

THE VETERANS AFFAIRS (VA) CONTIUUM OF FAMILY SERVICES TO MEET THE NEEDS OF VETERANS AND THEIR FAMILIES

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Overview of Presentation

- Evolution of Family Services in the VA
- The Continuum of VA Family Services
- Preventive Interventions to Develop Family Resilience
- Initiatives to Provide Family Education
- Veteran Centered Brief Family Consultation
- Marriage and Family Counseling in VA
- Staff Training Overview and Outcomes
- New Initiatives and Programs



Evolution of Family Services

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Development of Family Services in VA Mental Health

- President's New Freedom Commission on Mental Health Report (2003) - Mental Health Care is Consumer and Family Driven
- VA Secretary's Mental Health Strategic Plan (FY 2005) Based on Recommendations that were relevant to Veterans and families
- VHA Handbook Uniform Mental Health Services in VA Medical Centers and Clinics (FY 2008)– Section on Family Services
- Office of Mental Health Services emphasis on Recovery-Oriented Programming which included Family Services
- Office of Mental Health Services emphasis on Evidence-Based Practices (EBPs) which included EBPs for Veterans and Families

38 USC § 1782. Counseling, Training, and Mental Health Services for Immediate Family Members and Caregivers

Services provided include:

 Training/Education, Consultation, Marriage and Family Counseling as are necessary in connection with that treatment

Eligible individuals who may be provided services:

- Members of immediate family or legal guardian of a Veteran
- Family caregiver of eligible Veteran or a caregiver of a covered Veteran (those terms are defined in PL 111-163)
- Individual in whose household such Veteran certifies an intention to live

Uniform Mental Health Services in VA Medical Centers and Clinics

Family Services

Minimum clinical requirements for VHA Mental Health Services:

- Providers discuss family involvement with patient at least yearly and at inpatient discharge
- Treatment plan to identify family contact or reason for lack of contact
- Providers must seek consent from Veterans to contact families in the future, as necessary

Uniform Mental Health Services in VA Medical Centers and Clinics

- Family consultation, family education or family psychoeducation for Veterans with serious mental illness must be provided at VA Medical Centers and very large CBOCs
- Opportunities for these family services must be available to all Veterans with serious mental illness on site, by telemental health, or with community providers through sharing arrangements, contracting, or non-VA fee basis care



CONTINUUM OF VA FAMILY SERVICES



Continuum of VA Family Services

- Consistent with a recovery philosophy a graduated continuum of services is necessary to meet the varied needs of our Veterans.
- The full continuum ranges from:
 - **—**Prevention/ Resiliency Training
 - -Family Education / Training
 - **—Brief Problem-Focused Consultations**
 - -More Intensive Marriage and Family Counseling and Family Psychoeducation

Continuum of VA Services for Families

Prevention/ Family Resilience	Education	Consultation	Family Psychoeducation/Marital and Family Counseling
Moving Forward/ Power Of Two	NAMI Family to Family	Veteran Centered Brief Family Consultation	Integrative Behavioral Couples Therapy with attention to Interpersonal Violence, Parenting, and Same Sex Couples
	Support and Family Education (SAFE)		Behavioral Couples Therapy for Substance Use with attention to Interpersonal Violence and Parenting
	Operation Enduring Families		Cognitive-behavioral Couples Therapy for PTSD (first training scheduled 2/13)
	<i>Talk, Listen Connect</i> Sesame Street Program		Behavioral Family Therapy for Serious Psychiatric Disorders

Principles Guiding Implementation of Family Interventions in VA

Interventions in the VA continuum of family services:

- 1. Seek to identify and develop strengths and protective factors, rather than focusing only on remediating weaknesses
- 2. Involve professionals developing collaborative partnerships with families, rather than instituting hierarchical relationships
- 3. Explicitly acknowledge the importance of the natural environment and context (in this case, the family) in influencing Veteran behavior



Enhancing Family Resilience within VA through Prevention **Programs**

Understanding Family Resilience

- Psychological resiliency can be understood as the process of managing successfully with adversity, resulting in positive adaptation. . . resilience reflects the ability to maintain a stable equilibrium in the context of significant stressors (Bonanno, 2004)
- The concept of *personal* resiliency has recently been expanded to include the notion of *family* resiliency (Palmer, 2008)

Family Resilience in VA

- Moving Forward—Evidence-based problem-solving training (Nezu and Nezu)
 - disseminated as a resiliency program by mental health professionals in primary care settings
 - Usually four manualized group sessions
 - Emphasis on OIF/OEF/OND Veterans though all cohorts can attend
 - Goal is to enhance effective problem-solving orientations and strategies across a range of issues
 - In VA pilot, a fifth session (*The Power of Two*) in which family members learn to "coach" the Veteran to use the Moving Forward strategies has been added



Family Education

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Family Education/Training

- Family Education: A set of techniques that provide families with the information necessary to partner with the treatment team and support Veterans' recovery
- Topics include: Symptoms, Prognosis, Treatments, Identifying and managing sources of stress and Factors associated with good outcomes
- May be offered via written and video materials, one-day workshops, and/or regularly scheduled meetings conducted by professionals (e.g., the SAFE program or the NAMI Family to Family program.)
 - Veterans may or may not be present for these trainings

The Support And Family Education (SAFE) Program

- 18 session workshop for families of Veterans living with PTSD and/or serious mental illness
- Developed by Michelle Sherman Ph.D. at the Oklahoma VA / VISN 16 MIRECC
- Families attend as many sessions as needed each session can stand alone
- SAFE is not appropriate for
 - Dementia
 - Substance abuse as the primary problem area

Workshop Content

18 sessions – organized in four sections:

- Information about the Disorders
 - Example PTSD and its impact on the family
- Skills for Family Members
 - Example Problem-solving skills for families
- The Experience of Caring about Someone Living with SMI/PTSD
 - Example Skills for managing stress effectively as a family member
- Dealing with Family, Friends and Professionals
 - Example Coping with the stigma surrounding mental illness

Operation Enduring Families

A five session family education and support program for Veterans who have recently returned from a combat theatre and their family members developed by Michelle Sherman and the ViSN 16 MIRECC

- Session topics
 - Family Relationships
 - Communication and Intimacy
 - Anger
 - Posttraumatic Stress Disorder
 - Depression

NAMI Family-To-Family Education Program (FFEP)

- Developed by National Alliance on Mental Illness
- 12 week program for family members of individuals with mental illness
- Taught by trained family members (i.e., peers) using a highly structured/scripted manual
- Families receive information on mental illness, treatment, medications, recovery, communication and problem-solving skills

FAMILY-TO-FAMILY EDUCATION CURRICULUM

- CLASS 1: PRINCIPLES, GOALS, LEARNING ABOUT FEELINGS
- CLASS 2: SCHIZOPHRENIA, MAJOR DEPRESSION AND MANIA; CRITICAL PERIODS
- CLASS 3: TYPES AND SUBTYPES OF BIPOLAR DIS-ORDER; DIAGNOSES OF PANIC DISORDER AND OCD
- CLASS 4: BASICS ABOUT THE BRAIN AND "BIOLOGY OF RECOVERY"
- CLASS 5: PROBLEM SOLVING WORKSHOP
- CLASS 6: MEDICATION REVIEW
- CLASS 7: EMPATHY WORKSHOP: DEFENSIVE STRATEGIES TO PROTECT SELF-ESTEEM
- CLASS 8: COMMUNICATION SKILLS WORKSHOP
- CLASS 9: "RELATIVE GROUPS" EXPERIENCE AND SELF-CARE
- CLASS 10: REHABILITATION AND RECOVERY
- CLASS 11: FIGHTING STIGMA; ADVOCACY

CLASS 12: Chart 1

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NAMI FAMILY-TO-FAMILY EDUCATION PROGRAM 5/98

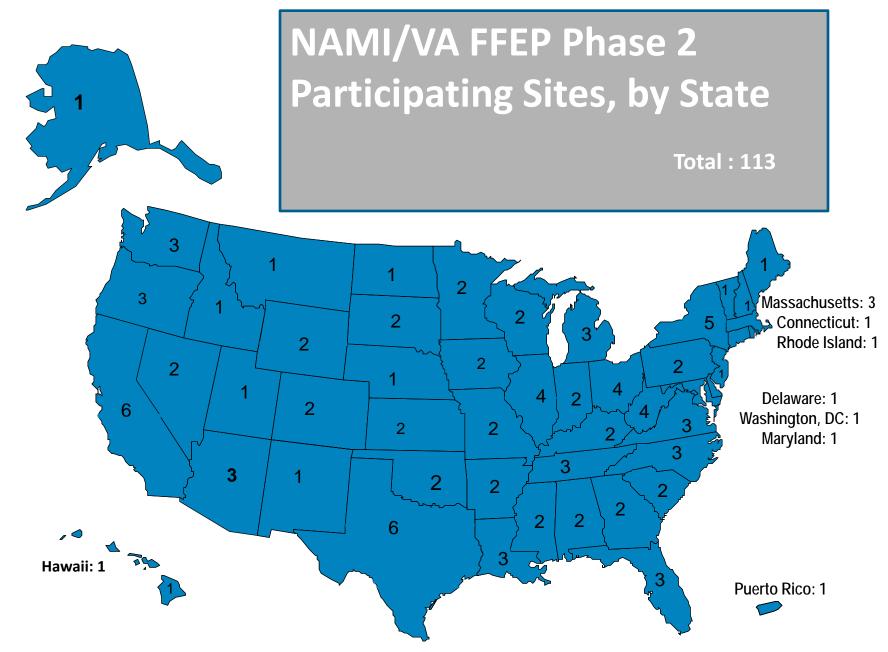
VHA-NAMI Memorandum of Understanding

- Offer NAMI Family-to-Family Education Program (FFEP) in:
 - At least one VHA facility in each state
 - During a two year period June 2008 June 2010
- Collaborative effort between the VA and NAMI on national, state and local levels
- Developed second MOU to reinforce the inclusion of this peer-led training into the continuum of VHA family services and serve as a model to continue the implementation of FFEP throughout each state after the MOU three-year time period (December 2010 – December 2013) has expired

Veteran Family Responses to FFEP

- "The course provided very essential information about mental illness not available anywhere else. I feel less guilty about what I have done to cause his problems. I better understand the illness"
- "I have benefited greatly by meeting other participants of the class and listening to their personal struggles. The sharing of information by class participants provided some sense that I am not alone and there is help available"

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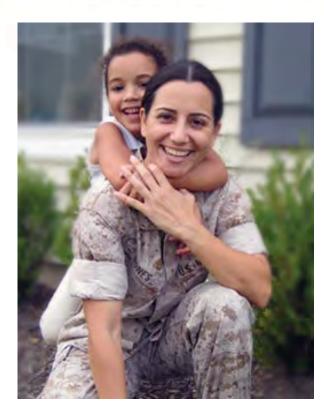
Talk, Listen, Connect: Deployment, Homecoming, Changes

- Joint VHA, DoD, and Sesame Workshop[™] bilingual educational outreach initiative designed for Military/Veteran families and their young children
- VA distributed 200,000 outreach kits to the VA Medical Centers and Vet Centers





Talk, Listen, Connect: Deployment, Homecoming, Changes



Toolkits include:

- Two Sesame Street DVDs
- Magazine for parents and caregivers
- Children's activity poster
- Sesame postcards
- Suggestions for further resources

Download materials, free: http://archive.sesameworkshop.org/tlc/

Talk, Listen, Connect: Deployment, Homecoming, Changes



- "Changes " deals with sensitive subject of an injured parent
- Rosita's family adjust to the new reality of her father's disability.
- Also includes footage of real life injured fathers (amputations, head injury, depression)
- Parent should view DVD first
- Co-viewing is then recommended to talk about "new ways to a new normal"



Veteran–Centered Brief Family Consultation

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Family Consultation

Veteran-Centered Brief Family Consultation (VCBFC)

- Family meets with mental health professional as needed to resolve specific issues related to the Veteran's treatment and recovery
- Intervention is brief; typically one to five sessions for each consultation
- Provided on as needed or intermittent basis
- If more intensive ongoing effort is required, family can be referred to Marriage and Family Counseling



Marriage and Family Counseling

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Overview of Marriage and Family Counseling Program Roll-Out

- Program funded and supported by Mental Health Services at VA Central Office
- Part of effort to increase availability of psychosocial EBPs to Veterans
- Provides training, support, consultation to VA practitioners and Mental Health leaders working with Veterans with relationship distress
- Current focus on Integrative Behavioral Couples Therapy (IBCT), Behavioral Couples Therapy for Substance Abuse Disorders (BCT), and Behavioral Family Therapy (BFT) for Serious Psychiatric Disorders
- Will conduct pilot training in Cognitive-behavioral Couples Treatment in PTSD in Feb, 2013



Description of Marriage and Family Counseling Programs Being Disseminated Nationally in VA

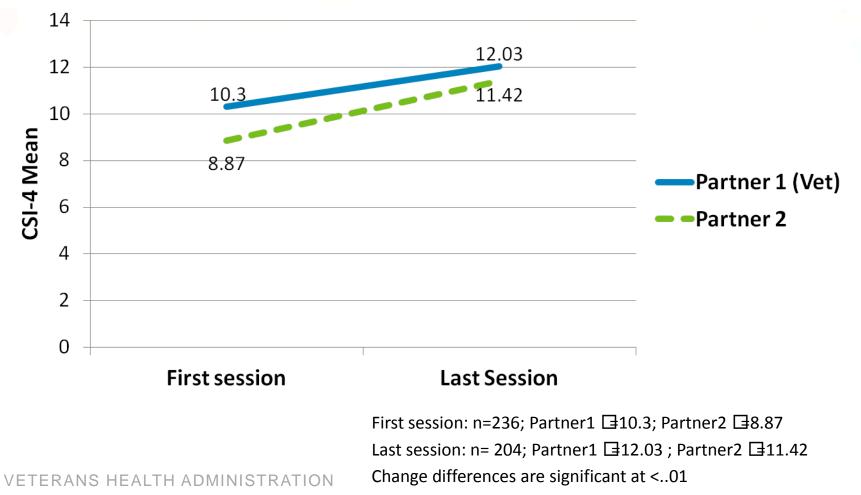
Integrative Behavioral Couples Therapy (IBCT; Jacobson and Christensen)

- Manualized intervention with strong supporting data from a large randomized trial
- Integrates goals of acceptance and change with behavioral treatment strategies
- Overarching goals are to reduce couples distress and strengthen family relationships
- Includes a four session assessment/feedback phase and four to twelve session intervention phase

Integrative Behavioral Couple Therapy (IBCT) Demographic Data on Training Cases

Description	Veteran (Partner 1)	Partner 2
Number of Couples	270	270
Age	44.5	42.8
Employed Full-Time (%)	38.3%	41.8%
PTSD (%)	50%	5%
Children living in the home (%)	54.7%	54.7%

IBCT Outcome Couple Satisfactory Index—4



Behavioral Couples Therapy for Substance Use Disorders (BCT; O' Farrell and Fals-Stewart)

- BCT goal is to support abstinence and improve relationship satisfaction
- BCT was designed for married or cohabiting patients seeking help for substance abuse
- BCT sees patient with spouse or live-in partner for 12-20 couple sessions over three to six months
- BCT fits well with self-help group
- BCT is a well-manualized intervention shown to reduce substance use in several controlled trials

Parenting Issues Instruction

- Three hour presentation added to couples therapy training
- Readings, demonstrations, and lectures are used
- Goal is to assist VA clinicians, who may not have expertise in parenting issues, to become knowledgeable as a resource to Veterans parenting children
- Topics Covered:
 - Common parenting issues
 - Assessment, engaging parents, and red flags
 - Parenting fundamentals and child development
 - Resources and referral

Instruction on Addressing Intimate Personal Violence (IPV)

- Veteran rates of IPV increase with co-occurring PTSD, SUD, and combat exposure (33% to 42%)
- Three hour training added to couples therapy training to address IPV
- Readings, demonstrations, and lectures are used
- Goal is to help clinicians to recognize IPV and help couples address it while keeping them safe

Instruction on Addressing Intimate Personal Violence (IPV) con't

Topics Covered in Training

- -Types of IPV, prevalence rates, and implications for treatment
- -Assessment of IPV and determining appropriateness of couples therapy when a couple reports recent IPV
- -Use of safety planning strategies, appropriate referral sources, and documentation
- -Treatment considerations and general principles

Family Psychoeducation (FPE)

- FPE: A collection of manualized interventions to equip families with the scoping skills and attitudes which have been shown to reduce relapse in serious psychiatric illnesses such as schizophrenia, severe depression, and bipolar illness (Fallon, Boyd, & McGill, 1984; Mueser & Glynn, 1999)
- Interventions share a number of components:
 - Careful assessment
 - Provision of education
 - Problem solving
 - Emphasis on improving current functioning

Family Psychoeducation (FPE) (cont)

- Relapse reductions associated with a minimum of nine months of intervention; most programs recommend one to two years
- Treatment usually offered on a declining contact basis
- Veterans are typically present during FPE sessions.
- Can be offered to just one family (behavioral family therapy) or groups of families (multiple family group therapy)



Staff Training Overview and Outcomes

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Marriage and Family Counseling Staff Training Program

- Goal is to assure a diverse group of mental health clinicians gain expertise in helping relatives of Veterans
- Three to four day in-person experiential small workshop (around 30) with master trainers followed by 24 weeks of small group weekly telephone consultation (may be extended a few weeks for case finding)
- Program includes an evaluation
 - Veteran participant attendance
 - Veteran participant satisfaction
 - Veteran improvements in marital satisfaction
 - Veteran reductions in substance use (for BCT)

Marriage and Family Counseling and Consultation Training

VA clinicians attending training workshops from FY 2007 – FY2012

- Behavioral Family Therapy 385
- Multiple Family Group Therapy –194
- Integrative Behavioral Couples Therapy –200
- Behavioral Couples Therapy for Substance Use Disorders-23
- Veteran-Centered Brief Family Consultation -441

To support clinicians, also have a monthly advanced family topics call and an internal family services website to share information



New Developments in VA Family Services

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Coaching Into Care

- Provides concerned family and friends with a place to call and get information about how to help loved ones
 - Targets Veterans reluctant to seek help, through their concerned family members
 - Goal is engagement in care which is often facilitated by family members
 - Optimize family involvement in getting Veteran into care by helping family members support Veteran in a positive way
 - Coordinates with other VA telephone care lines

Coaching Into Care

Need a hand helping your Veteran get into care? Reach out to us.

Coaching Helping you

into Care help your Veteran

1-888-823-7458 www.va.gov/coachingintocare



Coaching Into Care

Coaching involves:

- A variable number of telephone calls ~25 min. each
- Provides supportive help
- Information and referrals
- Opportunities to problem solve
- Communication recommendations

Coaching Into Care - Statistics

- Since inception: 3508 calls (initial, follow-up, coaching), plus 1646 other actions (messages, inquiries to resources)
- Callers are Significant Others (26%), Self (Veteran) (23%), other family members (19%), parents (17%), friends (3%), other (12%); callers are 65% and Women, 35% Men
- Most common issue concerns psychosocial issues (mental health, substance use problems)
- Outcomes: approximately 10% increase in Veteran mental health treatment engagement after working with callers

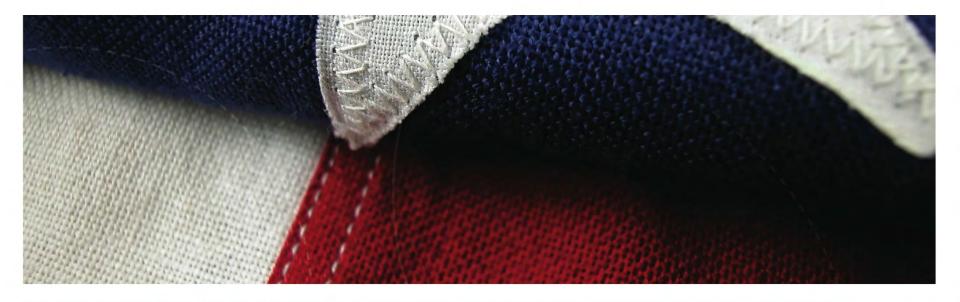
New Initiatives for FY 2013

- Small pilot of DoD Family Overcoming Under Stress (FOCUS) family resilience parenting program
- First staff training in Cognitive-behavioral Couples Therapy for PTSD as part of the evidence-based psychotherapy dissemination program planned in Feb, 2013



- Development of guidance and training on using telehealth in the provision of VA family services work
- Production of video materials to use in staff training for engagement/family consultation and integrative behavioral couples therapy

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Thank you for your interest! **QUESTIONS??**

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