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CHAPTER 3. DEFINITION OF SERVICES

3.01 EVOLUTION OF SERVICES

a. The Vet Centers were established by VA (Department of Veterans Affairs) in 1979 to assist, when needed, veterans in the transition from military duty to civilian life. Vet Centers feature:

- (1) Community-based service units,
- (2) A varied mix of services addressing several psychosocial dimensions of postwar adjustment,
- (3) Extensive community outreach activities,
- (4) Services which emphasize theater veteran staff, and
- (5) Careful attention to psychological working through of war experiences.

b. Since 1979, the mix of services and various program emphases have been refined by experience within the mission definition. At Vet Centers, readjustment counseling is a highly specialized set of social and psychological services specifically designed for post-war readjustment, the character and parameters of which have been worked out over an extended period of time by VHA (Veterans Health Administration). Collectively these services are designed to assist veterans resolve war-related psychological difficulties and attain a well adjusted post-war work and family life. Vet Center services include:

- (1) Screening for PTSD (post-traumatic stress disorder) in all cases;
- (2) Counseling and/or psychotherapy for PTSD when indicated;
- (3) Employment and educational counseling;
- (4) Job-finding assistance;
- (5) Family counseling when needed for the readjustment of the veteran; and
- (6) Multiple activities designed to broker services for veterans.

c. VHA has identified a clear need for these services. It is now recognized by VHA health care professionals that post-war psychological rehabilitation is central to the mission of VA. Readjustment counseling and the various mental health programs for PTSD, comprise a closely integrated spectrum of care which is vital to the health care of veterans.

3.02 CLARIFICATION OF THE MEANINGS OF "READJUSTMENT PROBLEMS" AND "READJUSTMENT COUNSELING"

a. The foundation of the definition of the terms "readjustment problems" or "readjustment counseling" was suggested in various Congressional hearings prior to and during 1979; they were further clarified by national and regional

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program officials, VA, and private sector professional consultants during and following the program setup phase. A readjustment problem is any one of a range of psychological or psychosocial disturbances, if such condition or disturbance substantially arises from military duty or the transition from military to civilian life. Unlike other psychological or psychosocial

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difficulties, the definition of a readjustment problem is fundamentally tied in some significant way to a specific set of life experiences, i.e., military duty, and the transition from military duty to civilian life.

b. The establishment of a link between the presenting problem and the military duty or the military-to-civilian transition should be made by means of a comprehensive psychosocial assessment. This assessment should determine in what way and to what extent the problem forms a part of difficulties in readjustment to normal peacetime living following military duty. It must take account of the individual's role, identity, and memories as a veteran.

3.03 SPECIFICATION OF READJUSTMENT COUNSELING SERVICES PROVIDED

Due to the variety of problems encompassed within "readjustment problems," all Vet Centers provide a mix of services to the greatest extent possible, within the constraints of an average staff size of four persons. The actual mix of services provided varies from site to site, according to the training and skills of the staff, and the needs of the specific local veteran population.

a. Direct Client Services

(1) General Psychosocial Assessment. The assessment provides a comprehensive psychosocial survey:

(a) Of the veteran's life,

(b) Of psychological functioning, and problems and strengths, and

(c) With a particular attention to determining the status of problems as readjustment problems.

(2) Psychological Services

(a) Psychological Counseling and Psychotherapy (Individual, Group, or Family).

1. Staff provide counseling and psychotherapy for:

a. PTSD linked to military duty and homecoming experiences;

b. Other psychological problems when it is made clinically necessary by reason of concurrence with PTSD; and

c. Other readjustment problems which are primarily psychological in nature.

2. Counseling is provided by staff at various professional levels.

3. Psychotherapy is provided, when indicated, by the following staff:

a. Psychologist,

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b. Social worker, or

c. Psychiatric nurse clinical specialist with appropriate training.

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4. Although the appropriate form of therapy or counseling should be provided according to individual needs, all Vet Centers should furnish group counseling or group psychotherapy for war-zone veterans primarily for PTSD or other readjustment problems which are psychological in nature.

(b) Substance Abuse Counseling. Vet Center staff provide assessment and counseling for clients experiencing substance abuse problems (alcohol and other drugs), when and if secondary to PTSD or other readjustment problems. In addition, Vet Center staff emphasize close liaison with, and referral to, available community substance abuse programs, both VA and non-VA, in order to assure appropriate detoxification and subsequent inpatient or outpatient services if needed.

(c) Employment Counseling. All psychosocial aspects relevant to employment problems may be considered. If the counselor possess skills or knowledge in the areas of job finding or vocational testing, and if the client's need for such services is clearly related to readjustment problems, then such assistance may be provided within the larger context of employment counseling. Vet Center staff provide assessment and counseling regarding:

1. The employment readiness needs of veterans,
2. Immediate and long-term employment goals,
3. Current job satisfaction and employment stability, and
4. Social and emotional factors specific to employment.

(d) Educational Counseling. Vet Center staff should assist veterans in developing sound goals and career choices, when these have been impaired by readjustment difficulties. Such counseling is based on the:

1. Client's aspirations,
2. Current levels of vocational and educational attainment,
3. An evaluation of vocational and academic skills, and
4. Opportunities for maximizing the veteran's potential.

(e) Discharge Upgrading. A fraction of the less-than-honorable but more-than-dishonorable discharges granted during the Vietnam era were influenced by the peculiar stresses and strains of the Vietnam war.

1. Some veterans with such discharges have the capacity for good civilian adjustment, but the type of discharge has impaired their opportunities and/or pride in military service.

2. Technical assistance in the preparation of discharge upgrade requests is not offered by Vet Centers as a separate, free-standing service to clients.

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3. Such knowledge can be provided in the context of the general counseling services, and referral for same to other agencies can be provided if:

a. Clients, upon assessment, are found to have an upgradable discharge as one problem, and

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b. In the counselor's present judgment, assistance in this matter will facilitate overall postwar readjustment, and

c. The counselor possesses useful technical knowledge in this area.

(f) Crisis Assistance. Occasionally during the course of normal services, Vet Centers provide crisis assistance to that portion of veterans with PTSD who present at, or are referred to Vet Centers (by families, services, outpatient clinics, police, or families) in acute crisis.

(3) Outreach

(a) Outreach refers to those activities of the Vet Center team directed toward locating and engaging veterans to provide them with information regarding readjustment counseling services.

(b) Outreach is defined as a set of activities which are designed to meet veteran clients where they are at, psychologically and socially, in order to provide counseling services which might not otherwise occur.

(c) Individual Vet Centers should tailor outreach activities to the needs of the immediate community. The following list is illustrative rather than inclusive:

1. Development of liaison with VA regional offices in order to ease the referral process.

2. Development of liaison with VA medical center and VA outpatient clinic Social Work, Psychiatry, and Psychology Services in order to facilitate referrals.

3. Communication by mail conveying information about available services.

4. Distribution of brochures and related materials prepared for the RCS.

5. Utilization of broadcast media public service announcements.

6. Contacts by phone or in person.

7. Public service announcements in print media.

8. Staff participation in appropriate broadcast media programs, and print media interviews.

9. Collaboration with other community service and social welfare agencies to identify Vietnam era veterans in need of readjustment counseling services.

10. Public transportation poster announcements prepared by VA.

11. Liaison with local police, fire department and other public services.

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12. Participation in community activities; e.g., State job fairs.

13. Liaison with veterans service organizations.

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b. Community Education

(1) Vet Center staff serve as a resource concerning the nature of Vietnam and other post-Vietnam war-zone experiences, and their impact upon participants and their families. Staff engage in a variety of actions aimed at:

(a) Providing information and education about the readjustment problems and strengths of veterans,

(b) The normal recovery process from traumatic stress, and

(c) Information about services available from Vet Centers and other VA elements to veterans and families.

(2) Such educational activities can be provided to professional, business, labor, veteran, or Federal, State, or community organizations. Formats may include for example: speeches, informal talks, media interviews, information booths, etc. Such efforts serve two purposes:

(a) General and indirect outreach to veterans mediated by greater community awareness of program services, and

(b) Development of an accurate and constructive understanding of veterans on the part of the general public.

c. Consultation

(1) A staff member may serve as a consultant to VA medical centers and VA outpatient clinic staff. Examples of situations wherein consultation may be provided include:

(a) Clinical seminars;

(b) Individual cases;

(c) A crisis situation, and

(d) Employment difficulty.

(2) Vet Center staff and VA medical center professional staff jointly collaborate in regular clinical conferences, in both the vet center and the VA medical center concerning, but not limited to, such areas as:

(a) Family therapy,

(b) Substance abuse counseling, and

(c) Assessment and treatment of PTSD.

(3) Consultation opportunities should be developed and/or expanded between VA medical center and Vet Center staffs.

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d. Conjoint Treatment. In accordance with VA policies, regulations, and assessment of veterans' needs, Vet Center staff members may collaborate in providing counseling or

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psychotherapy services in VA medical centers and outpatient clinics in concert with medical center and clinical staff. VA medical centers and VA outpatient clinics staff may collaborate in the provision of services at Vet Centers.

e. Guidance Regarding Obtaining Services

(1) Vet center teams provide veterans and family members the guidance needed in order that they may obtain and effectively utilize services from other elements, both VA and non-VA. This service is provided when:

(a) Needed due to lack of skills on the part of the veteran in relating to service elements, or

(b) There are attitudinal difficulties on the part of service providers concerning veterans and their problems.

(2) Particularly applicable are the standard obligations of counselors and mental health professionals:

(a) To refrain from intruding personal values or styles,

(b) To emphasize an appropriately neutral stance regarding veterans' lives, and

(c) To focus attention on helping veteran clients to help themselves.

f. Networking and Referral

(1) Vet Centers are small multi-service centers which serve a large and diverse veteran population. Therefore, establishing a referral network in the community is crucial to the Vet Centers' effectiveness.

(a) Vet Center staff should devote time and effort to mobilizing community resources, both VA and non-VA, on behalf of eligible veterans and families. Particular attention should be given to linkages with:

1. VA substance abuse programs,

2. Social Work Service,

3. Psychology Service,

4. Psychiatric Service, and

5. VA regional offices for benefits related to client needs.

(b) Close working relationships should exist with community mental health centers, and local agencies who may assist veterans. These include veterans service organizations and state and local social service agencies. This networking facilitates assistance by referral, in the areas of:

1. Employment,

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2. Discharge upgrading,
3. Emergency food and shelter, and

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4. Family assistance.

(2) RCS contract program providers are a part of the community network for providing services to veterans. Therefore, it is necessary for Vet Centers to identify potential contract providers with skills similar to those of Vet Center staff, and to work closely with those contract providers in facilitating services to veterans.

(3) Resource mobilization also includes the identification of qualified volunteers, who, when registered through VA Voluntary Service, can augment Vet Center capabilities.

(4) Vet Centers should continually monitor and ensure the adequacy of their referral and networking system, and maintain detailed resource files on referral sites.

g. Training

(1) Vet Center staff play a key role in the clinical education and training of VA counselors and mental health professionals concerning effective services to Vietnam Era and other post-Vietnam era eligible veterans. Such training may occur locally or at regional seminars and conferences.

(2) Following established VHA procedures, this may also include placement in the Vet Centers of:

- (a) Counseling trainees,
- (b) Social work students,
- (c) Clinical psychology pre- and post-doctoral trainees,
- (d) Psychiatric residents,
- (e) Nurses in clinical specialist programs, and
- (f) Trainees from other relevant fields.

(3) All training placement arrangements should be structured so as to enhance the Vet Center's capabilities to deliver services to veterans.