    - To be more social

- *What would make engaging in pain treatment matter enough for you to give some approaches a try?*

- <u>Use the importance ruler technique</u>, from 0 (not at all important) to 10 (extremely important), to explore and develop motivation to try additional pain treatments.

- *A year from now, if you don't make any changes in how to manage your pain, what will your life look like? A year from now if you try some additional ways to manage your pain and you find some of them helpful, what might your life look like?*

- *What is the worst thing that could happen if you tried another pain treatment approach for a trial period? What is the best thing is that could happen if you tried another pain treatment approach?*

B. If the Veteran does not believe he/she is able to access pain treatments or services, even if the Veterans wants to participate in them, consider the following strategies:

   - *What would need to happen you to feel more able to engage in other pain services?*

   - Use the confidence ruler technique, from 0 (not at all confident) to 10 (extremely confident), to explore and develop motivation to try additional pain treatments.

   - *Please tell me about times in the past when you were more successful in getting involved in pain care? How might you apply these experiences to your current situation?*

   - *Tell me about some of your positive personal qualities or strengths. How could you use these strengths to participate in pain care?*

   - *What are some of the obstacles that get in the way of you using or trying additional pain treatments or services? Let's think about how you might address these issues.*

C. If the Veteran's disinterest in engaging in pain treatments or services is based on "I already tried that" and any of the strategies above have not enhanced the Veteran's motivation for change, consider using an amplified reflection such as:

   - *It didn't work for you then, and you can't imagine it ever being helpful to you in any way.*
   - *There was absolutely no benefit to it, and it is hard to imagine it ever being helpful.*
   - *Your experience tells you that it isn't worth trying anything else again, whether you have tried something in the past or it involves something you haven't tried yet.*
   - *Nothing is worth the effort. None of it will help you better manage your pain.*

IF THE VETERAN COMMITS TO TRYING SOME PAIN SERVICES, START DEVELOPING A CHANGE PLAN FOR ENGAGING IN PAIN MANAGEMENT TREATMENTS AND SERVICES. IF THE VETERAN HAS NOT COMMITTED TO TRY PAIN SERVICES, KEEP THE DOOR OPEN TO DISCUSS THIS NEXT TIME AND MOVE ON TO SCREENING FOR RISKY SUBSTANCE USE.

5. Screening for risky substance and medication use

ONLY SCREEN FOR CATEGORIES OF RISKY SUBSTANCE OR MEDICATION

USE IF THIS INFORMATION IS NOT ALREADY APPARENT.

As part of pain treatment, we ask people about their use of various substances and prescribed medications. Some Veterans use substances like cigarettes, alcohol, or drugs to cope with pain. Also, sometimes they may not take pain medications as prescribed. I am going to ask you about each of these areas and then talk more about them with you as needed. Would that be okay?

Cigarette Use – Heaviness of Smoking Index

First, I am going to ask you about your use of cigarettes. Do you smoke cigarettes?

a. *How many cigarettes per day do you smoke?*
   0 – 10 or less
   1 – 11-20
   2 – 21-30
   3 – 31 or more
b. *How soon after you wake up do you smoke your first cigarette?*
   3 – Within 5 minutes
   2 – 6-30 minutes
   1 – 31-60 minutes
   0 – After 60 minutes

Higher scores indicate more severe nicotine use.

Alcohol Use – AUDIT-C

Now I am going to ask you about your use of alcohol.

1. *How often do you have a drink containing alcohol?*
   a. Never
   b. Monthly or less
   c. 2-4 times a month
   d. 2-3 times a week
   e. 4 or more times a week

2. *How many standard drinks containing alcohol do you have on a typical day?*
   a. *1 or 2*
   b. *3 or 4*
   c. *5 or 6*
   d. *7 to 9*
   e. *10 or more*

3. *How often do you have six or more drinks on one occasion?*
   a. *Never*
   b. *Less than monthly*
   c. *Monthly*

d. *Weekly*
e. *Daily or almost daily*

Points are allocated as follows: a = 0; b = 1; c = 2; d = 3; e = 4. 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.

Illegal Drug Use – Single Question Screener and Abbreviated ASSIST

How many times in the past year have you used an illegal drug or marijuana?"

A response of at least 1 time is considered positive for drug use. If the Veteran says at least once, the counselor asks which drugs the Veteran has used. The counselor then identifies if the Veteran has used any of these substances in the past 3 months.

Have you used any of these drugs in the past 3 months?

If the Veteran responds 'No", then the counselor rules out risky drug. For any drug used in the past 3 months, the counselor then says:

I'd like to ask you just a few questions about [identified drug].

1. *In the past three months, how often has your use of [identified drug] led to problems? Problems might include problems with your health, with other people, legal problems or financial issues.*
2. *In the past three months, has anyone expressed concern about your use of [identified drug]?*
3. *Have you ever tried to cut down using [identified drug]? Tell me about that.*

Prescription Medication Use

I'd like to ask you about your experience with medicine. In the past 4 weeks, have you been prescribed any medicines?

If yes:

Which ones? _____ *(list)*

If not: END

In the past 4 weeks, did you ever use any of these medicines in larger amounts than was prescribed or for a longer period than was prescribed?

If yes:

Which ones? _____ *(list)*
How often? _____ *(# times in past 4 weeks)*

If not:

In the past 4 weeks, have you used any of these medicines to get high, to relax, or to make you feel better, more active, or alert?

If yes:

Which ones? _____ *(list)*
How often? _____ *(# times in past 4 weeks)*

6. Provide feedback about risky substance or medication Use

If the Veteran reports no at-risk substance or medication use, affirm him or her for this accomplishment and reinforce maintaining this stance with education about risky use and chronic pain management.

According to what you've told me, you are not using substances in a risky way. That's great that you have not developed problems with any substances or your medications given the pain you have been experiencing. Not everyone has been able to achieve that. A healthy lifestyle is key to successfully coping with pain. Eating right, exercising, and doing things in moderation can set you up physically and mentally to manage your pain better. Risky substance use could interfere with your pain management efforts.

If the Veteran reports risky use, offer the Veteran feedback about how his or her use increases risk for harm.

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

Second, you are "at risk" for worse pain. Substance use can make pain worse in several ways. It affects how well you sleep, it is a depressant, and it can interfere with medications you may take to control your pain. In what ways do you think your substance use has affected your pain? Your sleep? Your work? Your mood? Your relationships? Your overall health/lifestyle?

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

For problematic use of opioid pain medicines, you can also share the following:

The latest research shows that taking opioid pain meds (like Vicodin and OxyContin) for chronic pain can change the brain, damaging its ability to feel pleasure and leading to a craving for more drugs. A few studies have found that long-term use can lead to increased back, neck, shoulder, or knee pain. In the long run, successful pain management involves eating right, exercising, doing

things in moderation, and developing skills for coping with pain. Trying several of these things and seeing what works for you can set you up physically and mentally to manage your pain better.

Ask the Veteran about his or her reaction to this feedback and use this as an opportunity to enhance motivation to reduce risky substance use.

IF THE VETERAN COMMITS TO REDUCING RISKY SUBSTANCE OR MEDICATION USE, START DEVELOPING A CHANGE PLAN FOR ADDRESSING THIS ISSUE. IF THE VETERAN HAS NOT COMMITTED TO REDUCING RISKY SUBSTANCE USE, MAKE FURTHER ATTEMPTS TO ENHANCE MOTIVATION FOR CHANGE.

7. Enhance motivation for reducing risky substance use

A. <u>If the Veteran does not believe stopping or reducing risky substance or medication use is important enough</u>, try any of the following strategies:

- <u>Discuss more reasons for changing risky use</u> based on prior discussion and try to develop this list further. Some reasons to change might include:
  - 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

- <u>Determine the annual cost of substance use</u> and what else the Veteran would have preferred to spend that money on if he/she could go back a year.

- *What would make quitting matter enough for you to change your substance use?*

- Use the importance ruler technique.

- *A year from now, if you were to continue using [substance] without making any changes, what do you think your life would look like? If you were to cut back or stop using [substance], what do you think your life would look like?*

- *What is the worst thing that could happen if you tried to stop using [or took your medications only as prescribed] for a trial period? What is the best thing that could happen?*

B. <u>If the issue is that the Veteran does not believe he/she is able to stop using</u>, try the following:

- *What would need to happen for you to feel more able to quit?*

- Use the confidence ruler technique.

- *Please tell me about times in the past when you were successful in cutting down or stopping substance use. How could you apply these experiences to your current situation?*

- *Tell me about your positive personal qualities or strengths. How might you use these strengths to reduce or stop using [substance]?*

- *What do you think are the main obstacles to reducing or stopping [substance]? Let's try to come up with ways to address these issues.*

C. If the Veteran decides not to change his or her risky use, thank the Veteran for discussing the matter and encourage the Veteran to keep the door open to talking about it again on future calls:

Thank you for being open with me about your substance use. If you find your substance use is not helping your pain over time or if you decide you want to change your use of [substance]in the future, I am available to talk with you about it on any of our subsequent calls. In the end, what you decide to do about your substance use is entirely up to you.

Move to summarize the entire session.

D. If the Veteran commits to stopping risky use (cutting back, quitting, adhering to prescription), summarize the Veteran's motivations for change and proceed to developing a change plan.

8. Developing a change plan

- *What is your goal for engaging in pain treatment [reducing risky substance/medication use]?*

- Describe the pain management services and substance use treatment and self-help support services available in the area.

- *Which of these services are of interest to you?*

- *What steps will you take to get [specify service]? When do you think you will do this?*

- *Who might help you achieve your goal(s)?*

- *What might interfere with your effort to [stated goal]? How would you handle that?*

Some Veterans may not be interested in specific referrals and instead may elect to change on their own. Consider discussing with these Veterans ways they can help themselves:

- Set a date by which an appointment will be made for a pain treatment or for a "quit" or "cut down" date
- Tell others about your plan to change
- Get rid of things that remind you of using

- Learn to outlast the urge or craving to use
- Avoid people, places and things that might trigger you or be detrimental to managing your pain or substance use
- Distract yourself with new, healthy and pleasant things
- Make sure you have a healthy diet and get plenty of sleep
- Talk to your treatment provider about how you are taking your prescribed pain treatment medications
- Ask for help from friends
- Go online for support:
    - www.va.gov/PAINMANAGEMENT/Veteran_Public/index.asp
    - WebMD Pain Coach app
    - www.drugscreening.org , www.alcoholscreening.org
    - www.quitweedandsucceed.com
    - www.addictionrecoveryguide.org
    - www.acar.net.au/control_your_drinking_online.html
    - http://women.smokefree.gov/
    - www.rethinkingdrinking.niaaa.nih.gov

9. Summarize

SBIRT-PM Intervention Flowchart Diagram