

Behavioral Health Technicians

Extending the Reach of Military Behavioral Health Care



BRIEF

Behavioral health technicians (BHTs) are enlisted service members who work alongside licensed mental health providers (MHPs), including psychiatrists, psychiatric nurse practitioners, psychologists, and social workers. They serve as care extenders, helping the Military Health System (MHS) improve the efficiency and effectiveness of the behavioral health care that it provides.

BHTs perform a variety of tasks in both garrison and operational settings, including clinical care, case management, operational outreach, and administrative management. RAND researchers recently conducted a survey of BHTs and MHPs to shed light on BHT practice and inform MHS decisions to optimize BHT integration. The survey identified tasks that BHTs most commonly perform, along with how proficient BHTs are in performing those tasks. This brief highlights key findings from the research and strategies for how the MHS can maximize the potential of the BHT role.

Essential BHT Tasks

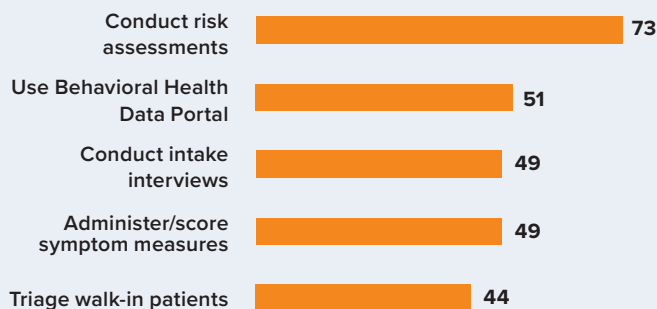
BHTs can be trained to perform a wide variety of clinical tasks. The survey asked BHTs to indicate how often they performed 22 individual tasks. The findings highlighted a group of *essential* tasks—clinical activities that are frequently performed by BHTs and for which they are likely to receive in-depth training.

These essential tasks were all related to patient screening:

- conducting risk assessments
- using the Behavioral Health Data Portal, a web-based application used to collect patient data
- conducting intake interviews
- administering/scoring symptom measures
- triaging walk-in patients.

The figure shows the percentage of BHTs who reported performing each of these tasks often or very often.

PERCENTAGE OF BHTS WHO REPORTED PERFORMING TASKS OFTEN OR VERY OFTEN



Tasks to Further Integrate BHTs into Clinical Care

The survey also identified tasks that BHTs performed less frequently and that, with additional support, training, or supervision, could be performed by BHTs.

PSYCHOSOCIAL INTERVENTIONS

MHPs shared reservations about BHTs delivering psychosocial interventions, especially evidence-based psychotherapy for mental health or substance use disorders. However, 82 percent of BHTs and 70 percent of MHPs agreed that BHTs could have a greater impact if they were trained to deliver treatment approaches across multiple diagnoses. BHTs could **facilitate psychoeducational groups**, such as for smoking cessation or sleep hygiene. BHTs could also **provide supportive counseling**, focusing on evidence-based approaches that have been adapted for non-MHPs, such as problem-solving therapy and motivational enhancement therapy.

MONITORING PATIENT PROGRESS

In civilian medical contexts, it is common for care extenders to monitor patient progress. In the military behavioral health context, this might include **assessing patient progress using symptom measures administered over time** (i.e., measurement-based care). In addition to the essential task of administering measures through the Behavioral Health Data Portal, BHTs could monitor symptoms over time. BHTs could also monitor patient progress by **reviewing self-monitoring logs (e.g., sleep journals) or other patient homework**.

How Can the MHS Help BHTs Maximize Their Contributions to Clinical Care?

1

PROVIDE CLINICAL SUPPORT TOOLS AND TEMPLATES TO BHTS

Clinical support tools and templates can be used to structure clinical tasks and ensure that both BHTs and MHPs are on the same page about what BHTs' tasks should include. For screening tasks, such as conducting intake interviews, this could include a standardized interview template that BHTs receive during their initial training. For psychosocial interventions, it might include training BHTs in specific evidence-based practices that address common needs, such as problem-solving therapy. In terms of monitoring patient progress using symptom measures, it could include clinical support guidance on how to interpret change over time, identify meaningful trends, or identify clinical thresholds. BHTs and MHPs could make use of the clinical support tools available through the Psychological Health Center of Excellence (e.g., screening measures, pocket guides, patient worksheets).

2

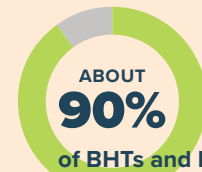
CREATE SPECIFIC EXPECTATIONS FOR SUPERVISION

There are efforts underway in the MHS to standardize expectations for BHT supervision—for example, to clarify when an MHP should directly observe or monitor BHT clinical activities, such as in crisis situations or when patient safety is a concern. However, supervising providers can exercise discretion in their approach to supervision in other situations. It would be beneficial for supervising MHPs to formalize their expectations with BHTs at the beginning of their working relationship, such as the frequency and format of supervision. MHPs could also develop plans to ensure BHTs' ongoing adherence to evidence-based practices (e.g., by occasionally observing psychoeducational groups). Better communication and supervision are likely to improve the quality of BHT practice and maximize BHTs' on-the-job training.

3

EXPAND CONTINUING EDUCATION FOR BHTS

Initial technical training for BHTs is designed to be brief and to provide foundational knowledge and skills. The expectation is that additional skills will be developed on the job and through continuing education. Such opportunities can ensure that BHTs are proficient in their core tasks and support new skill development, with content tailored to individual BHTs' levels of experience.



ABOUT 90%
of BHTs and MHPs believe there can be substantial variability in BHT skills, even within the same rank.

RAND researchers conducted a survey of stratified, random samples of BHTs and licensed MHPs between June and August 2020. BHTs included active-duty personnel in the Army (behavioral health specialists, 68X), Navy (BHTs, L24A), and Air Force (mental health technicians, 4COX1). MHPs included active-duty personnel and U.S. Department of Defense/government civilians who had worked with a BHT in the previous 12 months. MHPs included licensed psychiatrists, mental health nurse practitioners, doctoral-level psychologists, and master's-level providers (i.e., social workers and master's-level psychologists). The adjusted response rate was 42 percent for BHTs and 37 percent for MHPs.

This brief describes work done in the RAND National Security Research Division and documented in *Optimizing the Role of Military Behavioral Health Technicians: A Survey of Behavioral Health Technicians and Mental Health Providers*, by Kimberly A. Hepner, Stephanie Brooks Holliday, Allyson D. Gittens, Irineo Cabrerros, Cheryl K. Montemayor, and Harold Alan Pincus, RR-A1191-1, 2022 (available at www.rand.org/t/RR-A1191-1). To view this brief online, visit www.rand.org/t/RBA1191-1. The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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