

John D. Dingell VAMC – Clinical Psychology in HUD-VASH Programs

An Innovative Practice in VHA Homeless Program Operations

White Paper

VA



**U.S. Department
of Veterans Affairs**

Developed by
VHA National Homeless Program Office

INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The John D. Dingell VA Medical Center (VAMC) in Detroit, MI has been identified as a site with an innovative practice for their incorporation of psychological services in the Housing and Urban Development-VA Supportive Housing (HUD-VASH) program.

PRACTICE OVERVIEW

Clinical psychologists, delivering insight oriented and trauma focused psychotherapy, can help Veterans transition from homelessness to housing and facilitate whole health recovery.

As a critical component of Housing First, homeless programs recognize the importance of wrap-around services to help Veterans work through their mental health issues, process traumas exacerbated by homelessness, and seek wellness and whole health recovery. However, for a variety of reasons, connecting Veterans to those wrap-around services can be challenging. To provide greater access to mental health services for Veterans in the HUD-VASH program, in fiscal year (FY) 2014, the Homeless Program Coordinator at the John D. Dingell VAMC advocated for and received funding to add a clinical psychologist to their HUD-VASH team. Although the program was outfitted with advanced practice licensed clinical social workers, HUD-VASH social workers are often unable to prioritize psychotherapy due to the heavy focus on crisis resolution and case management. It was expected that having a clinical psychologist would increase access to dedicated mental health services for this vulnerable population. With the support of the facility's Mental Health Chief of Staff, the VAMC hired VHA's first clinical psychologist for HUD-VASH in August of 2015. Unfortunately, the initial psychologist vacated the position the following month. Undeterred, the homeless program leadership continued their search and hired their current clinical psychologist in December 2016.

The primary goals of the new HUD-VASH psychologist were to help Veterans increase insight into their behavior, improve coping skills, and eventually help them create new roles and identities. Operationally, this was delivered as a HUD-VASH Outpatient Psychotherapy Clinic pilot program utilizing brief to long term psychodynamic and insight oriented therapy. This hybrid model also drew from Cognitive Restructuring, Interpersonal Therapy, and Trauma Informed Care. There was also a focus on enhancing motivation for Veterans and helping them exceed their baseline functioning) resulting in better outcomes. It was the role of the psychologist, as part of the HUD-VASH case management team,



to be responsive to Veterans' mental health needs while fostering hope and courage to move forward in their lives. Most of the clinical activities took place at the VA campus with Veterans who had recently moved into their HUD-VASH apartments. However, for situations where Veterans were in crisis, or as otherwise indicated, clinical contact took place in the community. From a team design perspective, the HUD-VASH psychologist was essentially responsible for all HUD-VASH Veterans at John D. Dingell, although only a smaller cohort would be actively served at any given time. Veterans were identified through clinical case conferences and weekly huddles. Two HUD-VASH aligned psychiatrists were available for consultation and for medication management.

The early days were challenging for the HUD-VASH psychologist, particularly with scheduling Veterans for care. As many staff that are new to Housing First programs quickly realize, it can take dedication, creativity, and effective use of motivational interviewing skills to engage Veterans in supportive services. The HUD-VASH psychologist was persistent in contacting Veterans via telephone to discuss how therapy could help them achieve their personal goals.

Psychoeducation was provided to the Veterans to orient them to individual psychotherapy and to review the pros and cons of treatment participation. The HUD-VASH social workers were integral to the clinic's success by further encouraging participation, facilitating transportation, and conducting warm hand-offs to ease introductions. Unfortunately, even when Veterans were interested in therapy, scheduling barriers persisted. Experiencing homelessness and living in unstructured environments often caused Veterans to have difficulty with time management. To compensate, in addition to multiple appointment reminder calls, Veterans were provided donated calendars to help them cognitively restructure how they organized their time. Even with support from the social workers, transportation also remained a consistent barrier. While some Veterans had their own vehicles, or used the public transportation system, the psychologist believed that additional transportation options would most likely increase participation. In March of 2017, after months of preparation, individual psychotherapy services at the clinic finally were in full operation.

"These additional mental health services can help Veterans discover what can make life meaningful for them at this point in their lives despite past trials. If a Veteran's goal is to secure housing there is no judgement or consequence if they do not want to access other HUD-VASH services available. However, I quickly learned about the resilience and determination of this population, to want to not just survive but thrive. They're no different from the rest of us, but may be more courageous."

Jean L. Kanitz, Ph.D.
HUD-VASH Psychologist
John D. Dingell VAMC



It was not uncommon for men and women who were highly effective in the military to lack direction and focus upon their return to civilian life. Homelessness often exacerbated this further with Veterans losing their societal roles and personal identities. To address this, the HUD-VASH psychologist utilized the individual therapy sessions to help Veterans increase their ego strength, self-esteem, self-efficacy, and feelings of mastery. Each Veteran worked on their own unique psychological injuries and mental health issues including sexual and non-sexual military trauma and pre-military experiences. While processing past traumas was a common goal for individual sessions, it was important that the HUD-VASH psychologist was aware of the Veteran's level of coping skill as difficult material was processed. Sessions focused on helping the Veterans replace maladaptive coping skills, such as substance use, with more adaptive and balanced coping skills. Many of the homeless Veterans served had difficulty finding the words to describe their emotions or ways of coping. Consequently, an important task in therapy was to provide basic terminology for describing feelings and experiences. Other aspects of therapy focused on changing negative thinking, finding safe and healthy ways to practice newly learned coping skills, and eventually helping Veterans to become experts on themselves. Self-awareness and exploration were encouraged in a safe, therapeutic, and non-judgmental environment, with the understanding that this psychological work could be uncomfortable at first.

Psychotherapy groups were added in July 2017. Once a Veteran met their goals for individual therapy, they could be transitioned to groupwork. Each week, a separate men's and women's group was led by the psychologist and featured psychoeducation and facilitation of healthy group processing. Medical information and education, followed by processing activities for healing and support, was also provided by a HUD-VASH registered nurse co-facilitator. Transitioning to groupwork helped Veterans gain support provided by their peers and provided opportunities to focus on goals pertaining to whole health recovery, interpersonal functioning and community integration. The open group format allowed Veterans to attend sessions based on their availability and preferences. By enhancing human connection in the groups, Veterans could learn to be more competent, reduce their isolation, and get helpful and authentic feedback.

Though some Veterans were initially skeptical, they eventually acknowledged the benefits that therapy afforded and reported enjoying the sessions as activities in and of themselves. As most participating Veterans had never participated in psychotherapy before, many were surprised in feeling the effects of therapy in real time. These services helped Veterans work through their various fears pertaining to independent housing; for example, fear of responsibility, fear of failure, fear of loss, and learned



helplessness as the result of homelessness. Psychotherapy has also increased Veterans' understanding of what it means to live a meaningful, healthy life, and the belief that healing is possible.

During fiscal year 2018, 173 Veterans were seen through the HUD-VASH Psychotherapy Outpatient Clinic. This represented 534 encounters for individual or family therapy, 254 encounters for group therapy, 46 encounters for psychoeducation, and 33 encounters for supportive case management.

CONCLUSION

Though the benefits can be difficult to quantify, and are not easily evaluated by performance measures, whole health recovery is critical in assisting Veterans who have experienced homelessness find meaning, dignity, and purpose in life while being provided supportive housing through the HUD-VASH Program.

We would like to thank the dedicated staff at the John D. Dingell VAMC for sharing their practice with us. For more information, please contact Jean L. Kanitz, Ph.D., HUD-VASH Psychologist at Jean.Kanitz@va.gov.

