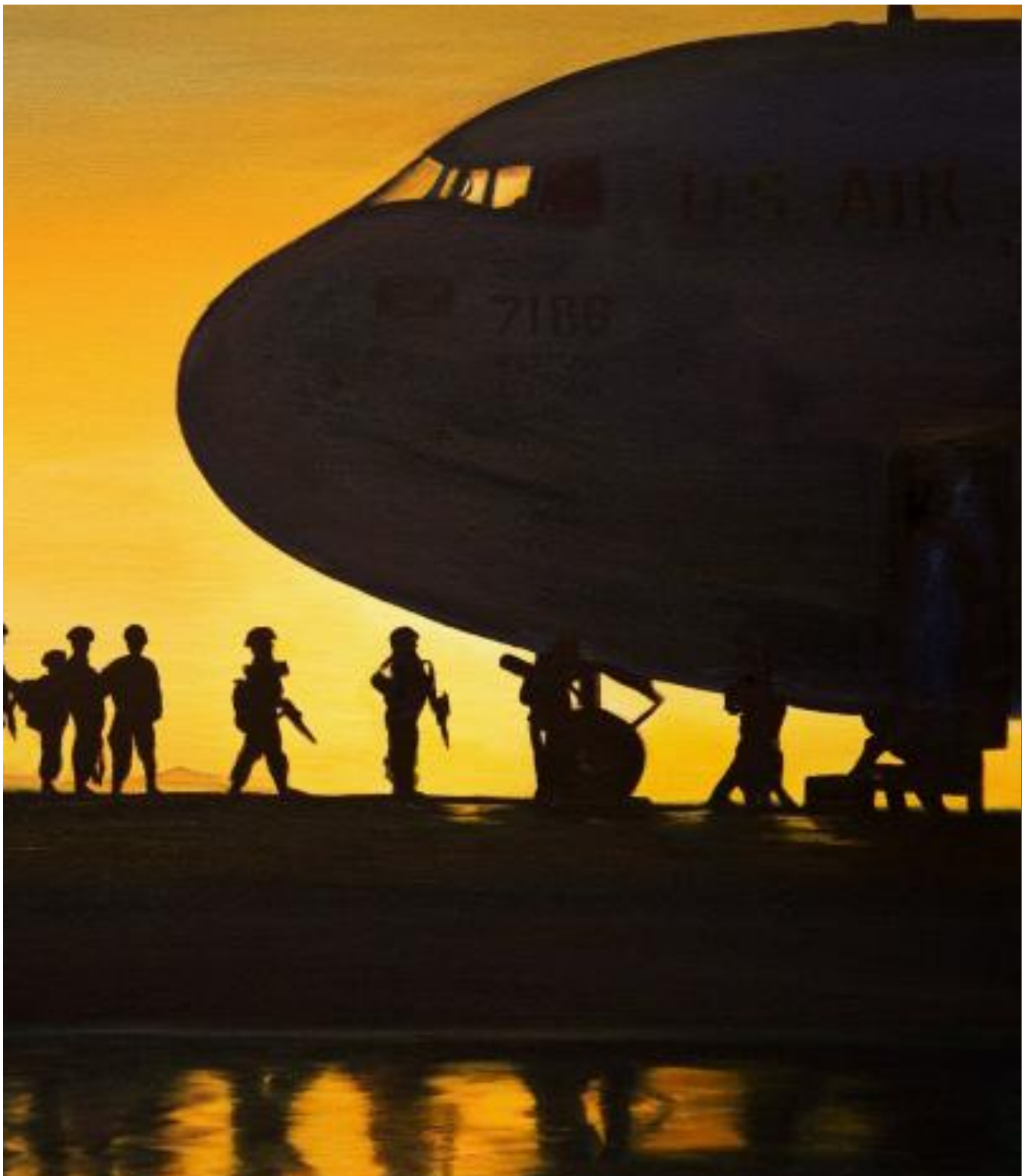# How to Engage and Retain Military Clients in Mental Health Treatment

Grant O'Neal, Ph.D.   Licensed Psychologist
PTSD Clinical Team Leader

Harry S. Truman VA

DMH Spring Training Institute   May 30, 2014

Engaging Military Personnel

The Journey Home

OBJECTIVES

- **Learn about Models to Identify and Address Barriers to Mental Health Treatment**
- **Describe Techniques to Understand and Engage Military Clients in Treatment**
- **Learn/incorporate Common Factors of Treatment Outcome into Treatment Planning**
- **Learn about Clinical Practice Guidelines and Resources for treating Military and Veteran Clients in CMH Settings.**

Please write:

Four Strategies you use to Engage Clients into Treatment

Three Barriers to Help Seeking

Two Common Components of Behavioral Health Treatments

One reason you decided to attend this breakout session

Most Common Diagnoses

- PTSD
- Other Anxiety D/O
- DEPRESSION
- SUBSTANCE USE D/O
- TRAUMATIC BRAIN INJURY (TBI)

Understanding BARRIERS to Treatment

- Logistical or Instrumental Barriers

- Institutional or Cultural Barriers

- Barriers related to Beliefs and Preferences about Treatment

INSTRUMENTAL BARRIERS

- SCHEDULING
  - Work and Other Time Commitments
- TRAVEL AND EXPENSE
  - Distance
  - Fuel Costs
- AVAILABILITY OF SERVICES
  - Types of Service
  - Trained Professionals

INSTITUTIONAL BARRIERS

- EXPECTATIONS that obtaining a MENTAL HEALTH DIAGNOSIS will HURT CAREER
  - Promotions
  - Security Clearance
  - Reduced Confidence
- CONCERNS about CONFIDENTIALITY

BARRIERS related to BELIEFS about TREATMENT

- BELIEFS
  - The problem will go away or I can solve it myself
  - Mental Health Treatment is not effective
- STIGMA
  - Cultural Stigma
  - Mental Illness Stigma
  - Self-Stigma

BARRIERS related to PREFERENCES about TREATMENT

- To Solve Own Problems
- To use Other Forms of Support
  - Family or Social Support
  - Clergy
  - Other Support
- To obtain help in Non-Mental Health Settings
  - Primary Care
  - Vet Center
  - Peer Support

Theory of Planned Behavior (TPB)

A Model to Explain Treatment Seeking (Ajzen)

- Posits three Considerations or types of Belief related to the Intention to Seek Treatment
- Hypothesizes Increased presence of each Consideration in a positive direction increases the likelihood of seeking treatment
- So, what are the three considerations?

TPB Considerations related to Treatment Seeking

- Behavioral Beliefs
  - Beliefs related to the Consequences of Behavior create an *Attitude* toward the behavior
- Normative Beliefs
  - Expectations about others' Behavior promotes a *Perceived Social Norm*
- Control Beliefs
  - Factors which facilitate or prevent performance promote a *Perception of Control or Capability*

TPB Utility

- Actual Control PLUS
  - Positive Attitudes about the Behavior (change)
  - Positive Expectations of a Social Norm
  - Positive Beliefs about Control or Capability

  are thought to be associated with actual behavior change.
- TPB has been found to predict specific Health-Related Behavior (e.g. exercise, donating blood, etc.).

APPLICATION

- Name two ways you already apply the components of the Theory of Planned Behavior (TPB) to your practice.
- Name two ways you could use these principles-or use them more-in the next week or year.

RULES OF ENGAGEMENT

Components of Engaging Military Personnel and Veterans into Mental Health Treatment
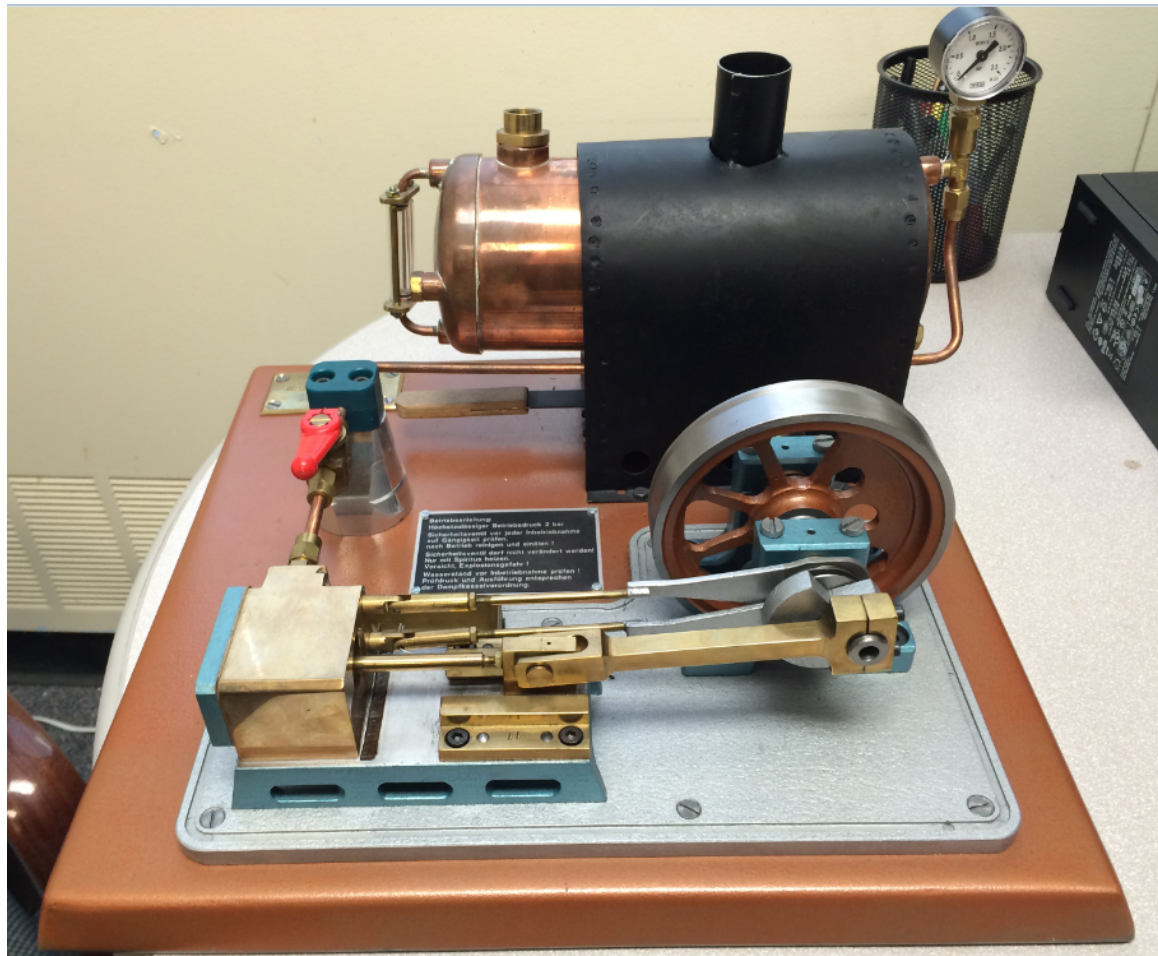
RULES OF ENGAGEMENT: Overview

- Create a Military-Friendly Environment
- Practice Proven Methods to Engage and Retain Clients
- Use Clinical Practice Guidelines and Evidence-Based Treatments and Practices

RULES OF ENGAGEMENT: *ENVIRONMENT*

- Learn about Military Culture
  - Concepts and Values
  - Common Terms
  - Structure and Practices
- Create an Inviting Atmosphere
  - Display Military- and Veteran-Centered Resources
  - Use decorations appealing to targeted clients
    - American Flag
    - Photos, pictures or posters with Military themes
    - Personal items demonstrating support of troops
    - Items of Interest to target population

Items of Interest

RULES OF ENGAGEMENT: *PRACTICE RECOMMENDATIONS*

- Provide Role Induction
- Provide Education
- Foster the Therapeutic Alliance
- Strengthen Hope
- Incorporate Client Preferences into Treatment Planning
- Assess and Discuss Treatment Progress
- Address Diversity and Individual Differences
- Use Evidence-Based Treatments and Practices

PRACTICE RECOMMENDATIONS
Provide Role Induction

- Discuss Role Expectations
  - Unmet Role Expectations are related to Premature Termination
- Assess and Discuss Realistic and Unrealistic Expectations
  - the practice or process of treatment
  - access

PRACTICE RECOMMENDATIONS
Provide Education

- Realistic Expectations about the Duration of Therapy

- Patterns of Change

Provide Education: *Realistic Expectations*

- Realistic Expectations about the Duration of Therapy

  - Clients with unrealistic expectations drop out earlier than those with realistic expectations

  - Informing of Realistic Expectations leads to greater number of sessions completed

Provide Education:
Discuss Patterns of Change

- Early Improvement in General Sense of Well-Being may be viewed as significant change
- Later Reductions in Symptoms and Increase in Functioning
- Distress may *increase* in Expected Ways during the Course of Treatment (e.g. increase in distress during Trauma Processing)

RULES OF ENGAGEMENT:
Foster the Therapeutic Alliance

- Agreement on Tasks and Goals
  - Encourage Clients to share their Opinions, Preferences and Reflections regarding Treatment Approach
  - Seek Feedback regarding Collaboration
- Bond between Client and Therapist
  - Establish Early when Termination Risk is High
  - Continue to Assess through Therapy
  - Foster Empathic and Safe Environment

RULES OF ENGAGEMENT:
Strengthen Hope

- Provide a Causal Explanation for Problem Development
- Provide a Credible Rationale for the Treatment Approach
- Foster Faith in the Therapist
  - Credibility is fostered by:
    - Expertness: Knowledge and Reputational Cues
    - Attractiveness: Similarity in background, opinions
    - Trustworthiness: genuineness, warmth, empathy

RULES OF ENGAGEMENT:
Strengthen Hope

- Express Faith in the Client and the Client's Ability for a Successful Outcome

- Facilitate Early Progress
  - Attend to Pacing
    - Build Alliance
    - May begin with "Jump Start" Goals
  - When hope is strengthened, move to more complicated or emotionally difficult goals

RULES OF ENGAGEMENT:
Incorporate Client Preferences

- Collaboration between Client and Therapist is Critical
  - Accommodating Client Preferences in Treatment Planning and Intervention shown to decrease Premature Termination by 50%
- Preferences may include:
  - Treatment-related Preferences
    - Mode of Treatment
    - Treatment Approach and Practice Assignments
    - Frequency and Timing of Treatment

RULES OF ENGAGEMENT:
Incorporate Client Preferences

- Roles and Behaviors in therapy (consultation, directive, supportive)
- Type of Therapist
  - Gender
  - Culture
  - Training or Treatment Approach
- Cultural Considerations
- Participation of Family Members

RULES OF ENGAGEMENT:
Diversity and Individual Differences

- Provide Choice of Treatment Options
- Provide Choice of Involving Family Members
- Address Cultural and Gender Issues in Case Formulation
- Consider Special Emphases related to population-specific needs

RULES OF ENGAGEMENT:
Routinely Assess and Discuss Progress

- Higher Average Treatment Outcome is associated with Routine Monitoring
- Track and Compare
    - Use an Objective Measure
    - Compare with Expected Progress
- Regularly Discuss Client Perception of Progress
- Address dissatisfactions by making Appropriate Accommodations or Adjustments

RULES OF ENGAGEMENT:
Use Evidence-Based Interventions

- Clinical Practice Guidelines are available for a number of Mental Health Diagnoses
- Evidence-Based Treatments are available for a number of Mental Health Diagnoses
- Use Evidence-Based Principles for assessment and intervention

APPLICATION

- Name three Practice Recommendations you routinely incorporate into treatment

- Name two Practice Recommendations you will apply-or increase-to your practice during the next week

CLINICAL PRACTICE GUIDELINES

- VA/DoD Guidelines are available on-line
- Available in Complete or Summary Form
- Guidelines provide an Algorhythm for Service Delivery including:
  - Initial evaluation and triage
  - Assessment
  - Treatment
  - Follow-up

CLINICAL PRACTICE GUIDELINES

- Guidelines are available for a variety of conditions including:
  - POSTTRAUMATIC STRESS DISORDER (PTSD)
  - DEPRESSION
  - SUBSTANCE USE DISORDERS
  - CHRONIC PAIN

CLINICAL PRACTICE GUIDELINES

- Recommendations are based on:
  - Other, established guidelines (e.g. PTSD guidelines incorporate ISTSS and APA guidelines)
  - Research Evidence:
    - Strength of Evidence Ratings
    - Degree of Benefit Ratings

CLINICAL PRACTICE GUIDELINES

- Strength of Evidence Ratings:
  - A Rating indicates Strong Evidence of Effectiveness
  - B Rating indicates Fair Evidence of Benefit
  - C Rating indicates Evidence of Benefit but benefit/harm balance too close for general recommendation
  - D Rating indicates Treatment is ineffective or harm outweighs benefit
  - I Rating indicates insufficient evidence to make rating

CLINICAL PRACTICE GUIDELINES

- Degree of Benefit Ratings:

    - 1 indicates Significant Benefit

    - 2 indicates Some Benefits

    - 3 indicates Unknown Benefit

    - 4 indicates No Benefits

SELF EVALUATION QUESTIONS:

- **What are three things you learned during in this presentation?**

- **How will you apply what you learned today to your practice?**

- **If you make a change in your practice, what will you do to monitor or maintain it?**

- **What are other ways you may consider applying what you learned?**

VA/DoD Resources

Warrior Resiliency Training (Battlemind)

National Center for PTSD Website

     PTSD Coach App

     Face-to-Face Videos

Non-VA Care (formerly Fee-basis Care)

Afterdeployment.org