

SAFE Program Implementation Toolkit

Appendix on Provision in a Rural Area or VA Community Based Outpatient Clinic (CBOC)

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The SAFE Program was originally developed in a VA medical center setting. As the VA system strives to provide services to our rural veterans and improve access to care, questions have arisen about the possibility of offering SAFE in rural areas and possibly through Community Based Outpatient Clinics (CBOCs). As each CBOC has its own unique culture, patient population, and providers (including varying levels of interest and experience in working with families), a blanket recommendation that would suit all locations is not feasible. This appendix is an attempt to provide information on frequently asked questions, identify issues for consideration during the program development phase, and summarize experience on the advantages and disadvantages of various approaches.

The following information was ascertained via

- Interviews with staff at three CBOCs in VISN 16, ranging from a small CBOC to a large one.
- Focus groups with rural veterans (some who use CBOCs for their care, others who choose to drive a long distance to a medical center).
- Focus groups with rural family members (some from CBOCs and others from a large medical center).

Do rural families WANT education about mental illness/PTSD?

YES. Every person we interviewed (n=54) expressed a strong desire for family education, and many expressed high levels of willingness to do whatever it took to make it happen and to participate. Further, very few rural families report having received any education about their veteran's mental illness/PTSD.

What roles can administrators play in implementing the SAFE Program in a rural area?

Select an appropriate staff person to facilitate the program, preferably one with experience working with families dealing with mental illness/PTSD

SAFE Program workshops can be facilitated by a mental health professional (of any discipline). The SAFE Program manual and Toolkit contain clinician-friendly curricula for the 18 sessions as well as detailed information about preparation, documentation, advertising, etc. It's important for the provider to genuinely understand, respect, and have empathy for the family's experience of dealing with serious mental illness/PTSD. The provider needs to possess skills in teaching and group facilitation.

Many providers (urban and rural) did not receive formal training in their graduate studies about the impact of mental illness/PTSD on the family. Although VA Central Office is rolling out national trainings on family intervention, the number of participants in such training workshops is very small. Therefore, empowering the provider with support, resources, and access to consultation is essential.

Support the provider in preparing to present the SAFE Program

There are many ways to train and support CBOC providers, including:

- Give them the SAFE Program curriculum (available online at www.ouhsc.edu/safeprogram) and at no-cost by emailing a request to Dr. Michael Kauth at michael.kauth@va.gov.
- Help the provider obtain books about the family experience of mental illness/PTSD. Many excellent resources are noted in the Resource List of the SAFE Program (<http://www.ouhsc.edu/safeprogram/ResourceList.pdf>). Although books written for professionals can be useful for providers to review, it can be equally helpful to read books written specifically for families as they often contain practical, helpful, real-life suggestions.
- Urge them to review the SAFE Program Implementation Toolkit (<http://www.ouhsc.edu/safeprogram/ImplementationToolkit.pdf>) that answers many Frequently Asked Questions about program development and implementation.
- Encourage them to attend a workshop or training session held by Dr. Sherman on the SAFE Program.
- Suggest that they explore what other medical centers/CBOCs in their VISN/area are providing the SAFE Program, and see if they can go to observe a session. It can be very useful to learn from other sites' successes and challenges when creating a program. Each VISN has a Family Education Coordinator who has been trained by Dr. Sherman or Dr. Ursula Bowling in the SAFE program. He/she is a Local Recovery Coordinator (LRC) who is willing to assist other sites in implementing SAFE. Check with your facility's LRC to find out who that person is for your VISN.
- Encourage the provider to seek out regularly scheduled supervision/problem-solving phone calls with Dr. Sherman, especially during the first few months of SAFE Program implementation. She can be best contacted by email (MichelleDSherman2@gmail.com). Several clinicians we interviewed expressed the desire for such assistance, and both Dr. Ursula Bowling and Dr. Sherman are happy to provide time-limited support.
- Provide administrative support for publicity (e.g., help in mailing letters, creating and posting flyers, getting articles in newsletters, etc.)
- Ensure that the provider has time in his/her schedule to prepare for and provide the workshops

How can providers prepare themselves to implement the SAFE Program in a rural area?

Familiarize themselves with the unique aspects of their rural culture/community

Some providers in our study described families living in rural areas as having a unique culture that needs to be understood. Issues to keep in mind include:

- Rural families may be less comfortable reaching out to ask for professional help; they may be more inclined to keep personal matters private. Therefore, providers want to devote considerable time and energy to rapport building, and respect the oftentimes deeply-held values of the family. Extending the invitation to engage in care gently and repeatedly may be useful to help families feel comfortable and to recognize the potential usefulness of services. Providers may find it helpful to describe the SAFE program as a "class" rather than as therapy, as a class format may feel more comfortable and less intimidating.

- Providers need to be mindful that some rural families may hold different beliefs about the cause of mental illness/PTSD. They may have less understanding of the biomedical contribution to serious mental illness (e.g., thinking mental illness is solely due to “weak faith”). It’s important for providers to seek to understand a family’s belief systems and worldview before jumping into a “teaching” mode. Otherwise, even the very best psychoeducational information will be readily dismissed, and families may be discouraged from seeking information/care in the future.
- Rural families may have greater fears of knowing other class members due to the CBOC being located in a small town. Therefore, providers need to spend time and energy addressing confidentiality early and regularly in treatment, specifically exploring how participants would handle situations of previous relationships, meeting in public, knowing the veteran, etc. If providers have any personal experience in living in a rural area, some limited self-disclosure may be useful to convey an understanding of rural culture, especially about the dual relationships that sometimes arise.

Anticipate challenges that may be associated with providing SAFE to families in rural areas and brainstorm possible creative means of overcoming these challenges [Note: This section does not address barriers to participating in family education in general—but focuses on issues associated with families in rural areas]

- Family members do not receive travel pay for coming to VA appointments. For some, even driving to a CBOC is a long distance, so the expense for gasoline may be a prohibitive factor for some families. Family members may lack reliable transportation to make a long trip.
- Similarly, some families who have to drive many miles are unable to take the time off work, due to work inflexibility and/or the resultant loss of income.
- For families who must drive a long distance, the need for childcare can be a barrier. Small children cannot attend the SAFE Program due to their potential disruptiveness and the inappropriateness of their being exposed to some of the discussions. Therefore, providers need to be cognizant of this issue and consider creative options in the local community.
- Some sites choose to offer the SAFE Program in the evenings to allow family members that work to attend. CBOCs choosing to do so would need to ensure that providers are willing to alter their duty hours to work late and that security/police forces are available in the evenings.

How can providers spread the word to rural families about the availability of the SAFE Program?

When providing the SAFE Program in either an urban or rural area, advertising usually requires a large commitment of time and energy. The publicity tips provided in the SAFE Manual apply to rural areas very well. A few additional suggestions were made by rural veterans, families, and providers:

- Tell commanders of veterans groups and service organizations (such as the DAV, VFW, American Legion, PVA) many of whom are active in rural areas. It can be helpful to attend the periodic Vet Council meetings held at VAs and CBOCs.
- Work with local newspapers, radio stations, and television stations to be included in community calendars of events.

- Tell chaplains/ministers/religious leaders in the area about the program.
- Create attractive poster boards to place in clinics.
- Encourage the veteran to bring his/her family member to the next appointment, and discuss the SAFE Program as a team. This allows both the veteran and family member to openly address any fears/concerns/barriers to participation they may have, and for benefits of participation to be emphasized.
- In addition to working closely with other mental health providers, form collaborative relationships with the rural or CBOC primary care providers and nurses. Primary care staff sees a much larger caseload of veterans, many of whom live with mental illness/PTSD but do not seek specialized mental healthcare.

What logistical issues need to be considered?

Mode of provision of the SAFE Program

The SAFE Program was developed to be provided in a face-to-face group setting. However, several other options could be considered for program delivery. With the growth of available and acceptable telemental health services, providers can consider a range of modes of presenting the SAFE Program, such as using a videoconference, chat rooms on the internet, and conference calls. It may also be possible for a provider with expertise in family education to travel to various CBOCs in an area to facilitate a face-to-face workshop. It is also possible to combine several modes of delivery.

However, all of our veteran and family participants expressed a strong preference for “face to face” groups, expressing concern that other modes would be “impersonal, intimidating, and would not promote friendship.” Providers similarly expressed concerns about providing SAFE via telegroups due to technology limitations (e.g., cannot easily see many group members in various locations simultaneously).

Note: VISNs/CBOC that have telemental health conference units (that can show a group of people on a screen) may wish to consider a slight format modification. It may be possible for a provider at one location to provide the SAFE workshop to participants that are gathered together in one room at another location. While no sites in VISN 16 have this technology at this time, it may be a feasible, practical model to implement as technology becomes available. Although veterans and families in our study expressed considerable reservations about the acceptability of videoconferencing, it’s likely that this service may be much better than not having any programming at all. Also, younger families and families who never had the face-to-face support may be more open to the more sophisticated video options. VISNs/CBOC that choose to use videoconferencing need to think through strategies for handling patient emergencies and for ensuring safety and confidentiality.

Environment and nature of the location/room (if meeting face-to-face)

Rural families want a location that is close to their home, safe, quiet, familiar and private. They want to meet in a room large enough so participants can sit in a circle and comfortably interact. You may wish to consider the CBOC itself (if a sufficiently large room exists), a service organization post or armory, a church or other

religious center, a meeting room at a local American Red Cross facility, or a conference room at a local hospital.

Role of the veterans

The SAFE Program is designed specifically for adult family members/friends who care about someone living with mental illness/PTSD, and veterans are not included in the sessions (see the SAFE manual for more information on the rationale). Other family programs exist that provide joint sessions for veterans and families.

However, some sites have developed creative ways of overcoming some of the challenges associated with family members coming alone. The SAFE Program may be offered at the same time as another program held for veterans. For example, the SAFE Program could be provided while a separate, large PTSD group is being held for veterans. This could allow veterans and families to travel to the CBOC together, overcoming challenges of the lack of travel pay for families and gasoline costs. The pros and cons of offering concurrent veteran groups and SAFE would need to be explored at each site.

What can CBOCs do if the need for more intensive/specific family services becomes evident during a SAFE Program session?

Many CBOCs do not have the staffing to provide a wide range of family services, such as couples/family therapy and parent training. Therefore, it's important for each CBOC to know what nearby CBOCs, VAMCS, Vet Centers, and community providers offer and to develop a list of community resources to which local families can be referred. Common referrals would be for couples/family therapy, individual therapy for the family member, assessment and therapy for children, and domestic violence treatment. It would be very important to tell family members wishing to seek these services in the private sector/community that doing so would be at their own expense.

We would love to hear about your experiences in providing SAFE in a rural/CBOC setting.

If you are willing to share, please contact Dr. Sherman at MichelleDSherman2@gmail.com

We would like to learn from you—and, in turn, be able to support other sites in developing family education for rural veterans.

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