



Lessons Learned from Implementing a Web-Based Tool for Brief Alcohol Interventions in a Large Integrated Health Care System

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VA Readjustment Counseling Service (Vet Centers)

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS



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- 877 WAR-VETS Vet Center Combat Call Center
- Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury
- America's Heroes at Work
- Veterans Crisis Line - (800) 273-8255
- Mobile Apps: PTSD Coach
- Office of Survivors Assistance

th/newsfeatures/20091026a.asp



1 2 3 4 5 6

Outreach Inside Communities

Helping Veterans and their families adjust to civilian life after combat

Here to Help



If you have [served in any combat zone](#), Vet Centers are in your community to help you and your family with readjustment counseling and outreach services.

Featured Story

Memorial Day Event Honoring Vietnam Veterans.

For the past twelve years, the Bronx Vet Center and the DC Vet Center have joined together at the Vietnam



Wall... Read the full article at. [Read More...](#)

Find a Vet Center



By the end of 2011, there will be 300 Vet Centers across the US and surrounding territories (US Virgin Islands, Puerto Rico, Guam, and American Samoa). Click the map to [find one near you](#) or to speak confidentially with a Vet Center Counselor at any time around the clock call:

877-WAR-VETS(927-8387)

Vet Center Training Project 2005-2008

To provide Vet Center counselors with the **tools and training** necessary to effectively **screen, assess and intervene** with veterans who are at risk of developing **substance use disorders**.

Help without hassles for drug and alcohol problems.



Partnership



Readjustment Counseling Service



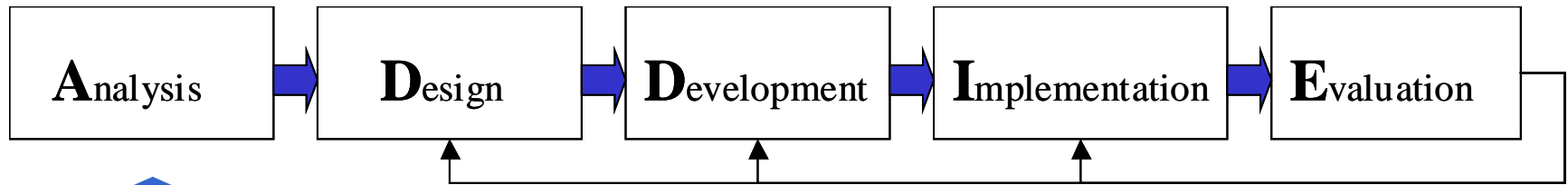
John Baer	Seattle, WA
Jacqueline Jaszka	Palo Alto, CA
Wen-Pin Lai	Palo Alto, CA
Shannon Stirman	Palo Alto, CA
Steven Villafranca	Palo Alto, CA
Ken Weingardt	Palo Alto, CA
Paula Wilbourne	Palo Alto, CA



Deborah Dorsey	St. Louis, MO
Joy Hodgkins	St. Louis, MO
Raymond Spry	Salt Lake City, UT

William Adams	Bronx, NY
Alfonso R. Batres	Washington, DC
Ron Beavers	Los Angeles, CA
Clifford Brown	Denver, CO
Gary Cunha	Fayetteville, NC
James Elliot	Evanston, IL
Bob Fahnsestock	Oakland, CA
Norman Hummel	Charleston, SC
Jack Husted	Huntington, WV
Mark Kaufki	Wilmington, DE
Karen Kopitz	New York, NY
Katina Mach	Des Moines IA
Daniel Nedoba	Albuquerque, NM
Patrick Neeser	Boise ID
Stephen Simons	Corpus Christi TX
Clarence Slaughter	Denver, CO

Needs Analysis



Audience survey

- February 2005
- 532 responses
- 79% response rate

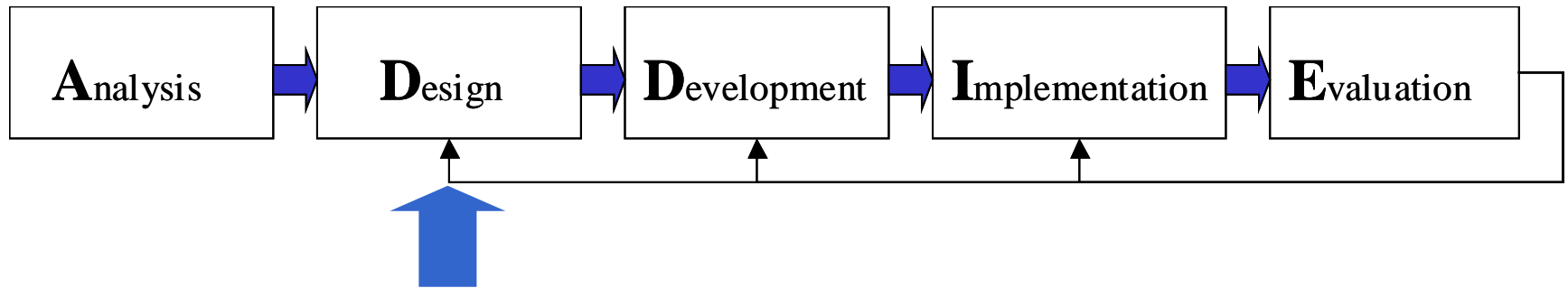
Site visits

- Redwood City
- Oakland
- Concord

Regional Training Conferences

- July – Sept 2005
- Regions 2, 3A,
- 4A, 4B

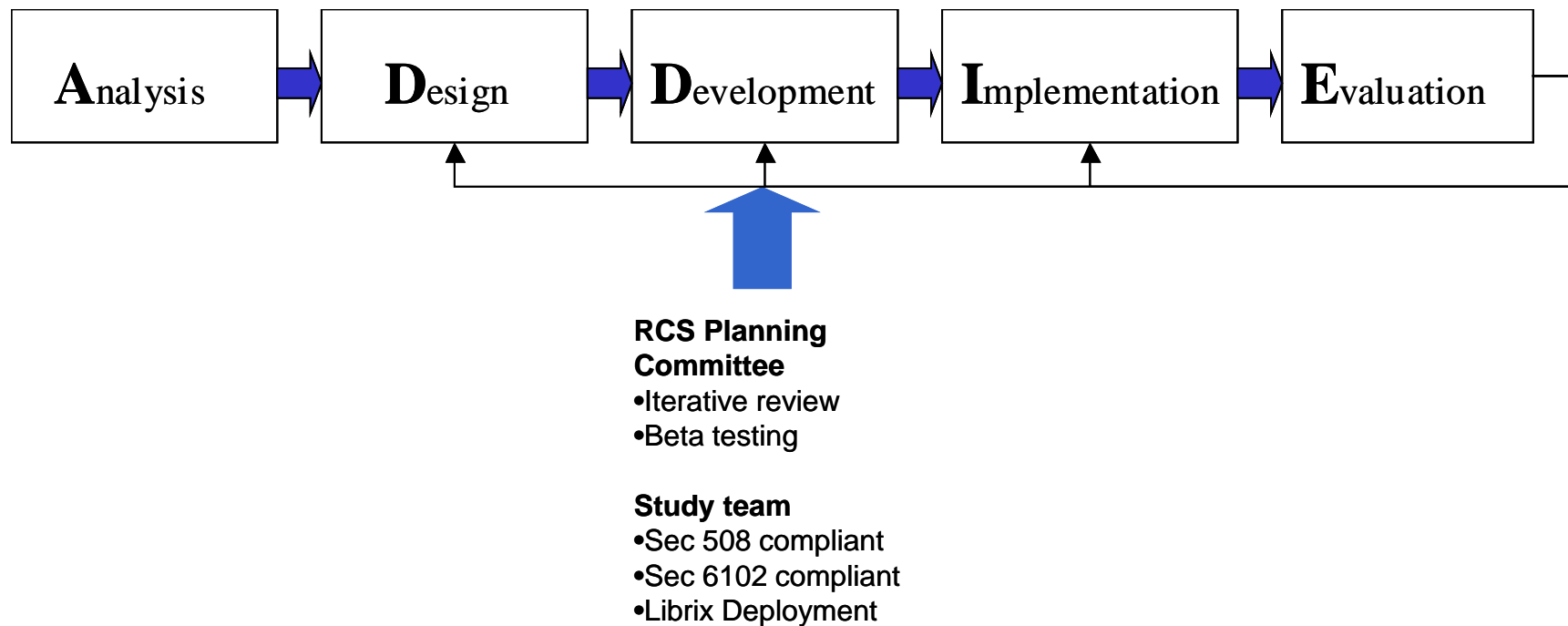
Collaborative design process



RCS Planning Committee

- Realistic case studies
- Realistic counselor profiles
- Relevant PFR feedback
- Consider co-morbid PTSD
- Reviewed all outlines & storyboards
- Collaboratively developed exercises

Vet Center Project: Implementation Success, Research Failure



Brief Alcohol Intervention

Assessment Feedback Tool

- Brief (10-15 min)
- Web-based
- Secure & confidential
- Standardized measures

The screenshot shows the VA Intranet interface for the Assessment & Feedback Tool. At the top is the VA logo and the text "UNITED STATES DEPARTMENT OF VETERANS AFFAIRS INTRANET". Below this is a navigation bar with links for "VA Intranet Home", "About VA", "Organizations", "Locations", "Employee Resources", and a search box. A left sidebar contains links for "Home", "Take A Course to Learn More", and "Logout". The main content area is titled "Assessment & Feedback Tool" and includes a welcome message: "Welcome to the Assessment and Feedback Tool (AFT). The AFT is an evidence-based brief alcohol intervention. It consists of two components: A brief assessment and personalized feedback report." Below the welcome message are four links with icons: "Take a course on how to use this tool", "A sample of personalized feedback report", "Questions about Project", and "Login Trouble or Technical Support". On the right side, there is a "Secure Login" box with fields for "Username" and "Password", a "Sign in" button, and a link for "Forgot username and password? Send an email to joe.huggins@va.gov". At the bottom of the login box is a link: "Need or don't have an account? Sign Up or Create New Account". The footer contains accessibility and privacy information: "Section 508 Accessibility | Intranet Privacy Policy | No Fear Act | VHA Intranet Home | VBA Intranet Home | NCA Intranet Home".

Typical Weekly Consumption

ASSESSMENT & FEEDBACK TOOL WEEKLY ALCOHOL USE

Now ask your client about his/her Weekly Alcohol Use.

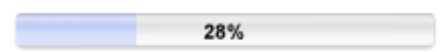
What was your clients' drinking like during a typical week in the last 90 days? We realize that this will only be a rough estimate, but please indicate the number of drinks your client usually drank on each day of the week in the boxes below. Remember, one drink is the equivalent of:



- One 12 ounce bottle of beer or wine cooler, OR
- One 5 ounce glass of wine, OR
- 1.5 ounces of 80-proof distilled liquor (vodka, scotch, etc.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5	5	5	5	5	5	5

SUBMIT



Negative Consequences

NEGATIVE CONSEQUENCES

Now, ask your client about the following *Negative Consequences* that may have been revealed from their drinking or substance use.

INSTRUCTIONS: Here are a number of events that people sometimes experience. Read each one carefully, and check "Yes" if this has EVER happened to your client. If an item does not apply, please check "No".

	No	Yes
1. I have been unhappy because of my drinking or substance use.	<input type="radio"/>	<input type="radio"/>
2. Because of my drinking or substance use, I have not eaten properly.	<input type="radio"/>	<input type="radio"/>
3. I have failed to do what is expected of me because of my drinking or substance use.	<input type="radio"/>	<input type="radio"/>
4. I have felt guilty or ashamed because of my drinking or substance use.	<input type="radio"/>	<input type="radio"/>
5. I have taken foolish risks when I have been drinking or using substances.	<input type="radio"/>	<input type="radio"/>
6. When drinking or using substances, I have done impulsive things that I regretted later.	<input type="radio"/>	<input type="radio"/>
7. My physical health has been harmed by my drinking or substance use.	<input type="radio"/>	<input type="radio"/>

Brief Alcohol Intervention

Assessment **F**eedback **T**ool

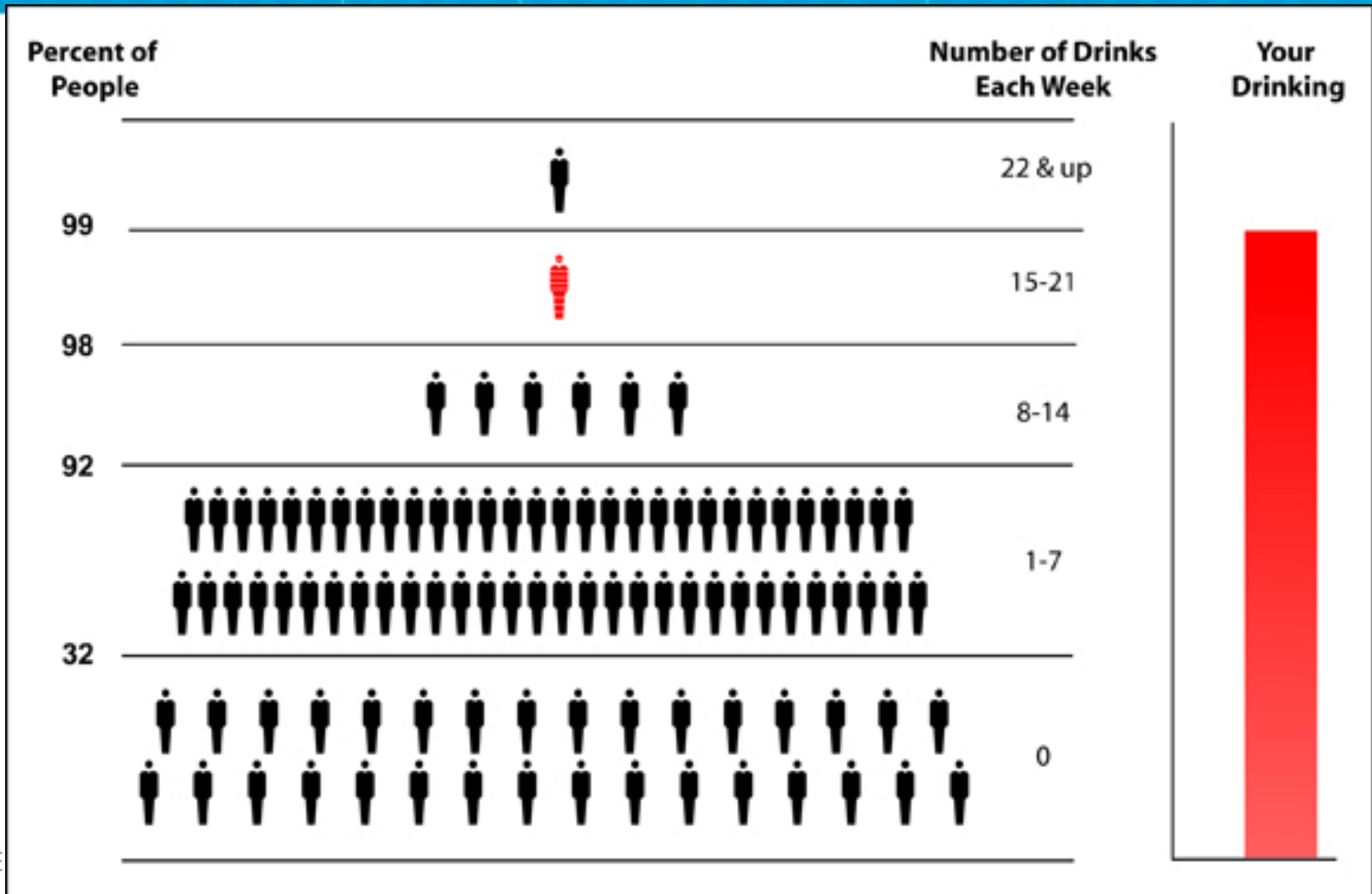
- Brief (10-15 min)
- Web-based
- Secure & confidential
- Standardized measures



Personalized **F**eedback **R**eport













- Summarizes assessment results
- Provides normative comparisons
- Uses graphical format
- Highlights negative consequences

Your Weekly Alcohol Use

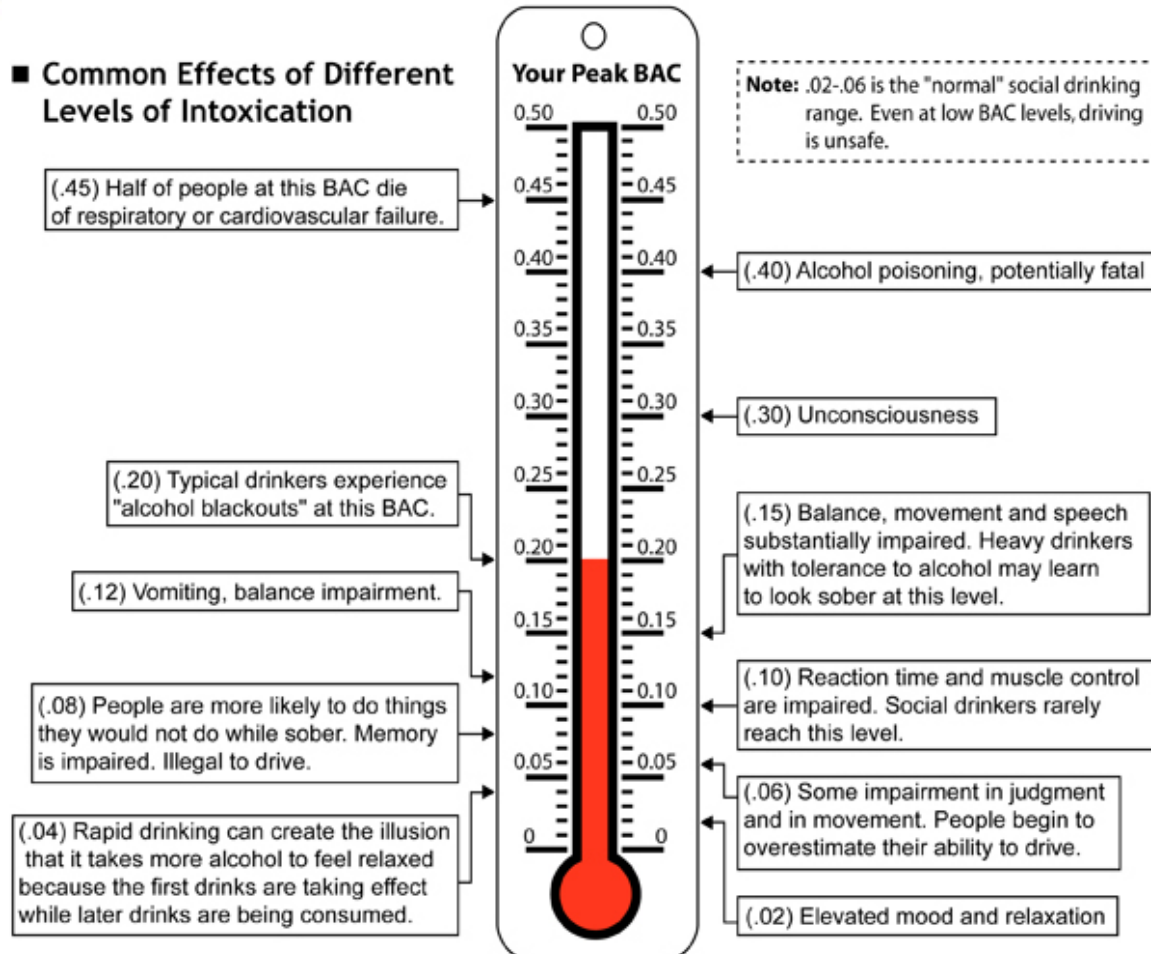


Costs of drinking

Below are items that you could have bought with the money that you spent on alcohol and any other substances you reported. What else might you have do **\$2,028** in the last year?

 507 Hamburger(s)	 67 Sporting or Movie Ticket(s)	 67 Pairs of Jean(s)	 33 Romantic Dinner(s) for two
 5 Sets of Centerline Rim(s)	You could have bought any one of these items!		 8 Playstation(s)
 6 27" Flat Screen TV(s)	 4 Year(s) of Cell Service	 28 Manicures(s)	 33 (1 hour) Massage(s)
 40 Months of Utilities		 1 Months of Rent (or Mortgage)	

Peak Blood Alcohol Level



Negative Consequences

The consequences, or life problems, associated with drug and alcohol use can be difficult. You told us about **8** problem(s) that you have experienced as a result of your drinking or drug use, stating that you have experienced the following:

These kinds of problems are why many people decide to seek treatment for their drug and alcohol use. **8** problem(s) indicates that you are experiencing a **MODERATE** level of negative consequences compared to people already in treatment.





BRIEF MOTIVATIONAL INTERVENTIONS FOR SUBSTANCE USING VETERANS

[INTRODUCTION](#)

[BACKGROUND ON SUD](#)

MI BASICS

[ASSESSMENT](#)

[FEEDBACK](#)

[EXIT COURSE](#)

Overview [What is MI](#) [MI Principles](#) [Starting Strategies](#) [Reflections](#) [Putting it all together](#) [Summary](#)



VIDEO: Express Empathy

The following videos show counselors expressing empathy for their clients. As you watch the videos, consider the following:

How do each of the counselors communicate that they understand their clients' own internal frame of reference?

What are the similarities between how Paula and John B. express empathy for their clients? What are the differences?

[INTRODUCTION](#)[BACKGROUND ON SUD](#)**MI BASICS**[ASSESSMENT](#)[FEEDBACK](#)[EXIT COURSE](#)**Overview** [What is MI](#) [MI Principles](#) [Starting Strategies](#) [Reflections](#) [Putting it all together](#) [Summary](#)

Strategies for Rolling with Resistance

2. Autonomy support

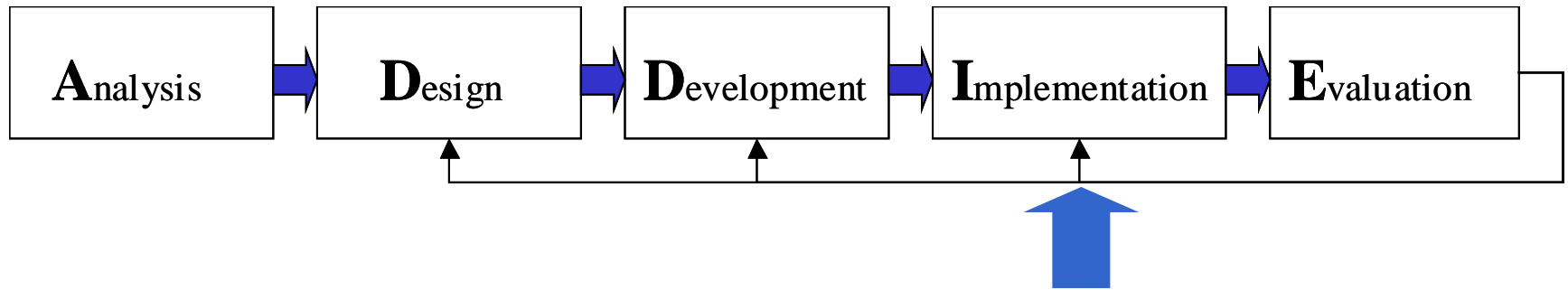
In supporting client autonomy, build the therapeutic relationship as a partnership rather than using expert/recipient roles. Counselors can reduce resistance by using the client as the primary source for finding answers and solutions. Remember, new perspectives are invited but not imposed. The counselor respects the client's autonomy and freedom of choice (and consequences) regarding his or her own behavior

Client: I'm only here to get my parole officer off my back

Therapist: Ultimately, you'll have to decide what you want to change if anything during your time here. No one can make you change your drinking or drug use.

[◀◀ BACK](#)[NEXT ▶▶](#)

Implementation



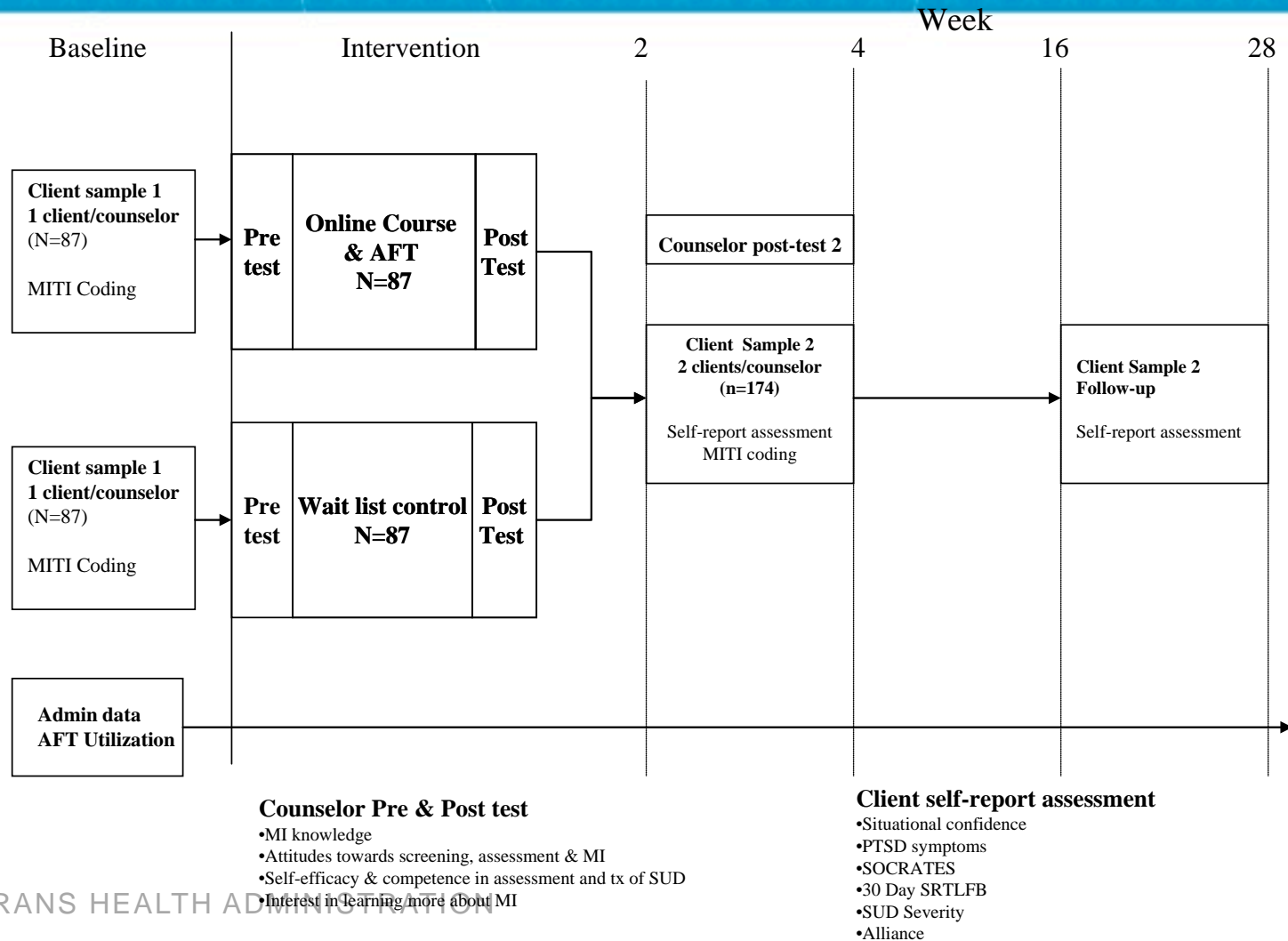
May 2, 2007
Director of RCS
mandates BMI
training for all
counseling staff

CD-ROM version of
course mailed to all
Vet Centers

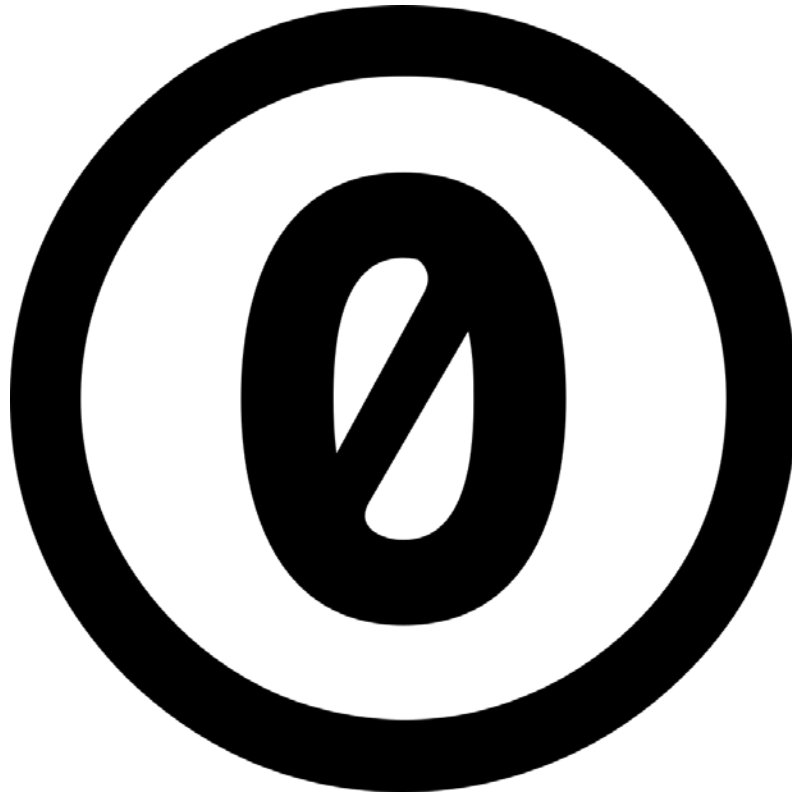
Consolidated Framework for Implementation Research

Domains	Components
Intervention	Relative Advantage Compatibility Adaptability Triability Complexity
Outer Setting	Population needs and resources External Policies and incentives
Inner Setting	Structural characteristics Networks and communication Culture, climate
Individual	Knowledge and beliefs, self-efficacy, identification with organization or initiative
Implementation Process	Planning, Engaging, Executing, Reflecting, Evaluating

Evaluation Plan

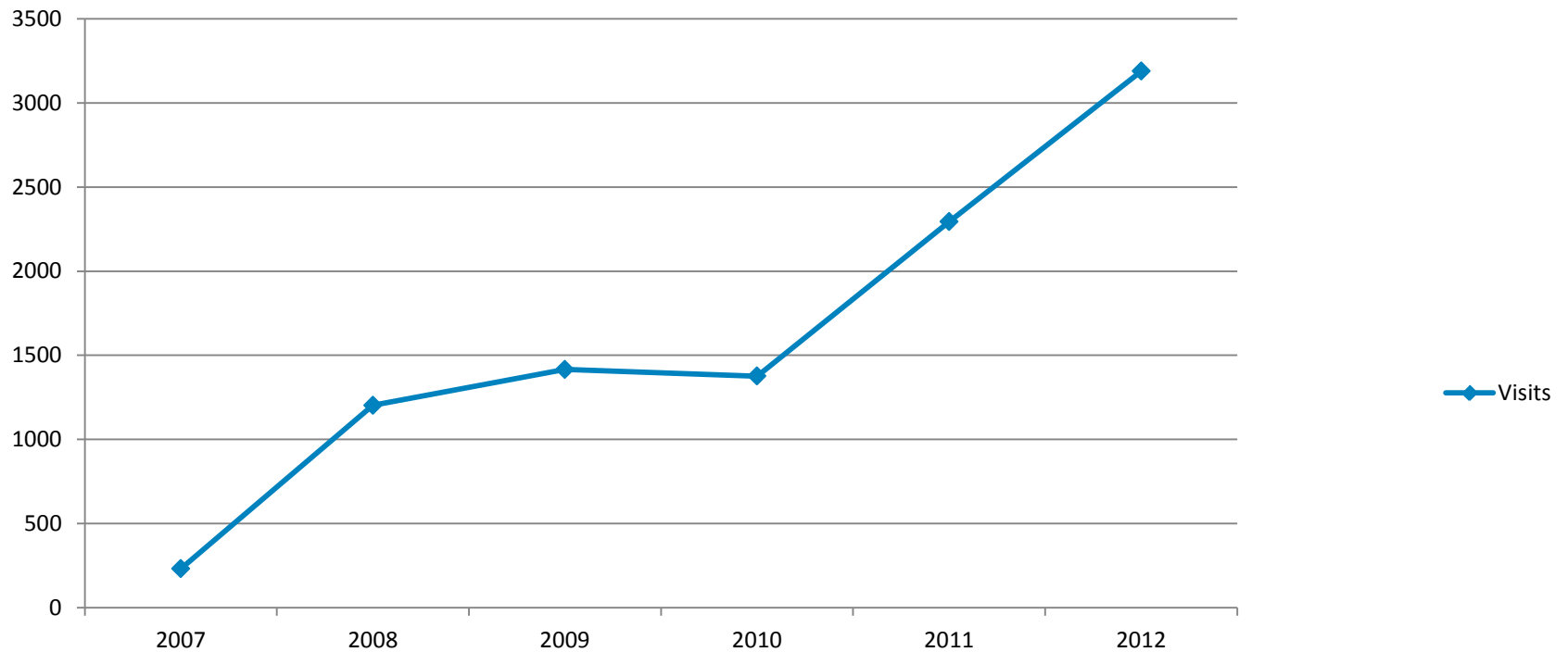


Number of recorded sessions submitted



Assessment & Feedback Tool

Number of Unique Visits



Where is AFT being used?

- Vet Centers
- PTSD Care Team
- Outpatient Substance Use Disorder Treatment
- Outpatient Mental Health Clinic
- Residential substance abuse program – group treatment
- Primary Care Clinic
- Inpatient Psychiatry

Feedback from the front lines

- I have found it to be very eye opening, especially the first part that shows where they rank among other drinkers in their age group. That seems to really get their attention. The peak BAC and financial sections of the report also really seem to resonate with the Veterans I've used the AFT with. It's a great intervention to really get them talking about change. ***Krista Green, MSW, Huntington, WV***
- Several of my clients have experienced the subsequent discussion of number of months of rent/mortgage/utilities that could be afforded with what they spend on alcohol as somewhere between "wow" and "holy \$#@%!!!" ***Jason Flick, PsyD Saginaw MI***
- In Rochester NY we use this with most all of our veterans who come in with a Alcohol Abuse diagnosis and have been referred related to a DWI charge. If they are identified in being in the early stages of change this is a tool used in one of our MI focused individual sessions with that veteran. ***Matthew Teal, LMSW, Rochester NY***
- I use it with outpatients referred to our (residential SUD program) and for psychiatric inpatients. I like it overall, but wish it had feedback on liver health and cognitive screening feedback (e.g., Trails A or MoCA) like older versions used. My impression was these sources of feedback caught the attention of my veterans. ***Steve Lash, PhD, Salem VA***

Motivational Interviewing for Health Behavior Change (2010)

Menu ▾ What is MI?

- Introduction
- What is MI?
- MI Principles
- Starting Strategies
- Reflection
- Change Talk
- Rolling with Resistance
- Traps to Avoid
- Change Planning
- Summary
- Course Status

Assistive Technology ■ Exit ✕

Brief Motivational Interviewing for Veterans

Brief Motivational Interviewing for Veterans

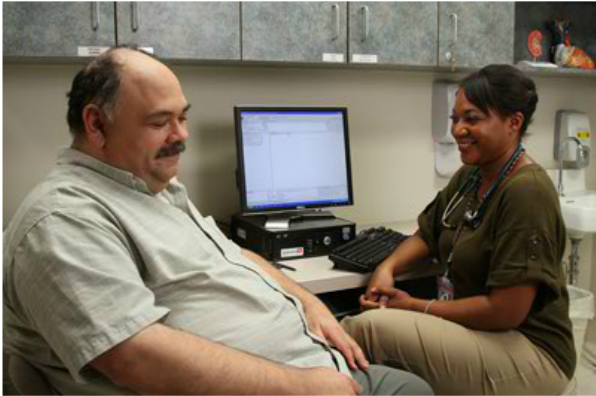
Menu ▾ What is MI? Page 6 of 109 (6%)

Responsibility in MI

Text Only Version

Instructions : This exercise demonstrates the responsibilities between the clinician and the Veteran. To begin, select the "begin exercise" button below.

Begin Exercise



Help Resources Select the "Begin Exercise" button to view the exercise, then select Next to continue. ◀ Back Next ▶

AFT in Primary Care (2012)

A Randomized Controlled Trial of a Web-Delivered Brief Alcohol Intervention in Veterans Affairs Primary Care

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MATTHEW T. BODEN, PH.D.,^{a,b} AND SUSAN M. FRAYNE, M.D., M.P.H.^{a,c}

^a*Center for Health Care Evaluation, Veterans Affairs Palo Alto Health Care System, Palo Alto, California*

^b*Program Evaluation Resource Center, Veterans Affairs Palo Alto Health Care System, Palo Alto, California*

^c*Stanford University School of Medicine, Stanford, California*

ABSTRACT. Objective: This study sought to examine whether a web-delivered brief alcohol intervention (BAI) is effective for reducing alcohol misuse in U.S. military veterans presenting to primary care. **Method:** Veterans ($N = 167$) screening positive for alcohol misuse during a routine primary care visit were randomized to receive a BAI plus treatment as usual (TAU) or TAU alone. An assessment of alcohol-related outcomes was conducted at baseline and 3 and 6 months after treatment. **Results:** Veterans in both study conditions showed a significant reduc-

tion in alcohol quantity and frequency and alcohol-related problems at 6-month follow-up. No differential treatment effects on outcomes were observed between the two treatment groups. **Conclusions:** This study is the first to explore whether a web-delivered BAI using normative feedback is effective for veterans with alcohol misuse. Our findings suggest that BAIs using normative feedback may not have any additional benefit beyond TAU for older veterans with high rates of comorbid mental health concerns. (*J. Stud. Alcohol Drugs*, 74, 000–000, 2013)

The Road Ahead

