

# Boot Camp Training Immerses Clinicians in Military Culture

## Collaboration Story

### SAMHSA Grant Program

PFS 2015, SAPT Block Grant, Garrett Lee Smith Suicide Prevention Grant

To better serve the behavioral health needs of military service members, veterans, and their families, Kentucky's Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID), Division of Behavioral Health collaborates with the Kentucky National Guard to deliver an innovative, experiential training for prevention practitioners and clinicians.

#### About the Collaboration



The Kentucky National Guard has the highest deployment rate of any state. Between September 2011 and September 2015, almost half of the state's 6600+ Guard members were deployed.

The impact of these frequent deployments on military families and their communities is significant. According to a recent study, the rates of National Guard members with post-traumatic stress disorder (PTSD), depression, and alcohol misuse increase significantly in the 12 months following deployment, when compared to active duty soldiers.<sup>1</sup> Yet despite these problems, National Guard and other military personnel frequently avoid accessing the services they need to prevent and address these problems, citing concerns that non-military service providers will not understand the unique challenges that military personnel face. Conversely, practitioners in the state often feel ill-equipped to provide services to military members and veterans.<sup>2</sup>

To help practitioners better understand military culture, DBHDID's Division of Behavioral Health (DBH) has, since 2012, collaborated with the Kentucky National Guard to sponsor *Operation Immersion*: an experiential four-day boot camp training designed to immerse participants in military culture. Adapted from a model developed by the Tennessee Department of Mental Health, the training—funded in part

through the state's Substance Abuse Block Grant—provides a window into the challenges faced by service members, veterans, and their families, and the consequences, including high risk of substance misuse and suicide, that result from these challenges.

Over the past three years, 217 people have been trained through *Operation Immersion (OI)*. While behavioral health providers and professionals are the primary audience, participants also include judges, physicians, and graduate students in health disciplines. Participants sleep in barracks; wake up to morning physical training, chores, and inspection; confront battlefield-like obstacles in a Field Leadership Reaction Course; network with military personnel; and imagine what it's like to come under fire via combat simulators. They also attend workshops on topics such as substance misuse and suicide prevention, PTSD, and traumatic brain injury (TBI).

“No one outside of the military can fully understand what it means to be part of the [military] culture,” says Adam Trosper, Program Coordinator for DBH. “But getting as close to a shared experience as you can allows for some conversation [between health practitioners and military members and their families] to occur.”

## Elements of Success



### Use Data to Engage Partners

To launch their proposed collaboration, DBH knew that it needed to demonstrate a clear need to the National Guard for bringing *Operation Immersion* to the state. For that, it turned to the data.

Kentucky's population includes 64,000 military personnel, 334,000 veterans, and more than 30,000 children connected to military personnel. More than two-thirds of these individuals access community resources for their behavioral health needs,<sup>2</sup> yet many service members report that they don't “feel comfortable getting services in the community,<sup>3</sup>” says Heath Dolen, the Military Affairs Program Administrator for DBH. In fact, since 2008, regular DBH assessments of both practitioners and military personnel revealed that a key barrier to accessing services is the lack of military-literate practitioners throughout the state.

In addition, community practitioners reported that they often felt ill-equipped to provide services to military members and veterans, commenting that, “We're not set up for that, we don't have military training; there is no one in my office who has served.”

The lack of military-literate providers in communities was especially relevant for Kentucky National Guard members, who are more likely to seek community resources, in contrast with active duty service members who typically use military base resources.<sup>2</sup>

## Establish Your Credibility

Despite the compelling need, it took DBH almost two years after first approaching the National Guard to bring *Operation Immersion* to the state. According to Dolen, a major challenge was that DBH staff members were considered “outsiders” by military personnel. In addition, the National Guard had concerns about liability and the logistics of carrying out a civilian training at a Guard training facility.

Rather than give up, DBH worked to establish its credibility and commitment to the military population. In 2010, the Division launched a successful series of statewide conferences—*Operation Headed Home*—for service members, veterans, and their families, as well as medical and behavioral health providers. The conference series laid a foundation for discussing topics such as TBI, PTSD, suicide prevention, sexual trauma, and substance misuse, and established for the Guard that the state was committed to addressing these issues.

“Once they saw the commitment, the concern, and the level of quality of the work we were doing, [the Guard] understood that DBH wasn’t just interested in ‘checking things off a list,’” says Patti Clark, former Project Coordinator for DBH. “We were engaged in these efforts because we believed it was the right thing to do, and because we wanted to honor our veterans and their families. I think that goes a long way towards building that collaboration.”

According to Dolen, military leaders from Fort Knox were so impressed with the quality of the first *Operation Headed Home* conference that they offered to host the conference on base the following year, and the leadership at the Kentucky National Guard welcomed *Operation Immersion* onto a training facility, as well. Today, Dolen attributes much of the program’s success to the ongoing support it receives from the Kentucky National Guard.

## Identify Shared Goals

At the time when DBH first approached the Guard about *Operation Immersion*, suicide rates and traumatic brain injuries among military service members and veterans were on the rise, increasing both state- and national-level focus on military behavioral health.<sup>2</sup> “These trends opened the door for conversation with the National Guard,” Clark says. “We had the resources, they had the need, and we were able to work together to meet that need in a very concrete way.”

*Operation Immersion* offered a timely strategy for strengthening the state’s prevention and behavioral health workforce, and for helping to ensure that service members, veterans, and their families received high-quality care. According to Brigadier General Charles Jones of the Kentucky National Guard, the program has a broad reach in terms of addressing shared behavioral health goals. “*OI* is not just beneficial to us and our soldiers, but also to any veterans who receive services from providers who go through our program.” In addition, he highlights that *OI* offers a “common starting point” when military service members or veterans walk into a room and sit across the table from a provider for the first time.

## Create An Unforgettable Experience

*Operation Immersion* provides what General Jones calls “military life experience”. Participants often describe this experience as life-changing, and leave boot camp with a much more visceral understanding of the military experience—one that shapes and informs the services they provide once they return home. For example, the live combat simulation offers participants some perspective of the danger and fear military members face in a combat zone. While the simulation uses paint balls, participants are confronted with the reality of what it would be like to breach a door and step into a fire-fight with real bullets. “It is a very humbling experience, to see only a small part of what our Heroes are facing,” Dolen said.

Many participants return to *Operation Immersion* each year in order to better serve the military population and learn more from the service members, veterans and their families who help facilitate the training. "It is always a real eye-opener having those brave individuals interacting with the audience and sharing their personal experiences," Dolen says. "Participants are able to hear about what they were going through at home while their loved ones were deployed—and what happened once they got back."

### **Provide Incentives for Participation**

Despite high levels of enthusiasm for the program, many interested participants struggled to take the required four days off from work to attend due to high productivity demands. According to Trosper, "We needed to find the balance of the benefit for them being there, versus what their employer was losing for them not being at work."

One solution was to provide participants with continuing education credits. Over the course of the training, participants are eligible for 25.5 hours of continuing education units (CEUs) based on the classroom sessions and a portion of the military leadership training. Credits are available for many types of professionals, including alcohol and other drug counselors, pastoral counselors, nurses, nursing home administrators, professional art therapists, professional counselors, psychologists, and social workers. DBH is also working to offer providers who complete the training with a "military specialty" designation that they can add to their credentials.

### **Impacts**



With 217 practitioners trained over the last three years, and future annual trainings expected to attract 75 participants per delivery, *OI* continues to make a difference. Evaluations of individual workshops have been consistently high, with participants reporting increased knowledge as well as improved ability to utilize newly acquired clinical skills. Participant feedback regarding the program's four-day length has motivated DBH to potentially move some of the camp's in-person workshops online.

And just as the initial *Operation Headed Home* conference paved the way for *OI*, the boot camp training has laid the groundwork for expanded collaboration between DBH and the National Guard. The two organizations have started working together to include a screening, brief intervention, referral, and treatment (SBIRT) process for substance misuse into the Guard's periodic health assessment, conducted annually among the state's almost 7,000 National Guard members. In addition, staff from Kentucky's regional prevention system regularly provides substance misuse and suicide prevention training to National Guard members.

According to Dolen, one of the greatest outcomes of the collaboration has been greater unity between Kentucky's military and non-military residents. "When I travel around the state and speak to folks, it is rare not to encounter at least one person who wants to attend or has been to *Operation Immersion*, says Dolen. "They share how it has influenced their work and provided a greater appreciation for our nation and our service members, veterans, and their families."

## Sources

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