

DBT-J Qualitative Feedback¹

From Participants:

1. What did you like best about the treatment?
 - a. Group / Group therapy
 - b. I enjoyed the different subjects we covered during our sessions / The best part of the program for me were the weekly lessons. I see them as coping tools for emotions.
 - c. Group participation / The hands-on experience in practicing the set of skills that were provided in the handbook
 - d. The doctors are very insightful and understanding / The hosts
 - e. The different techniques used for problem solving
 - f. The staff were very engaging, professional, and profound
 - g. I like the practicing of various coping mechanisms
2. What has been the most helpful to you?
 - a. A few mindfulness exercises and subjects / The video conferencing method used. It was very easy to attend the program.
 - b. Skills practicing life examples / The constant dialogue between the staff and the other vets to participated in the exercises
 - c. Mindfulness of others / Mindful thinking
 - d. Being able to talk openly about my mental health issues
 - e. Everything was very helpful to me
 - f. Sharing some of my issues or concerns with the group has been helpful to me
3. What did you like least about the treatment?
 - a. Wish there were more people / The questionnaires were a bit long. However, with less it has been more manageable.
 - b. Non-participating / The least of members/Vets who were not able to take advantage of this group
 - c. Makes me look at myself and others
 - d. The program isn't long enough (sessions wise)
 - e. I only issue was the time due to my schedule. However, the team accommodated me.
 - f. I feel like the treatment could have been longer, but the group sessions were still effective
4. What has been least helpful to you?
 - a. Some of the mindfulness exercises / I believe all were helpful, but the least helpful may have been the first mindfulness exercises.
 - b. Overtalking over group members
 - c. The word dialectical is confusing to me / Sometimes I didn't get enough time to speak
 - d. I don't have anything that was least helpful. I believe that all aspects of this treatment was helpful.
5. Any other comments you would like to add?
 - a. I will probably recommend any future Vets I come across that needs help to go to the VA.
 - b. Thank you for being there for me

- c. I want to thank everyone who participated in this group. Each person involved helped to motivate me to get a new positive chapter in my life started. God bless each one of these individuals and I wish them all the best in their future endeavors

From DBT-J Providers

1. What did you like best about the treatment?
 - a. Address all needs possible when looking at the biopsychosocial model. Everything is accounted for and thought out in advance to support clients in every possible way. Really setting clients up for success.
 - b. I LOVE that you build in time for case management. That is 100% the biggest contributor to burnout in working with high-risk people, that and having absolutely no training in case management.
 - c. The case management, being able to help the participants one on one rather than just in group feels like they receive more adequate care than typical groups.
 - d. I think what I like the most is the treatment guide with utilization of collaboration. I believe part of the reason the treatment is effective is the rapport and collaborative efforts among our team.
2. What has been the most helpful to your patients?
 - a. I think the group format shows them that they are not alone in their struggles and that there are other people out there trying to do the right thing as well. Additionally, I think the background training we received prepared us to be well-informed clinicians to our clients, which maybe they have not experienced before.
 - b. Definitely the skills groups, but case management sessions are a close second.
 - c. The interactive nature of the group, homework, case management
 - d. I think what is most helpful for the Veterans is the variety of skills. I believe the fact that we focus on a variety of skills so that they can experiment to find what is most useful in their lives.
3. What did you like least about the treatment?
 - a. Being online has its pros, I wonder how being in person may enhance the treatment.
 - b. I don't know that there's anything I like the least. Maybe one thing that might have been helpful would be having us get trained on benefits from a benefits person, because I have very little understanding of that whole process and all the options (e.g., Service Connection versus disability versus unemployability). Also, maybe it is unnecessary but maybe we could include brief "group review" handouts at the end of the manual that briefly describe what we cover in groups for those that miss a group.
 - c. Maybe the group could meet more than once and would love to be in person, but understand not possible due to the circumstances.
 - d. I think what I disliked the most was the size of the group. Even when we had 4 Veterans, I felt as though the group started off small and with dropouts, I felt as though it was way too small. I believe starting out with a larger group would be beneficial in the long run.
4. What has been least helpful to your patients?

- a. My client in particular has not really had any specific case management needs on my end. However, I do still believe the case management sessions are very necessary and show how much we care about our clients.
 - b. I think only that it wasn't longer! I hear a lot that they love it and someone recently said they're going to miss it.
 - c. Perhaps the multiple case workers involved on one patient's case. Maybe in the future, before the group begins, group leaders could consolidate all providers/introduce themselves and make sure everyone is on the same team.
 - d. I am curious of how effective the mindfulness activities are for the Veterans. Yes, they are useful and I am curious of how to maintain engagement through the activities and staying on task.
5. Any other comments you would like to add?
- a. Thank you so much for letting me be a part of this. It's been such a great opportunity, and I've loved it.
 - b. I am excited to take more of a leadership role within the treatment and become more involved!

From Adjunctive Care Providers

1. What did you like best about the treatment?
 - a. What I like best about the treatment is the small group size, allowing increased interaction and focus. / That the treatment is unique to this population.
 - b. The veteran receives one on one therapy. He is able to discuss issues he may not want to divulge in group or in a residential facility. It has a personal touch.
2. What has been the most helpful to your patients?
 - a. Their interaction with peers in similar situations and not isolating / The gained insight into how their thoughts and emotions contributed to their criminal behavior.
 - b. The veteran has expressed how he feels the help teaching him how to live better and make better choices.
3. What did you like least about the treatment?
 - a. I feel that the age requirement should increase. / The age limit of 55, as older Veterans come in contact with the Justice System.
 - b. I have no complaints all staff involved have been professional, respectful, and consistent. Compassion is evident in their interactions.
4. What has been least helpful to your patients?
 - a. Additional time frames [for group participation] should be offered
 - b. Veteran has no complaints. He looks forward to the meeting and comes early most of the time for his sessions.
5. Any other comments you would like to add?
 - a. As the VJO, and working with justice-involved Veterans, this program provides additional support outside the traditional substance abuse and mental health treatment in a legal setting. / This treatment approach has been invaluable to the VJO program. Apart from the positive feedback from participants, the Court also recognizes its value to the Veterans.

- b. I am thankful to the team that arranged this treatment. Good luck and continue to do the great work that you do!!!

¹Note: responses of “N/A” or “nothing” were excluded from qualitative feedback analyses.