



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington DC 20420

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In Reply Refer To: 116

**August 30, 2010**

**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER**

**EXPANSION OF AUTHORITY TO PROVIDE MENTAL HEALTH AND OTHER SERVICES TO FAMILIES OF VETERANS**

**1. Purpose.** This Information Letter provides clinical guidance on the expanded authority for the Department of Veterans Affairs (VA) to provide mental health and other services to members of a Veteran's immediate family, the legal guardian of a Veteran, or the individual in whose household the Veteran certifies an intention to live ("eligible individuals"). Formal regulations with specific guidance implementing the legislation will follow.

**2. Background.** This expanded authority was enacted as part of Public Law 110-387: Veterans' Mental Health and Other Care Improvements Act of 2008 (the "Act"), which was signed into law on October 10, 2008. Section 301 of the Act amends title 38 United States Code (U.S.C.) § 1701(5)(B) and 38 U.S.C. § 1782(a) and (b).

**3. Changes to Law**

a. Public Law 110-387 revised the definition of hospital care in title 38 U.S.C. § 1701 to include marriage and family counseling in the list of services that could be provided, if considered appropriate for the effective treatment and rehabilitation of a Veteran, as part of a Veteran's hospital care. The revised definition of hospital care thus now includes "such mental health services, consultation, professional counseling, marriage and family counseling, and training for the members of the immediate family or legal guardian of a Veteran, or the individual in whose household such Veteran certifies an intention to live, as the Secretary considers appropriate for the effective treatment and rehabilitation of a Veteran receiving care under the last sentence of (38 U.S.C. § 1781 (b))..."

b. With respect to outpatient care, the Act amended the list of services in title 38 U.S.C. § 1782 that could be provided to eligible individuals if necessary in connection with a Veteran's treatment to include "marriage and family counseling." Section 1782 was also amended to delete limitations on providing mental health and other services to eligible individuals where the Veteran was being treated for non-service-connected disabilities. In particular, the Act deleted the requirements that these services had to have been initiated during the Veteran's hospitalization and their continuation on an outpatient basis had to have been essential to permit the Veteran's discharge from the hospital. The list of services that can be provided under § 1782 includes: consultation; professional counseling; marriage and family counseling; training; and mental health services as are necessary in connection with that treatment. The eligible individuals who may receive these services are members of the immediate family, the

legal guardian of a Veteran, or an individual in whose household such Veteran certifies an intention to live.

**4. Clinical Implications for Clinicians.** The new law gives authority to mental health clinicians to provide marriage and family counseling and other mental health services under the preceding conditions. For the purposes of this Information Letter, marriage and family counseling may be provided for Veterans and eligible individuals. In providing marriage and family counseling, the provider needs to be mindful that the primary focus for VA care is always on the Veteran. The limits on the provision of services and communication with eligible individuals need to be clearly articulated at the outset of treatment. Like all other treatments for a Veteran, each session of marriage and family therapy is to be documented in the health record. Additional clinical guidance on the implementation of this expanded authority to provide mental health and other services to eligible individuals can be found in the attached addendum (see Att. A); formal regulations with specific guidance are forthcoming.

**5. References**

- a. Public Law 110-387 Veterans' Mental Health and Other Care Improvements Act of 2008.
- b. VHA Handbook 1160.01.
- c. Title 38, United States Code, § 1782 Counseling, training, and mental health services for immediate family members.

**6. Inquiries.** Questions regarding this Information Letter may be directed to Susan McCutcheon, RN, EdD, Director, Family Services, Women's Mental Health and Military Sexual Trauma, Office of Mental Health Services within Patient Care Services at (202) 340-4192.

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Under Secretary for Health

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**ATTACHMENT A**

**COUNSELING, TRAINING, AND MENTAL HEALTH SERVICES  
FOR IMMEDIATE FAMILY MEMBERS**

1. Information on changes in authority for provision of counseling, training and mental health services for eligible individuals as a result of the enactment of Public Law 110-387, Veteran's Mental Health and Other Care Improvement Acts of 2008, § 301, "Clarification of Authority of Secretary of Veterans Affairs to Provide Mental Health Services to Families of Veterans" is as follows:

**2. Basic Guidance**

a. In providing marital and family counseling, the Department of Veterans Affairs (VA) recognizes that each Veteran lives within a network of relationships and that the health of these relationships may be a key component in the Veteran's treatment plan.

b. Provision of marital or family counseling services may require specific knowledge or experience. It is the professional obligation of each mental health provider to be aware of their skill level in these therapies. For some VA providers, additional training through available educational efforts offered by VA may be needed to provide these services adequately, or a referral out of the VA system may be made when appropriate.

c. The VA mental health provider needs to be mindful of appropriate boundaries when delivering clinical service that involves eligible individuals associated with the Veterans. The primary focus is on the Veteran and the Veteran's plan of treatment. The limits of the services and communication with eligible individuals need to be clearly articulated at the outset of counseling.

d. During the course of a Veteran's care, individual problems or conditions of eligible individuals may become apparent. When they lead to high levels of stress or burden, they can affect the well-being and health of the Veteran. Helping the Veteran understand and respond to these issues through marriage and family counseling which includes skill building in problem-solving, communication, and basic parenting can be an important part of the Veteran's treatment plan.

e. When an eligible individual has problems or conditions that are not affecting the Veteran's treatment or rehabilitation or recovery, this may require a referral for that eligible individual for clinical evaluation or treatment for non-VA care unless they themselves are a Veteran or CHAMPVA beneficiary. Facilities need to establish lists of community resources to be used for referring for non-VA care.

*NOTE: Regulations are currently being developed to implement this law.*

### **3. What are the changes?**

This law amends title 38 United States Code (U.S.C.) § 1701(5) (B) and title 38 U.S.C. § 1782(a) and (b) by:

a. Including marriage and family counseling in the list of services that could be provided as part of a Veteran's hospital care, if considered appropriate for the effective treatment and rehabilitation of a Veteran.

b. Including marriage and family counseling in the list of outpatient services that could be provided, if considered necessary in connection with the Veteran's treatment.

c. Deleting limitations on providing these services when the Veteran was being treated for non-service-connected disabilities. Previously, services had to have been initiated during the Veteran's hospitalization, and their continuation on an outpatient basis had to have been essential to permit the Veteran's discharge from the hospital. These restrictions no longer apply.

### **4. What is the complete list of services?**

The complete list of available services for eligible individuals associated with Veterans receiving hospital or outpatient care includes consultation, professional counseling, marriage and family counseling, training, and mental health services.

### **5. Who is eligible to receive these services?**

The eligible individuals who may receive these services are members of the immediate family, the legal guardian of a Veteran, or an individual in whose household such Veteran certifies an intention to live.

### **6. What is marriage and family counseling?**

Marriage counseling and family counseling is clinically defined as types of psychotherapy for married couples and other eligible individuals that focus on resolving problems in the relationship in which the person is embedded. When these problems influence the Veteran's recovery and well-being, marriage or family counseling may be a necessary intervention as part of the Veteran's treatment plan. In providing marriage and family counseling, the provider must be mindful that the primary focus for VA care must always be on the Veteran and the Veteran's treatment plan. Like all other treatments for a Veteran, each session of marriage or family therapy must be documented in the health record.

### **7. What are some examples of necessary care in connection with the Veteran's treatment within VA?**

*NOTE: The following examples indicate when care may or may not be necessary as authorized by the current legislation; this is not meant to be an exhaustive list.*

a. Examples of when care may be necessary care in connection with the Veteran's treatment:

(1) A Veteran without a mental health diagnosis, but having problems with the Veteran's spouse post-deployment that affect readjustment and trigger emotional distress. Goals for the couple may include, for example, renegotiating new roles or rules within the household, adjusting to new financial circumstances, and communicating effectively with each other. These goals focus on facilitating readjustment by bolstering the Veteran's relationships with the Veteran's spouse or other family members and reducing the Veteran's emotional distress.

(2) A Veteran with a diagnosis of bipolar disorder with relational distress with the Veteran's spouse and a teenage son whose substance use is stressing the Veteran and leading to an increase in his mental health symptoms. Family goals may include education around bipolar disorder for the spouse and teenager; increasing supportive communication among all family members (decreasing destructive interactions); problem solving around multiple potential sources of stress in the family (e.g., substance abuse or a lack of structure and rules in household); and enhancing basic parenting skills. Other goals could include help for the family in developing a strategy to encourage the child to enter treatment for substance use in another care setting.

b. Examples of when care may not be necessary in connection with the Veteran's treatment:

(1) The non-Veteran spouse of a Veteran (whose adjustment appears adequate) is depressed related to the recent death of her mother. While couples therapy could be provided to address the effect of the spouse's depression on the marital relationship, specific treatment for the spouse's depression may not be necessary care in connection with the Veteran's treatment. Care for the spouse should not be provided by VA, rather, e.g., by the spouse's primary care provider or a mental health provider in the community. A referral could be provided for community-based bereavement groups or services sponsored by churches and hospice organizations, or for a clinical evaluation and treatment for the spouse.

(2) The child of a Veteran (whose adjustment appears adequate) is experimenting with drugs. While marital or family therapy could be provided to address the stress the child's drug use is placing on the family and to develop strategies to encourage the child to accept treatment, treatment for the child's drug use may not be necessary care in connection with the Veteran's treatment. VA care might help the Veteran and his or her spouse problem-solve about how to speak about the problem with the child's primary care provider or pediatrician (as suggested in the second example of necessary care above), or it might provide a referral to a community-based mental health provider and problem-solve about following through.