***Hamilton Center, Inc.***

***Military Veteran Program***

***Orientation Handbook***



**Our Mission**

Hamilton Center exists to provide quality behavioral healthcare, wellness and human development services to our community.

**Our Vision**

Our Vision is to advance excellence in behavioral health services through compassion, customer responsiveness, innovation and flexibility.

**Military Veteran Program Introduction**

Welcome to the Hamilton Center Inc. Military Veteran Program. It is an Honor to serve you, as you have served our country.

Military Veteran Program (MVP) is a behavioral Health and Addiction treatment program aimed to provide supportive services to those who meet specific criteria for admission based on their military or veteran status. Upon assessment the individual will be placed in an evidence based treatment program centered on their treatment goals and diagnosis. These services will be offered at all Hamilton Center sites by qualified providers. Once treatment commences for the Military Veteran Program Client, supplemental services may be offered in traditional outpatient programming.

Military Veteran Program Client’s family members and children have needs that are unique and may need to be professionally addressed. Family members and children will be referred to Hamilton Center Services based on need.

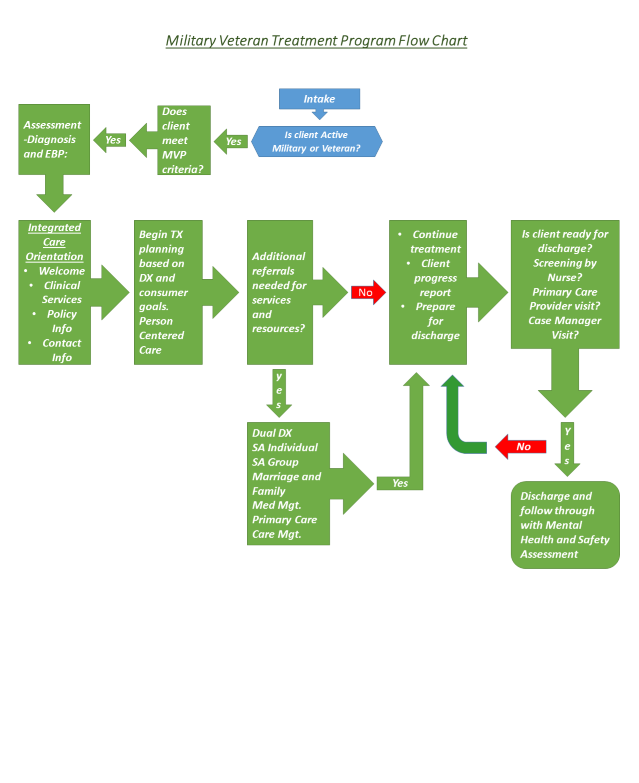
**What is a Veteran?**

Title 38 of the Code of Federal Regulations defines a veteran as “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.” This definition explains that any individual that completed a service for any branch of armed forces classifies as a veteran as long as they were not dishonorably discharged. The definition of the term Veteran is used for purposes of compensation, Dependency and Indemnity Compensation (DIC) and death pensions.

**Criteria for Admission to Military Veteran Program**

* Currently serving or previously served in either Active duty, Reserve, or National Guard in any branch of the military.
* Served or deployed in support of Combat Operations in any Theatre whether stateside or abroad.
* The nature of the mental health or addictions must be directly connected to the consumer’s military service.

*Veterans or service members meeting any of the above criteria who have been diagnosed with a behavioral health, substance use, or addiction issue will be eligible for admission into the Military Veteran Program.*



**Progression of care**

**Intake:** All new or potential MVP clients will undergo the initial intake process where basic demographic information will be gathered and an individual will be assessed to determine if they have served or are currently serving in the military. At this time, if the individual self-identifies as military affiliated, they will be referred to the appropriate next level of care for initial assessment, evaluation and the client is linked with an MVP certified provider for the assessment.

**Assessment:** During the assessment, candidates will meet with a qualified mental health counselor who will conduct the standard biopsychosocial assessment and ascertain whether or not the candidate meets the above noted criteria for admission into the MVP treatment program.

**Diagnostic Impression:** During the assessment, the clinician will use clinical observation and client report to develop a diagnostic impression and assign a provisional diagnosis. The diagnosis will be the primary factor in determining the appropriate levels of care and selecting the range of appropriate Evidence Based Practices.

**Treatment planning:** With the diagnosis in place and using clinical judgement and client input, the MVP therapist and the new MVP client will work collaboratively to develop a course of treatment and a working treatment plan which will include goals for therapy.

**Service provision:** The MVP client and therapist will begin the treatment process by completing any necessary secondary assessments or supplemental referrals. All Treatment will follow the 10 Guiding Principles of Recovery. Recovery is a process defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”

**Plan for Termination:** Providing the therapist and client have made acceptable progress towards treatment goals, therapist will begin planning the client for termination by: Reviewing treatment goals and progress made.

**Evidence Base Practices**

|  |  |  |  |
| --- | --- | --- | --- |
| **EBP** | **Description** | **Number of Sessions** | **Length of Session** |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Acceptance & Commitment Therapy (ACT)*** | Action-oriented approach to Psychotherapy that stems from traditional behavior therapy and Cognitive Behavioral Therapy. | 8 sessions | (1.5 hours) per each session |
| ***Cognitive-Behavioral Therapy (CBT)*** | Evaluates, challenges, and modifies dysfunctional thoughts that maintain depression and anxiety. Behavioral strategies are also used to increase pleasant activities to be used as appropriate and positive coping adaptations. | 16 sessions | (1.5 hours) per each session |
| ***Cognitive Processing Therapy (CPT)*** | Is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters. | 10 sessions | (1 hour) per each session |
| ***Eye Movement Desensitization and Reprocessing- (EMDR)*** | Is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. | 12 sessions | (1.5 hours) per each session |
| ***Moral Resonation Therapy (MRT)*** | Is a systematic treatment approach that seeks to decrease recidivism, or the tendency of a convicted criminal to re-offend, among juvenile and adult offenders by increasing moral reasoning. | 12 sessions | (1.5 hours) per each session |
| ***Motivational Interviewing (MI)*** | Is a collaborative and goal-oriented treatment practice for strengthening motivation and commitment to a particular goal. | 12 sessions | (1.5 hours) per each session |
| ***Seeking Safety*** | Is a present-focused, coping skills therapy to help people attain safety from trauma/PTSD and substance use disorder (SUD) | 12 sessions | (1.5 hours) per each session |

**Military and Veterans Contacts and Resources (VA)**

Vigo County Veterans Assistance Office (812) 462-3261

Indiana Department of Veterans Affairs (317) 232-3910

Indiana Veterans Home (765) 497-8072

Military Family Relief Fund (317) 234-8653

Work One/DWD (812) 242-6421

Veterans Administration (844) 698-2311

Ebenefits (800) 827-1000

HealtheVet (877) 327-0022

Family Social Services/DFR (800) 403-0864

American Legion 1346 (812) 234-9570

Veterans of Foreign Wars Post 972 (812) 235-9720

Terre Haute VA Out-Patient Clinic (812) 478-1825

Roudebush VA Hospital (317) 554-0000

Reach Veterans Services (812) 232-6305

Veterans Treatment Court (812) 462-3295

Veterans Crisis Line (800) 273-8255

Homeless Veterans (877) 424-3838

VA Combat Call Center (877) 927-8387

Veterans Education (888) 442-4551

Women’s Veterans Assistance (202) 461-1070

*Additional Resources can be found on the Hamilton Center Inc. Military Veteran Program Link*

**My Personal Recovery Plan**

Plan Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you define your recovery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How do you want your life to be different when not engaging in addictive behaviors?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What barriers have you identified to your recovery?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you feel you are in your recovery process today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using a rating scale of 1 through 10, where (1) is no recovery and (10) is achieving my goals of recovery.

How hopeful are you that you will continue the process of recovery in the future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using a rating scale of 1 through 10, where (1) is no hope and (10) is completely hopeful.

STRENGTHS- What personality qualities do you have which we can build upon in treatment?

Open Minded Good Listener

Strong Personal or Spiritual Values Assertive

Friendly Quick Learner

Independent Hard Worker

Creative Good Grooming

Organized Good Health

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Needs- What would help you achieve your recovery goals? Please check most important needs:

Assistance finding employment Job Training or Education

Access to Medical Care for health concerns Staying in a Sober Environment substance free

Help with Emotions or Mental Health Improved Sleep at night

Coping Skills Increase Support Network

Better Relationship Tools Stress Reduction/ Relaxation Techniques

Help with Quitting Smoking Help with Medication Adjustments

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABILITIES- What skills do you possess?

Basic Ability to Read/ Write Computer Knowledge/ Skills

Ability to work with other people Knowledge/ Ability to manage my emotions

Job Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education/ Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leisure Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERENCES- How do you want your treatment?

Prefer my friends and family to be involved in my treatment process

I would prefer to have more structure in my life

Prefer to have a specific gender of provider when available

Prefer individual treatment when it is available to me

Prefer large groups

Prefer small groups

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How connected do you feel to your community, such as AA, NA, Church, etc. (None, Moderate, Very)

Social Support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Organizations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocational/ Educational Supports? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you expect of staff and yourself as you work toward your recovery/ treatment goals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal #1 (in your own words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steps to reach my Goal:

1.

2.

3.

Goal #2 (in your own words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steps to reach my Goal:

1.

2.

3.

Goal #3 (in your own words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steps to reach my Goal:

1.

2.

3.

This Recovery Plan reflects my personal goals. I agree to participate in this plan, but would like to be able to make changes to it if I need to. I understand I can review my plan at any time with my providers on my treatment team if I think changes are necessary to help me achieve my goals.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Expectations**

**Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client ID** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assigned Therapist**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date scheduled to begin Therapeutic assignment** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client has been assigned to the following level of care: (recommendations are subject to change at any time)**

* Seeking Safety Group Therapy- 16 sessions- 1.5 hours- 1X weekly
* MRT Group Therapy- 12 sessions- 1.5 hours- 1X weekly
* Motivational Interviewing Group Therapy- 9 sessions- 1.5 hours- 1X weekly
* Acceptance and Commitment Therapy -12 sessions- 1 hour- 1X weekly
* Cognitive Behavioral Therapy - 12 sessions- 1 hour- 1X weekly
* Cognitive Processing Therapy - 12 sessions- 1 hour- 1X weekly
* Eye Movement Desensitization and Reprocessing -16 sessions- 1 hour- 1X weekly

**Additional requirements/ comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_