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Substance Abuse Counselor and Client Reports of Mental Health Screening and Enhanced Practices

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ABSTRACT Objective: The objective of this study was to examine mental health screening practices and attitudes from both counselor and client perspectives in the U.S. Marine Corps substance abuse program. Method: This study examined mental health screening practices and attitudes of 23 substance abuse counselors and 442 clients from six Marine Corps substance abuse counseling centers. Results: After receiving training on screening and enhanced counseling practices, 76% of counselors reported that they almost always screened their clients for post-traumatic stress symptoms. Seventy-three percent of clients agreed that substance abuse counselors should ask about their clients' stress concerns. Conclusion: Overall, implementing screening for common mental disorders was feasible in this setting. Counselors may need further support to increase collaboration with mental health professionals and adapt treatment plans to address co-occurring mental health conditions.

INTRODUCTION

The prevalence of mental health conditions among military personnel transitioning to postdeployment settings is a major concern. Service members who have deployed to a war zone have higher rates of post-traumatic stress disorder (PTSD), anxiety disorders, depression, mild traumatic brain injury (TBI), and substance abuse than those who have not deployed.¹⁻⁹ Furthermore, research has shown that there is high comorbidity of mental health disorders and substance abuse among military populations.^{10,11} The presence of each disorder increases the difficulty in treating the other, reduces coping, and reduces the probability of ongoing participation in treatment,^{12,13} thus decreasing the likelihood of recovery for service members suffering from these conditions.

U.S. Marine Corps leadership has recognized the importance of strengthening support programs, such as substance abuse counseling, to address the complex needs of returning service members. In 2007, the Commandant of the Marine Corps stated, "These programs must be on a wartime footing to seamlessly sustain our Marines and their families for the duration—long past the redeployment of our Marines and Sailors."¹⁴ Support programs must be prepared to address the behavioral health needs of combat veterans, which include being able to identify comorbid mental health problems and then refer them for appropriate treatment. In the absence of routine mental health screening in support programs, there may be missed opportunities for identifying underlying behavioral health conditions.

Based on the high rates of comorbid mental health conditions present among individuals with substance use disorders, Marine Corps substance abuse counseling centers represent the type of support program that should be prepared to address the complex and multifaceted behavioral health needs of service members. National guidelines for addressing persons with co-occurring disorders recommend that all substance abuse treatment programs conduct mental health screening and referral, and all counselors should be trained to screen for the most common mental disorders and on effective ways to make referrals.^{15,16} Similarly, clinical guidelines for returning veterans call for postdeployment and continued routine screening for comorbid conditions.^{13,17} Although the Marine Corps is working toward more fully integrating their behavioral health efforts¹⁸ and increasing standardization of substance abuse treatment procedures, there have been no studies to date that have assessed the feasibility of implementing mental health screening and enhanced practices in the substance abuse counseling setting.

Despite clear recommendations to screen and refer for suspected co-occurring disorders, adoption of these practices is a challenging issue. Individual counselor dispositions on the importance and relevance of new counseling practices are related to the adoption of practices.^{19,20} Other clinician characteristics such as confidence in the practical use of screening have also been found to be important. Smolders et al²¹ found that general practitioners' rates of adherence to guidelines for managing mental health disorders and providing referrals for specialized care were related to stronger confidence in depression identification and fewer perceived barriers for guideline implementation. McCall et al²² found that professional comfort and competence, and system wide barriers contributed the most to practitioners' attitudes toward their role in the management of patients with depression and anxiety. According to a model of integrated treatment for mental health and substance abuse problems, there

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are often practical limitations within a system that impede a counselor's ability to adopt enhanced practices, including heavy workload, lack of time, understaffing, the perception that clients are unwilling or unable to answer lengthy screening forms, and lack of training.²³ Haug et al²⁴ reported that although substance abuse treatment providers held positive attitudes about evidence-based practices for co-occurring mental health conditions following an introductory training, most providers reported the need for further training. Thus, both practitioner and system characteristics are likely important factors related to implementing mental health screening and referral in the substance abuse counseling environment and warrant further examination in the military setting.

The purpose of this research was to examine mental health screening attitudes and practices from both counselor and client perspectives in the U.S. Marine Corps substance abuse program. This study included counselors' evaluations of a training on mental health screening and related practices, a survey of counselors' attitudes and practices regarding screening after an implementation period, and client reports of mental health screening and enhanced services they received at the counseling centers. Understanding the feasibility of implementing enhanced mental health screening practices in the Marine Corps substance abuse counseling setting should assist with the ultimate goal of standardizing and improving treatment of clients with substance abuse and mental health conditions.

METHOD

Participants

Participants were civilian substance abuse counseling professionals working at on-base Marine Corps substance abuse counseling centers. These professionals included addictions counselors, program directors, alcohol abuse prevention specialists, drug abuse prevention coordinators, and other clinical and administrative support staff who regularly interacted with clients. All of the substance abuse counseling centers involved in this study are stand-alone outpatient facilities (i.e., they are not collocated with on-base medical clinics that provide mental health services).

Substance abuse counseling center clients were also surveyed. Typically, clients are referred to the counseling center by their command as a result of involvement in an alcohol-related incident. Only active duty military clients were included in this study.

Procedures

Substance abuse counseling staff from six U.S. Marine Corps substance abuse counseling centers participated in a training session on mental health screening and enhanced practices including referral, where they received a manual and screening material. This session concluded with a short, anonymous training evaluation. After a 60-day implementation period

following the training, anonymous surveys were administered to the counseling center staff and clients. The counseling staff were given a one-time survey about their attitudes toward adopting the enhanced practices and the frequency of implementing the practices since the training. Administrative staff gave all clients a survey packet at the conclusion of each visit to the counseling center during the 6 months following the implementation period. Substance abuse clients were surveyed regarding their perceptions and satisfaction with the services they received at that visit to the counseling center. Clients could complete more than one survey if they had multiple visits to the counseling center during the study. All procedures for this study were approved by the Naval Health Research Center Institutional Review Board (protocol NHRC.2009.2005).

Training Content

An 8-hour training session on practical guidelines for addressing mental health concerns among substance abuse clients was provided on-site at the counseling centers by a mental health practitioner. The training content was developed based on qualitative research on the capabilities and needs of Marine Corps substance abuse counseling centers.²⁵ The overall approach of the training content is consistent with the movement toward integrated treatment for persons with co-occurring disorders.¹⁶

The training was designed to assist substance abuse counselors in implementing enhanced practices to better address clients with co-occurring mental health concerns. Counselors were instructed on screening and referral processes for the most common mental health conditions among returning service members, specifically PTSD, depression, and anxiety.²⁶ Screening for these three mental health conditions at every visit was recommended based on literature that demonstrates the need for routine screening among substance abuse clients.²⁷ However, the substance abuse literature did not specifically recommend mandatory screening of mild TBI; therefore, it was presented as an optional screening tool.³ Finally, the training addressed integrated, comorbid treatment considerations and case management principles. The training did not teach counselors to diagnose or treat mental health disorders, but rather to screen for mental health symptoms, refer clients if needed, modify substance abuse treatment planning as necessary (e.g., longer course of treatment or stronger emphasis on relapse prevention), and appropriately manage these cases.

Measures

Training Evaluation

The counseling center staff rated various aspects of the training, such as goals and objectives, usefulness, and instructor's knowledge of the subject matter using a 4-point response scale (1 = poor to 4 = excellent).

Counselor Survey

After the implementation period following the training, the counselor survey queried counselors about background information and experience. Mental health screening practices were measured by asking how frequently staff used the recommended mental health screening instruments with their clients in the previous 2 months since the training. These instruments included the PTSD Checklist-Civilian (PCL-C),²⁸ Patient Health Questionnaire (PHQ-9) for depression,²⁹ Generalized Anxiety Disorder screen (GAD-7),³⁰ and the Brief Traumatic Brain Injury Screen (BTBIS).³¹ Respondents indicated their frequency of use of each screening tool on a 5-point scale (1 = never [0% of the time], 2 = rarely [1–25% of the time], 3 = occasionally [26–50% of the time], 4 = frequently [51–75% of the time], 5 = almost always [76–100% of the time]). The staff were also asked how many minutes it took to incorporate the use of the combined screening tool (PCL-C, PHQ-9, and GAD-7) into their counseling sessions.

Related screening and referral practices were assessed by asking the staff how frequently over the prior 2 months they: asked about their client's deployment history, provided mental health screening feedback to their clients, followed the scoring and referral guidelines for the screening instruments, made referrals after using the screening tools, collaborated with mental health care professionals if their client was concurrently receiving care for a mental health concern, and adapted treatment plans to address co-occurring mental health symptoms. Respondents indicated their frequency of conducting these practices on a 5-point scale (1 = never [0% of the time], 2 = rarely [1–25% of the time], 3 = occasionally [26–50% of the time], 4 = frequently [51–75% of the time], 5 = almost always [76–100% of the time]).

Counselor attitudes toward mental health screening were measured using three scales. A previously developed instrument that measured general practitioners' attitudes toward their role in depression and anxiety screening²² was modified to address PTSD as well, and attitudes specific to substance abuse counselors. One scale measured the importance of screening and referral for mental health conditions (2 items), another scale measured professional competence in screening clients (6 items), and the third scale measured perceived barriers to screening in the substance abuse counseling center environment (2 items). Respondents indicated their level of agreement or disagreement with each statement on a 7-point scale (1 = very strongly disagree to 7 = very strongly agree). Negatively stated scale items were reverse coded for analyses such that a higher score represented more positive attitudes. In the present sample, the coefficient alphas for the importance, competence, and barriers scales were 0.94, 0.76, and 0.92, respectively. Overall means for each of the three scales were calculated.

Client Survey

Clients were asked if they were given a screening for PTSD, anxiety, depression, and mild TBI during their last visit,

using a yes/no format. Screening was defined as "the substance abuse counselor asked you questions about..." or "you filled out a questionnaire called a 'screening' about..." "PTSD symptoms," for example. Example questions were provided from each specific screening instrument to help clients recall if they had been asked those questions and given that particular screening.

In addition, clients were asked if their counselor: asked about their deployment history; provided any feedback or results from their mental health screening tests; or provided a referral for mental health care; and how well clients felt that their treatment plan addressed all of their concerns. General satisfaction with the substance abuse counseling center services was measured using 8 items about their counseling experience (1 = strongly disagree to 5 = strongly agree). Clients' initial perceptions of the substance abuse counseling center were assessed, as well as some background information such as the purpose of visit, deployment history, and current deployment-related stress concerns.

Statistical Analysis

Descriptive statistics were used to describe counselors' satisfaction with the training, counselors' attitudes and practices, and clients' reports of the services they received. Differences in the proportions of counselor-reported and client-reported mental health screening practices were examined using 2-tailed Fisher's exact tests. The association between counselor practices and other factors was examined using independent *t* tests. Statistical analyses were performed using SPSS software.³²

RESULTS

Counselor Sample and Characteristics

Thirty-four substance abuse counselors, who represented all available counseling center staff present at the time of the study training, received the training and completed an evaluation form. Twenty-three of the 34 staff members completed the subsequent counselor survey after the implementation period, representing a 67.7% response rate. Table I displays the substance abuse counselors' characteristics.

Counselor Satisfaction With Training

Seventy-nine percent of counselors indicated that the training was excellent in meeting their needs and expectations and rated the overall training as excellent (Table II). The lowest rated aspect of the training was the helpfulness of the practical exercises.

Counselor Attitudes

The majority of counselors strongly or very strongly agreed with the importance of screening and referring substance abuse clients for mental health symptoms (Table I). Although the majority (77%) strongly or very strongly agreed that they

TABLE I. Substance Abuse Counselor Characteristics and Attitudes Toward Screening and Enhanced Practices

	Mean (SD)/%	n
Characteristics (Mean, [SD])		
Years of experience	10.14 (5.52)	22
Years of education beyond high school	5.86 (2.59)	21
Hours of mental health training in past 12 months	22.30 (19.06)	20
Substance abuse screenings conducted per week	6.76 (4.73)	21
Attitudes ^a		
Importance		
It is important to me to screen substance abuse clients for psychological health symptoms	86.4	22
Substance abuse clients with psychological health symptoms should be referred to a mental health care professional	86.3	22
Competence		
I feel competent in counseling substance abuse clients about their substance abuse, who also have PTSD symptoms	77.3	22
I feel competent in counseling substance abuse clients about their substance abuse, who also have anxiety symptoms	27.3	22
I feel competent in counseling substance abuse clients about their substance abuse, who also have depression symptoms	27.2	22
I feel competent in counseling substance abuse clients with mild TBI	27.3	22
I feel competent in counseling substance abuse clients who are taking medication for a psychological health issue	63.7	22
I feel I cannot help substance abuse clients with co-occurring psychological health symptoms	31.8	22
Barriers		
I am too pressed for time to routinely screen for psychological health symptoms	4.5	22
I find psychological health concerns are too complex to deal with in substance abuse counseling	9.6	21

^aPercentage who selected "strongly agree" or "very strongly agree."

felt competent to provide substance abuse counseling to their clients who have PTSD symptoms, a much smaller percentage felt competent to counsel clients who have anxiety or depression symptoms, or mild TBI. Sixty-four percent of counselors strongly or very strongly agreed that they felt competent to counsel substance abuse clients who are taking medication for a psychological health issue. Furthermore, a moderate percent of counselors (32%) strongly or very strongly agreed that they feel that they cannot help clients with co-occurring psychological health symptoms. A small

percentage of counselors endorsed barriers to screening for mental health symptoms.

Client Sample and Characteristics

A total of 442 out of 1,345 substance abuse clients who were given a survey packet completed a survey about the counseling services they received (32.8% client participation rate). Only active duty military clients were included in this study. Table III displays the clients' characteristics.

Client Perceptions and Satisfaction With Services

Overall, client perceptions about their experiences at the counseling center were positive. The majority of clients surveyed (85.2%) reported feeling welcomed and comfortable at their first visit (Table III). In addition, 73% of clients agreed or strongly agreed that counselors should ask about whether their clients are experiencing stress concerns. A large majority of clients felt satisfied overall with the counseling services they received.

Counselor and Client Reports of Mental Health Screening and Enhanced Practices

Two-thirds to three-quarters of counselors reported that they almost always screened their clients for PTSD, depression, and anxiety symptoms in the past 2 months, with PTSD screening being the most common (Table IV). In general, the percentage of counselors who reported that they screened for mental health conditions was higher than the percentage reported by clients, with the one exception of mild TBI screening. Seventy-six percent of counselors reported "almost always" screening their clients for PTSD symptoms, which is significantly higher than the 53% of clients who reported that they were screened for PTSD symptoms during their most recent visit to the counseling center. Counselors reported spending an average of 10 minutes administering the combined screening tool to their clients (SD = 4.17).

All counselors reported that they routinely asked about their client's deployment history, which was consistent with the high percentage of clients who reported being asked for this information (Table IV). The majority of counselors reported that in the past 2 months they almost always provided feedback, made appropriate referrals to mental health providers, and adhered to scoring guidelines. Only 38% of counselors indicated that they almost always collaborated with mental health professionals regarding their comorbid clients.

A higher percentage of counselors reported that they "almost always" referred their clients to a mental health provider for psychological concerns if deemed appropriate (75.0%) compared with 46.5% of clients with self-reported psychological concerns who indicated they received such a referral. A higher percentage of clients reported that their substance abuse treatment plan addressed both their substance abuse and stress concerns (69.4%) than the percentage of counselors who reported adapting their client's substance abuse treatment plan to address co-occurring symptoms (47.6%).

TABLE II. Training Evaluation Frequency Distributions and Means ($N = 34$)

	%			
	Poor 1	Average 2	Good 3	Excellent 4
Training				
How well were the training goals and objectives met	0.0	0.0	17.6	82.4
How well did the training meet your needs and expectations	0.0	2.9	17.6	79.4
Were the topics covered in sufficient detail	0.0	0.0	17.6	82.4
How would you rate the clarity of the training content	0.0	0.0	20.6	79.4
How well did the training workbook support the instructor's presentation	0.0	3.0	18.2	78.8
Overall usefulness of the training workbook	0.0	6.1	21.2	72.7
How well did the practical exercise help you understand and apply the training topics	0.0	8.8	32.4	58.8
Overall rating of the training	0.0	0.0	20.6	79.4
Instructor				
How would you rate his/her ability to provide real world experience	0.0	0.0	8.8	91.2
How would you rate his/her ability to respond appropriately to questions and lead group discussion	0.0	0.0	8.8	91.2
How well prepared was the instructor	0.0	0.0	8.8	91.2
How would you rate his/her knowledge of the training subject matter	0.0	0.0	5.9	94.1
How would you rate his/her presentation abilities	0.0	0.0	14.7	85.3
Overall rating of the instructor	0.0	0.0	11.8	88.2

Factors Associated With PTSD Screening

Because PTSD screening was the most commonly performed mental health screening administered by this sample of counselors, we examined potential associations with attitudes toward screening and other counselor characteristics. Counselors who

had more years of counseling experience performed PTSD screening with their clients more frequently than those with fewer years of experience (Table V). Counselor attitudes about importance, competence, and barriers were not found to be significantly associated with PTSD screening in this sample.

TABLE III. Client Characteristics, Perceptions, and Satisfaction With Counseling Services

	Mean (SD)/%	<i>n</i>
Characteristics		
Number of visits to counseling center (Mean [SD])	4.33 (3.84)	424
Ever deployed (% "yes")	56.7	423
Combat deployed (% "yes" of those ever deployed)	75.7	240
Any deployment-related stress concerns ^a (% "yes")	27.6	239
Perceptions^b		
Felt welcomed and comfortable at first visit	85.2	434
Counselors should ask about stress concerns	72.8	430
Satisfaction With Counseling Services^b		
I am treated with respect	93.5	432
My counselor understands	88.4	430
Subject matter we discuss is relevant	85.9	426
My counseling sessions are useful	84.0	431
Counseling helps me identify solutions	82.4	431
I will return to counseling services if needed again	86.8	431
I will recommend counseling services to others	82.1	430
Overall satisfaction	88.9	431

^aIncludes self-reported combat and operational stress, PTSD symptoms, anxiety symptoms, depression symptoms, mild TBI symptoms, and other category. ^bPercentage who selected "agree" or "strongly agree."

DISCUSSION

This study examined mental health screening practices and attitudes of Marine Corps substance abuse counselors and clients after counselors received training and time to implement the enhanced practices. Training on mental health screening and related practices was rated very highly by counseling center staff. The positive feedback indicated that the training provided sufficient detail and met the counselors' needs and expectations. This finding may hold promise for the sustainability of the enhanced practices, since previous research has found that high counselor ratings of training relevance and materials were related to greater continued use of practices after the training.¹⁹ Although our anonymous surveys prevented linking counselors' training critiques with their implementation of the screening and enhanced practices, the favorable evaluation scores may indicate continued adoption of the activities beyond study completion.

Our assessment found that counselors had positive attitudes toward mental health screening. After receiving the training, 86% of counselors strongly agreed that screening clients for mental health symptoms and providing appropriate referrals is important. Furthermore, the majority of our sample strongly felt competent in screening for PTSD symptoms. These findings are encouraging considering previous studies, which have found that counselor ratings of importance, relevance, and professional competence are associated with adoption of new practices.^{19,20,22} In addition, a much lower

TABLE IV. Counselor and Client Reports of Mental Health Screening and Enhanced Practices

	Counselor Reported		Client Reported		<i>p</i>
	%	<i>n</i>	%	<i>n</i>	
Mental Health Screening ^a					
Screened for PTSD	76.2	21	53.5	430	0.045*
Screened for depression	66.7	21	59.2	429	0.650
Screened for anxiety	66.7	21	58.3	429	0.503
Screened for mild TBI	36.4	22	45.5	429	0.512
Enhanced Counseling Practices ^a					
Asked about deployment history	100.0	21	87.9	429	0.153
Provided feedback on mental health screening	81.0	21	88.9	199	0.286
Referred to another provider for stress concerns	75.0	20	46.5	312	0.019*
Adapted substance abuse treatment plan to address co-occurring symptoms	47.6	21	69.4	209	0.046*
Followed mental health screening instrument scoring and referral guidelines ^b	85.7	21			
Collaborated with mental health professionals on comorbid client ^b	38.1	21			

* $p < 0.05$. ^aPercentage who selected "almost always" for counselors, percent who selected "yes" for clients. ^bClients not queried on this item.

percentage of counselors felt competent screening for anxiety, depression, and mild TBI symptoms than for PTSD symptoms. These findings point to specific areas in the training (i.e., practice in administering specific screening tools) that may have needed more focused instruction.

Not only did substance abuse counselors in this study indicate positive attitudes about mental health screening, our results show that implementation of screening practices is feasible. At least 67% of counselors reported that they regularly conducted screening for PTSD, depression, and anxiety symptoms following their participation in the training. Results also indicated that counselors with more years of experience were more likely to conduct PTSD screening. This indicates that experience plays an important role in the administration of PTSD screening in day-to-day practice. In addition, implementing the screening for PTSD, depression, and anxiety symptoms added a reported average of only 10 minutes to the screening process. Furthermore, a high percentage of counselors reported that they almost always adhere to the screening tool scoring guidelines. These findings demonstrate that counselors are amenable to implementing mental health screening practices and guidelines into their routine procedures.

However, there is room for improvement in adopting some of the enhanced screening practices. Counselors reported low

adherence to routinely conferring with mental health professionals about their clients with co-occurring psychological concerns. Yet clients with substance abuse–mental health dual diagnoses often have intense case-management needs requiring an interdisciplinary approach to their treatment and effective coordination among the various individuals providing services. The need for substance abuse counselors to enhance communication through formal networks, with not only Navy medical facilities but civilian treatment centers as well in some areas, is vital to providing comprehensive care, support, and follow-up for clients with comorbid issues.³³

In addition, although it is encouraging that a third of counselors reported routinely screening their clients for mild TBI symptoms using the optional screening instrument, mild TBI is an area where continued emphasis is needed. It is important for substance abuse counselors in particular to screen for mild TBI because substance abuse disorders are common among individuals with TBI,³⁴ and mild TBI is often missed by physicians, especially if it occurred at the same time as other physical injuries.²⁶

Our comparison of both counselor and client perspectives of screening practices and the counseling process indicated several interesting differences. Overall, counselors reported conducting screening for PTSD, depression, and anxiety, as well as making referrals to mental health professionals for

TABLE V. Factors Associated With Substance Abuse Counselors Conducting PTSD Screening

	PTSD Screening				<i>t</i>	<i>df</i>	<i>n</i>	<i>p</i>
	“Almost Always”		“Frequently” or Less Often					
	Mean	SD	Mean	SD				
Importance Attitudes ^a	6.41	1.49	5.30	2.20	−1.300	19	21	0.209
Competence Attitudes ^a	4.42	1.56	3.53	0.46	−1.233	19	21	0.233
Barriers Attitudes ^a	4.21	1.54	4.63	0.48	−1.386	18	20	0.183
Years of Experience	5.84	1.71	5.00	3.16	−3.095	19	21	0.006**

** $p < 0.01$. ^aResponses ranged from 1 = "very strongly disagree" to 7 = "very strongly agree."

these conditions, more frequently than clients reported experiencing these activities. Although this study did not link client reports to specific counselors because of anonymity, this difference in the percentage of reported practices may indicate that counselors overestimate the consistency with which they conduct screening or provide referrals. Alternatively, this difference may indicate that clients do not accurately recall or recognize when they have been screened or been given a referral. Although it is highly unlikely that Marines may not have familiarity with PTSD, given the amount of training provided in recent years along with media attention, there is a small possibility that unlike anxiety and depression, some Marines may not know the term PTSD. Nevertheless, the actual frequency of these practices is likely somewhere in between these reported frequencies. However, these differences demonstrate the importance of monitoring client attitudes and reactions to their treatment, as well as assessing counselor adherence to new treatment practices.

Another interesting result from our comparison of counselor and client reports revealed that a higher percentage of comorbid clients reported that their treatment plan addressed both their substance abuse and stress concerns compared with the percentage of counselors who reported adapting the treatment plan to address stress issues. Comorbid clients may have been more likely to report that both of their concerns were being met because of their overall high satisfaction with the counseling center. Typically, service members enter substance abuse treatment with an array of other life concerns, such as family or financial troubles, as well as mental health concerns. Research suggests that when clients perceive that their treatment and relationship that they have with the counselor will address all their life problems, client engagement is maximized.¹² Hence, clients may have experienced an enhanced therapeutic relationship with their counselor, despite the fact that counselors less frequently adapted the treatment plans for comorbid concerns. Developing substance abuse treatment plans that address comorbid mental health conditions is an area for improvement among this sample of counselors.

To our knowledge, this was the first assessment of Marine Corps substance abuse counseling center mental health screening practices and attitudes after implementation of a training on enhanced practices. The study was strengthened by including an assessment of both client and counselor perspectives. Examining both the provider and client perspective provides a more comprehensive assessment of the level of implementation of activities in day-to-day counseling center operations.³⁵

The study had some notable limitations. Because the study did not include a baseline measure of screening and referral practices, it is not known how the rates of these practices changed over time. Furthermore, the moderate to low survey response rates are a potential limitation. Sampling bias may have been introduced among the client sample, as many Marines are referred to the counseling center

after an alcohol-related incident. Clients may have also been self-referred; however, self-referrals tend to make up a very small number of referrals seen in practice. In Marine Corps culture, with its emphasis on self-reliance and toughness, the preference for handling behavioral health issues on one's own or seeking help off-base is more common than self-referral. Barriers to care, such as being perceived negatively and fear of potential career repercussions, may be important factors affecting substance abuse counseling as with other behavioral health issues. The samples may not be representative of all substance abuse counselors or clients, as basic demographic information was not collected from clients; therefore, generalizability of study results to the larger community of Marine Corps substance abuse counseling centers is limited.

In addition, all survey measures were anonymous and self-reported, therefore bias (such as recall or underreporting) may have been introduced during data collection. The scale used to measure counselor feedback about the training was positively skewed, which therefore limits interpretation of the corresponding results. Likewise, several scales used in this study were narrow in scope, specifically chosen to reduce the length and time required to complete the surveys; however, these small scales were inherently limited by their reduced ability to detect meaningful differences among those surveyed. The inclusion of more objective outcomes, such as observable clinical practices, could reduce this bias in future studies of a similar nature. Furthermore, the counselor and client data were not based on specific counselor-client encounters and thus were not linked. Therefore, the reported attitudes and practices of counselors and clients represent only general estimates of these activities.

Overall, this study provides valuable descriptive information about the feasibility of implementing mental health screening and enhanced practices in military substance abuse counseling centers. Appropriate staff training is needed to enhance skills and to increase acceptance of the adoption of mental health screening, and this assessment found that the 1-day, on-site counselor training provided was rated highly by participants. This study also found that the implementation of the screening tools selected for this setting was feasible. Most counselors reported that they regularly conducted screening for PTSD, depression, and anxiety symptoms using the recommended tools. The client perspective indicated that the majority agreed substance abuse counselors should assess client's mental health concerns. The results from this study also indicated that substance abuse counselor collaboration with mental health professionals about comorbid clients is an area that needs improvement. Likewise, counseling centers may need additional instruction on developing substance abuse treatment plans that address comorbid mental health conditions. In conclusion, findings from this study indicate that implementing screening for common mental health disorders in substance abuse counseling centers among a military population at high risk for comorbid

conditions is practical. The implementation and standardization of routine mental health screening and training should be integrated into the standard operating procedures of substance abuse counseling centers throughout the Marine Corps. Such standardization and enhanced practices should lead to the optimal treatment of substance abuse clients also suffering from behavioral health conditions.

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14. ABSTRACT This study examined mental health screening practices and attitudes of 23 substance abuse counselors and 442 clients from six U.S. Marine Corps substance abuse counseling centers. After receiving training on screening and enhanced counseling practices, 67% of counselors reported that they almost always screened their clients for posttraumatic stress symptoms. Seventy-three percent of clients agreed that substance abuse counselors should ask about their clients' stress concerns. Overall, implementing screening for common mental health disorders was feasible in this setting. Counselors may need further training and support to increase collaboration with mental health professionals and adapt treatment plans to address co-occurring mental health conditions.						
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