

Benefits Counseling – Therapeutic Encounters After C&P Exams

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Work and Disability

- Service Connection
 - Awarded for “Average impairment”
 - Not SSI/SSDI, which are only for 100% vocational impairment
- Veterans can work with service-connection
- Veterans worry about losing service-connection benefits if they work

Employment is important because it is associated with...

- Financial benefits
- Sense of belonging
- Socialization
- Routine
- Goal-directed activity
- Self-esteem
- Sense of achievement



Vaillant & Vaillant, 1981;
Bartley, 1994

Decision to Apply for Service-Connection: Will work impact service connection claim?

They may decide...

You can't be that sick if you
are working.



Decision to Apply for Service-Connection: Will work impact service connection claim?

But they may also decide...

You have a service-connected condition. You cope with it so well you are able to work, but you still have the condition.



Decision to Apply for Service- Connection: Will work impact service

OR they may decide...

Even though you can work,
your condition harms you in
OTHER ways.



Poll Question:

Indicate all the roles that apply to you:

Clinical Care

Treat Veterans applying for service-connection

Conduct C&P evaluations for service-connection

Conduct Research

Other

Impact of PTSD Service Connection

- Service-connection associated long-term with:
 - Good^a
 - Less homelessness
 - Less poverty
 - Greater decrease in PTSD sx's
 - Not So Good
 - Less employment^b



a-Murdoch, Sayer et al., 2011
b- Rosenheck, Frisman et al.,
1995; Drew, Drebing et al.,
2001; Tsai & Rosenheck, 2013

Outline of Talk

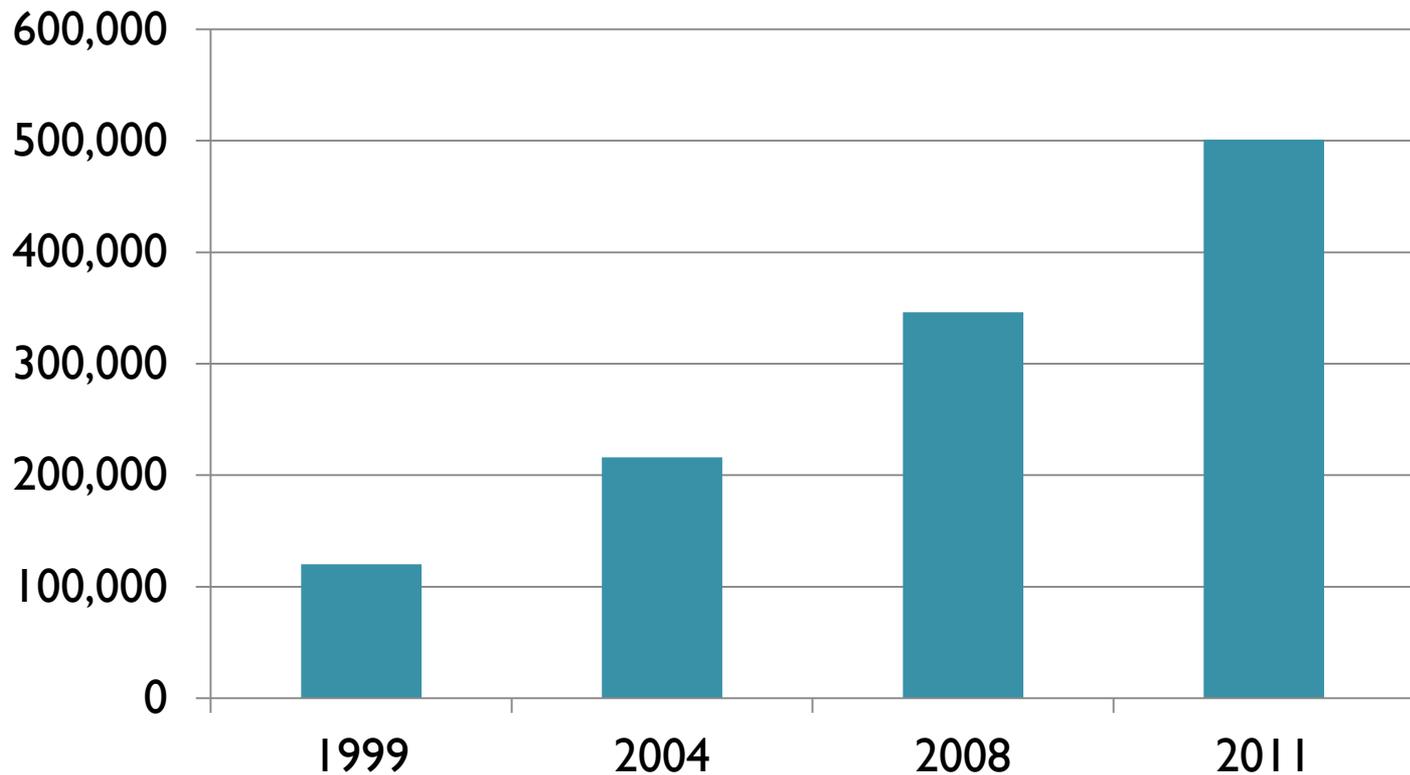
Therapeutic Encounters after C&P Exams

- How many Veterans are Impacted by PTSD-Service Connection?
- Why do Veterans decide to Apply for PTSD-Service Connection?
- What is PTSD-Service Connection's Impact on Working?
- Clinical Trial of Benefits Counseling for Veterans Applying for SC.



C&P for PTSD: How many Veterans impacted?

**Veterans Service-Connected for PTSD by
Year**



Bilmes, 2007; OIG 2005 Report; http://www.benefits.va.gov/reports/abr/2012_abr.pdf

Poll Question:

Providers only....

To what extent do you discuss the clinical impact of service-connection claims with your Veterans who are applying?

Never discuss

Rarely discuss

Sometimes discuss

Usually discuss

Always discuss

Reasons to apply for Service-Connection (Minnesota research)

- Acknowledgement
- Validation
- Relief from self-blame
- Improved finances



Concerns about applying for Service-Connection: OEF/OIF

- Concerns Service Connection might hurt future employability



Perceived Service Connection Impact on Working for Pay

- “I was told I could never get a job in law enforcement if I am service-connected for PTSD.”
- “I thought that you couldn’t get a federal job if you have service-connection.”

Concerns about applying for Service-Connection: OEF/OIF

- PTSD avoidance
- Service Connection Incompatible with
 - Emotional Strength
 - Mental Toughness
 - Fear of Negative Consequences
 - Seen as 'unfit'



Decision to apply for Service-Connection: Stigma and Labeling

- “I still don’t want people to know that I am service-connected because they will think I am crazy...”

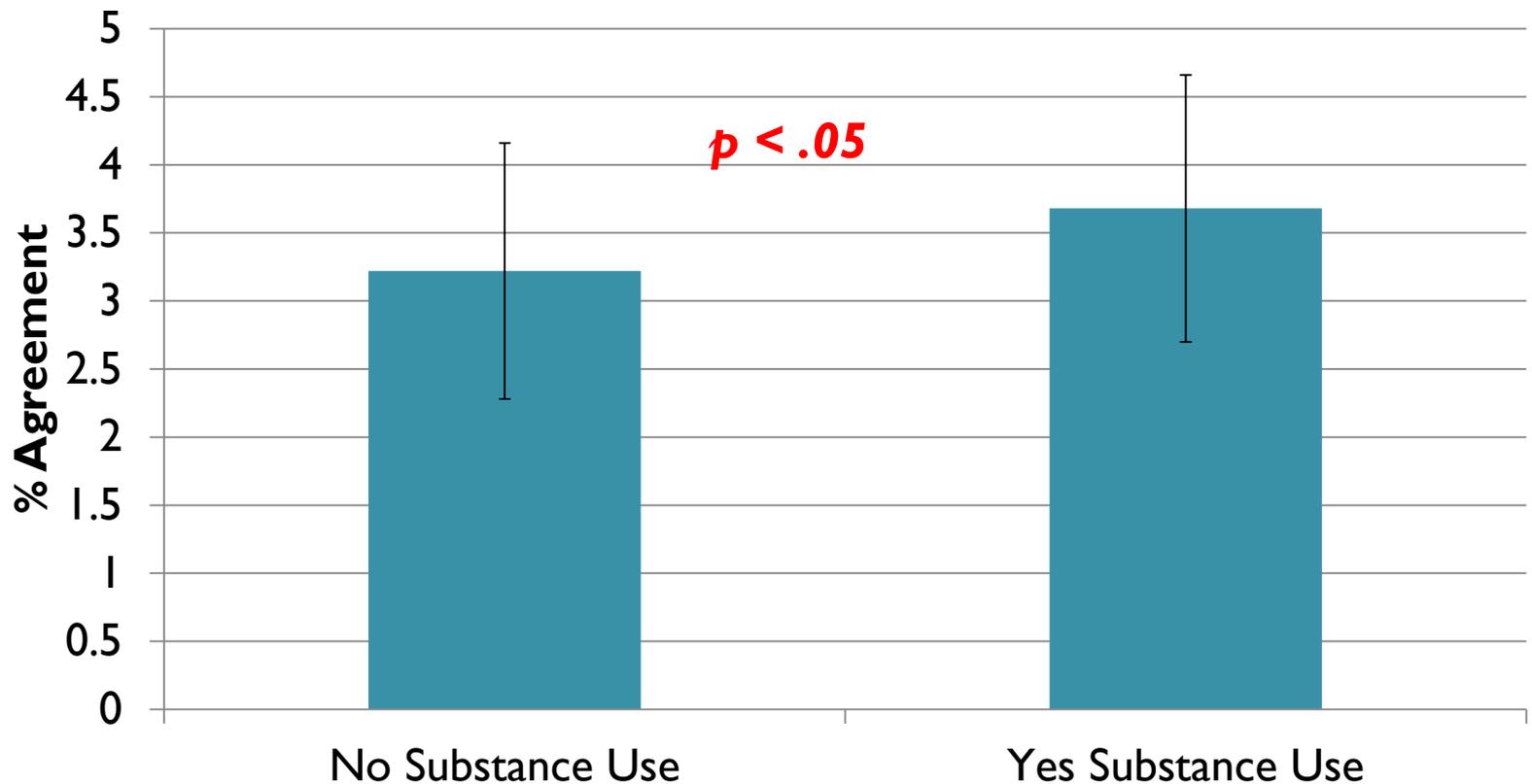
Service Connection Impact on Working for Pay: Which Veterans are Most Concerned?

- Working - Loss in benefits
- Turn down job if loss of benefits
- Veterans with substance abuse agreed more strongly that they would rather turn down a job offer than lose financial benefits



Substance-using Veterans Particularly Concerned About Losing Benefits

"I would rather turn down a job offer than lose monthly financial benefits."



Veterans with substance abuse agreed more strongly that they would rather turn down a job offer than lose financial benefits

- Each Veterans' situation is unique
- Valuation of work vis a vis service-connection varies with:
 - Likelihood of finding work
 - Type of work available to Veteran
 - Feelings about work
 - Other illnesses
 - Financial situation



Service Connection Impact on Working for Pay: Take job if lose financial benefits?

- “I would [rather turn down a job than lose benefits] because I have so much anxiety of new things and new people.”



Perceived Service Connection Impact on Working for Pay

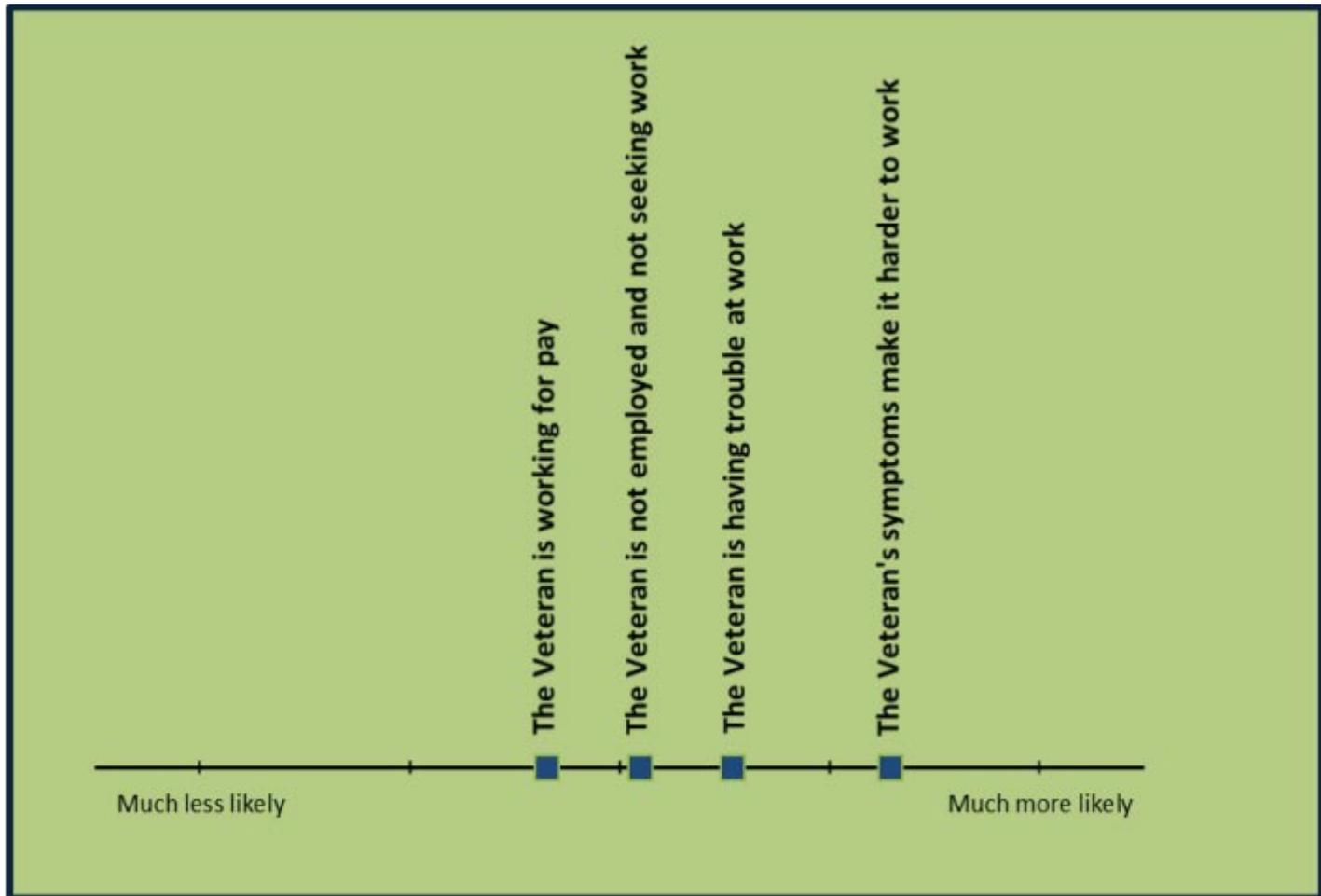
- From a 100% Service-Connected VA employee:
- “Nobody has to be unemployed to get the service connection. Excuse me, the service connection comes whether you are employed or not....”

Service Connection Impact on Working for Pay: Survey of OEF/OIF Veterans with Mental Health Claims (n= 52)

- True or false question to 52 OEF/OIF Veterans with new Mental Health Claims
 - *“To get service connection, I have to be unemployed”*
 - **All veterans answered false**

However, many Veterans
(accurately) see some
connection between service
connection and working...

Perceived Impact of Work on Likelihood of Receiving Comp & Pen (n=52)



Service Connection Impact on Working for Pay: Work as a Value

- Working is high on Values list
- Job security
- 2ND most important domain:
 - Family
 - Working
 - Leisure
 - Religion
 - Community
- Once connected, concern work would lead to loss of benefits



Summary of Service-Connection/Work Relationship

- Veterans' consider service-connection in context of their attitudes about their:
 - Mental health condition
 - Work
 - Military service
 - Finances
- Applying for service-connection impacts employment for some Veterans

Benefits Counseling...



Benefits Counseling

- Addresses concerns about losing benefits, provides motivation to work, and facilitates working among people with disability benefits
- Developed and tested among SSI/SSDI applicants.
 - Tremblay, Smith et al., 2006 in observational cohort study
 - Drake, Frey et al., 2013, AJP large RCT of bundled intervention

Benefit Counseling's Mechanism of Action

Benefits Counseling

More treatment makes work more feasible

Work becomes more important to veteran

Learns work and service-connection relationship

Learns about VA vocational rehab and other services

Work-Plus



Clinical Trial Targeting Work-Plus: Benefits Counseling vs. VA Orientation

Overview

- Benefits Counseling
 - 4 sessions 50 minutes each
 - Motivational Interviewing Approach
- VA Orientation
 - 4 sessions 50 minutes each
 - Learn about available VA services
- Follow-Up Assessments at Weeks 0, 4, 12, 24

Randomized Controlled Trial of Benefits Counseling: Inclusion Criteria

- C&P exam scheduled with psychologist or psychiatrist
- Has not received VBA psych benefits or more than 30% medical benefits
- Self-reported difficulty working during last 28 days due to any emotional problems (SF-36 question).

Interim Results: Recruitment

- 195 Eligible Approached
 - 43 lost to follow-up
 - 32 refused participation
- 96 Consented
- 92 Randomized
- 84 Completed Baseline and at least one follow-up assessment

Demographics

Baseline Characteristics of Participants in Benefits Counseling and VA Orientation

Characteristic	Benefits Counseling N=42		VA Orientation N=42		df	Stat ^a	p
	N	%	N	%			
Age (M±SD years)		37 ± 4		40 ± 14	82	0.91	.37
Percent OEF/OIF	12	29	19	45	1	2.26	.13
Male	32	76	38	91	1	3.10	.08
Race-ethnicity					3	1.10	.78
White	25	60	28	67			
African American	6	14	5	12			
Latino	8	19	5	12			
Other	3	7	4	10			
Days Etoh to Intoxication (last 28)	10	24	15	36	1	1.42	.23
Days Illicit drug use (last 28)	3	7	6	14	1	1.12	.29
VA service use in last year							
Medical	25	61	17	42	1	3.12	.08
Mental Health	23	56	20	49	1	0.44	.51
Employment Pattern							
Work	20	48	17	42	1	0.32	.57
Student	1	2	1	2	1	0.00	.99
Military Service	16	38	10	24	1	1.81	.18
Unemployed	5	12	11	27	1	2.97	.09
Retired	0	0	2	5	1	2.10	.15
Income last 28 days (Mean±SD)	2022 ± 2267		1522 ± 1183		1	785	.49
Psychiatric Diagnoses							
Major Depression	15	40	10	27	1	1.31	.25
PTSD	9	24	15	41	1	2.45	.12
TBI	1	3	3	8	1	1.11	.29
Schizophrenia Type/Bipolar	3	8	2	5	1	0.19	.67
Substance Abuse	11	29	6	16	1	1.73	.19
Service Connected Phys Problem	8	21	9	23	1	0.02	.88

Participation in Assigned Treatments

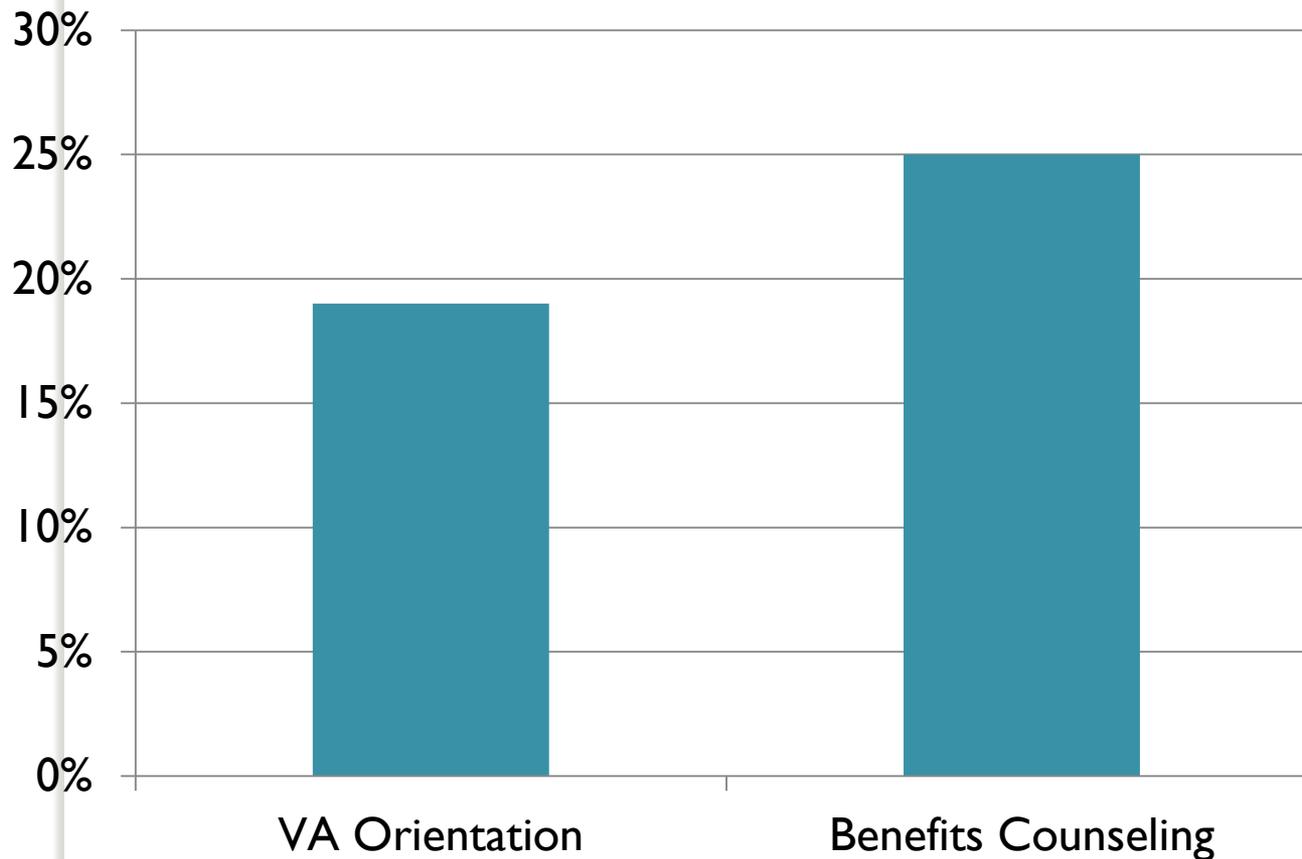
# Therapy Sessions Attended	VA Orientation n=42	Benefits Counseling n=42
0	3	3
1	3	2
2	14	8
3	13	12
4	9	17

Benefits Counseling Associated with Rapport-Building, Judgmental Counselor

Domain	Benefits Counseling Mean (SD)	VA Orientation Mean (SD)	t (df)	p-value
Non-Specific Elements of Counseling				
Therapist spent time building rapport	6.00 (0.72)	5.07 (1.18)	3.89 (63)	<.01
Therapist demonstrated desire to be helpful	6.13 (0.82)	5.93 (0.99)	0.87 (63)	.39
Proscribed content				
Therapist made value judgments	2.79 (1.92)	1.37 (.52)	4.2 (38)	<.01
Therapist pressured Veteran	1.23 (0.54)	1.12 (0.28)	1.07 (50)	.29
Satisfaction	3.64 (0.31)	3.61 (0.29)	0.35 (63)	.73

Benefit Counseling's Mechanism of Action: Proportion attending any behavioral health Rx

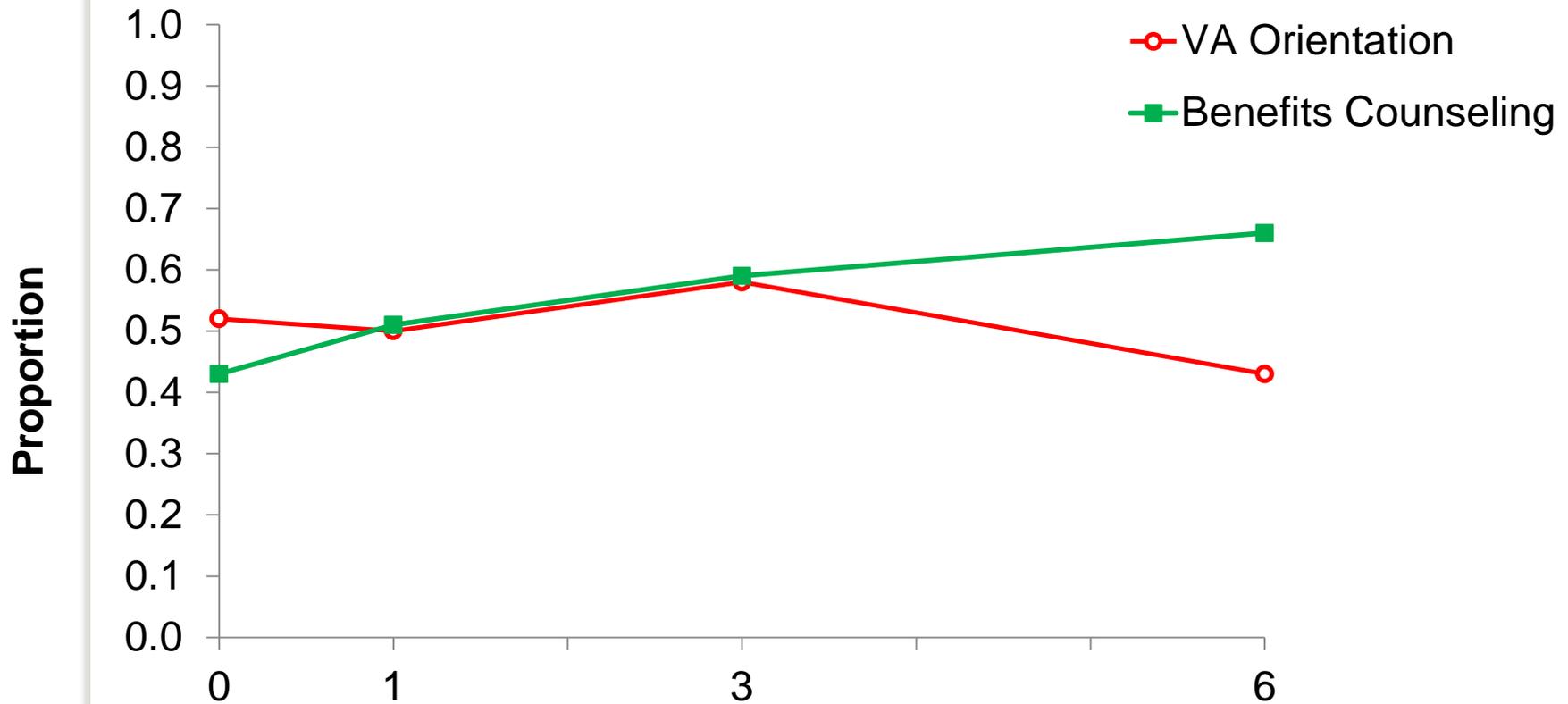
proportion at Rx
post-randomize
increased more
among BC than
VA Orientation
($b=8.44$, $p=.01$).



Work Outcomes Over Time by Group

Work Outcomes	BL	Month 1	Month 3	Month 6	G X Time (p-value)	Effect Size c(95% C.I.)
DAYS ANY WORK					0.08 (.1)	0.89 (-0.11, 1.89)
ACTIVITY						
Benefits Counseling	8.3 (8.1)	8.6 (9.1)	11.6 (8.9)	12.7 (8.4)		
VA Orientation	8.7 (9.4)	9.8 (10)	11.6 (9.5)	10.5 (9.4)		
DAYS WORKED FOR PAY					0.09 (.01)	0.69 (0.15,1.20)
Benefits Counseling	6.6 (8.8)	7.0 (9.3)	9.3 (9.3)	10.5 (9.6)		
VA Orientation	9.0 (10)	8.4 (10)	10.3 (10)	7.8 (9.6)		
DAYS WORKED NO PAY					-0.04 (.43)	-0.12 (-0.45, 0.19)
Benefits Counseling	0.3 (1.2)	0.4 (1.4)	1.7 (5.2)	2.6 (6.1)		
VA Orientation	0.1 (0.2)	0.6 (3.3)	0.5 (2.1)	1.4 (4.7)		
DAYS OF CLASSES					0.16 (.21)	0.27 (-0.09, 0.41)
Benefits Counseling	2.6 (6.2)	1.1 (3.7)	3.7 (7.0)	4.8 (8.5)		
VA Orientation	1.6 (4.9)	1.9 (4.6)	1.0 (3.1)	2.5 (5.9)		
DAYS VOC REHAB					-0.75	-1.09 (-1.62, -0.56)
Benefits Counseling	0.1 (0.3)	0.7 (4.5)	0.4 (2.1)	0.6 (3.0)	(.<.01)	
VA Orientation	0.0 (0.2)	0.0 (0.0)	0.4 (2.5)	0.3 (1.7)		

Proportion Participants Any Paid Work Last 28 Days (n=84)



Summary of Study Results

- Most Veterans who participate attend some counseling
 - Most attend 2 or more sessions
- Benefits Counseling group with
 - **Significantly more days worked**
 - Significantly fewer days in vocational rehabilitation
 - More weeks using behavioral (psych/subst) services
- Caveats
 - Only 84 participants in clinical trial at single site
 - Benefits Counseling had multiple effects
 - Work and time spent was self-reported

Poll Question:

Providers only....

To what extent are you going to discuss the clinical impact of service-connection claims with your Veterans who are applying?

Never discuss

Rarely discuss

Sometimes discuss

Usually discuss

Always discuss

Thanks!

- Founder: Robert Rosenheck
- Investigators: Anne Black (data, stats, logic), Bruce Rounsaville, BenHur Mobo, Lisa Mueller (pilot data), Steve Martino (therapist training in M.I.), Thomas McMahon (study design), Rani Hoff (service use data), Morris Bell and Joanna Fiszdon (advice)
- Co-Investigators HSR&D: Theodore Speroff, James Jackson
- Counseling (Karen Ablondi) and Data Collection (Kristin Serowik)
- C&P Liaison: Robert Denkin, Carine Sakr, Amir Mohammed, Glen Gechlik,
- Veterans who Participated
- RR&D Grant (RCT), VISN I MIRECC, HSR&D (attitude survey), R34 AT008318 (Rx engagement at C&P)

<http://www.behaviorchange.yale.edu/>

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Financial Approaches to Behavior Change



Home Interventions Assessing Money Mismanagement Improving Medication Adherence ATM

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Financial Approaches to Behavior Change

We are a research group in Yale's Department of Psychiatry.

Our group develops, tests and disseminates behavioral treatments to improve the quality of life of people with chronic illnesses. The behavioral treatments involve helping people align their money management with their values.

For example, ATM (Advisor Teller Money Manager) helps

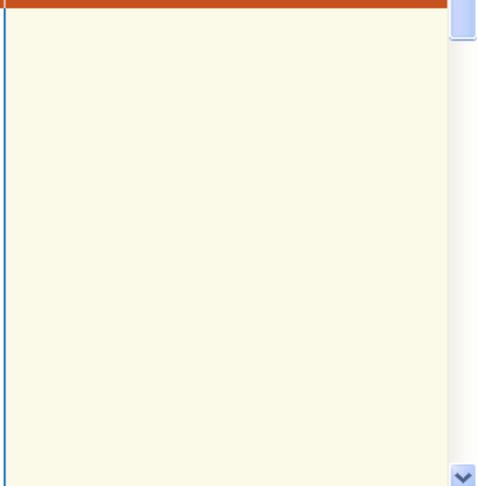
Delores talks candidly about her experience in ATM. [view video](#)



News

People reinforced for taking antiretroviral medication on time have lower viral loads [view article...](#)

Homeless, mentally ill people assigned payees did



Questions and Discussion



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