APA Guidelines for Practice with Military Service Members, Veterans, and Their Families

A Workshop on the Development of Professional Practice Guidelines

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Disclaimer

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APA Guidelines 101: Overview of APA Professional Practice Guidelines Development

Adapted from 2014 APA Annual Convention Presentation, Washington, DC
## Types of Guidelines

<table>
<thead>
<tr>
<th>Clinical Practice</th>
<th>Professional Practice</th>
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<tr>
<td>• Recommendations about treatments offered to clients</td>
<td>• Recommendations to practicing psychologists concerning their conduct and the issues to be considered in particular areas of clinical practice</td>
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<td>• Tend to be condition- or treatment-specific and disorder-based</td>
<td>• Expert and professional consensus-based</td>
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<td>• Client-focused</td>
<td>• Practitioner-focused</td>
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<tr>
<td>• Purpose is to educate psychologists and health care systems about the most effective treatments available</td>
<td>• Informed by relevant scientific literature, if available, as well as ethical codes and other sources of current knowledge</td>
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<tr>
<td>• Empirically-based</td>
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# Ethics Code and Professional Practice Guidelines

**STANDARDS**

- Mandatory
- May be accompanied by an enforcement mechanism
- Based on consensus within the profession
- Broad audience
- Provide nationally recognized and accepted expectations (e.g., ethical conduct)

**GUIDELINES**

- Aspirational and educational
- No enforcement mechanism within APA
- Based on consensus within a specific practice area
- Targeted audience
- Recommendations for professional conduct
- Facilitate high level of professional practice.
- Advance an area of practice
Examples of Professional Practice Guidelines

• Guidelines for the Practice of Telepsychology (APA, 2013)
• Specialty Guidelines for Forensic Psychology (APA, 2013)
• Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002)
• Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (APA, 2011)
Development and Approval Process

Guidelines for Development

Review Process

Language

Structure
The Language of Guidelines

- Educational and aspirational

- Educate psychologists without dictating specific practices

- Words such as “must” or “should” are generally seen in standards, not guidelines
Structure of a Single Practice Guideline

Guidelines Statement

Rationale / Justification
(Knowledge upon which the guideline is founded)

Application
(Suggestions for the practitioner)
Review and Approval Process

Lead Board or Committee

Experts, divisions, and SPTAs, as appropriate;
All relevant Boards/Committees, including COLI + BPA/COPPS
All Guidelines or Standards MUST meet ALL stated requirements of
Association Rule 30.8

Cross-Cutting Agenda;
Public Comment period (90 days)

Central Office Staff, including Office of General Counsel, Legal and Regulatory staff

Board of Directors

Council of Representatives

Publication in *American Psychologist*, CE programs, etc.
Boundaries of Competence (2.01)

• (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
2.01(b)

- (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.
2.01c

• (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
# Mid-career Psychologists: Maintaining Competence

<table>
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<th>2.03 Maintaining Competence</th>
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<td>Psychologists undertake ongoing efforts to develop and maintain their competence.</td>
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- More clarity about professional strengths and limitations - seek to “fill in holes”

- May modify or even transform career goals

- More demands on self both personal and professional - staying on top of it

- Mentor younger psychologists - aware of guidelines that apply
Late Career Psychologists

2.05 Delegation of Work to Others

(2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and

(3) see that such persons perform these services competently
Locate Guidelines:
Current Draft (2019)

APA Guidelines
for Psychological Practice with
Military Service Members, Veterans,
and Families (SMVF)
Introductory Sections of the Guidelines

Role & history of psychology in care of service members & veterans
  • Division 19 (Society of Military Psychology): Charter division of APA, 1945
  • Veterans Section of Division 18 (Psychologists in Public Service)
  • Prominence of VA in training and employing psychologists

Frequent clinical service provision outside of DoD or VA
  • 4% of psychologists frequently/very frequently see service members
  • 16% frequently/very frequently provide services to veterans (potential for increase with CHOICE/Mission Act?)

Low levels of perceived cultural competency
  • 24% of TRICARE providers and 8% of non-TRICARE providers feel culturally competent to provide services to SMVs, versus 70% of VA/DoD providers
Guideline One: Orientation to Military Culture

Like clients’ race, gender, ethnicity, age, religion, etc., clients’ military experience and culture may be important in psychological practice with service members, veterans, or their families (SMVF)

- **Ask!**
  
  1.1 Psychologists endeavor... to ask all clients about past or current military status

- **Understand Experience**

  1.2 ... to understand the impact of military culture and experience on clients’ views of themselves and others; and the heterogeneity represented in the military

- **Personal Attitudes / Beliefs**

  1.3... to consider the impact of their own personal attitudes, biases, beliefs and knowledge about military culture on their work with SMVF
Guideline Two: Factors in Assessment, and Intervention

Be Aware of Common Stressors

2.1...strive to be knowledgeable about common stressors faced by SMVF
   - Deployment cycle
   - Demands of living in a combat zone
   - Impact of SM absence from major family events

Be Aware of Common MH Conditions and Factors

2.2...and about mental health problems that may occur frequently among SMVF, differences based on service era, and related evidence-based assessment and intervention approaches
   - PTSD, Depression, Anxiety, Substance Use Disorders
   - Impact on families
   - Combat, injury, sexual trauma; technology- and era-related combat stressors
   - Evidence-based interventions for PTSD
Guideline Two (continued)

**Know Resources**

- 2.3...familiarize themselves with resources available through DoD, VA, community agencies for SMVF, and relevant legislation or policy
  - Specialty services in VA, and simultaneous care
  - Evidence-based practices adapted for SMVF
  - Policy on veteran access to non-VA services

**Understand Tx Engagement Factors**

- 2.4...understand how military culture and experience may affect engagement in psychological services and ability to benefit from such services
  - Stigma
  - Self-reliance versus help-seeking
  - Personal strengths based on military experience (e.g., resilience, leadership)
Guideline Three: Topics, Issues, Concerns Regarding Subpopulations

3.1...consider the specific needs of special military and veteran subpopulations

- Different generations
- Racial and ethnic minorities
- Women
- Veterans with service-connected disability benefits
- Rural
- Justice-involved
- Homeless
- Sexual and gender minorities
Examples

Characteristics of conflict environment for SMV of different generations

Sexual assault and harassment in the military

Access to care for rural SMVF

Physical disorders, mental health diagnoses and substance abuse in homeless veterans
Guideline Five: Working with Families of SMV

4.1...ask all clients whether they are a parent, partner, child or dependent of a service member or veteran

• Spouses seeking care for themselves, and parents seeking care for their child most often rely on civilian providers

4.2...understand the effects of military status and of deployment on SMVFs

• Effects of geographic moves on children’s peer relations, school performance
• Challenges in each phase of the deployment cycle
• Positive growth, competencies and flexibility
• Special stressors associated with Guard/Reserve status and deployment
Guideline Four (continued)

4.3...understand the family context, and if appropriate, involve family system when working with SMV

- Half or more of SMV are married and over 40% have children
- Many family members are caregivers for veterans with a mental health or substance use problem
- Bidirectional effects of family and SMV functioning
- Effects of PTSD on marriage and parenting
- Intimate partner violence in military and civilian communities
- Some veterans prefer partner or other family involvement in their own mental health care
Summary of Recommended Best Practices

**Ask and Explore**
- Ask clients about past or current military experience
- Ask clients if they are a parent, spouse, partner, child or dependent of a service member or veteran
- Explore the possible impact of military experience and culture on client

**Increase Awareness**
- ... of one’s own attitudes, biases, beliefs about military culture
- ... of frequent stressors and mental health problems of SMVF
- ... of strengths of SMVF
- ... evidence-based interventions and other resources
Contribute to the Guidelines Development

• Current Draft of Guidelines for Psychological Practice with Military Service Members, Veterans, and Families will likely be posted for public comment in April or May.

• Public comment is sent to the guideline developers for consideration during subsequent draft.

• Final version must be approved by APA governance and legal review.

• Final approved version is published in *American Psychologist*.