The Evolving Veterans Affairs (VA) Continuum of Family Services to Meet the Needs of Veterans and Their Families

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Topics to be covered

- Transformation of the VA Family Services
- Federal Laws Related to Family Services
- The Continuum of VA Family Services
- Initiatives to Provide Family Education
- Therapeutic Family Interventions in VA
- Training Outcomes
- Unique Issues that Impact on Providing Family Services in VA
- Privacy and Documentation Policies
- Family Resilience in VA
- New Initiatives and Programs

Transformation Of VA Mental Health Services

VA has made a commitment to evidence-based practices, Veteran- and family-driven care, and a recovery oriented mental health system where those with mental illnesses have the essential services and supports necessary to live, work, learn and participate fully in the community

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 review of Report and 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

Some VA Family Services are governed by federal law

Federal Law - 38 USC 1782: Counseling, Training, and Mental Health Services for Immediate Family Members

Public Law 110-387: Veterans' Mental Health and Other Care Improvement Act of 2008 modified Federal Law 38 UCS 1782 in October 2008

Public Law 111-163: The Caregivers and Veterans Omnibus Health Services Act of 2009 modified Federal Law 38 USC 1782 in May 2010

Prior to these Public Laws, according to 38 USC 1782

- Counseling, training, and mental health services for families was limited to those Veterans who were receiving service-connected treatment

Federal Law - 38 USC 1782: Counseling, Training, and Mental Health Services for Immediate Family Members (cont.)

Prior to these Public Laws, according to 38 USC 1782:

- Non-service connected Veterans and their family members could receive these services only if:
  - Services were initiated during the Veteran's hospitalization
  - Continued provision of those services on an outpatient basis is essential to permit the discharge of the Veteran from the hospital

Federal Law - 38 USC 1782: Counseling, Training, and Mental Health Services for Immediate Family Members (cont.)

Prior to these Public Laws, according to 38 USC 1782:

- Eligible Individuals – Individuals who may be provided these services were:
  - Members of the immediate family or the legal guardian of a Veteran
  - Individual in whose household such Veteran certifies an intention to live

How Have Public Laws 110-387 and 111-163 Changed 38 USC 1782?

PL 110-387: Veterans' Mental Health and Other Care Improvements Act of 2008

PL 111-163: The Caregivers and Veterans Omnibus Health Services Act of 2009

How Have Public Laws 110-387 and 111-163 Changed 38 USC 1782?

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

(a) Counseling for family members of Veterans receiving service-connected treatment:

In the case of a Veteran who is receiving treatment for a service-connected disability pursuant to paragraph (1) or (2) or section 1710(a) of this title, the Secretary shall provide to individuals described in subsection (c) such consultation, professional counseling, **marriage and family counseling,** training, and mental health services as are necessary in connection with that treatment.

How Have Public Laws 110-387 and 111-163 Changed 38 USC 1782?

(b) Counseling for family members of Veterans receiving non-service-connected treatment:

In the case of a Veteran who is eligible to receive treatment for a non-service-connected disability under the conditions described in paragraph (1), (2), or (3) of section 1710(a) of this title, the Secretary may, in the discretion of the Secretary, provide to individuals described in subsection (c) such consultation, professional counseling, **marriage and family counseling**, training, and mental health services as are necessary in connection with that treatment.*****

***** (Deleted if --(1) those services were initiated during the Veteran's hospitalization; and (2) the continued provision of those services on an outpatient basis is essential to permit the discharge of the Veteran from the hospital)

How Have Public Laws 110-387 and 111-163 Changed 38 USC 1782?

(c) Eligible individuals: Individuals who may be provided services under this subsection are--

1. The members of the immediate family or the legal guardian of a Veteran
2. **A family caregiver of an eligible Veteran or a caregiver of a covered Veteran (as those terms are defined in section 1720G of this title); or**
3. The individual in whose household such Veteran certifies an intention to live

How has the VA met its responsibility to Veterans and their loved ones in accordance with the Federal Law?

Under Secretary for Health Information Letter

Expansion of Authority to Provide Mental Health and Other Services to Families of Veterans

- Distributed to the field August 30, 2010
- Provided clinical guidance on the expanded authority that was enacted as part of PL 110-387
- Special conference calls were held to provide additional information and address questions
- Information was also provided on regularly scheduled conference calls (Network Directors, Chief Medical Officers, Mental Health Liaisons and Mental Health Combined Staff)

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 & 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 Family Services

- Consistent with a recovery philosophy, flexibility is a key principle when involving families in care
- Services must be tailored to meet Veterans' phase of illness, symptom level, self sufficiency, family constellation, and preferences.
- Expertise is required to deliver these services skillfully and across mental health specialties

Continuum of Family Services

- A graduated continuum of services is necessary to meet these varied needs.

- The full continuum ranges from:
  - ✓ Family Education / Training
  - ✓ Brief Problem-Focused Consultations
  - ✓ More Intensive Family Psychoeducation and Marriage and Family Counseling

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 & managing sources of stress and Factors associated with good outcomes

- May be offered via written & 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

Goals of Family Education/Training

- Legitimizing the psychiatric disorder
- Reducing negative emotions in family members
- Enlisting family members' cooperation with the treatment plan
- Facilitating the family members' ability to monitor the disorder

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

Contraindications

- SAFE is not appropriate for
  - Dementia
  - Substance abuse as the primary problem area

SAFE Logistics

- No charge – no reservations are needed
- Families attend whenever they wish. Each session can stand alone, so family members do not have to attend every session.
- 15 of the 18 sessions are not specific to any diagnosis.
  - Exceptions:
    - PTSD and Its Impact on the Family
    - Schizophrenia and Its Impact on the Family
    - Depression and Its Impact on the Family
      - (although depression is a common co-morbid condition even if it's not the primary diagnosis)

Workshop Content

18 sessions – organized in 4 sections:

- Information about the Disorders
  - What causes mental illness?
  - Schizophrenia and its impact on the family
  - Depression/bipolar disorder and their impact on the family
  - PTSD and its impact on the family
- Skills for Family Members
  - Communication tips with family members
  - How can I set limits without feeling guilty?
  - Creating a low-stress environment
  - Problem-solving skills for families
  - What can I do when he/she is angry or violent?

Workshop Content (cont.)

- The Experience of Caring about Someone Living with SMI/PTSD
  - Common family reactions to mental illness
  - How can I take care of myself
  - Skills for managing stress effectively as a family member
  - What to do when your help is turned away
  - Do's and Don'ts in helping your family member

Workshop Content (cont.)

- Dealing with Family, Friends and Professionals
  - Rights and responsibilities of consumers, families & professionals
  - Empowering your loved one on the journey of recovery
  - What do we tell the children and friends?
  - Coping with the stigma surrounding mental illness

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

An Example: NAMI's Family to Family

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 DISORDER; 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**

Time Frame

- Meets once a week for 12 consecutive weeks
- Meets each week for 2 ½ hours
- Usually meets in the evenings, when more family members are likely to be available

Who Takes the Course?

- Relatives of individuals diagnosed with:
  - Schizophrenia
  - Major depression
  - Bipolar disorder
  - Borderline personality disorder
  - Panic disorder
  - Obsessive-compulsive disorder
  - Co-occurring addictive disorders

Who Teaches the Course?

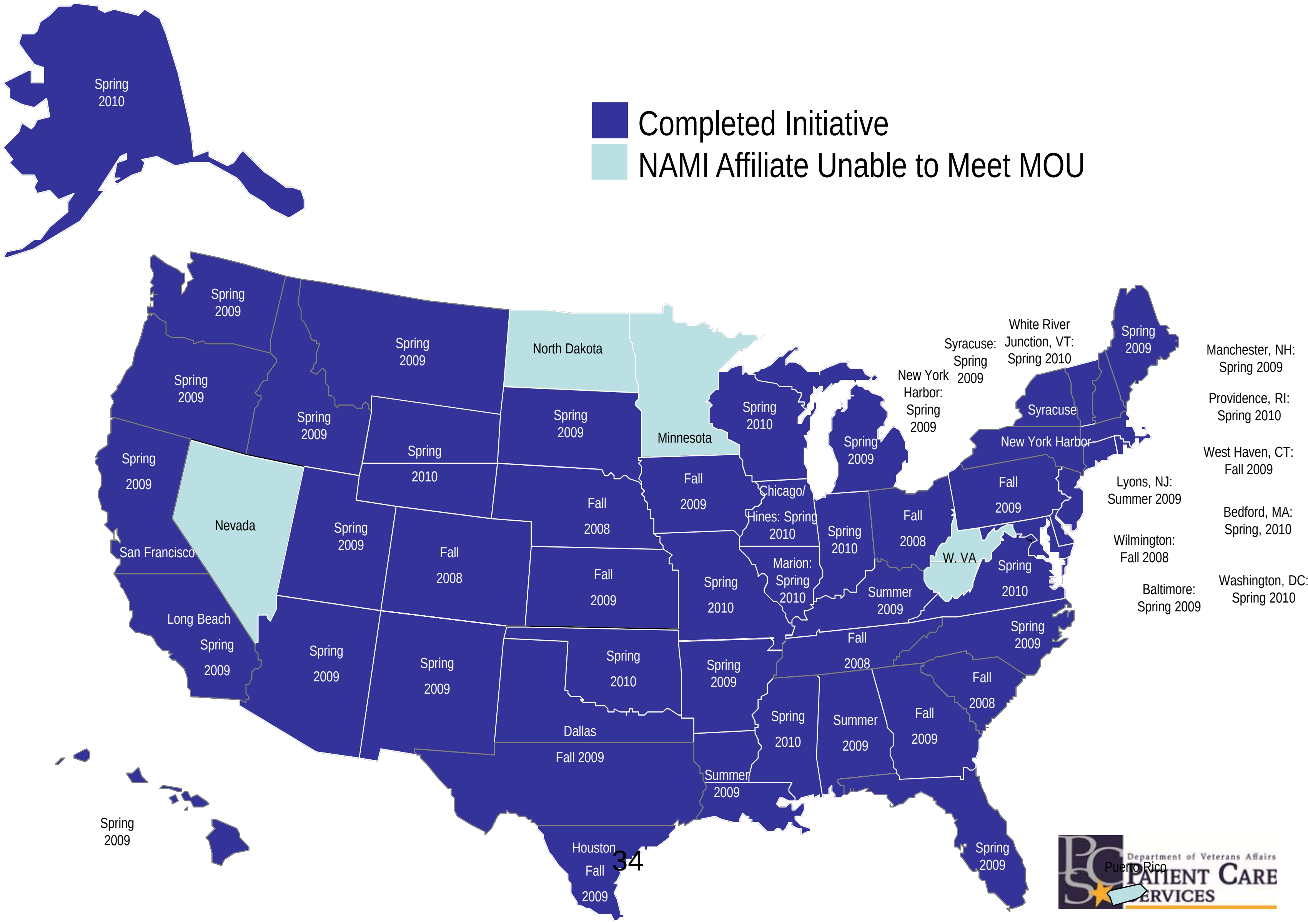
- Volunteer family member graduates of the Family-to-Family course
- Family member teachers receive an intensive training on the model
- The NAMI Education Program is highly manualized for uniform delivery
- The format is combines didactic and interactive skills workshops

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
- Selected VHA facility and local NAMI affiliate will then serve as model to continue this partnership throughout all networks
- A second MOU has been developed 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 has expired.

Outcomes for FFEP and SAFE

- Between June 2008-June 2010:
  - FFEP courses were offered at 51 out of 56 eligible, designated MOU VHA sites
    - Courses were held in 46 states + DC and across all VISNs
  - FFEP courses were offered at an additional 19 non-designated MOU VHA sites
  - FFEP courses were offered more than once at 26 VHA sites
  - 43 VHA sites across 17 VISNs offered SAFE


Completed Initiative
NAMI Affiliate Unable to Meet MOU
Spring 2010
Spring 2009
Spring 2009
Spring 2009
Spring 2009
Spring 2009
North Dakota
Minnesota
Nevada
San Francisco
Long Beach Spring 2009
Spring 2010
Spring 2009
Spring 2009
Fall 2008
Spring 2009
Spring 2009
Fall 2008
Fall 2009
Spring 2010
Dallas Fall 2009
Houston Fall 2009
Fall 2009
Spring 2010
Spring 2009
Summer 2009
Spring 2010
Chicago/ Hines: Spring 2010
Marion: Spring 2010
Spring 2010
Spring 2009
Fall 2008
Summer 2009
Fall 2008
Spring 2010
Summer 2009
Fall 2009
Spring 2009
W. VA
Spring 2010
Spring 2009
Fall 2008
Fall 2009
Syracuse
New York Harbor
Spring 2009
Syracuse: Spring 2009
White River Junction, VT: Spring 2010
New York Harbor: Spring 2009
Manchester, NH: Spring 2009
Providence, RI: Spring 2010
West Haven, CT: Fall 2009
Lyons, NJ: Summer 2009
Bedford, MA: Spring, 2010
Wilmington: Fall 2008
Baltimore: Spring 2009
Washington, DC: Spring 2010
Spring 2009
Puerto Rico

VHA – NAMI Memorandum of Understanding (extension)

- Extension MOU to reinforce the inclusion of peer-led family education services into Continuum of VHA Family Services.
- Time period: December 2010 – December 2013
- Select facilities include:
- VHA Facilities that were the state designated site during 1st MOU (June 2008-June 2010)
- VHA Facilities that were not the state designated site but offered FFEP during the 1st MOU time period
- One additional VHA facility per state which did not offer FFEP during the 1st MOU time period

Talk, Listen, Connect: Deployment, Homecoming, Changes

- Joint VHA, DoD, & 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:
www.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"

Overview of VA Family Therapeutic Interventions

Marriage and Family Counseling Program Roll-Out

- Program funded and supported by Office of 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)

Marriage and Family Counseling

Integrative Behavioral Couples Therapy (IBCT; Jacobson and Christensen)

- Integrates goals of acceptance & change with behavioral treatment strategies
- Overarching goals are to reduce couples distress and strengthen family relationships
- VA also includes training in basic parenting skills and assessment of domestic violence

Integrative Behavioral Couple Therapy IBCT

- Relationship problem are viewed as largely *resulting from problematic patterns of interaction* couples use to deal with their differences, *some of which are not amenable to change*.
- Using in vivo, emotionally salient material from the couple's experience, the therapist helps the couple see how their problematic patterns of interaction are understandable attempts to fix their problems, but are actually inadvertently maintaining or creating new problems.
- The therapist uses techniques to: help develop emotional acceptance of partner's differences, promote cognitive understanding of their differences and problematic patterns of interaction, and prompt positive interactions and develop relationship skills.

Course of IBCT

- Assessment Phase
  - Joint interview followed by two individual interviews
- Clinical Formulation and Feedback
  - One joint feedback session
- Active Treatment Phase
  - As many as 20 joint therapy sessions
- Termination
  - Spaced joint session are possible

IBCT Formulation of Relationship Problems

- **DEEP** Analysis of an issue (content issue)
  - **D**ifferences or incompatibilities
  - **E**motional sensitivities
  - **E**xternal circumstances/stressors
  - **P**atterns of problematic communication
- Patterns of problematic interaction
  - Represent couple's efforts to cope with DEEP
  - Problematic interaction makes the problem worse
  - Pattern of interaction becomes a problem itself – derivative problem

IBCT Intervention Strategies

- Acceptance Interventions
  - Empathic Joining
  - Unified Detachment
- Direct Change Interventions
  - Behavioral Exchange
  - Communication Training
  - Problem Solving Training
  - Tolerance Building
  - Anger Management/Parent Training/Sex therapy

When to not to use IBCT

- Issues found to limit the appropriateness of IBCT and the ability of either partner to effectively participate in treatment include:
  - Ongoing and untreated substance abuse disorders
  - Current psychosis
  - Dementia
  - High risk for suicide
  - High level Intimate Partner Violence or battering
  - Divorce or custody proceeding; restraining/no-contact orders
  - Anti-social personality disorder

IBCT RCT (Christensen et al., 2004)

- Randomized to traditional (TBCT) vs. integrated behavioral couples therapy (IBCT)
- 26 sessions over 36 weeks
- N=134 chronically distressed couples

TBCT

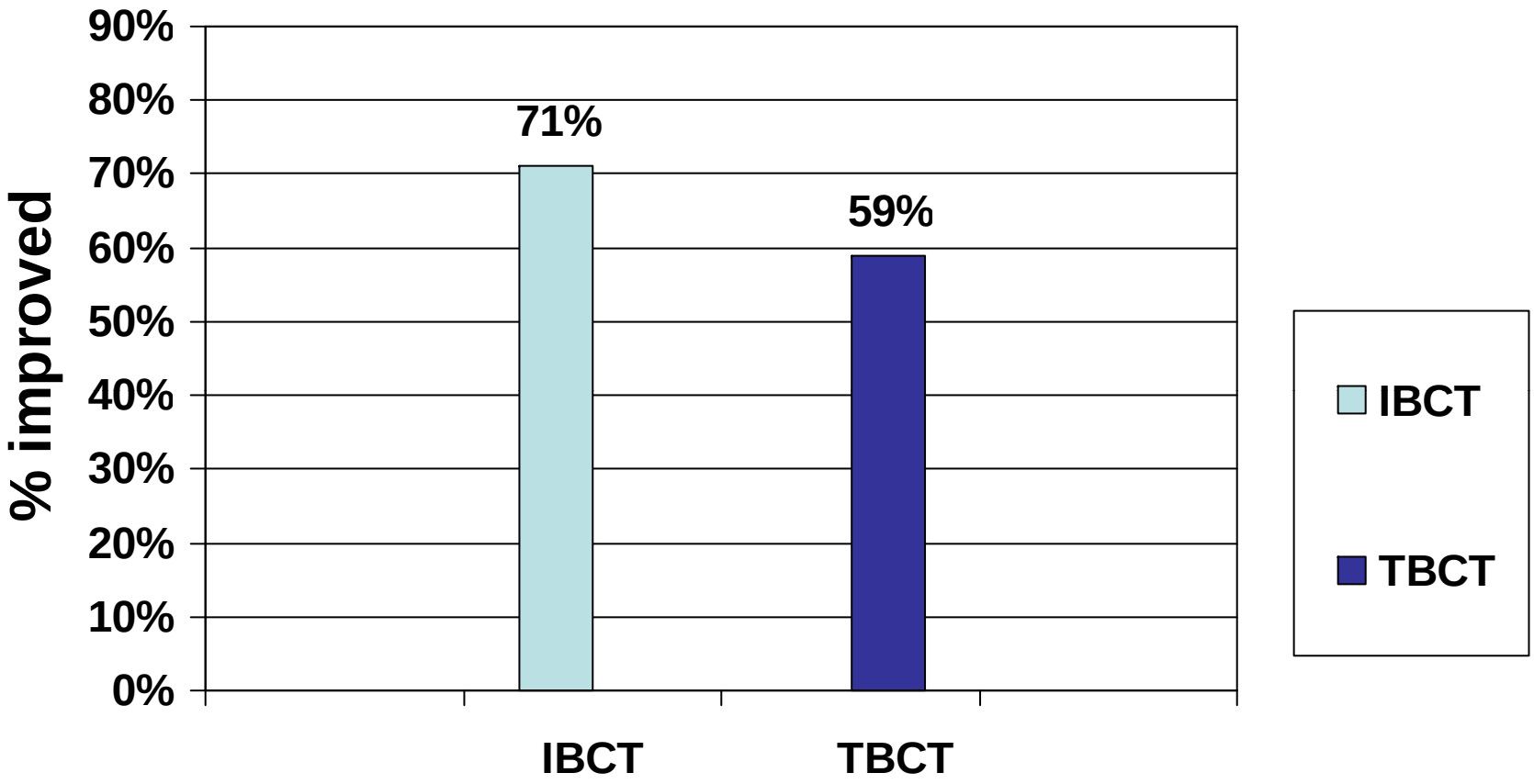
- Direct instruction and skills training
- Behavioral exchange
- Communication skills training
- Problem-solving training

Jacobson & Christensen, 1996

IBCT

- Promoting emotional acceptance of differences
- Empathic joining
- Eliciting vulnerabilities
- Unified detachment
- Step back from problem together
- Building tolerance
- Positive and negative functions of differences
- Also could use direct change strategies in TBCT

Jacobson & Christensen, 1996



Clinically Significant Improvement of DAS Improvement at End of Tx

x^2 3) = N = 130, =332, n.s

Christensen et al., 2004

Marriage and Family Counseling Program Roll-out (cont.)

- Training in 4 day workshop and 24 weeks of consultation (may be extended a few weeks for case finding)

- Program includes an evaluation
  - experience and participation in consultation
  - obstacles to conducting therapy
  - Participant attendance
  - Participant satisfaction
  - Marital Satisfaction

Evidence-Based Practices: Family Psychoeducation (FPE)

Family Psychoeducation (FPE) is a component of recovery services for individuals with serious mental illness that focuses mainly on supporting the well-being and functioning of the individual – however improved family well-being is an important intermediate and additional benefit

Guidelines for Family Psychoeducation (FPE)

- **FPE:** A collection of manualized interventions to equip families with the scoping kills & attitudes which have been shown to reduce relapse

- Interventions share a number of components:
  - Careful assessment
  - Provision of education
  - Problem solving
  - Emphasis on improving current functioning

Guidelines for Family Psychoeducation (FPE) (cont.)

- Relapse reductions associated with a minimum of 9 months of intervention; most programs recommend 1-2 years
- Treatment usually offered on a declining contact basis
- Veterans are typically present during FPE sessions

Evidence-Based Practices
Family Psychoeducation (FPE)

Key elements of intervention include:

- Mental illness training
- Crisis intervention
- Emotional Support
- Training in how to cope with illness symptoms and related problems
- Duration of at least nine months

Evidence-Based Practices Family Psychoeducation (FPE) (cont.)

Behavioral Family Therapy (BFT)

Multiple Family Group Therapy (MFGT)

- Types of evidence-based Family Therapy using a single family format (BFT) or multi-family group format (MFGT)
- Provides family-based illness education and problem-solving skills for Veterans to support their recovery from mental illness

Behavioral Family Therapy

- Structured approach to working with families with a family member diagnosed with a psychiatric disorder
- Accepts the biological basis of specific psychiatric disorders
- Views the family as having an important influence on the course and outcome of the disorder.

Behavioral Family Therapy

Major Focus of BFT:

- Develop a basic knowledge of relative's disorder
- Improve communications skills
- Foster ability to solve problems and achieve goals

Behavioral Family Therapy

- Patient & family attend together
- Behavioral
- Weekly → Biweekly → Monthly
- 9 months - 24 months

Behavioral Family Therapy Includes Five Components

- Assessment
  (individual session with each participant)
- Education about mental illness and its treatment - 4-6 sessions
- Communication skills training - 3-6 sessions
- Problem-solving skills training - 6-12 sessions
- Work on specific problems
  (as needed)

Multifamily Group Therapy

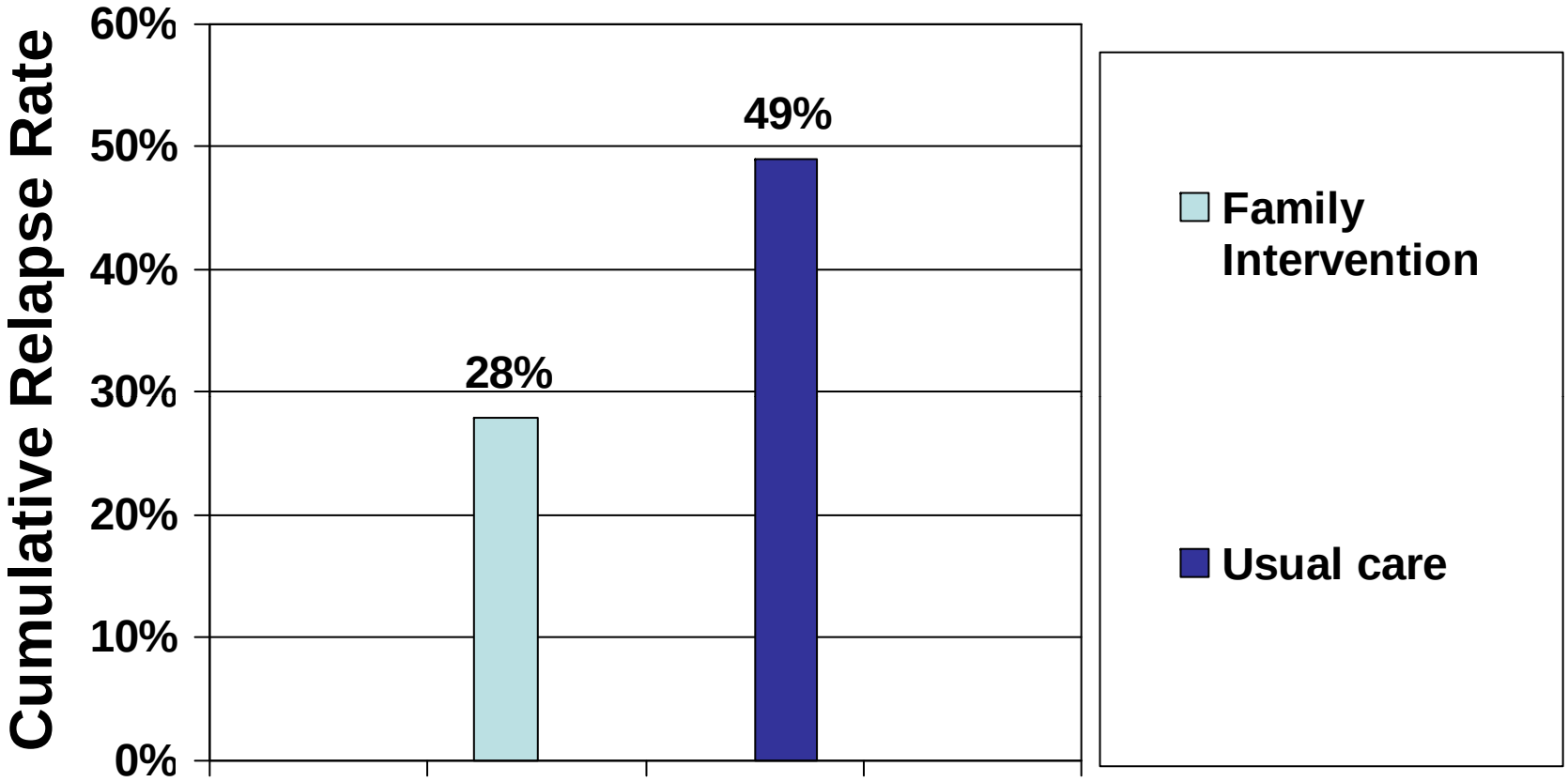
Format

- Initial engagement
- Joining sessions-- 1-3 with each participant
- Survival Skills Workshop—one day or several meetings
- Biweekly group problem-solving meetings—typically 90 mins or so

Multifamily Group Therapy

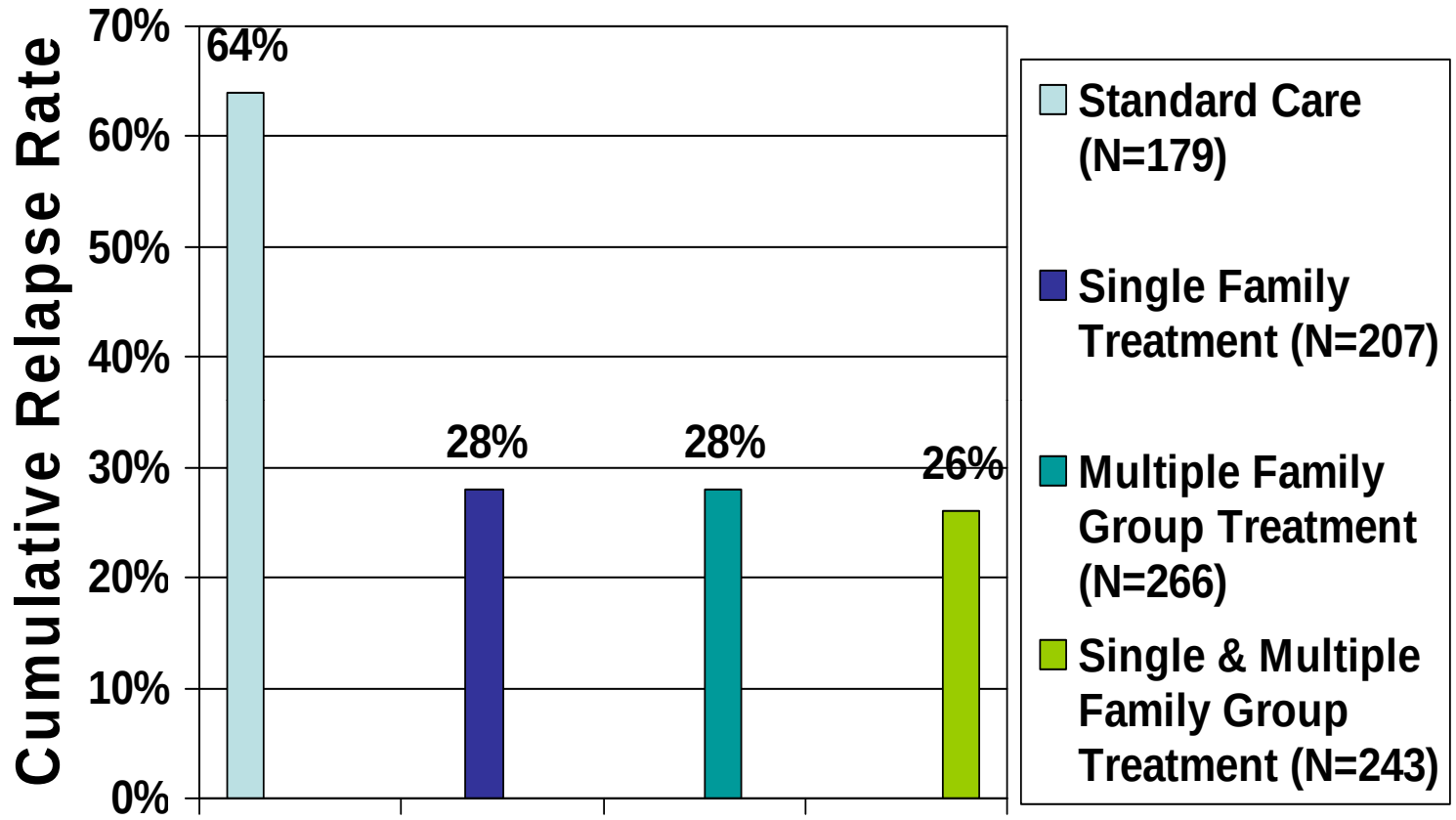
Goals

- Improves social support among participants
- Improve problem-solving skills



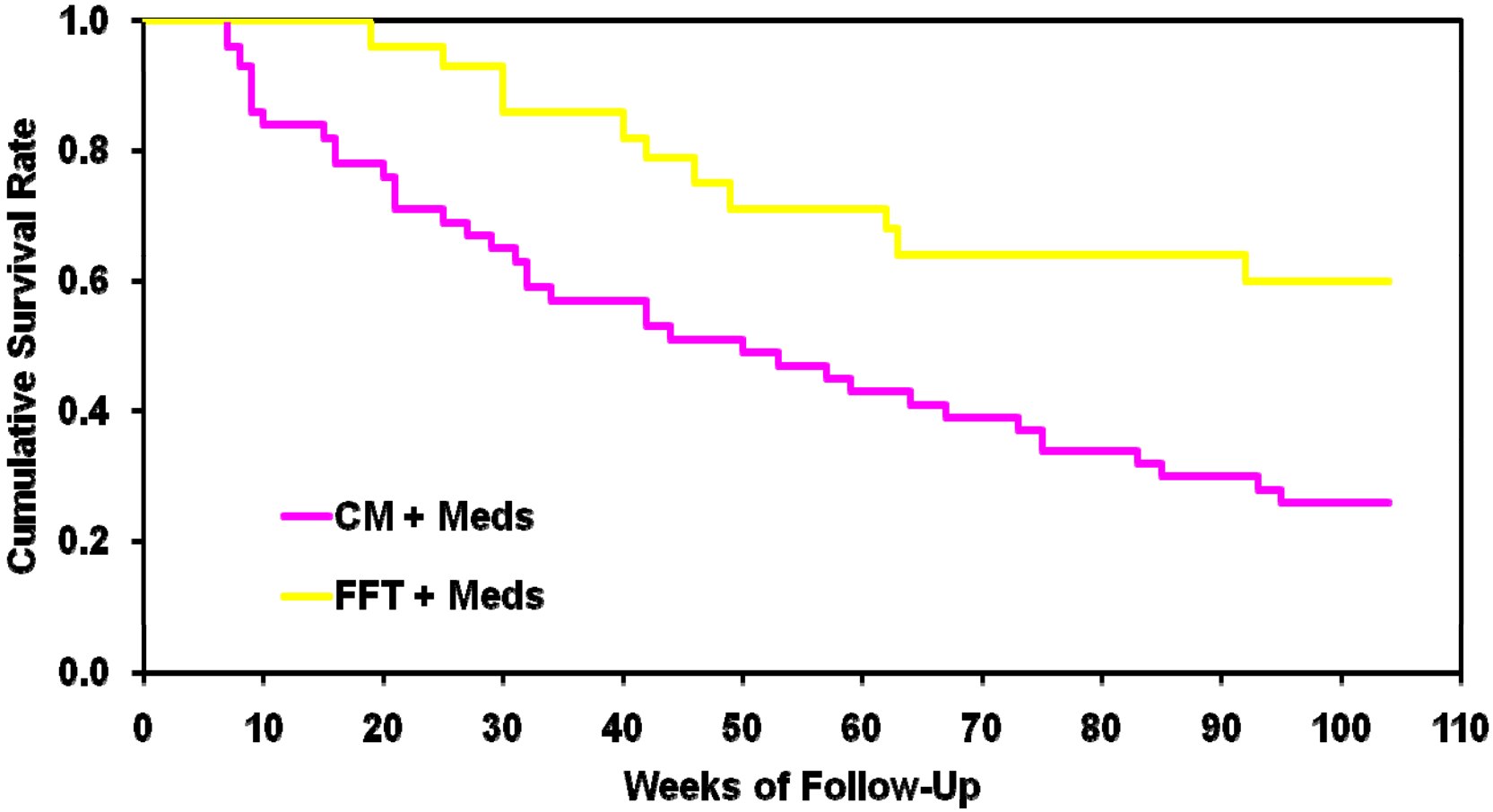
Mean Relapse Rates-18 Studies Comparing Relapse Rates in Family Intervention to Usual Care (n=895)1

Pitchel-Walz G, Leucht S, Bauml J, Kissling W, Engel RR. Schizophr Bull. 2001



Combined Results of Family Intervention Programs on 2-year Cumulative Relapse Rates in Schizophrenia (11 Studies)

FFT + Medication Delays Relapse More than Crisis Management + Medication (N = 101)



CM vs. FFT $\chi 2$ (1) = 8.71, p = .003; FFT, mean survival = 73.5 weeks; CM, 53.2 weeks.

Miklowitz DJ, et al. Arch Gen Psychiatry. 2003

Who Can Benefit from FPE?

- Clients living with or in regular contact with family members (> 4 hours contact per week)
- Wide range of family relationships (e.g., parents, siblings, spouses, children)
- Relatives who want to help the client re-integrate into the community

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 1 – 5 sessions for each consultation
- Provided on as needed or intermittent basis
- If more intensive ongoing effort is required, family can be referred to Family Therapy

Marriage and Family Counseling and Consultation Training

VA Clinicians trained from FY 2007 – FY 2010

- Behavioral Family Therapy – 325
- Multiple Family Group Therapy – 179
- Integrative Behavioral Couples Therapy – 57
- Veteran-Centered Brief Family Consultation - 394

Complicating Issues in Seeing Couples & Families in VA Medical Centers

- Couples treatment as part of Veteran's mental health (recovery) treatment plan—
  - the Veteran is the formal client, not the couple, which makes it somewhat different from other conceptualizations of couples work
  - Need to find a way to manage the tension between "Veteran as client" and "couple as client"
- Partners may need support and/or mental health treatment--
  - need to be familiar with local resources for referrals
  - consider obtaining consent to talk with other providers
  - referrals to SAFE, support groups, etc

Complicating Issues in Seeing Couples and Families in VA Medical Centers (cont.)

- Veteran likely to have physical and mental health comorbidities--may be in other treatment—
  - Each clinician must keep contact with other providers
  - Consider sequencing of treatment; want to avoid overwhelming Veteran with treatment demands
  - Can educate partner about EBPs at VA
  - Can add an educational session to couples therapy if dealing with a diagnosed mental health disorder—typically around the time of the feedback session

Complicating Issues in Seeing Couples and Families in VA Medical Centers (cont.)

Need strategies to engage Veterans who may be reluctant to have family involved in care

- May be ashamed
- May not want to disturb current alliance with treatment team
- May not want to burden family
- May not see the need for family help

Complicating Issues in Seeing Couples and Families in VA Medical Centers (cont.)

- Strategies that may work to counter Veteran reluctance
  - Clarify with the referrer (if there is one) why the referral is being made and what the Veteran hopes to gain from family work in advance of initial meeting
  - Offer flexible services using the "foot in the door" technique—perhaps begin with consultation
  - Offer a wide array of family services so they can be tailored to Veteran need
  - Motivational Interviewing can be very helpful in assisting the Veteran clarify his/her goals and how family work might help

Complying with VA Privacy and Documentation Regulations in Family Work

Documentation

- Standard progress note templates for empirically-based practices are planned.
- Things to consider including in family/couples sessions notes
  - "Family" members present
  - Extended nature of intervention
  - In session activities
    - Education, Modeling, Role plays, Handouts
  - Outside of session activities / Homework
    - Family Meetings, Skills Practice Opportunities

Collateral Charts

Collateral

- A person related to, or associated with, a Veteran who is receiving care from the VA
- Seen by VA staff either within the VA facility or at a site away from the facility for reasons relating to the Veteran's clinical care

Collateral Charts

Collateral Chart is NOT needed

- If the Veteran is present for the service
- For occasional time spent with family members without the Veteran present
  - Family Assessment
  - Intermittent Meetings with Family Members Alone

Collateral Charts

Collateral Charts ARE needed

- When services are provided to the collateral w/out Vet present
  - Family Support Groups (e.g. SAFE)
  - Extended contact with family members without Veteran present.
  - (e.g. BFT when Veteran does not want to participate)
  - When it would be unethical or unsafe to record collateral information in Veteran's chart. (e.g. Partner/Caregiver/Family violence, collateral SI/HI)

Collateral Charts

  - Services are reportedly separately (VHA Directive 2006-026)
  - Services provided to collateral creates “count” but “non-billable”
- Contact local MAS re: procedures for opening a collateral chart. Information Typically Needed
    - Enrolled Veteran Name, Last 4, Collateral Name, SSN, DOB

Procedure Codes (CPT) for Tracking Family Services

- Mental Health CPT Codes
  - 90846 – Family psychotherapy w/out patient present
  - 90847 – Family psychotherapy w/ patient present
  - 90849 – Multiple-family group psychotherapy
  - 90887 – SAFE
  - 90510 – Home Visit
  - 9896(0,1,2) – Education (30 minutes)
    - 0-Individual; 1-Two to four people; 2- Five to eight people;

Sharing Information with a Caregiver

- All sharing of information with caregivers should be done in accord with the Office of Health Data and Informatics, VHA Privacy Office, Fact Sheet, May 2007, Volume 07, No. 03, “Sharing Information with Caregivers”

- Sharing information with the caregiver in the presence of the Veteran is preferred and requires seeking the Veteran’s permission

Sharing Information with a Caregiver

VA policy permits sharing of pertinent information (excluding what is protected by USC 7332) with caregivers, even if permission from Veteran is not obtained if:

- Caregiver is involved in Veteran's care, and
- Clinician deems it would be in the best interest of the Veteran to share the information with the caregiver

Privacy Fact Sheet Sharing Information with Caregivers

The Privacy Fact Sheet can be found at:

http://vaww.vhaco.va.gov/privacy/vhapo.htm

Enhancing Family Resilience within VA

Understanding Family Resilience

Psychological resilience 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* resilience has recently been expanded to include the notion of *family* resilience (Palmer, 2008)

.

Understanding Family Resilience (cont.)

Key Features of *family resilience—(from* Karney & Crown, 2007; McCubbin & McCubbin, 1988,1993; Nelson Goff & Crow, Reisbig, & Hamilton, 2007; Palmer, 2008; Peebles-Kleiger & Kleiger, 1994; Venter & Snyders, 2009; and Walsh, 2003) *:*

- ✓ positive belief systems
- ✓ the ability to make meaning of severe stressors
- ✓ flexibility
- ✓ ability to access social support
- ✓ adaptive communication and problem solving styles

Resilience in VA

- Veteran stressors may concern deployment and readjustment (OIF/OEF/OND) or other mental or physical health challenges—the population and stressors are very broad

- Family constellations are also diverse

Family Resilience 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

Family Resilience in VA (cont.)

4. Provide ample opportunities to normalize responses to environmental stressors in order to reduce stigma and promote more accepting attitudes

5. Include specific work on communication and problem-solving skills.

New Developments in Family Services in VA

DoD/VA Integrated Mental Health Strategy - #16 Family Resilience

Prevent mental health problems for families and Service Members before, during and after deployment.

Prevent mental health problems during periods of stress throughout the lifespan for families and Veterans

Workgroup to identify, recommend and promote effective family resilience programs in each Service and VA

DoD/VA Integrated Mental Health Strategy - #17 Family Members

- Family Coaching Centers– 3 Sites
- Provides concerned family and friends with a place to call and get information about how to help loved ones
  - Improved care of the Veteran is the goal
  - Veteran's engagement in treatment is often facilitated by family members
  - Optimize family involvement in getting Veteran into care
  - Sets the scene for support of Veteran in treatment

Family Coaching Contact Info

Call 1-888-823-7458

FamiliesAtEase@va.gov

Steve Sayers, Ph.D., Program Director
Philadelphia VA

DoD/VA Integrated Mental Health Strategy - #17 Family Members (cont.)

Identify methods to help family members recognize mental health needs in Service Members and Veterans by providing education and coaching

- Family Education Program - Operation Enduring Families
- Five session manualized program
  - Family Relationships
  - Communication and Intimacy
  - Anger
  - Posttraumatic Stress Disorder
  - Depression

Examples of Local Initiatives to Improve Family Services

- Trial of new couples treatment to address numbing and avoidance for OEF/OIF/OND Veterans with PTSD (New Orleans)

- Implementation and evaluation of family services using telehealth methods (similar to Skype) (Denver)

- Focus groups to identify what OEF/OIF/OND Veterans and their relatives need (Little Rock and Oklahoma City)

Examples of Local Initiatives to Improve Family Services (cont.)

- Longitudinal studies of post-deployment adjustment (Minneapolis)

- Trial of multifamily group for OEF/OIF/OND Veterans with PTSD and TBI and their partners (Bronx and Durham)

- Trial of DoD-UCLA-Harvard FOCUS (Families Overcoming Under Stress) program adapted for couples (Long Beach VA)

Thank you for your interest!

QUESTIONS??

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