

Military Behavioral Health Technicians

Understanding and Optimizing Their Role



BRIEF

Behavioral health technicians (BHTs) are enlisted personnel whose role is to provide supportive clinical services alongside licensed independent behavioral health providers. When integrated optimally, BHTs have the potential to increase the capacity of the military behavioral health workforce and ensure that service members have access to high-quality, efficient services.

BHTs are trained to conduct behavioral health screenings and assessments, deliver psychosocial interventions and case management services, and provide prevention and resilience services. Their specific responsibilities may depend on the nature of their assignment.

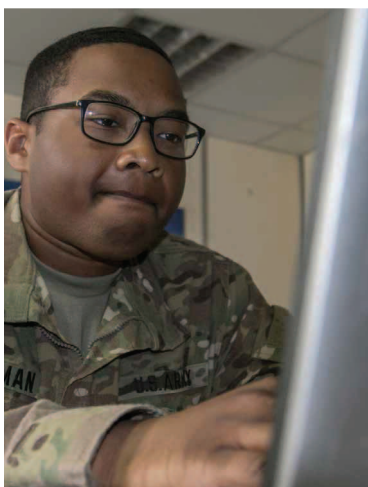
RAND aimed to help the U.S. Department of Defense better understand the roles that BHTs play and how they can better support the behavioral health of the force. RAND researchers reviewed relevant training curricula, policies, and literature to document BHTs' training and responsibilities, as well as to inform strategies to improve BHT selection, preparation, and ongoing professional development.



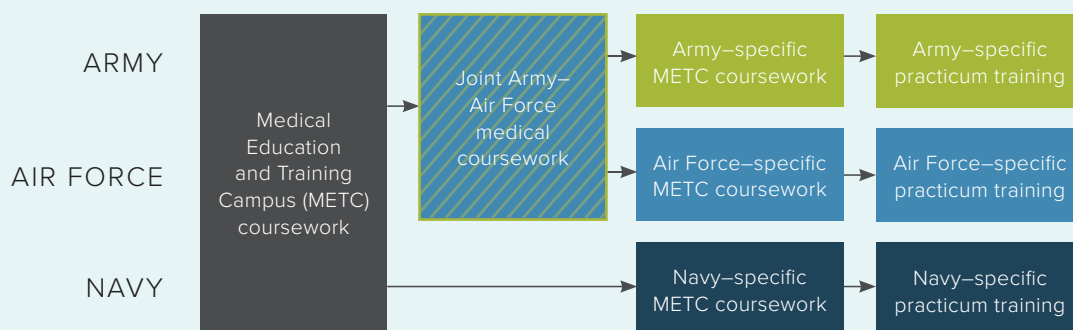
BHTs are expected to fulfill a variety of roles, but training is brief and fast-paced

Army and Air Force BHTs enter specialized training directly from basic training, and Navy BHTs enter training after initial medical training as corpsmen. All BHTs complete a nine-week consolidated curriculum at the Medical Education and Training Campus (METC), which covers foundational topics (e.g., ethics, psychopathology) and clinical skills (e.g., interviewing, psychological testing and counseling). They then complete service-specific coursework and a clinical practicum.

In total, BHT training ranges from 14 to 17 weeks, depending on the service. In this short period, instructors must cover a breadth of topics while also ensuring that BHTs receive enough depth of experience to prepare them to work in clinical settings.



BHTS RECEIVE 14-17 WEEKS OF TRAINING



Addressing selection, training, and other challenges will better prepare BHTs to support service members' behavioral health needs

Selection

Selection processes and requirements vary by service. Current selection processes may not adequately assess whether BHTs will be a good fit for the job, and it is unclear whether existing criteria are effectively screening for disqualifying factors.

Recommendation: Establish consistent selection criteria that align with BHT job requirements.

Although service-specific variability may be appropriate, basic criteria should assess characteristics that are important in the behavioral health field, such as interpersonal skills. These criteria could be assessed through interviews, which are used by the Air Force. Interviews could ask candidates how they might respond to situations relevant to the BHT career.

Training

Training must balance a need to cover a large number of topics with BHTs' need for clinical experience prior to starting in their new roles. Though training has didactic and practical components, instructors may vary with regard to their integration of interactive and applied exercises to demonstrate course material.

Recommendation: Align the curriculum with BHTs' responsibilities in the field and with the needs of the populations they serve.

The curriculum could focus on psychological conditions that BHTs will encounter most often and make use of standardized tools, such as intake forms, that could be used in clinical settings. Instruction could also include a core set of evidence-based interventions that generalize to many settings and populations, such as problem-solving therapy.

Roles and responsibilities

After entering the workforce, BHTs are placed in assignments in garrison or operational settings. The research suggests that BHTs do not always have the opportunity to apply the full range of their capabilities, but there is no standard set of BHT responsibilities across services and care settings.

Standardize expectations and ensure that BHTs are adequately prepared for their roles.

There is a need for more research to determine how such factors as setting, supervisor preferences, and clinic administrative demands affect BHTs' roles. Though some variability is expected, it is critical that BHTs are prepared to fulfill their responsibilities across settings. This is especially important when BHTs are deployed or in operational settings, as their roles and involvement in clinical activities can expand substantially.

Supervision, ongoing training, and professional development

On-the-job training and supervision are critical for BHTs to develop and maintain their skills. However, requirements vary across services, and there is not always a standard for how such training is delivered. Supervisors may be unaware of what support BHTs need to develop and maintain their skills.

Establish guidance for ongoing training and supervision, and consider drawing on best practices from the civilian sector.

Clearer requirements for clinical activities, continuing education, and supervision from mental health providers would give BHTs greater opportunity to use and grow their skills. Civilian medical assistants are increasingly taking on health coach-type roles in which they facilitate behavioral change and assess progress toward treatment goals. It is likely that BHTs would make valuable contributions in similar roles in military settings.

Understanding Behavioral Health Technicians Within the Military

A Review of Training, Practice, and Professional Development

Stephanie Brooks Holliday, Kimberly A. Hepner, Terri Tanielian, Amanda Meyer, and Harold Alan Pincus, RR-2649-OSD, 2019 (available at www.rand.org/t/RR2649). To view this brief online, visit www.rand.org/t/RB10082.

This brief describes work done in the RAND National Defense Research Institute documented in *Understanding Behavioral Health Technicians Within the Military: A Review of Training, Practice, and Professional Development*, by Stephanie Brooks Holliday, Kimberly A. Hepner, Terri Tanielian, Amanda Meyer, and Harold Alan Pincus, RR-2649-OSD, 2019 (available at www.rand.org/t/RR2649). To view this brief online, visit www.rand.org/t/RB10082.

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