

HALO

The Helping Armed Forces Loved Ones Study

Final report (December 2019)



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KCMHR Centre for Military Health Research

Previously the Gulf War Illness Research Unit, the King's Centre for Military Health Research (KCMHR) was launched in 2004 as a joint initiative between the Institute of Psychiatry and the Department of War Studies, King's College London. KCMHR draws upon the experience of a multi-disciplinary team and is led by Professor Sir Simon Wessely and Professor Nicola T. Fear.

The centre undertakes a wide range of research investigating military life using quantitative and qualitative methods. Its flagship study is an ongoing epidemiological multiphase investigation of the health and wellbeing of approximately 20,000 UK Armed Forces personnel. The study, funded by the Ministry of Defence (MoD), has been running since 2003 and the results from the third phase of data collection have recently been published. Data from our studies have been used to analyse various military issues, and many hundreds of academic papers have been published in peer reviewed, scientific journals. Our findings are regularly reported in the press and have also been used to inform military, health service and charitable policy makers. KCMHR also maintains excellent links with other academic centres across the globe.

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Help for Heroes

Help for Heroes supports men and women who have been affected by their military service, providing them with physical, psychological, financial and welfare support for as long as they need it. It also supports family members, because they too can be affected by their loved one's wounds. Help for Heroes' recovery services provide veterans with the tools and support needed to successfully transition into civilian life and regain their sense of purpose.

The charity receives almost no funding from the Government, which means it relies on the spirit and generosity of the great British public, its partners and volunteers to keep going. Since it was founded by Bryn and Emma Parry OBE in 2007, Help for Heroes has supported more than 25,000 people, and won't stop until every wounded veteran gets the support they deserve.

www.helpforheroes.org.uk

Acknowledgments

This research would have not been possible without the generous involvement of the people who participated in this study. Their honesty and openness allowed the frank conversations upon which this research is built.

It is important to highlight that the quotes and opinions of the participants included in this research do not necessarily reflect those of the research team, or KCMHR more generally.

In addition to the listed authors the study involved support from the wider team at KCMHR including, but not limited to, Dr Alyssia Rossetto, David Pernet and Dr Deirdre MacManus.

We are grateful to Help for Heroes for commissioning and funding the research and also for their excellent support and continued engagement throughout the project. We would also like to pay particular thanks to the Psychological Wellbeing team at the Help for Heroes Hidden Wounds service for their collaboration in the development and evaluation of UKV-CRAFT.

Special thanks also to Dr Jennifer Manuel who was involved in the development of the intervention and training of practitioners in the UKV-CRAFT process as well as to Dr Eric Kuhn and Dr Chris Erbes who provided their VA-CRAFT web-based intervention materials and feedback at critical stages of development.

Finally, we would like to thank all those who participated in our stakeholder engagement interviews including representatives from Army Families Federation, TGP Wales, Help for Heroes, Change Step Wales, NHS England, RAF Families Federation, NHS Transition, Intervention and Liaison Service, Veterans NHS Wales, Walking with the Wounded, Welsh Government and the Royal British Legion.

Foreword

Help for Heroes was founded on the belief that those who put their lives on the line and become wounded, injured or sick as a result of their service, deserve a second chance at life. Our ambition is to ensure they and their families are fit and healthy, safe and secure and live a life full of purpose, just as they were able to whilst in the military.

As we have developed our recovery services, we have observed that often the key to successful outcomes involves ensuring that a veteran's loved ones are considered at every stage where possible. In our experience of working with veterans, we recognise that this should not be left until the onset of treatment but at an earlier stage in supporting and encouraging help seeking behaviours as symptoms start to appear.

We have learned, through our work with families, that loved ones provide a valuable insight. Their compassion and resilience is to be admired and they often have the potential to find the key to unlocking and encouraging their loved one to seek the support they need and rightly deserve.

Having spent time with veterans and their families, I am inspired by the depth of love and care partners and others have shown to their loved ones, often to the detriment of their own health. These are remarkable people, who when provided with skills and tools to gently encourage their loved ones to seek help, can often make progress. Armed with the ability to learn self-compassion, they too have the ability to thrive.

Providing this opportunity through a research partnership was important to Help for Heroes. Given our interest in this field, we were keen to work with KCMHR who have significant credibility in military mental health and a history of working with military families. We were delighted to work in partnership to explore this area of research. The Helping Armed Forces Loved Ones (HALO) Study has enabled us to evidence that UKV-CRAFT training would be beneficial to loved ones and that its ability to improve communication and recognise them as both an individual and carers, would go some way to enable earlier treatment intervention and to prevent the onset of more serious mental health conditions.

We are keen that this study shows promise and would like to see further opportunities for UKV-CRAFT training for loved ones during military service and in the community. We will continue to work in partnership with KCMHR to ensure that the findings, albeit based upon small numbers, have a greater impact on the wider armed forces community.

I would also like to thank KCMHR for their continued commitment to the wellbeing of those who have served in the military. In addition, I would like to pay tribute to the veterans and their loved ones who took part in the study. I never cease to be amazed at their ability to “give back” by sharing their very personal stories in order to help others.

Mel Waters
CEO Help for Heroes

Glossary of terms

AF Armed Forces

AFF Army Families Federation

Armed Forces loved one the family member or friend who is/was part of the Armed Forces for whom there is concern

AUD Alcohol Use Disorder

CMD Common Mental Disorder

CRAFT Community Reinforcement Approach and Family Training

CSO Concerned Significant Other, e.g. family member

GAD-7 Generalised Anxiety Disorder Scale

HALO Study Helping Armed Forces Loved Ones Study; i.e. evaluation of UKV-CRAFT

KCMHR King's Centre for Military Health Research

MoD Ministry of Defence

PHQ-9 Patient Health Questionnaire Depression Component

PTSD Post Traumatic Stress Disorder

PWP Psychological Wellbeing Practitioner

RA Reinforcement Approach which is a component of CRAFT

RAF-FF Royal Air Force Families Federation

SUD Substance Use Disorder

TILS Transition, Intervention and liaison Service

UK United Kingdom

US United States

UKV-CRAFT CRAFT adapted for Armed Forces CSOs in the UK

VA US Department of Veterans Affairs

VA-CRAFT CRAFT adapted by the VA for Armed Forces CSOs in the US

WSAS Work and Social Adjustment Scale



Executive Summary

Introduction

Help for Heroes and KCMHR recognised the potential that family members, including spouses, parents and close friends (referred to in this report as Concerned Significant Others or CSOs) could have in recognising the signs of a mental health issue and encouraging help seeking in service and ex-service personnel. However, family members, including spouses and parents, and close friends (referred to in this report as Concerned Significant Others or CSOs) are well placed to recognise signs of a mental health problem and encourage treatment seeking.

However, most CSOs lack the knowledge, skills and confidence to effectively support such treatment seeking. Community Reinforcement Approach and Family Training (CRAFT) appears to be a promising means through which to provide CSOs with the support, skills, and confidence they need to successfully motivate their Armed Forces loved one to seek mental health treatment. UKV-CRAFT, an adaptation of CRAFT designed for UK Armed Forces veterans and their families, was developed through the Helping Armed Forces Loved Ones (HALO) study via a collaboration between the King's Centre for Military Health and Help for Heroes (H4H) who also commissioned this research.

Development of UKV-CRAFT

In the US, CRAFT was originally developed for the CSOs of people who were experiencing Alcohol Use Disorders, then expanded to wider Substance Use Disorders. The CRAFT approach provides skills to a) persuade the loved one to seek professional help, b) improve their own wellbeing and c) improve their relationship with the loved one. Continuing work that was undertaken in the US to adapt CRAFT to support military veterans with Post-Traumatic Stress Disorder (PTSD), UKV-CRAFT has been adapted to support UK veterans with a range of mental disorders including PTSD, anxiety disorders and depression; the latter two conditions are more common than PTSD in the UK Armed Forces. Building on the lessons learnt from previous CRAFT studies, UKV-CRAFT was developed as a guided self-help workbook that would be supported by individual sessions with a CRAFT-trained Psychological Wellbeing Practitioner working within the Hidden Wounds service; an aspect of the Help for Heroes Psychological Wellbeing Service.

UKV-CRAFT consists of 8-12 weekly sessions which are delivered in person or over Skype/telephone and include 11 short lessons:

- 1 What are Common Mental Disorders, PTSD, and Alcohol Use Disorders?
- 2 Safety planning,
- 3 Increasing positive behaviours,
- 4 Improving your communication skills,
- 5 Improving problem solving,
- 6 Responding to problem behaviours,
- 7 Goal setting,
- 8 Self-care,
- 9 Understanding professional help and treatment options,
- 10 How to help your veteran/ service person consider accessing professional help, and
- 11 Supporting your veteran/ service person's recovery.

A three-part evaluation of UKV-CRAFT was undertaken:

- ♦ Study One: An online survey of potential CSO beneficiaries to explore their concerns about an Armed Forces loved one with a mental disorder and their Armed Forces loved ones' help seeking behaviours
- ♦ Study Two: A feasibility trial of UKV-CRAFT to understand how effective UKV-CRAFT might be at encouraging Armed Forces loved ones to seek professional help and what effects UKV-CRAFT might have on the mental health and wellbeing of CSOs
- ♦ Study Three: Interviews with UKV-CRAFT beneficiaries and Armed Forces families' stakeholders (i.e. range of professionals providing services to Armed Forces families) to understand their opinions on UKV-CRAFT

Study One:

Online survey of potential beneficiaries

The online survey was shared via social media and was used to collect information from potential beneficiaries of UKV-CRAFT to assess their level of concern about their Armed Forces loved one. Almost two-thirds (54/84) of the respondents reported that their Armed Forces loved one was not receiving or seeking treatment for a mental health problem. Most of those who completed the survey reported that they were worried about how they might persuade their loved one to seek professional help and expressed concern about how their loved one's mental health was affecting their own wellbeing as well as being worried about their Armed Forces loved one. However, the most concerned respondents were those whose Armed Force loved ones were already seeking treatment. One potential explanation for this finding is that the Armed Forces loved ones seeking treatment are likely to include those who have more severe problems. This explanation would fit with previous research findings which show that people with mental health problems often do not seek help until they reach a crisis point or some adverse incident has occurred.

The survey was also used to supplement the recruitment to the feasibility trial of UKV-CRAFT (explained below). Five of the survey respondents were referred on for recruitment into the feasibility trial, two of whom completed the trial.

Study Two:

Feasibility trial of UKV-CRAFT

Six out of 27 CSOs who were screened completed the full feasibility trial; these individuals were assessed before and after treatment to measure their level of anxiety, depression, functional impairment and to check if the Armed Forces loved one had entered treatment. Four (67%) of the six CSOs reported that their loved one had sought professional help for their mental health problem during the period of participation in UKV-CRAFT. Half of the CSOs showed reductions in anxiety and/or depression scores. Two CSOs also reported feeling less concerned about their own mental health impairing their day to day living and this provided additional evidence of the possible positive impact of UKV-CRAFT on CSO wellbeing.

Participation rates in the trial were lower than anticipated which may be a result of CSOs contacting Help for Heroes primarily looking for support for their own wellbeing without fully recognising that improvements to their wellbeing might follow their Armed Forces love one seeking treatment for their own mental health difficulties.

Study Three:

Interviews with UKV-CRAFT CSOs and Armed Forces stakeholders

Interviews were held with three CSOs who had participated in the trial, as well as with service providers including Psychological Wellbeing Practitioners who had delivered UKV-CRAFT, and a range of stakeholders with an interest in the mental health and wellbeing of the wider Armed Forces community. A total of 21 semi-structured interviews were completed and three main themes were developed which reflected the ideas and issues that the interviews emphasised most strongly and/or consistently:

Theme One. Needs of Armed Forces Families

Theme One centred around the mental health related needs of the families of Armed Forces loved ones with a mental health problem; four topics were frequently discussed. First, interviewees spoke of a need for understanding from mental health professionals about the specific experiences, culture, and challenges of Armed Forces service personnel, ex-service personnel, and their families, and how this differs to that of 'civilians'; this was the most consistently stressed idea across all types of interviewees including all three UKV-CRAFT CSOs interviewed. Second, CSOs also expressed concerns about trust and confidentiality, due to the perceived potential negative impact of help seeking within a military context. Third, a number of interviewees emphasised what they perceived as a need for reassurance among CSOs, both in terms of encouragement that things would improve and also that their struggles were valid and understandable; however of interest was that this topic was not highlighted by CSOs themselves but by service providers and key stakeholders providing support to the Armed Forces community. Lastly, interviewees felt that there were concerns around their access to mental health related treatment services with a recognition that at present many military focused mental health related services are not open to families of service personnel, and that available pathways might not meet their needs.

Theme Two. Strengths of UKV-CRAFT

Theme Two highlighted the way in which UKV-CRAFT might meet the needs of Armed Forces Families, exploring the particular strengths of the intervention. UKV-CRAFT was described as providing support for the Armed Forces' loved one both through its primary objective of increasing access to mental health treatment as well as its secondary objective of providing CSOs with the skills to facilitate ongoing support for their Armed Forces loved. The focus on Armed Forces family members, recognising them as individuals in their own right as well as in their supporting role, was identified as a key strength of UKV-CRAFT. Frequently highlighted characteristics of UKV-CRAFT included the flexibility of delivery, particularly the ability to offer UKV-CRAFT in

person or remotely, and flexibility in the duration of the programme, order of lessons, and timing, which was noted as important to the CSOs. Interviews also highlighted the value of the therapeutic contact for the CSO, commenting on the value of sharing experiences and being listened to attentively by the PWP. Three of the 11 UKV-CRAFT lessons were singled out as being particularly beneficial: Improving communication with the Armed Forces loved one; Self-care for the CSO; and the psychoeducational lesson ‘Understanding common mental disorders, alcohol use disorder, and PTSD (‘What are common mental disorders?’)’.

Theme Three. Ways to Improve UKV-CRAFT

The final theme focused on potential improvements to UKV-CRAFT, observations and ideas that might inform efforts to improve both the content and delivery of UKV-CRAFT. The majority of the themes in this section centred on promoting the availability of UKV-CRAFT both through raising awareness of the service, including focusing on symptoms and behaviours rather than diagnosed conditions and using Unit Welfare Officers as a potentially trusted gateway to UKV-CRAFT and wider access to UKV-CRAFT particularly opening UKV-CRAFT to those CSOs whose loved ones had been frustrated with repeated experiences of attempting to access treatment. Additionally, some interviewees suggested offering UKV-CRAFT as standard which they explained as delivering UKV-CRAFT as part of a wider programme of ‘skills training’ sessions for families possibly after deployment or upon transition out of the Armed Forces. ‘Improving positive behaviours’ was the only UKV-CRAFT lesson to receive critical feedback from interviewees, including two of the three CSOs. This criticism was mostly focused on the use of the word ‘rewards’ which was seen to be potentially condescending. This suggests that future iterations of UKV-CRAFT should consider reframing the technique and/or using different phrasing in conjunction with the intended service users. A more general concern expressed by several interviewees was the need to manage CSO expectations, both for their own wellbeing and to reduce risk of drop-out if their loved one did not initially respond to UKV-CRAFT as they had hoped. Also of note was a concern from

CSOs that they might be ‘betraying’ the trust of their Armed Forces loved by speaking to therapists about their mental health without their knowledge. This was particularly sensitive and difficult for CSOs because their loved ones typically did not acknowledge a problem.

Discussion

The overall results of the study broadly suggest that the UKV-CRAFT intervention may show promise in both helping CSOs to encourage their loved one to seek help and in bolstering the mental health of the CSOs themselves. Both the initial survey, and later interviews, suggest that there is a sense that Armed Forces families have been somehow overlooked by both the Ministry of Defence (MoD), and the charity sector, and the provision of UKV-CRAFT for CSOs may go some way towards addressing this gap.

Both the initial survey and the later interviews suggest that broadening the potential audience of UKV-CRAFT to those whose Armed Forces loved one have already sought help or are currently seeking support (i.e. are not ‘treatment resistant’ per se) and delivering the intervention as a standard and preventative skills training package may be beneficial. There was a distinct impression that ‘treatment resistant’ was an inadequate description for the Armed Forces loved ones of many CSOs both from interviews, as well as those reached via the widely distributed survey. Many participants reported that in fact their loved ones wanted treatment but had experienced frustration when trying to access it. Making the intervention available to all CSOs irrespective of their loved one’s treatment seeking/ accessing status, was endorsed as an avenue warranting further exploration. Thus CSOs felt it would be beneficial if they were able help their loved ones find appropriate and acceptable help through accessing the UKV-CRAFT intervention, as well as supporting the wellbeing of CSOs. The findings that CSOs of those who are seeking/accessing treatment have the highest levels of worry, from our online survey, also supports their being a role for UKV-CRAFT in helping loved ones seek appropriate help before their mental health problems become severe. These results suggest that UKV-CRAFT – or an adapted version of it – could be

made available to all Armed Forces family members, of both serving personnel and veterans, and possibly 'upstream' to spouses of those still in service. If such a programme were provided in anticipation of times of likely need, specifically pre-deployment or before return from deployment and around time of transition out of the Armed Forces, this may help service personnel seek help at an earlier stage when their difficulties were less intractable as well as bolstering mental resilience among CSOs.

Conclusion

UKV-CRAFT or a similarly adaptable and scalable programme, appears generally acceptable to CSOs. Whether or not this approach would lead to a decrease in the severity of mental health problems experienced by Armed Forces personnel should be the focus of future studies. The results of this study also suggest that UKV-CRAFT is likely to be a useful offering for services that provide care to service family members and in doing so it may help both the CSOs and the loved ones experiencing mental health difficulties. Whilst this study was unable to ascertain if UKV-CRAFT was indeed effective in promoting help seeking, the indications

are that it would be. UKV-CRAFT, or an intervention based on its principles may be a useful routine offering for service families since having better communication between family members might both help to prevent the onset of serious mental health problems and may encourage earlier help seeking should such problems occur. However, the impact of such an initiative would also need evaluating. We suggest that further work be carried out to examine this intervention in more detail. Our results suggest that whilst UKV-CRAFT may be a useful tool for supporting CSOs in encouraging their loved ones to seek support, many CSOs approaching Help for Heroes appeared to be primarily focused on accessing support for themselves. It may be that UKV-CRAFT can be offered alongside other treatment services currently aimed at directly improving the wellbeing of the CSO, to ensure that the CSOs own needs are being met as well as helping them to encourage their Armed Forces loved one to seek help which could also serve to further improve their own wellbeing. It is hoped that the findings from this study will be carefully considered and inform collaborative efforts for future service delivery.



Introduction

Background and Introduction to the Helping Armed Forces Loved Ones Study

The Counting the Costs study, conducted by King's Centre for Military Health Research's (KCMHR) and funded by Help for Heroes, found that more than 60,000 regular UK Armed Forces veterans who served between 1991 and 2014 might suffer from a mental health problem.¹ The results of the latest phase of the KCMHR military cohort study found rates of Common Mental Disorders (CMDs) such as depression and anxiety of 22% among regular service and ex-service personnel, with rates of probable Post-Traumatic Stress Disorder (PTSD) at 6%, and alcohol misuse at 10%.² Taken together these data suggest that substantial numbers of service and ex-service personnel are, or will be, in need of mental health care.

Whilst more service personnel are accessing mental healthcare services in the last decade, a substantial proportion of Armed Forces personnel with mental health problems do not seek any formal mental health support. For example, 45% of UK Armed Forces serving and ex-service personnel who self-report a stress, emotional or mental health problem in the previous three years had not accessed formal healthcare services.³ Delayed help seeking is important as it may adversely affect future recovery prospects⁴ and furthermore, the impact of mental health problems in service personnel also has a consequential negative impact on their families.⁵ Therefore, there is a pressing need to reduce barriers to care and develop ways to encourage and support timely access to appropriate services.

Concerned significant others (CSOs), such as close family members, and friends, are well placed to recognise a developing mental illness and encourage their loved ones to seek care. Given that CSOs themselves may suffer ill-effects because of their loved ones' poor mental health, there is a good chance that they are motivated to seek help for themselves as well facilitating help seeking by their loved one.⁶ Indeed, veterans who do seek professional help often cite encouragement from members of their social circle, such as family and friends, as a key motivator.⁷ However, CSOs who are worried about the mental health of a loved one may lack the knowledge, skills, and confidence to effectively support treatment seeking. Providing appropriate training to 'upskill' these CSOs, so that they can encourage their loved one to seek the right help at the right time, is likely to facilitate help seeking. Community Reinforcement Approach and Family Training (CRAFT) was identified as a possible means through which to provide CSOs with the support, skills, and confidence they need to successfully motivate their Armed Forces loved one to seek mental health treatment. The Helping

Armed Forces Loved Ones (HALO) study outlines the adaptation and evaluation of CRAFT for use with UK Armed Forces families in an effort to increase access to mental health services.

Community Reinforcement Approach and Family Training (CRAFT)

Community Reinforcement Approach and Family Training (CRAFT) was developed as an individual therapeutic approach which aimed to equip the CSOs of people experiencing Substance Use Disorders (SUDS) with the skills to: a) persuade their loved one to seek professional help; b) improve their own wellbeing and c) improve their relationship with the loved one.⁶ CRAFT aims to provide CSOs with more understanding of their loved one's problems and train them in effective communication skills (e.g. knowing when and how to express concerns for their loved one). CRAFT also teaches CSOs how to reward positive behaviours, such as showing appreciation for spending time with the family, and undo habits of 'rewarding' (or enabling) negative behaviours such as inadvertently supporting a loved one's social withdrawal by helping to cancel appointments or covering up the effects of substance misuse by 'calling in sick' on their behalf.⁶ Self-care is another important element of CRAFT as CSOs, if burdened by the additional care needs of their loved one, may often neglect their own needs and wellbeing. The importance of maintaining their own health is emphasised as a prerequisite for the CSO before supporting their loved one. CSOs are encouraged to plan and complete pleasant activities, some of which may be with their loved one, and some independently, in order to improve their own wellbeing. Finally, once these skills have been well established, CSOs are encouraged to initiate conversations about treatment-seeking with their loved ones.

CRAFT's potential to support treatment entry of those experiencing SUDs has been well examined through over a dozen randomised controlled trials of varying quality.^{8,9} A systematic review found CRAFT to have around twice the level of successful treatment entry when compared to a number of alternative interventions.¹⁰ Treatment entry rates for loved ones with SUDs have been consistently high across studies where CRAFT has been delivered individually, with most achieving rates in excess of 60%.¹¹⁻¹³ It is important to highlight here that this is a rate of 60% among those who have previously been resistant to seeking professional treatment.

In addition to increasing access to treatment for their loved ones, CSOs often report reductions in their own psychological symptoms as a result of engaging in CRAFT training.^{8, 11-12, 14, 16} Significant and sustained reductions in depression,^{14-15, 17} anxiety¹⁴⁻¹⁵ and anger^{14-15, 18} have been identified. Moreover, increases in positive self-esteem,¹⁸ family functioning,¹⁹⁻²⁰ and relationship happiness^{14, 17, 21} have also been reported. Interestingly, in many studies these improvements were found irrespective of whether the CSO was successful in getting their loved one to enter treatment.^{11, 14-15, 19}

CRAFT has also been extensively adapted and evaluated for group treatment,¹⁶ as self-directed workbooks,²⁰ targeting substance misuse among adolescents,¹⁹ and for use in people with a gambling addiction.²¹⁻²² Rates of treatment entry across these innovations have been highly divergent ranging from 12.5% to the previously established levels of over 60%.^{9, 22}

CRAFT for Armed Forces families

CRAFT has recently been adapted by the US Department of Veteran Affairs (VA) National Center for PTSD (NC-PTSD) for use with CSOs of US military veterans (VA-CRAFT).²³ VA-

CRAFT has been developed as two self-guided web-based interventions for those whose loved ones are resistant to treatment, one tailored specifically for CSOs with a loved one experiencing an Alcohol Use Disorder (AUD) and the other for CSOs with a loved one experiencing PTSD. Notably, VA-CRAFT for PTSD is the first adaptation of CRAFT where the loved one's target problem is not an addictive disorder.

VA-CRAFT retains the core components of the conventional CRAFT programme, with an 'understanding your CSO's problem' psychoeducational lesson adjusted for PTSD, and a targeted 'stress reduction and sleep improvement' lesson added to the self-care section. Both variants, AUD and PTSD, of VA-CRAFT use multimedia contents (video, audio, images, and interactive quizzes) created to reflect the Armed Forces culture in the US. The 'legitimacy' of the intervention is further strengthened by an introductory video by the creator of CRAFT, Dr Robert J Meyers, who speaks of personal struggles with addiction, mental health, and serving in the Armed Forces.

An initial pilot study with CSOs of previously deployed National Guard personnel who had screened positive for PTSD but were not in treatment, found that those given access to VA-CRAFT over a 3-month period reported significantly greater reductions in caregiver burden than those in a waitlist control condition.²³ The measures of caregiver burden included ways in which providing care for their loved one impinged on CSO's own activities, their mood, and the perception that the loved one was being too demanding. However, there were no differences between VA-CRAFT and waitlist control conditions with respect to other aspects of CSO wellbeing (e.g. reduced symptoms of anxiety and depression), relationship happiness or loved one's treatment entry. The authors

report that usage of the web-based VA-CRAFT materials was low or inconsistent, and few CSOs spoke to their loved one about treatment.²³ A second study that has recently been published added four telephone coaching calls over a 3-month 'treatment' period to increase engagement with the programme and support CSOs toward treatment seeking conversations with their loved one.²⁴ Whilst perceived caregiver burden demonstrated a significant increase there was no difference in veteran treatment initiation and only 33% of participants reported talking to their veteran about starting treatment for PTSD during the trial.²⁴

Systematic Review of CRAFT: Treatment Entry of Loved One

The research team conducted a systematic review of CRAFT to explore what different components of CRAFT may help to increase help-seeking for mental health problems among loved ones from CSOs. Fourteen evaluation studies of CRAFT were identified, six of which evaluated multiple CRAFT treatment conditions (e.g. Manuel et al. compared group CRAFT to self-guided CRAFT²⁰) and so outcome data for a total of 20 distinct CRAFT treatment condition groups were compared. Across all 20 treatment condition groups treatment entry rates of loved ones ranged from 12.5% to 86%. The more effective CRAFT interventions tended to include four 'key' treatment characteristics:

1 *Delivering CRAFT as a multi-modal programme.*

The highest rates of treatment entry have been reported where CRAFT has been delivered as a multi-modal programme consisting of individual 1-1 sessions supplemented with group sessions (86%) or with group sessions and the option to engage in aftercare sessions (group sessions following CRAFT principles for up to 6 months after CRAFT) (77%), compared to individual 1-1 sessions (up to 71%), group sessions (60%) and self-directed workbook (up to 40%).

2 *Thorough training and supervision for therapists.*

Previously reported studies on CRAFT have included a wide range of clinical experience, training, and supervision in CRAFT for therapists delivering the intervention. In studies where training and supervision of CRAFT therapists was minimal, treatment entry rates were markedly low. Treatment fidelity, and the avoidance of 'drift' into other ways of working with CSOs, have been noted as a likely reason for poorer outcomes.

3 *Input from the CRAFT originators.*

Overlapping with the training and supervision of those delivering the intervention, treatment entry rates were highest and the range of rates narrower (40% to 86%) when the original CRAFT team had input (compared to 12.5% to 71% when no input was noted).

4 *Treatment for loved ones offered within same service.*

Ease of access to identified and readily available treatments within the same setting as CRAFT was delivered has been implicated in increased treatment entry for the loved one who decides to seek help. Those studies for which there was not a direct pathway to treatment tended to have much lower levels of treatment entry.

Overall, the findings from the systematic review strongly suggest that 'more is more' and 'less is less' in terms of delivering CRAFT as a multi-modal intervention, thorough training and supervision for therapists, input from experts, and the availability of treatment for loved ones who choose to seek help themselves. It seems likely that a balance between close adherence to the core CRAFT intervention (with 'treatment drift' minimised through adequate training and supervision of therapists) and providing CSOs with some flexibility in how they engage with the intervention contributes to successful outcomes.





Development of UKV-CRAFT

UKV-CRAFT development

UKV-CRAFT was developed through a collaboration between the KCMHR research team, led by Professor Neil Greenberg, and the psychological wellbeing team at Help for Heroes. Dr Jennifer Manuel, a staff psychologist at the US Department of Veterans Affairs who had previously worked on studies of CRAFT with the creator of CRAFT (Dr Robert J. Meyers), was also involved in the development of the intervention and training of practitioners in the UKV-CRAFT process. The researchers who developed and evaluated VA-CRAFT (Dr Eric Kuhn and Dr Chris Erbes) provided their VA-CRAFT web-based intervention materials and feedback at critical stages of development. The direct involvement of Dr Manuel and the VA-CRAFT team ensured that the systematic review 'key element' of input from the CRAFT originators was achieved within the development of UKV-CRAFT.

UKV-CRAFT programme

Building upon the work conducted in the US to develop CRAFT as an intervention for PTSD, UKV-CRAFT has been adapted to suit the needs of CSOs supporting loved ones who have a wider range of presenting problems, going beyond chronic PTSD and alcohol use disorder, to include CMDs. This is because contemporary evidence has shown that CMDs are more common than PTSD among the UK Armed Forces population.²

The findings from the development and piloting of VA-CRAFT, as well as from the systematic review conducted, informed the decision to develop UKV-CRAFT as a guided self-help treatment. Drawing on the broader findings from earlier adaptations of CRAFT (outlined in the Systematic Review section above) UKV-CRAFT offers a full programme of individual sessions with a CRAFT-trained Psychological Wellbeing Practitioner (PWP) at Help for Heroes in addition to a UKV-CRAFT self-help workbook. A printed workbook was selected over a web-based platform for two reasons. Firstly, to better integrate with other guided self-help treatments delivered by Help for Heroes Hidden Wounds PWPs which are based on printed workbooks. Secondly, it was reasoned that a physical manual would be used more than the web-based version (noting Erbes et al's²³ low rates of use), and more acceptable to a wider range of CSOs.

The core contents of the programme were derived from VA-CRAFT, Smith & Meyers' CRAFT therapist manual,⁶ and Meyers & Wolfe's²⁶ CRAFT self-help book ('Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening'). The format and tone of the workbook was informed by existing Help for Heroes workbooks for other specific problems (e.g. 'Challenging Unhelpful Thoughts', 'Dealing with Worry', 'Problem Solving'). The workbook material was then amended and refined iteratively through discussions with and feedback from Dr Jennifer Manuel and the Help for Heroes PWPs. The workbook was designed

to be used in physical printed or electronic pdf form, included plain English descriptions with suitable images for the UK military community, and descriptions of exercises with spaces to write responses and other notes. Each CSO was provided with this and encouraged to study and refer to it at any time as well as using it as a framework in their sessions with a PWP.

The UKV-CRAFT programme consists of 11 short lessons:

- 1 What are common mental disorders, PTSD, and alcohol use disorder?
- 2 Safety planning,
- 3 Increasing positive behaviours,
- 4 Improving your communication skills,
- 5 Improving problem solving,
- 6 Responding to problem behaviours,
- 7 Goal setting,
- 8 Self-care,
- 9 Understanding professional help and treatment options,
- 10 How to help your veteran/service person consider accessing professional help, and
- 11 Supporting your veteran/service person's recovery.

An outline of situations covered, and skills taught in each lesson is provided in Table One. The UKV-CRAFT manual can be viewed via the following webpage: www.kcmhr.org/HALO/UKV-CRAFTmanual.pdf

UKV-CRAFT delivery

The one-to-one sessions (each session lasting approximately 45 mins) were delivered by Help for Heroes PWPs at the rate of one per week for 6-12 weeks. PWPs were flexible in both their mode of therapy delivery (e.g. by providing face to face, telephone and/or Skype sessions) and the scheduling of appointments, so participants were able to take the therapy at their own pace. As noted above, PWPs who delivered UKV-CRAFT were

trained and supervised in the CRAFT intervention by Dr Jennifer Manuel. The Hidden Wounds PWP's completed a standard 2-day training, either in person or over Skype, with Dr Jennifer Manuel who, as mentioned above, also contributed to the adaptation of UKV-CRAFT. This was followed by ongoing supervision sessions over Skype as required. In this way we ensured that UKV-CRAFT met the systematic review 'key element' related to thorough training and supervision for therapists.

In order to meet the systematic review 'key element' relating to providing treatment for loved ones who sought help, treatment within Hidden Wounds was available for ex-service personnel where appropriate, and PWP's provided clear guidance on pathways for treatment where different treatment required (e.g. PTSD treatment which is not provided by Hidden Wounds) and for currently serving personnel, who in the main are not able to access the Hidden Wounds service.

Table One: UKV-CRAFT Lessons Outline

Lesson	Situations/Problems Examined	Skills Learned
1 What are common mental disorders, PTSD, and alcohol use disorder?	<ul style="list-style-type: none"> ♦ Behaviours of someone experiencing a common mental disorder PTSD, or alcohol use disorder ♦ Effects on family and friends 	<ul style="list-style-type: none"> ♦ Better understanding of common mental disorders, PTSD, alcohol use disorder ♦ Better understanding of what it is like to suffer from these
2 Safety planning	<ul style="list-style-type: none"> ♦ Angry/aggressive behaviour ♦ Abuse in relationships 	<ul style="list-style-type: none"> ♦ Your right to be safe and not accept abuse in any form ♦ How to respond to aggression/violence ♦ How to create a safety plan
3 Increasing positive behaviours	<ul style="list-style-type: none"> ♦ Reduction or absence of happy, healthy and helpful behaviours (e.g. family meals, exercising, housework) 	<ul style="list-style-type: none"> ♦ How to use rewards to increase positive behaviours (e.g. express gratitude, favourite food/activity) ♦ Understanding that the process of changing habits takes time
4 Improving your communication skills	<ul style="list-style-type: none"> ♦ Withdrawn and/or irritable loved one ♦ Reluctance/refusal to communicate 	<ul style="list-style-type: none"> ♦ Features of effective communication (e.g. respectful, honest, to the point, not rushed, focused) ♦ How to choose a good time to talk
5 Improving problem solving	<ul style="list-style-type: none"> ♦ Any problems in loved one's behaviour and/or relationship (e.g. absent from home/family, drinking too much, angry outbursts) 	<ul style="list-style-type: none"> ♦ Seven-step problem solving (i.e. identify problem, suggest, evaluate, select, plan and implement solutions, review)

Lesson	Situations/Problems Examined	Skills Learned
6 Responding to problem behaviours	<ul style="list-style-type: none"> ♦ Entrenched habits and/or behaviour patterns and CSO's habitual response (e.g. loved one gets publicly drunk and CSO gets angry) 	<ul style="list-style-type: none"> ♦ How to analyse patterns of behaviour-response ♦ How to develop and test new ways of responding (e.g. allow loved one to get drunk, calmly explain upset, leave, and discuss when sober)
7 Goal setting	<ul style="list-style-type: none"> ♦ The potential of making changes to be overwhelming 	<ul style="list-style-type: none"> ♦ How to set realisable goals that are SMART: Specific, Measurable, Achievable, Relevant, Time-specific
8 Self-care	<ul style="list-style-type: none"> ♦ Putting all of one's time and energy into loved one's needs ♦ Feeling anxious, depressed, stressed, hopeless, etc 	<ul style="list-style-type: none"> ♦ Understanding the importance of taking care of oneself ♦ How to reward oneself (e.g. small treats, activities) ♦ Importance of increasing social support ♦ Wellbeing-focused activities (e.g. mindfulness, exercise)
9 Understanding professional help and treatment options	<ul style="list-style-type: none"> ♦ The potential of the range of services and treatments available to be baffling 	<ul style="list-style-type: none"> ♦ Understanding the roles and services offered (e.g. GP, psychologist, PWP, psychiatrist, Veteran's Gateway, Royal British Legion)
10 How to help your veteran/service person consider professional help	<ul style="list-style-type: none"> ♦ Talking about getting help can be very difficult ♦ Many people are resistant to and reject the idea that they need help 	<ul style="list-style-type: none"> ♦ Understanding that a strong relationship makes it easier to discuss difficult issues ♦ Understanding that there are times and ways when communication is more effective ♦ How to anticipate and plan to respond to barriers to help seeking
11 Supporting my veteran/service person's recovery	<ul style="list-style-type: none"> ♦ Sticking to treatment can be difficult ♦ There are lots of causes for dropping out 	<ul style="list-style-type: none"> ♦ How to support a loved one's treatment by being available, accessible, continuing to learn about their needs and the process ♦ How to be resilient, prepared for bumps in the road, and ready to keep going



Evaluation of UKV-CRAFT

Aims

- ♦ Study One: An online survey of potential CSO beneficiaries to explore their concerns about an Armed Forces loved one with a mental disorder and their Armed Forces loved ones' help seeking behaviours in order to identify if a potential CSO may benefit from UKV-CRAFT
- ♦ Study Two: A feasibility trial of UKV-CRAFT to understand how effective UKV-CRAFT might be at encouraging treatment entry of Armed Forces loved ones and what effects UKV-CRAFT might have on the mental health and wellbeing of CSOs
- ♦ Study Three: Interviews with UKV-CRAFT beneficiaries and Armed Forces families' stakeholders (i.e. range of professionals providing services to Armed Forces families) to understand their opinions on the potential impacts of UKV-CRAFT

The study procedures and all materials used, including the information sheet and consent forms, were reviewed and approved by King's College London's Research Ethics Office (reference numbers: RESCM-17/18-4715).

Study One:

Online survey of potential beneficiaries

An online survey of potential beneficiaries was conducted in order to identify the particular needs and concerns of Armed Forces families supporting an Armed Forces loved one's with a mental health issue. Results were used to assess whether the UKV-CRAFT intervention might be helpful and whether potential beneficiaries would be interested in, and engage with, such an intervention.

Participants

The Helping Armed Forces Loved Ones (HALO) survey was promoted via a series of social media posts and support from a wide range of Armed Forces community organisations (e.g. families federations, SSAFA, Veteran's Gateway, Army HIVES, charities). The survey was completed by a total of 120 respondents. After removing those who reported having no contact with their Armed Forces loved one (n=1), were not sure if their Armed Forces loved one was in treatment or not (n=2), or reported never having talked to or thought to talk to their Armed Forces loved one about their concerns (n=33), the sample size was n=84.

Method

The following questions were included in the HALO survey:

- ♦ Is your loved one in treatment, seeking treatment or neither seeking nor in treatment?
- ♦ How worried are you about how to persuade your Armed Forces loved one to seek professional help for their psychological state?
- ♦ How worried are you about the effects of your Armed Forces loved one's untreated or worsening psychological state on your wellbeing?
- ♦ Overall, how difficult do your loved one's problems make it for them to do their work, take care of things at home, or get along with other people?

These questions were designed to provide greater detail on the concerns of the potential beneficiaries of UKV-CRAFT in order to assess the need for an intervention to support those trying to encourage their Armed Forces loved one to seek support for a mental health concern.

In addition to gathering data on the potential beneficiaries, the survey was also employed to supplement recruitment to the UKV-CRAFT trial. Survey participants who consented to be contacted about related studies, and who were eligible to take part in the UKV-CRAFT trial, were contacted and invited to take part. Invitations were sent to 54 participants who stated that their loved one was not seeking or in treatment. Five such potential participants completed consent forms and were contacted by Hidden Wounds. Their data has been included in the UKV-CRAFT feasibility trial flow diagram for Study Two (procedures outlined below).

Study Two:

Feasibility trial of UKV-CRAFT

Participants

Several communications campaigns inviting CSOs to self-refer to Hidden Wounds were implemented during the recruitment period (see Appendix A for example recruitment advertisements). These included testimonial-style videos on social media and a blog post on the experiences of CSOs. Of 72 CSOs who self-referred between October 2017 to March 2019, 31 were screened for eligibility with 11 found eligible and invited to participate. Seven CSOs accepted the invitation to take part in UKV-CRAFT and were recruited into the UKV-CRAFT trial with pre- and post-treatment data available for six of the seven participants who received treatment. See Figure Two for a flowchart providing numbers retained and reasons for exiting at each stage.

Participants were deemed eligible to take part in the trial if they meet each of the criteria below:

- The loved one was serving, or had previously served, in the UK Armed Forces,
- The CSO was worried about either/both the effects of a loved one's untreated or worsening mental health problems on their own wellbeing or/and how to get their loved one to seek professional help for their mental health problem,
- The CSO had regular contact with their loved one,
- The CSO and their loved one were both aged over 18,
- The loved one was not currently seeking/ accessing professional help or treatment for a mental health problem,
- The CSO would be available for at least three or more consecutive weeks during the treatment period,
- The CSO did not have a condition which would affect their ability to either give informed consent or participate in the therapy (either UKV-CRAFT or any Hidden Wounds programme), e.g. English language difficulties, hearing impairments, traumatic brain injury, serious problems with alcohol or drugs, a mental health crisis such as acute suicidality at the time of the assessment, or the presence of untreated psychosis.

Method

A number of different measures were taken into order to assess the potential utility of UKV-CRAFT to encourage help-seeking and improve CSO wellbeing:

Entry into treatment by loved one

The Armed Forces loved one's entry into treatment was measured through discussions with CSOs during UKV-CRAFT treatment and assessment sessions as well as discussions at follow up interviews.

CSO Wellbeing

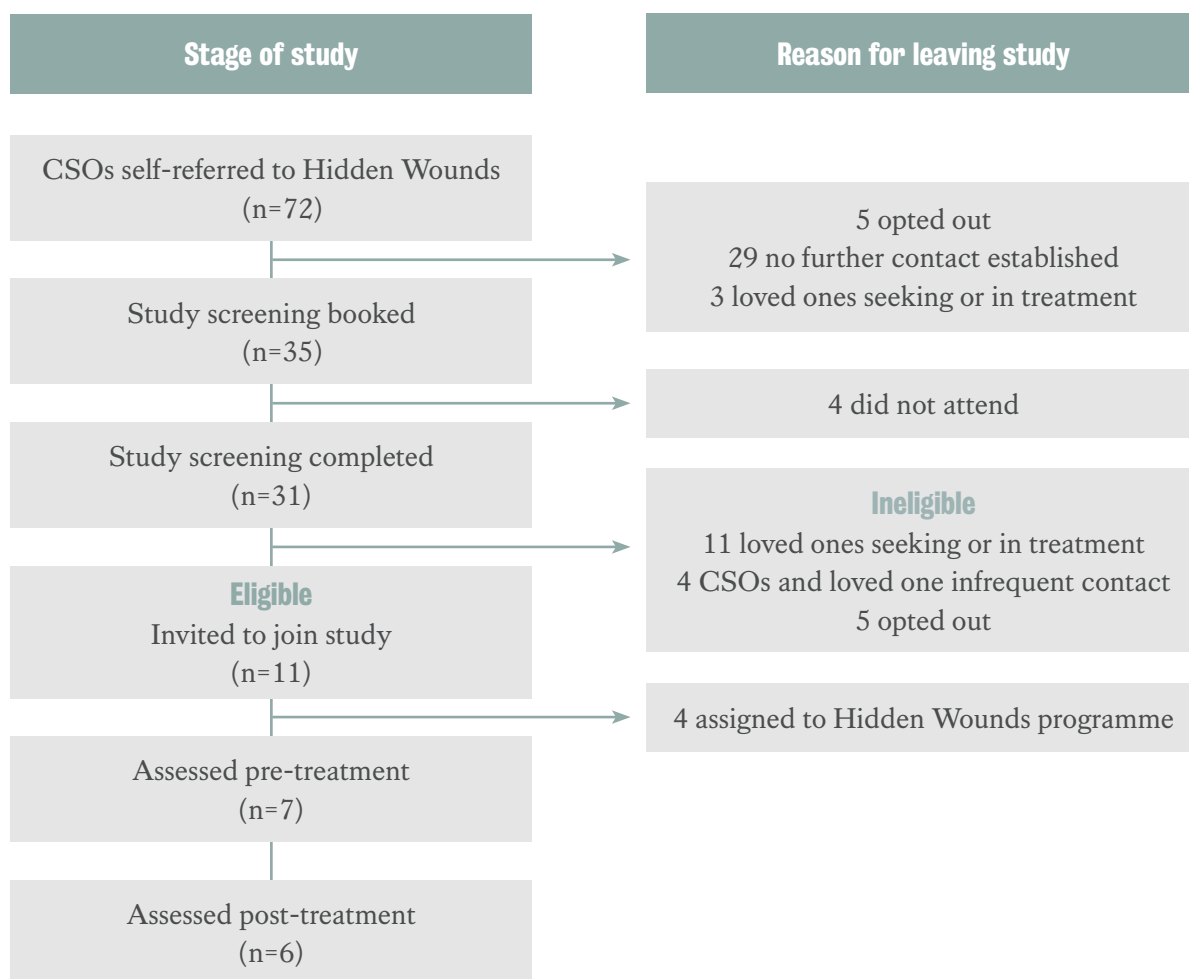
Three measures of CSO wellbeing were completed before and after participation in the UKV-CRAFT programme.

Anxiety symptom levels were measured with the seven-item Generalised Anxiety Disorder Scale (GAD-7). Scores of 5, 10, and 15 are taken as the cut off points for mild, moderate, and severe anxiety, respectively (27).

Depression symptom levels were measured using the Patient Health Questionnaire Depression Component (PHQ-9) which has been validated as a screening instrument for diagnosis of depression and as a measure of depression severity (29). Scores of 5, 10, 15, and 20 represent cut-offs for mild, moderate, moderately severe and severe depression, respectively (29).

Functional impairment was measured with the Work and Social Adjustment Scale (WSAS), a five-item self-report scale designed to measure patients perceived functional impairments around (1) work, (2) home management, (3) social leisure activities, (4) private leisure activities, and (5) relationships with others. Scores above 20 suggest moderately severe psychopathology, scores of 10 and above are associated with significant functional impairment but less severe clinical symptomatology (30).

Figure Two: Flowchart depicting numbers retained at each stage of study participation and reasons for exiting



Study Three: Interviews with UKV-CRAFT beneficiaries and Armed Forces families' stakeholders

Participants

In order to gather a wide range of perspectives on the intervention, interviews were held with UKV-CRAFT beneficiaries (CSOs), direct service providers (i.e. professionals working directly with Armed Forces family members, including PWPs), and a range of stakeholders with an interest in the mental health and wellbeing of the wider Armed Forces community. The 21 interviewees are listed in Table Two with their Interviewee IDs including a role-specific description. The organisation that each interviewee worked for and their job title are also provided for those who provided explicit consent for this and listed as 'not available' in Table Two for those who did not give consent.

Method

Individual interviews were conducted in-person, or over the telephone, at a pre-arranged time and audio recorded with consent from interviewees. Interviews ranged in duration from between 26 and 56 minutes. Interviewees were provided with a three-page document ('Information for Interviewees') that

included an outline of the interview sections, main questions, an outline of UKV-CRAFT (as in Table One above), and example images from recruitment materials (as included in Appendix A) the day before their interview. This gave participants an opportunity to prepare for the interview and provided reference points and guidance during the interview itself.

The interview schedule was developed as a series of open-ended questions in six sections:

- 1 About the interviewee,
- 2 About CRAFT,
- 3 Learning about and the decision to try CRAFT,
- 4 Making CRAFT visible and accessible,
- 5 Delivering CRAFT,
- 6 Talking to loved ones about mental health.

The audio recordings were manually transcribed by the interviewer. Following the widely used Thematic Analysis approach outlined by Braun and Clarke,³¹ the interview transcripts were examined and specific ideas were tagged with a code, facilitated via the NVIVO qualitative data analysis software package.³² Lists of the ideas with the same code (e.g. 'Self-care') were then inspected and themes were developed where multiple codes clustered together (e.g. 'Self-care' and 'Focus on Armed Forces Family Members').

Table Two: Participants Showing Interviewee ID (including category), Organisation and Job Title

Interviewee ID	Organisation	Job Title
CSO1:	n/a	n/a
CSO2:	n/a	n/a
CSO3:	n/a	n/a
Service Provider 1:	AFF (Army Families Federation)	Health and Additional Needs Specialist
Service Provider 2:	Help for Heroes	UKV-CRAFT/Psychological Wellbeing Practitioner
Service Provider 3:	Not available	Not available
Service Provider 4:	Not available	Not available
Service Provider 5:	AFF (Army Families Federation)	Regional Manager (Scotland, Wales, Northern Ireland)
Service Provider 6:	Help for Heroes	UKV-CRAFT/Psychological Wellbeing Practitioner
Service Provider 7:	TGP Wales	Restorative Practitioner
Service Provider 8:	Help for Heroes	UKV-CRAFT/Psychological Wellbeing Practitioner
Service Provider Stakeholder1:	Help for Heroes	Acting Head of Psychological Wellbeing
Service Provider Stakeholder2:	Veterans NHS Wales	Director and Clinical Lead Consultant
Service Provider Stakeholder3:	Welsh Government	Armed Forces Covenant Manager
Service Provider Stakeholder4:	Royal Air Force Families Federation (RAF-FF)	Dispersed Families Project Manager
Service Provider Stakeholder5:	NHS England	Medical Director for Armed Forces and Veterans Health
Service Provider Stakeholder6:	Walking with the Wounded	Clinical Lead
Service Provider Stakeholder7:	Transition Intervention and Liaison Service (TILS)	Lead Clinical Psychologist Prison In-Reach Service & Service Co-ordinator
Service Provider Stakeholder8:	Change Step Wales	Project Manager
Stakeholder1:	NHS England	Lead National Armed Forces Commissioning Strategy and Policy Team
Stakeholder2:	Royal British Legion	Assistant Director Responsible for Delivery of Veterans' Gateway



Results of UKV-CRAFT Evaluation

Study One:

Survey results

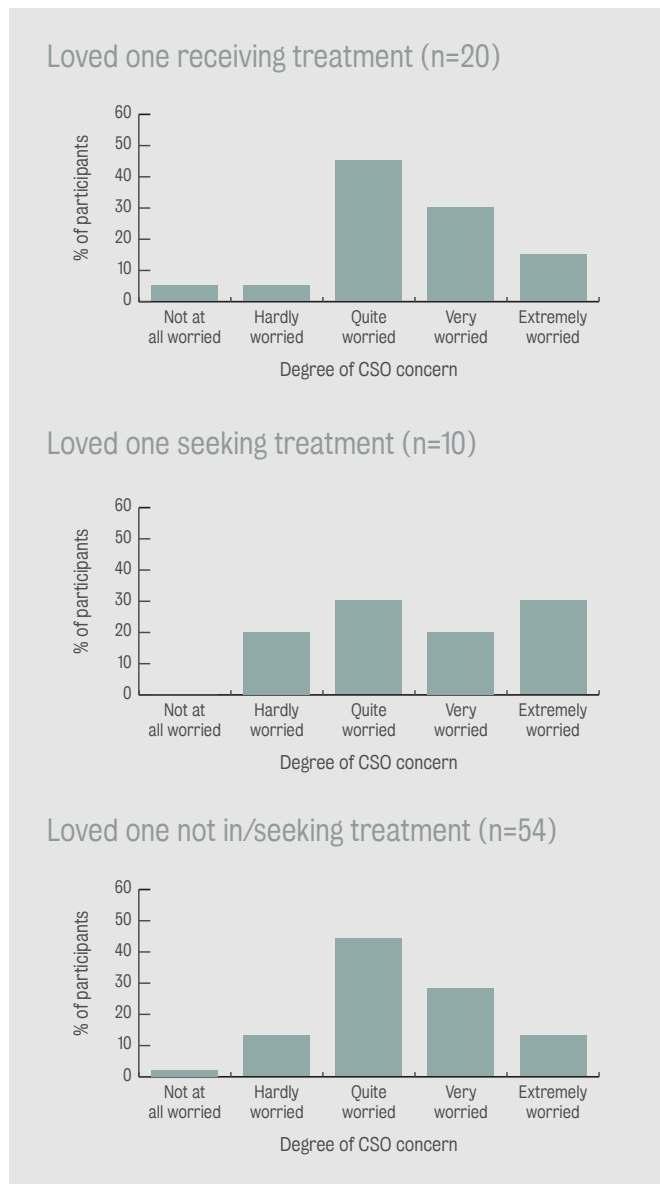
Almost two thirds of the CSOs (54 of 84) reported that their loved one was not receiving or seeking treatment. Twenty reported that their loved one was already receiving treatment and ten that their loved one was seeking treatment.

These data suggest that many CSOs report that their Armed Forces loved ones were not seeking or receiving treatment for a mental health concern.

Concern about loved one seeking help

The majority of CSOs reported that they were worried about how to get their Armed Forces loved one to seek help for a mental health concern. This was consistent regardless of whether the loved one was receiving treatment, seeking treatment or neither in nor seeking treatment. As illustrated below in Figure Three the highest level of concern around how to get a loved one to seek professional help was for those CSOs who stated that their loved one was currently seeking, but not receiving, treatment.

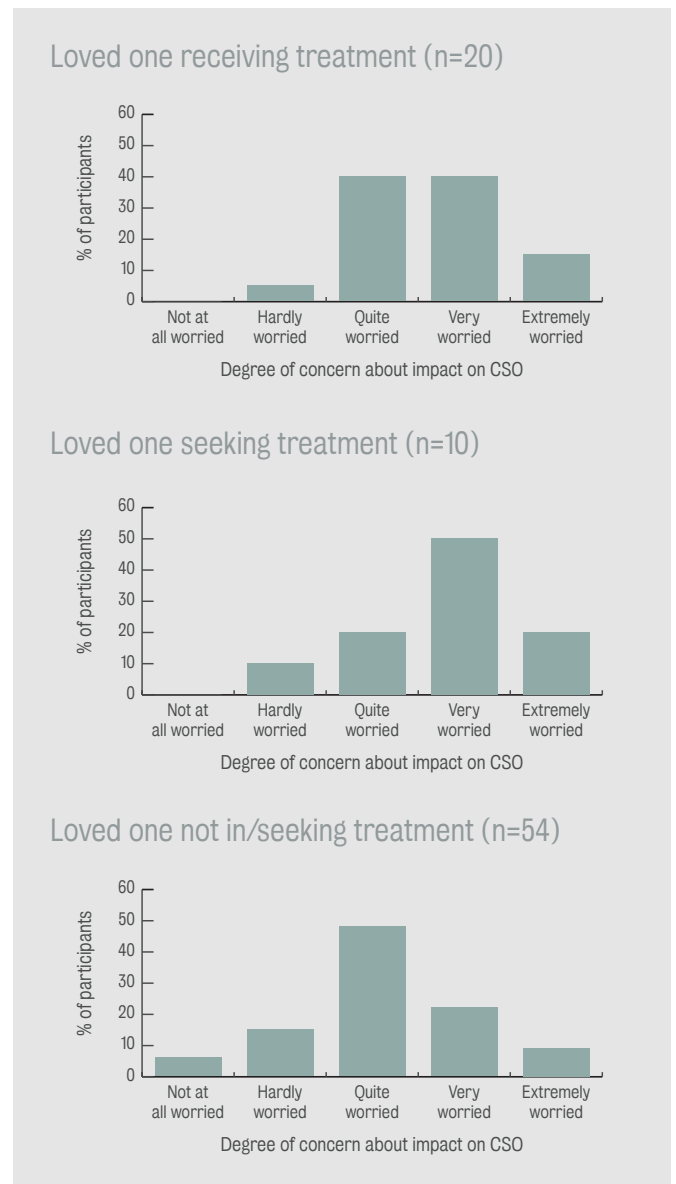
Figure Three. ‘How worried are you about how to get your Armed Forces loved one to seek professional help for their psychological state?’ Responses grouped by loved one’s treatment seeking/accessing status.



Concern about impact on own wellbeing

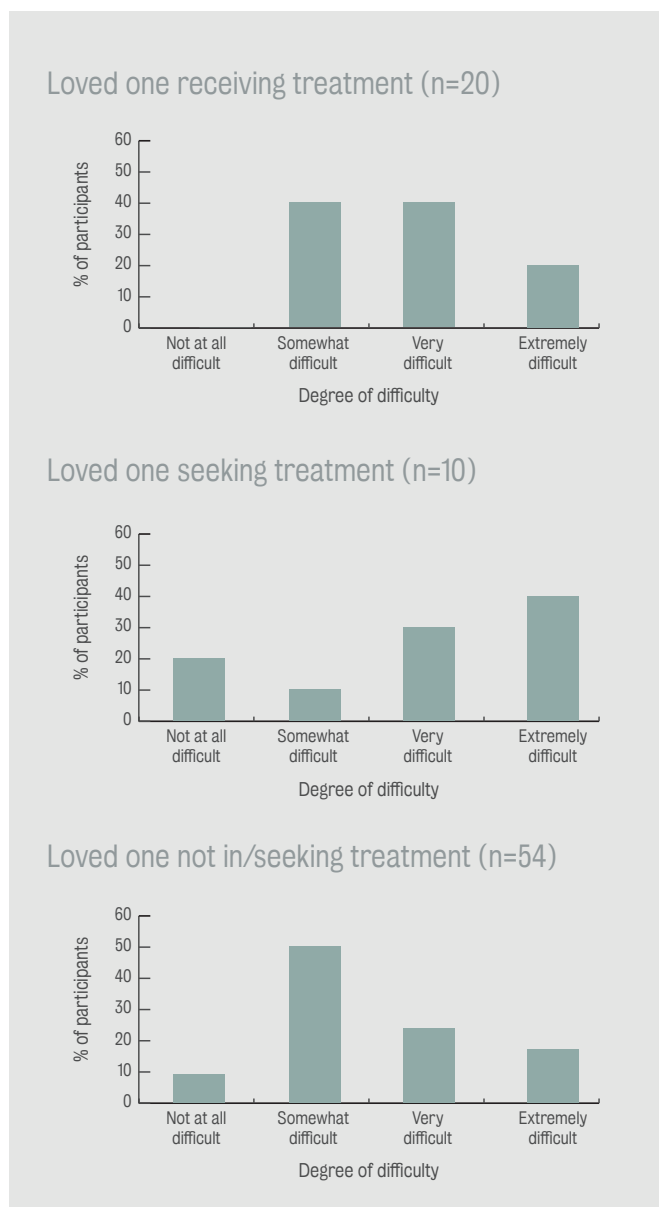
When CSOs were asked about their concerns as to the impact of their Armed Forces loved one's untreated psychological state on their own wellbeing, almost all CSOs reported that they were worried. Again, this was consistent regardless of whether the loved one was receiving treatment, seeking treatment or neither in nor seeking treatment. As illustrated below in Figure Four again the highest level of concern was indicated by those whose loved one was currently seeking, but not receiving, treatment.

Figure Four. ‘How worried are you about the effects of your Armed Forces loved one’s untreated or worsening psychological state on your wellbeing?’ Grouped by loved one’s treatment seeking/accessing status.



When CSOs were asked about their concerns over the functional impact of their Armed Forces loved one's psychological state, such as being able to do their job, take care of things at home and get along with other people the pattern of responses was similar. Regardless of whether the loved one was in treatment, seeking treatment or neither in nor seeking treatment, most CSOs believed that their loved one's psychological state was impacting their functional ability. As with the previous questions the highest level of reported functional impact was for those Armed Forces loved ones who were seeking treatment (Figure Five).

Figure Five. 'Overall, how difficult do your loved one's problems make it for him or her to do their work, take care of things at home, or get along with other people?' Responses grouped by loved one's treatment seeking/accessing status.



Summary

CSOs of those currently seeking, but not receiving, treatment reported the greatest concerns for their loved one and themselves (see Figures Three , Four and Five). This suggests that the group of military personnel with mental health problems that CSOs perceive to be the most concerning are those who are seeking treatment but not receiving it. Whilst, this survey was unable to clarify why Armed Forces loved ones were unable to find appropriate help given the multiple mental health providers they could access, such as the NHS veterans services and charitable providers, it seems likely that help-seeking veterans were ones who had more severe problems. As such, if the UKV-CRAFT intervention could help CSOs, and their loved ones, to navigate a pathway to appropriate care this would be a highly beneficial outcome.

Study Two: UKV-CRAFT trial results

Entry into treatment by loved one

Four (67%) of the six loved ones were reported to have sought some form of professional treatment during the period the CSO was engaged in UKV-CRAFT.

CSO Wellbeing

CSO anxiety and depression scores and functional impairment:

- Half of the CSOs (3 of 6) demonstrated reductions in either depression and anxiety scores or both.
- The other half of the CSOs showed no change in either anxiety or depression scores. Two scored 'none' for anxiety and depression both before and after taking part in UKV-CRAFT. One CSO scored 'mild' for anxiety and depression before and after taking part in UKV-CRAFT.
- The two CSOs who demonstrated reductions on anxiety and depression scores also demonstrated reductions in functional impairment scores.
- The other four CSOs showed no change in their score range, with three remaining below the 'significant functional impairment' cut-off and one remaining in the 'significant functional impairment' range.

Figure Six. Themes Developed from Interviews about UKV-CRAFT

Needs	Strengths	Improvements
Services for wider Armed Forces community	Services for wider Armed Forces community	Increasing awareness
Confidential	Support for Armed Forces Loved One	Broadening access
Armed Forces Understanding	<ul style="list-style-type: none"> ♦ Understanding Mental Health ♦ Improving Communication 	Offered as standard
Reassurance	<ul style="list-style-type: none"> ♦ Improve CSO Wellbeing ♦ Therapeutic Contact ♦ Self-care 	Expectation management
	Flexibility of delivery	Use of term 'rewards'
		Betrayal of trust

Study Three:

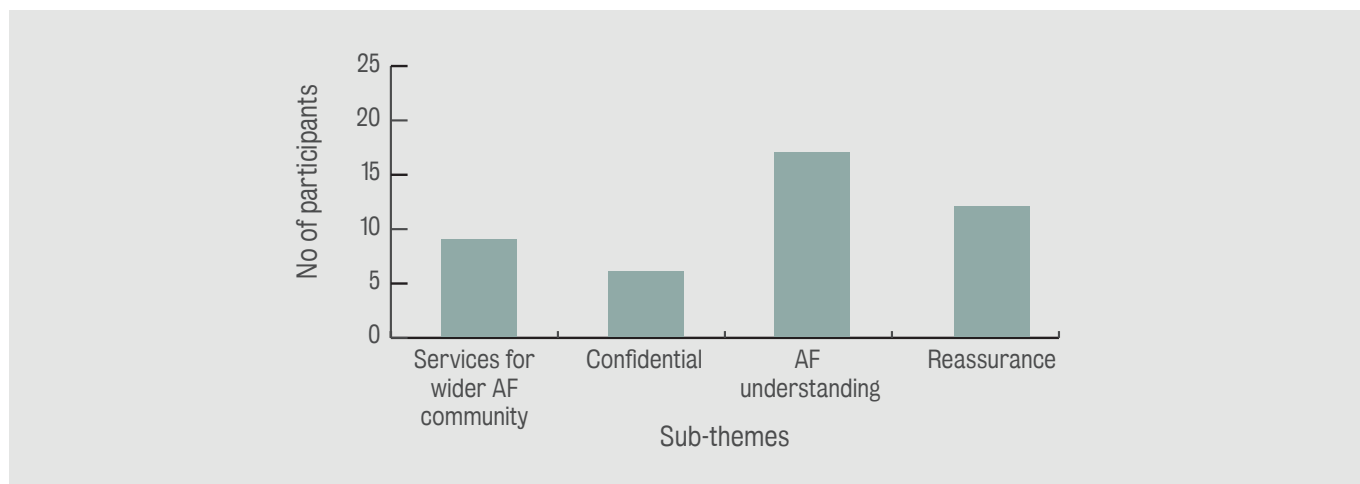
UKV-CRAFT interview results

Three themes were developed from the interviews as illustrated above in Figure Six. An indication of the number of participants who described each theme is provided. Whilst the frequency of occurrence of themes does not equate to a measure of importance, it is able to represent a sense of how common a response was across participants.³³

Figure Seven. Number of interviewees (n =21) mentioning each of the 'Needs of Armed Forces families' subthemes

Theme One: Needs of Armed Forces families

Initial discussions with interview participants centred on the needs of the CSOs of Armed Forces loved ones with a mental health problem. Interviewees reported feeling that there was a lack of services for the wider Armed Forces community. In particular, they perceived a lack of services that were confidential, delivered by people with Armed Forces understanding and which provided family members of service personnel, particularly those with mental health concerns, with reassurance and support. Figure Seven provides an indication of the frequency with which these themes were mentioned by interviewees.



Access to services for Armed Forces family members

There was a recognition that presently many military focused mental health related services are not open to Armed Forces family members, and that available pathways might not meet their needs.

Service Provider 7: “I know for example in [place in Wales] there’s a Department of Community Mental Health there and you, a family member can’t access the mental health service because of this constraint of funding, obviously, military funding, so a family member has anxiety, depression, PTSD themselves, they have to leave the camp, go register on a primary care waiting list, which can be a year // so things almost need to change from that level for it to be accepted that maybe family members also need that extra bit of support”.

Trust and confidentiality

Concerns were raised about the potential negative impacts of help seeking within the Armed Forces, particularly with reference to an Armed Forces loved one’s career, and these concerns were discussed as potentially preventing Armed Forces personnel from reaching out for help. It was also reported that spouses, who along with their children are ‘dependents’ for livelihood and living quarters, are reluctant to draw attention to a mental health problem in their Armed Forces loved one for fear of there being a negative impact on income and career. Such concerns were related to a pervasive sense that trust is not easily won within the Armed Forces community and there tends to be a pronounced need for assurance around confidentiality.

Stakeholder 1: “The perception within the military is that if you come forward for treatment you will potentially be medically downgraded which will affect your promotion and you will potentially be discharged. And if you are going to be discharged then obviously lose your accommodation, and your livelihood”.

Armed Forces understanding

The need for services for CSOs to be delivered by people with an understanding about the specific experiences, culture, and challenges of Armed Forces service personnel, ex-service personnel, and their

families was the most consistently stressed idea across all types of interviewee including all three UKV-CRAFT CSOs interviewed. The interviews included a distinct pattern of observations from all kinds of interviewees that ‘civilians’ struggle or refuse to understand the particular challenges of Armed Forces families. This empathy gap can leave Armed Forces families feeling misunderstood, dejected, isolated, and offended. Such a lack of understanding may lead to greater reluctance among Armed Forces loved ones to open up about their concerns, to deny the problems they are struggling with, and – lacking opportunities to reality check their experiences with that of others – to normalise potentially damaging and worsening situations.

Service Provider 1: “It would be important for the person giving the intervention to have some understanding of military life, like the mobility, the separations, family dynamics, you know how long people remain in the service, what it takes to leave the service // not necessarily having to serve themselves // But just having an idea of someone’s background, because it’s not just an occupation, serving in the military, it’s sort of a lifestyle”.

Reassurance

A number of interviewees emphasised that services should provide reassurance among CSOs, both in terms of encouragement that things would improve and also that their struggles were valid and understandable. It is perhaps noteworthy that CSOs themselves did not make comments around the need for reassurance.

Service Provider Stakeholder 8: “I think reassurance early on in the process, because I think one of the things I think when you’re really, really feeling that overt pressure that someone that you love is clearly compromised and a lot of other areas of your life probably are as well, you want someone to actually tell you ‘Look, beyond this there is more and we are going to help you to get to that more.”

Theme Two: Strengths of UKV-CRAFT

On the whole UKV-CRAFT was seen as a valuable and well-designed intervention by all types of interviewees and many aspects were singled out for praise. UKV-

CRAFT was identified as filling the gap in the current service provision by providing a service for the wider Armed Forces community. Particular reference was given to its ability to meet the two core aims of UKV-CRAFT: support for the Armed Forces loved one and improving CSO wellbeing. Emphasis was paid to the flexibility of delivery which UKV-CRAFT afforded, especially with regard to keeping the service confidential – a key need highlighted in Theme One. Figure Eight below provides details on the number of participants who discussed each of the sub-themes.

Service for the wider Armed Forces community

The focus on Armed Forces family members, particularly that UKV-CRAFT recognises their needs as individuals in their own right, as well as their supporting role, was identified as a key strength of the intervention.

Service Provider Stakeholder 5: “I think the concept of supporting family members, // for them, for the rest of the family, but specifically for the veteran is right, and we haven’t done enough on that area”.

Support for the Armed Forces loved one

The primary objective of UKV-CRAFT, increasing access to mental health treatment, was a recurring theme across many interviews. Interviewees supported

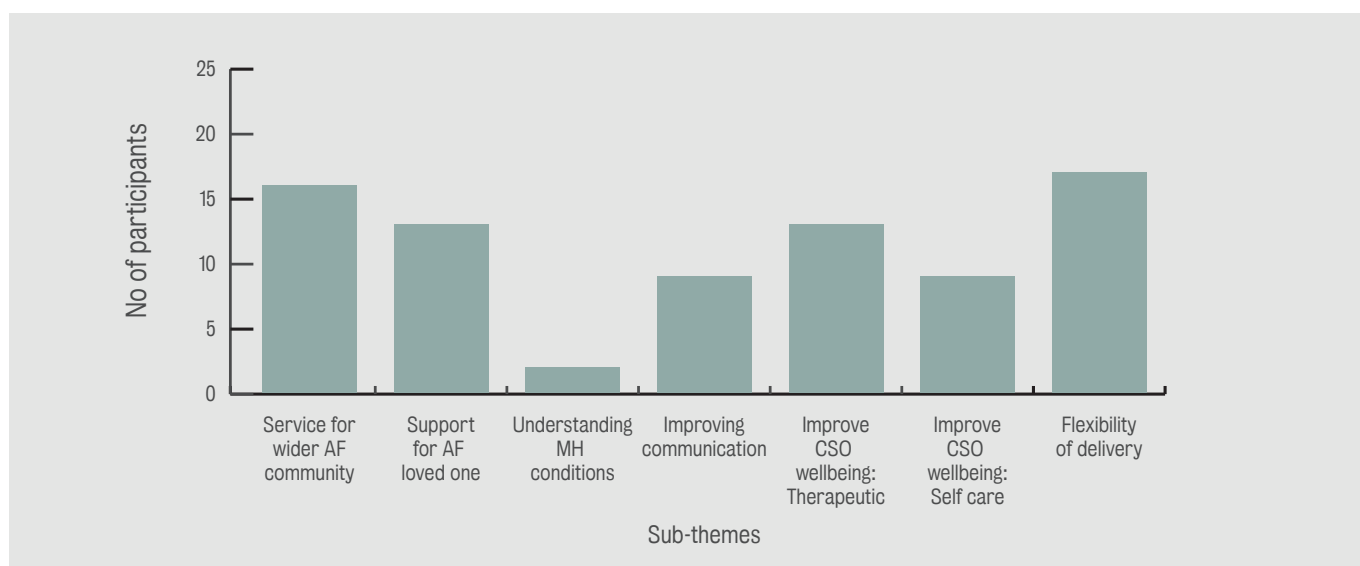
the use of family members in encouraging treatment access, recognising the important role that they can play. In addition to facilitating initial help-seeking, the potential of UKV-CRAFT to provide CSOs with the skills for ongoing support of their Armed Forces loved one was recognised.

Service Provider Stakeholder 4: “I can see how the presence over a longer period of time of somebody who’s got those skills - so if you go to a counselling session that might be one hour per week, whereas if you’ve got somebody in your house who can understand what you’re going through and deal with it appropriately that’s going to have potentially a better positive impact as well, will complement it”.

Support for the Armed Forces loved one: Understanding CMD, AUD, and PTSD

The lesson on understanding CMD, AUD, and PTSD (‘What are common mental disorders?’) was referenced as a key strength of the intervention. Interviewees identified the need for them to be provided with psychoeducation around common mental disorders to help them discern what might be happening with their loved one and to make sense of their own struggles and experiences.

Figure Eight. Number of interviewees (n=21) mentioning each of the ‘Strengths of UKV-CRAFT’ subthemes



Service Provider Stakeholder 7: “I’ve done quite a lot of work actually with family members in terms of helping them to understand what the veteran is experiencing, and trying to help them to, ‘well how do you respond to that?’ so also in terms of how they’re making sense of the veteran’s difficulties, you know, so if they’re ignoring you or if they seem as though they’re ignoring you they’re not, they’re just feeling overwhelmed by their difficulties, so I think that psychoeducation is extremely helpful, so yeah, I think it would be very valuable thing to do actually”.

It is important to note that whilst this was a theme amongst service providers and stakeholders CSOs themselves did not emphasise this element of UKV-CRAFT.

Support for the Armed Forces loved one: Improving communication

Improving communication with the loved one was also highlighted as being of central importance by many interviewees and this was the second area emphasised by all CSOs. Interviewees praised CRAFT for helping them plan and practise difficult conversations with Armed Forces loved ones giving them the best chance for success in supporting their Armed Forces loved one.

CSO 2: “It was really useful for me to have the space really to think about how I interact with my veteran and what words I do use. And have a little time and space to actually practise how I say things, it was actually really useful, because it’s something that you don’t usually think about on a day to day basis”.

Although highlighted by all CSOs Improving communication was emphasised less by those in a stakeholder role.

Improving CSO wellbeing: Self-care for the CSO

The secondary objective of UKV-CRAFT, improving CSO wellbeing, was also a recurring theme across many interviews. In particular, the section of UKV-CRAFT on self-care was reported as important to improving CSO wellbeing and was cited as UKV-CRAFT’s outstanding feature by several respondents.

Service Provider Stakeholder 8: “Self-care’s going to be really important for them because if they’re putting a lot of focus into one member of the family which is to all intents and purposes being very intensive toward their needs. If you’ve got a serviceman in the family who suffers from PTSD or mental health issues a lot of the focus goes to that person automatically. So if you’ve got a spouse who also has children to worry about, they’re not going to be looking after themselves particularly well quite often, they’re going to put themselves last on the list quite often. So they’re going to need to be resilient, strong, healthy, really to really own this sort of aspect of coaching the rest of the family”.

An interesting point made on this theme, whilst not raised by UKV-CRAFT CSOs themselves, is that UKV-CRAFT may be experienced as placing greater demands on the CSO (i.e. to help their loved one to seek treatment). The importance, therefore, of emphasising components of the intervention that focus on the CSO to counter such additional perceived burden was stressed:

Service Provider Stakeholder 7: “I guess that’s also a weakness [or UKV-CRAFT], and I guess my concern will be more responsibility being placed on family members, but this emphasis on the self-care, that will balance this out, and it’s about getting that balance isn’t it”.

Improving CSO wellbeing: Therapeutic contact for the CSO

Whilst UKV-CRAFT is not designed to provide an explicitly therapeutic component, interviewees reported that the value of sharing experiences and being listened to attentively by the PWP should not be underestimated and contributed to improving CSO wellbeing.

Service Provider Stakeholder 6: “I think that they need to have somebody to talk to themselves. You know, I know that, they need to know how to talk to their loved on about what’s going on and their fears and everything, but also they need the support themselves to talk, to be able to talk to somebody”.



Flexibility of Delivery

The flexibility of delivery, in terms of in person or remotely, duration of programme, order of lessons, and timing, was noted as of particular importance to the CSO. All types of interviewees made references to this flexibility, and this was one of two subthemes occurring in all interviews with UKV-CRAFT CSOs (the other being ‘Improving communication’). The discretion of phone or Skype sessions was also highlighted as important given that there are concerns about confidentiality and Armed Forces loved one’s awareness that the CSO is engaged in the programme (noted above in Theme One).

CSO 1: “The main reason we went for the telephone was because if he [Armed Forces loved one] came through or anything, unexpectedly, I could just say something on the phone, whereas if it’d been Skype it would have been harder to conceal”.

Theme Three. Ways to Improve UKV-CRAFT.

While there were very few direct criticisms of the intervention, even when interviewees were asked directly for weaknesses and/or areas for improvement, the interviewees provided some observations and ideas that might inform efforts to improve the delivery of UKV-CRAFT. Improvements were suggested with regard to increasing awareness of UKV-CRAFT and

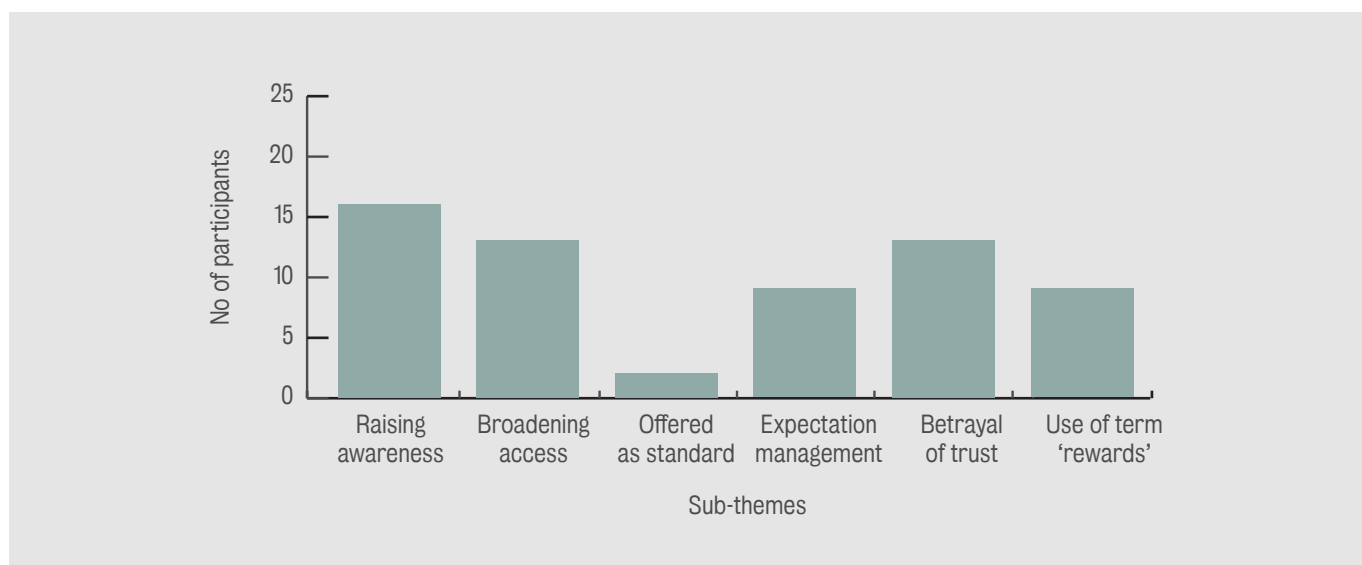
broadening access to the service and even offering the service as standard although it was highlighted that the service should be accompanied by realistic expectation management of the potential outcomes following use of UKV-CRAFT. Two specific areas for improvement were highlighted, firstly the use of the potentially patronising term ‘rewards’ and also concerns about how Armed Forces loved ones may view the intervention, specifically whether they would view it as a betrayal of trust (Figure Nine).

Raising Awareness of the Service

Interviewees provided a wide range of views on how to make UKV-CRAFT visible and accessible to CSOs, giving mostly positive appraisals of the example materials used for the trial (see Appendix for examples), and shared suggestions on how this might be improved. Among the serving community, the Unit Welfare Officers were identified as a potentially trusted gateway to signpost CSOs to providers of UKV-CRAFT.

Service Provider 5: “They [Unit Welfare Officers] could signpost a spouse who’d maybe plucked up the courage to come to them for advice on something other than, you know, housing, or anything to do with the day to day military life,... you know families do trust the Unit Welfare Officers, they know that they’re there to support them.”

Figure Nine. Number of interviewees (n = 21) mentioning each sub-themes of ‘Ways to Improve UKV-CRAFT’



Acknowledging the problem of the stigma around mental health, and the related issues around confidentiality and asking for mental health support, with a focus on symptoms and behaviours rather than diagnosed conditions was suggested.

Service Provider 4: “Because people don’t really know what mental health problems are still, we’re learning so much about it still, is it more comfortable, in I suppose lay person’s terms ‘Are you having trouble sleeping?’ ‘Have you lost track of time?’ ‘Have you become withdrawn and not wanting to go out?’ rather than saying ‘mental illness?’ Problem drinking is a huge one, absolutely huge, just because of the military culture”.

Broadening access to UKV-CRAFT

A wide range of interviewees across all categories suggested ways in which UKV-CRAFT could be made more inclusive so as to meet the needs of different types of CSO. For example, a need to tailor the service to the specific circumstances of parent CSOs was stressed:

CSO 1: “When you’ve only got that 10 or 15 minutes you can’t jump in heavily and say things, and where a partner would be sharing a room with a person there’s more opportunities to try and get them out of it. So, again, this where it is more difficult for parents than it is partners. Partners, they’ve got more access to the veteran. And even after having done that [UKV-CRAFT] course and everything I still don’t know how to overcome that”.

A number of CSOs and those working directly with them emphasised that in many cases their Armed Forces loved one was not treatment resistant per se, rather they had been demotivated through repeated and failed attempts to access treatment. This point was particularly important for participation in the UKV-CRAFT trial as CSOs with a loved one who

had recently sought treatment – irrespective of whether or not treatment has been accessed - would not be eligible to take part.

Service Provider 6: “So someone, the veteran might well have taken those tentative steps towards seeking help but for whatever reason recoiled from it, either the waiting list was too long or, you know, something tangible like that. So, at that point they’re not necessarily eligible [for UKV-CRAFT] because they’re kind of knocking on the door. So I think [it would be good] if we had more freedom to use CRAFT, even if their veteran were open to treatment”.

Many of the interviewees thought that offering UKV-CRAFT to CSOs in a group format, and possibly as part of a wider programme of ‘skills training’ sessions particularly for Armed Forces spouses/partners, would be well received and helpful. Interviewees suggested that, for example, UKV-CRAFT could be added to the resettlement package offered when leaving.

Service Provider 5: “If there’s often a group thing put on, you know, that army community, the families that all live together, very close knit, they all happily say ‘you’ve got to come down’, or ‘I’d like to go and find out how to support my partner in X or Y, are you going to come as well?’ and they do often, I can definitely see it working, definitely in the way that our additional needs groups work”.

Offered as Standard

Several suggestions were also made about specific time points during Armed Forces service when UKV-CRAFT might be particularly beneficial, such as prior to loved one’s return from deployment or in anticipation of, or during, transitions out of the services particularly in cases of medical discharge. On balance, there was a broad consensus that adapting and delivering UKV-CRAFT components for early detection and intervention (rather than at or past point of crisis) would be highly beneficial.

Stakeholder 1: “There’s transition out of combat zones back to the home base as it were, and then there’s the period out of the military into civilian life, which puts a great deal of stress on families in particular, and effects status, self-worth, and the like”.

Expectation Management

Regardless of who UKV-CRAFT was delivered to several interviewees, all from the Hidden Wounds service, made comments around the need to manage CSO expectations, both for their own wellbeing and to reduce risk of drop-out if things do not go as hoped.

Service Provider 6: “At the beginning we will say to them, you know ‘we know this isn’t about ‘do these 12 sessions and your loved one will get straight into treatment, and if that doesn’t happen it’s a failure in some way’ of course we’d never do that, but the fact of the matter is that is the expectation, so I do wonder if, there would be some way of setting that [Armed Forces loved one’s treatment entry] as less of a target and therefore negate any kind of risk of failure, or that it hasn’t worked”.

Expectation management is also connected to the challenges that Armed Forces loved ones, who are successfully persuaded to seek help, may face when they attempt to engage in treatment. As noted above, on ‘Wider access to UKV-CRAFT’, accessing treatment often involves additional challenges and so extended support for these families to bridge gaps to appropriate and successful service engagement is key.

Betrayal of Trust

For CSOs engaging with UKV-CRAFT, there were concerns around ‘betraying’ trust by seeking support in relation to their Armed Forces loved one’s mental health. This was particularly sensitive and difficult for CSOs because their loved ones typically did not acknowledge a problem.

CSO 1: “I don’t think he realised how deeply we [the CSO and UKV-CRAFT PWP] were going into it and I think he would still probably get annoyed if he thought that we were talking about problems that he had because he still doesn’t see that he has a problem”.

Rewards

‘Improving positive behaviours’ was the only UKV-CRAFT lesson to receive critical feedback from interviewees, including two of the three CSOs, and mostly focused on the use of the word ‘rewards’.

CSO 2: “He was an officer and he was responsible for hundreds of men, and he was making life or death decisions, and my concern with the word ‘reward’ is that it feels a little bit like treating him like a child, or a dog or something, like a dog biscuit”.

By contrast, one service provider noted how an Armed Forces spouse client with whom she was working – but not with the UKV-CRAFT treatment – had in effect used ‘rewards’ to increase positive behaviour naturally and without guidance:

Service Provider Stakeholder 7: “She’d done it autonomously,...I’d had a number of conversations with her and then I think she had worked on him to get him calm and giving him positive praise about engaging, and I know he’s only doing it, well not that he’s only doing it for her, but he is doing it for her, and her response to him engaging. So he’s facing a lot of his fears because he wants the reward from her, you know, getting a pat on the back for coming. [Interview asks if an explicit reinforcement framework was part of treatment] No, I must say I can’t take credit for that, no”.

It is important to note here that while the term ‘rewards’ is used in providing UKV-CRAFT to CSOs, as the background and mechanisms of operant behavioural changes are taught, they would not be encouraged or expected to use this term explicitly with their Armed Forces loved one.



Discussion

Potential utility of UKV-CRAFT to support CSOs

The HALO study aimed to identify if UKV-CRAFT had the potential to be a useful intervention for concerned significant others, or CSOs, of UK military personnel, serving or retired, who were suffering from mental health difficulties but were not currently seeking professional support. The research comprised three separate studies: 1) an online survey of potential CSO beneficiaries, 2) a feasibility trial of UKV-CRAFT with a limited number of CSOs, and 3) a series of interviews with those who had been provided with the treatment, service delivery professionals and stakeholders who work with veterans and service families.

The results are broadly supportive of the UKV-CRAFT intervention as showing promise in both helping CSOs to encourage their loved one to seek help and in bolstering the mental health status of the CSOs themselves. Our interviews suggest that there is a sense that Armed Forces families have been somehow overlooked by both the MOD and the charity sector and the provision of UKV-CRAFT training for CSOs whose Armed Forces loved ones had mental health problems, but were not seeking help, may go some way towards addressing this gap. Whilst the numbers of CSOs who completed the trial was small, four of the six who did so, reported that their loved ones had indeed sought professional help since they engaged with the UKV-CRAFT therapists.

The initial survey of potential CSOs highlighted that they were most concerned about the mental health, and personal impact, of Armed Forces loved ones who were seeking professional help but were unable to find it. This group of individuals are likely to be suffering with significant problems given prior evidence which shows that military personnel often wait until a crisis point before seeking help.⁷ This result also suggests that currently CSOs may either feel unable to assist their loved ones to seek appropriate care because they do not know where such help is available or because they are unable to persuade their loved ones to follow care pathways which are likely to be beneficial to them. One key element of the UKV-CRAFT intervention is speaking to a knowledgeable PWP who should be able to help the CSO identify the best source of care for their loved one.

The breadth and detail of positive feedback on UKV-CRAFT from beneficiaries who have experienced the intervention first-hand, service providers including PWPs who delivered the intervention, and stakeholders, provides important validation of UKV-CRAFT as having great potential. Overall, there was a strong consensus of need for, and usefulness of, the intervention.

UKV-CRAFT is an intervention which caters directly to the needs of CSOs. Our qualitative interviews identified that this sort of service was currently lacking within the UK. Indeed UKV-CRAFT would be able to meet each of the needs identified by interview respondents in Theme One:

- ♦ Service for wider Armed Forces community: It provides a service focused on the wider Armed Forces community
- ♦ Confidentiality: The service is currently provided by Help for Heroes who are external to the Ministry of Defence and can therefore ensure that engagement with the service is confidential
- ♦ Armed Forces understanding: Help for Heroes is dedicated to providing support for the Armed Forces community and as such those delivering UKV-CRAFT have an appreciation of military life
- ♦ Reassurance: UKV-CRAFT not only provides CSOs with reassurance that their struggles are valid but also provides reassurance, and indeed steps to take, towards improvements to their situations.

The lessons on Improving Communication and Understanding Mental Health Problems were widely endorsed as of particular value to CSOs. All of the beneficiary interviewees highlighted the importance of developing communication skills within the UKV-CRAFT sessions, having the opportunity to reflect on established habits, and roleplay different ways to interact.

Interestingly, CSOs appeared to value UKV-CRAFT providing them with an increased capacity to support their Armed Forces loved one on a day to day basis more than developing the skills to support help seeking for mental health problems. This may have been because the goal of persuading the Armed Forces loved one to enter treatment seemed rather distant, and certainly by comparison to the immediate and continuous difficulties of everyday life living with someone with a significant mental health problem. Furthermore, and particularly taking into

consideration the perspectives of service providers and stakeholders, there was a generally greater acknowledgement of the need for improving quality of relationships and wellbeing for the CSO, than on the aim of overcoming treatment resistance. Accordingly, self-care was widely noted as of central importance.

The value of therapeutic contact for CSOs, who often lack the opportunity to talk about their struggles and feelings, was also widely emphasised. This aspect of UKV-CRAFT is likely to be important given the results of the interviews we carried out which reported a distinct and pervasive lack of Armed Forces understanding among many civilians and in civilian-facing services. This finding validates the use of in-person sessions with a trained, and military aware, PWP for UKV-CRAFT. This finding appears consistent with the improvements in outcomes found in the US when coaching calls were added to the VA-CRAFT web-based intervention with CSOs of US AF Veterans cited above.

Acknowledging the demands on, and lifestyles of, Armed Forces families, the flexibility of delivery of UKV-CRAFT was recognised by many interviewees as a strength of the intervention. Notably the availability of remote sessions over the telephone or Skype was praised by CSOs who would not have been able to attend in-person sessions. The flexibility in number of sessions, tailored to the needs of the CSO – which contrasts to courses which offer a fixed number of ‘weeks’ lost if not attended – was also highlighted.

Participation rates in the UKV-CRAFT trial were lower than anticipated. Through conversations with the PWPs at Help for Heroes it became apparent that whilst many CSOs contacted Help for Heroes about an Armed Forces loved one who was not seeking treatment, their primary aim was to get treatment for themselves. Many did not initially recognise that encouraging their Armed Forces loved one to access support would lead to a consequential improvement in their own mental health and indeed the mental health of the rest of the family household.

Whilst the aim of UKV-CRAFT is primarily to support the loved one entering treatment it also focuses on the CSO’s wellbeing as a secondary aim. During the interviews with CSOs, deliverers and stakeholders the secondary aim of CSO wellbeing was also highlighted as of primary importance. This suggests that access to interventions which primarily focus on the wellbeing of the CSO are missing from the current support landscape. It may be that such interventions form a precursor to CSOs engaging in UKV-CRAFT ensuring that CSOs are in the right mindset to gain confidence and feel empowered to approach their Armed Forces loved one about them seeking treatment. Or indeed perhaps interventions which primarily focus on the needs of the CSO could consider whether trying to engage an Armed Forces loved one (if one exists) into care could be a treatment plan utilising the UKV-CRAFT approach as an adjunct to usual care.

The emphasis on supporting CSO wellbeing also suggests that for those do engage in UKV-CRAFT it is important to create an appropriate balance during both the recruitment and treatment phases between the needs of the CSO and of the Armed Forces loved one. Our data suggests that focussing too much on the needs of the Armed Forces loved one may deter potential UKV-CRAFT beneficiaries from engaging with mental health services.

Future Development of UKV-CRAFT

Several ways in which UKV-CRAFT might be improved for future iterations were identified. While the flexibility of the intervention delivery, allowing for important ‘personalisation’, was praised it was suggested that it could be better tailored to specific groups such as CSOs and those whose Armed Forces loved one is seeking and/or accessing treatment.

While the number of beneficiaries in the interviews as well as in the trial was small, there was a distinct impression that ‘treatment resistant’ was



an inadequate description for their Armed Forces loved ones who tend to want treatment but have experiences of frustration when trying to access it. This maps to research conducted on military veterans' pathways to care which found that a number of veterans are actively seeking mental health support but face a number of barriers when seeking this support including eligibility and access concerns.⁷ This raises two important points. Firstly, given the reported value of UKV-CRAFT for the CSOs participating to date, there would appear to be good reason to make the intervention more widely available, perhaps to all CSOs irrespective of their loved one's treatment seeking/accessing status. This approach has recently been used with some success in the US, where CSOs in Osilla et al's³⁴ four-session web-based intervention Partners Connect - which had the 'more modest goal of addressing CSOs own mental health concerns and to enhance their communication skills' – led to significant reductions in anxiety and depression. The finding from our online survey that CSOs of those who are seeking/accessing treatment have the highest levels of worry also supports this suggestion. These considerations also tie-in with interviewee input on expectation management for UKV-CRAFT beneficiaries. By removing or reducing the primary emphasis on treatment entry for the Armed Forces loved one, the likely struggle, disappointments, and perseverance associated with this, might impact less negatively on treatment adherence and outcome for the CSO.

There were various suggestions of different ways in which UKV-CRAFT might be delivered, both in terms of the modality and the forum. For example, there was a commonly expressed belief that group sessions would be welcomed by many CSOs, and that this might be particularly useful for later stages in the course of treatment following some 1-to-1 sessions. As outlined in the introduction, this approach has

proven particularly effective in previous versions of CRAFT where it has been used with SUDs. Such an approach would likely further enhance the therapeutic contact element of UKV-CRAFT noted above with the added benefit of sharing experiences with those in similar circumstances and having the assurance that one is not alone.

Several interviewees observed that the skills training in UKV-CRAFT would have appeal and usefulness beyond the specific needs of CSOs concerned for the immediate mental health of an Armed Forces loved one. In relation, it was suggested that UKV-CRAFT – or an adapted version of it – be made available to all Armed Forces family members and possibly 'upstream' to spouses of those still in service. It was also suggested that such a programme be provided in anticipation of times of likely need, specifically pre-deployment or before return from deployment and around time of transition out of the Armed Forces. The Unit Welfare Office was identified as possibly the most appropriate means of delivery. In relation, embedding UKV-CRAFT skills within a wider programme (including for example courses on finances, careers, etc) and offering it to all, might be an effective way to reduce the need to identify as a CSO with concerns for mental health (which remains highly stigmatising). Such a universal programme might provide a more accessible point of entry during which appropriate channelling to more intensive services might be offered as and when needed.

The only UKV-CRAFT lesson to receive ambivalent feedback was 'Increasing Positive Behaviours' with several interviewees finding the use of 'rewards' problematic. Close examination of this suggests that the problem is largely with the framing of the skill to be learned, and specifically the use of the word 'rewards' – which may be associated with manipulation and condescension, rather than the aim of increasing positive behaviour. Given the centrality

of this to CRAFT as it is conventionally used (i.e. the 'RA' or 'Reinforcement Approach' component of 'CRAFT') future iterations should consider reframing the technique. The perspective given by one of the interviewees who observed that one of her clients had implicitly and autonomously implemented 'rewards', and how this is in reality a normal and acceptable way of interacting with loved ones even when there are no concerns for mental health, may provide some guidance on how to go about this. At the same time, what has been identified as a particular sensitivity to authenticity and aversion to feeling patronised among military personnel should be examined and taken into consideration.

The sub-theme of Armed Forces Understanding was common to all main themes and so, while UKV-CRAFT has been developed and delivered by those with considerable understanding, this must be further integrated and held at the fore of any future iterations. These interviews and the process of developing, disseminating and discussing the findings of this research constitute an important advance in that direction.

Conclusion

This project has benefited from the input of dozens of organisations dedicated to and delivering services to Armed Forces families. Whilst the number of CSOs that completed the trial was small, it is laudable that the Armed Forces loved ones of two thirds of them had sought help by the end of the trial and that the most symptomatic CSOs had demonstrated improvements in their own mental health. The interviews identified that currently the needs of CSOs, particularly family members, are not adequately provided for and in that sense the provision of a UKV-CRAFT service is likely to be well received. Further the concept that

UKV-CRAFT, or a similarly adaptable and scalable programme, could be offered at critical points during the shared 'career' of an Armed Forces family, received almost universal support and in our view this concept is worthy of further investigation as a possible method to prevent the progression, or development, of mental health difficulties which originated in military service. Indeed UKV-CRAFT, or an intervention based on its principles may be a useful routine offering for service families since having better communication between family members might both help to prevent the onset of serious mental health problems and may encourage earlier help seeking should such problems occur. However, the impact of such an initiative would also need evaluating. Whilst this study was unable to confirm that UKV-CRAFT is effective, the intervention was well received and results were promising. The results of this study suggest that whilst UKV-CRAFT may present a useful tool for supporting CSOs in encouraging their loved ones to seek support, CSOs perceive there to be a lack of support options which can help them with their own support needs. It may be that UKV-CRAFT can be helpful when used alongside other, more directly focussed, treatment services which are aimed primarily at the wellbeing of the CSO. It may well be that once the CSO is confident that their own needs are being met, they may more easily recognise the potential benefits of helping their Armed Forces loved one to seek help themselves. It is hoped that the findings from this study will be carefully considered and inform collaborative efforts for future delivery. In our view, further scientific studies, or ongoing service evaluation of UKV-CRAFT services is warranted.

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Appendix 1

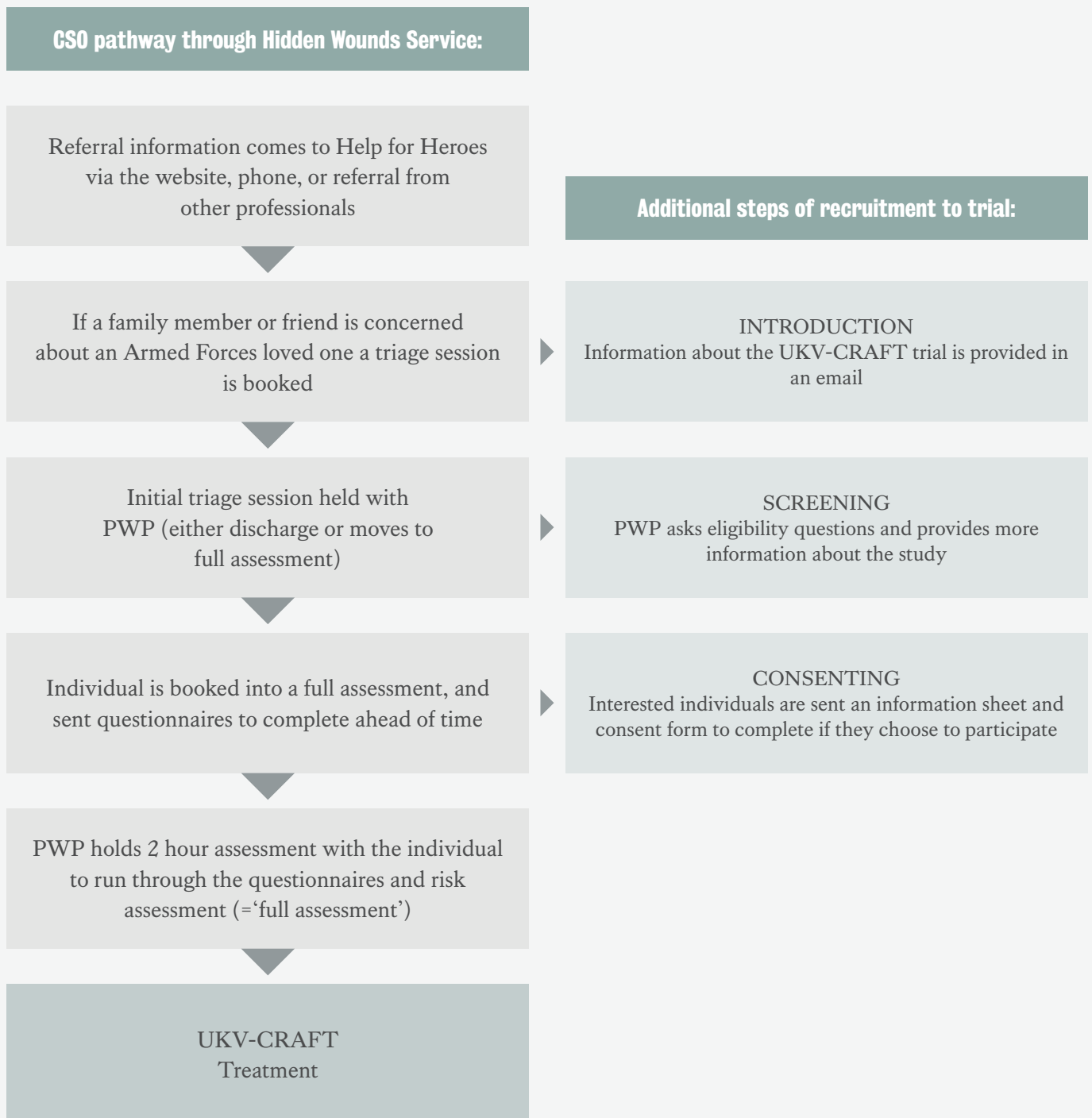
Example UKV-CRAFT Recruitment advertisements

1. <https://www.facebook.com/HelpforHeroesOfficial/videos/2146786135338751/>
2. <https://www.facebook.com/HelpforHeroesOfficial/videos/2148017648548933/>
3. <https://www.facebook.com/HALOstudyKCL/photos/a.288385781725614/331321964098662/>
4. <https://www.facebook.com/HALOstudyKCL/photos/a.288385781725614/387570791807112/>

Full videos for 1 and 2 are available via the weblinks.

Appendix 2

Pathway to treatment for CSOs self-referring to Hidden Wounds, with additional steps of recruitment to UKV-CRAFT Trial



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