



A New Integrated Motivational Interviewing + Cognitive Behavior Therapy (MI-CBT) Intervention to Enhance Community Integration in Recently- Housed Veterans

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Outline

- Background
- Preparation
- Study design
- Implementation
- Challenges
- Lessons learned

Challenges Faced by Recently-Housed Veterans While Pursuing Community Integration

- Many are inadvertently losing their communities when they are housed
- Years of subsistence living may have led to:
 - Atrophy of independent living skills
 - Loss of longer-term dreams
 - Atrophy of social skills
 - Disconnection from loved ones



Motivational Deficits

- Impairments in anticipatory pleasure; lack of drive to engage in goal-oriented activities
- Highly prevalent among homeless-experienced Veterans (transdiagnostic: SMI, substance use disorders, PTSD, and TBI)
- Correlated ($r = .65$) with poor community integration in our center's longitudinal studies with homeless-experienced Veterans.
 - Associated with poor independent living, social, and occupational functioning

Common problem that interferes with functioning and treatment engagement. Need an effective and resource efficient way to treat.

- Both modalities are well-established in a wide range of clinical populations

MI

- Great way to establish collaborative rapport
- Build motivation to do CBT work

CBT

- Capitalizes on clinical skills that VA providers likely already have
- Can be manualized and monitored for fidelity

Recent RCT: MI-CBT for Motivational Deficits

Our center completed preliminary MI-CBT work in schizophrenia

- Reddy, L. F., Glynn, S. M., McGovern, J. E., Sugar, C. A., Reavis, E. A., & Green, M. F. (2023). A novel psychosocial intervention for motivational negative symptoms in schizophrenia: combined motivational interviewing and CBT. *American Journal of Psychiatry*, 180(5), 367-376.

We adapted the intervention for recently-housed Veterans by:

- Treating individuals rather than groups
- Increasing the motivational interviewing
- Focusing on community integration
- Not focusing on a specific psychiatric diagnosis

Preparation

Held focus groups with staff and Veterans to elicit feedback on project

Training for the study therapists (3 master's-level social workers) involved:

- Refreshers on MI and CBT, which included didactic and role-play training
- In-depth training on the integrated manual
- Ongoing weekly 1-hour supervision



Current Study

- **Aim:** Help recently-housed Veterans reach their community integration goals (e.g. finding employment, making friends, securing transportation) by addressing motivational deficits
- **Design:** RCT study with 60 recently-housed Veterans comparing 15 sessions of MI-CBT to treatment as usual
 - Veterans randomized to the intervention scheduled to meet weekly (in-person or virtual) with study therapist for 12 weeks and then meet for 3 monthly booster sessions.
 - Veterans in both conditions are assessed 4 times across 9 months.
 - Current number randomized is 54.



Typical Participant-Generated Goals

Instrumental / Occupational

- Apply for jobs (n=3)
- Reconnect with schooling (n=2)
- Complete 1 month of school
- Find a volunteer position
- Apply to PhD program
- Build security business
- Work on screenplays

Social / Interpersonal

- Complete a parenting class
- Attend a cooking class
- Engage with local AA
- File for divorce
- Reconnect with family

Other

- Lose weight using community resources (n=4)
- Move to preferred neighborhood



MI-CBT Intervention



Case Presentation

Sessions 1-4: Identify and refine goal, initiate behavioral plan

- Goal: Connect with family – communicate frequently/effectively. Prepare for parents/daughter to visit.

Sessions 5-6: Build commitment, focus on strengths and social support

- Continue to elicit motivation, reflect on positive exchanges

Session 7-9: Examine patterns of thoughts/feelings/behaviors

- Bringing to light unhelpful thought patterns around being black sheep of family, perfectionism
- Interrupting cycle of feeling shame/isolating and being unreliable

Session 10-11: Apply structured problem-solving method

- Addressed recovering from financial scam

Session 12-15: Maintain progress, generalize gains to other domains

- Managing physical and mental health to minimize interference on relationships
- New goals: get a pet, work on computer skills



Case Presentation

Weekly Goal Guide

Name: FE Date: _____

→ In Class: Create 1-2 Goals you would like to accomplish this week that will help you toward your long-term goal. Then create a schedule yourself of when you will work on your goals-- write out your To-Do's in the calendar below.

→ For HW: Work to complete all of your To-Do's throughout the week. Then write in the Outcome boxes whether or not you accomplish your To-Do's. Describe any obstacles or issues that came up.

(X = Done)

3-month goal (reminder): _____

Create your goals for this week (1-2 goals) ☆

Goal 1: GET CAR BACK / BUY A LAPTOP

Goal 2: TALK TO ^{JJ} MOM

	Tuesday	Wednesday	Thursday	Friday	Saturday	MOTHER'S DAY Sunday	Monday
To do:	- EXERCISE	To do:	To do: - BUY LAPTOP - WALK	To do: 1. PACK OUT GIFTS (GIRL) 2. EXERCISE 3. ↙	To do: GO TO REDONDO BEACH PIER RECUPERATE 😊	To do: CALL MOM	To do:
Outcome:	- CAL' + WALK	Outcome:	Outcome: - BOUGHT LT 😊 - WALKED	Outcome:	Outcome: GREAT WALK, DINNER, MUSIC + PEOPLE! 😊	Outcome:	Outcome:



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Case Presentation

Weekly Goal Guide

Name: Jo Date: 5/25/08

→ In Class: Create 1-2 Goals you would like to accomplish this week that will help you toward your long-term goal. Then create a schedule for yourself of when you will work on your goals—write out your To-Do's in the calendar below.


→ For HW: Work to complete all of your To-Do's throughout the week. Then write in the Outcome boxes whether or not you accomplished your To-Do's. Describe any obstacles or issues that came up.

3-month goal (reminder):

Create your goals for this week (1-2 goals) ★

Goal 1: HAVE A PRODUCTIVE/NICE VISIT TO PARENTS

Goal 2: HEALTH AND PREPARE FOR PARENTS

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday
To do:	<u>WORKOUT</u>	To do:	To do:	To do: <u>VISIT PARENTS</u> <u>W/1 word</u>	To do: <u>WORKOUT</u>	To do: <u>GO TO BEACH</u>	To do:
Outcome:	<u>GOOD</u>	Outcome:	Outcome:	Outcome: <u>VERY NICE VISIT</u> 	Outcome: <u>GOOD</u>	Outcome: <u>JEREMY & DOGG</u>	Outcome:



Demographics and Attendance

- Typical participant is a middle-aged non-partnered male
- Treatment Retention
 - Of the 23 participants who have completed their weekly treatment period, average attendance is **8.86 sessions out of 12.**
 - Of the 21 participants who have completed their monthly booster period, average attendance is **2.52 sessions out of 3.**



Participant Feedback

“The assignments and interviews really help us dissect our thoughts and goals and put them back together under a positive light. I enjoyed having someone professional to talk with about these thoughts and goals along with the feedback provided which allowed me to reflect on and continue to make choices that help me reach success.”

“I was able to identify new ways of changing my daily behaviors; to better understand problem solving techniques; and, perhaps best of all, to examine my general attitude, enlightened by a higher awareness of unhelpful thoughts, and the power I have to change them.”



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Challenges

- Telehealth
 - Acquiring tablets, ensuring internet access
 - Teaching to use VVC app
 - Sharing worksheets
- Adapting content to varying cognitive abilities and levels of experience in psychotherapy
- Prevalence of emergent acute stressors
- Impact of medical complexities, mood exacerbations

Lessons Learned

- Importance of developing a SMART goal
- Importance of collaborating with other VA providers since this is a short-term intervention and participants have many needs
- Master's level clinicians can deliver the intervention with a supportive training and consultation structure



Take-Home Points

- Bolstering with clinician support during time of housing transition may increase likelihood of maintaining positive momentum and successfully managing vulnerabilities
- Veterans were eager to engage in the project and grateful for the support
- The intervention provided a structure for clinical engagement that worked well for both clients and clinicians



Thank you!

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