Instilling Hope in Veterans with PTSD: Integrating Trauma-Informed Care with Recovery Principles

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Disclosure to Audience

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Common Themes in PTSD

- Trauma often violates a person's need for:
  - Safety
  - Trust
  - Power/Control
  - Intimacy
  - Esteem

(Rosenbloom, Williams, & Watkins, 2010)

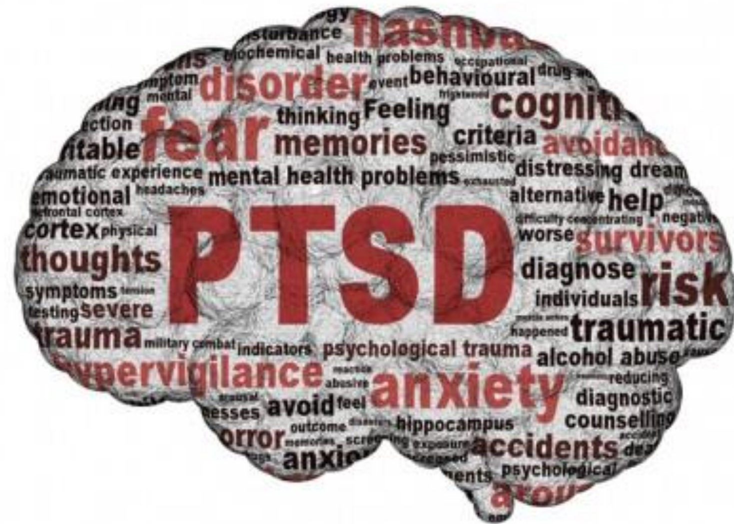
PTSD and Veterans

- Current 4.8% & Lifetime 8%
  - Combat (Lifetime) 24-35%
    - OIF & OEF 11-20%
    - Gulf War 12%
    - Vietnam War (Current) 15% & (Lifetime) 30%
  - Military Sexual Trauma (Lifetime) 10-15%
  - Current for Women (29.4%) and Men (24.5%)
  - Some studies suggest Veterans of color may have higher rates of PTSD

(Loo, C., 2014; National Academic Press, 2014; National Center for PTSD, 2015; Wisco, Marx, Wolf, Miller, Southwick, & Pietrzak, 2014)

Common Responses to Trauma

- Immediate and Delayed Reactions
  - Emotional
  - Physical
  - Cognitive
  - Behavioral
  - Existential



(SAMHSA, 2014)

Co-Occurring Disorders

- Individuals with PTSD often have at least one additional mental health disorder
    - Major Depression
    - Anxiety Disorders
    - Substance Use Disorders
    - Eating Disorders
    - Personality Disorders
- Bidirectional relationship between trauma and mental illness

(SAMHSA, 2014; Ursano, R., Benedek, D., & Engel, C., 2012)

Trauma-Informed Care

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.

(SAMHSA, 2014)

Trauma-Informed Care and Recovery

Trauma-Informed Care

- Cultural, historical, and gender issues
- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice

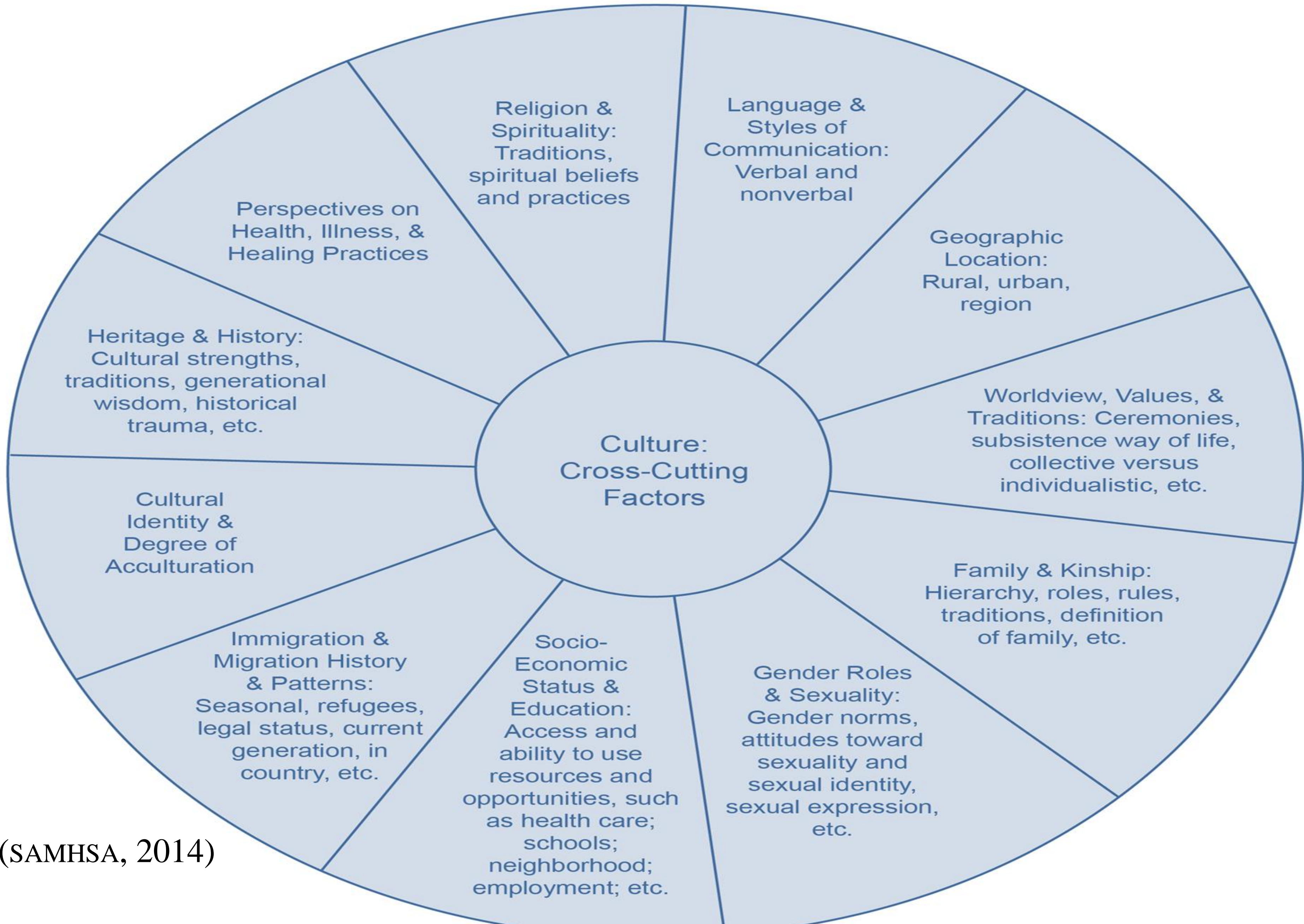
(SAMHSA, 2014)

Recovery Model

- Self-direction
- Person-centered
- Empowerment
- Holistic
- Non-linear
- Strengths based
- Peer support
- Respect
- Responsibility
- Hope

(APA, 2012)

Cultural Considerations



(SAMHSA, 2014)

Safety

- Promote safety from trauma symptoms
  - Safety in environment
  - Monitor and facilitate stability
  - Prevent recurrence of trauma
  - Provide psychoeducation/normalize symptoms
  - Interpersonal/agency approach

(SAMHSA, 2014)

Safety

- Trauma-informed interventions
  - Teach grounding skills
  - Provide structure/rituals to promote routine and sense of familiarity
  - Help identify safe vs unsafe behaviors
  - Develop a safety plan
  - Identify and manage trauma-related triggers
  - Teach balance and acceptance

(SAMHSA, 2014)

Trustworthiness and Transparency

- Be consistent and dependable
- Develop clear boundaries
- Provide honest feedback
- Use authentic and compassionate communication
- Be consistent and forthright
- Provide clear message of availability and accessibility throughout treatment
- Encourage an on-going dialog

(SAMHSA, 2014)

Collaboration and Mutuality

- Foster Client Engagement
  - Motivational Interviewing & Motivational Enhancement Techniques
- Develop a supportive, collaborative, and empathetic relationship
- Provide Veterans with control, choice, and autonomy in their treatment decisions

(SAMHSA, 2014)

Collaboration and Mutuality

- Couple and Family Therapies
  - Family members can help with engagement in care
  - Family can be a source of support
    - REACH
    - Cognitive-Behavior Conjoint Therapy
    - Veteran Parenting Toolkit
- Community Resources
  - MakeTheConnection.net
  - NAMI Family to Family
  - Vet Center

(National Academic Press, 2014)

Empowerment, Voice and Choice

- “Nothing about me without me.”
- Collaborate on treatment goals
- Include in planning and decision making
- Engage, inspire, coach, teach and support
- Strengths based approach
  - Posttraumatic growth
- Educate on Types of therapies available
  - CBT, CPT, PE, EMDR, STAIR, Seeking Safety
  - Pharmacological Options

(SAMSHA, 2014)

Empowerment, Voice and Choice

- Assess for strengths
  - Resilience Scale
  - Connor Davidson Resilience Scale
  - Dispositional Resilience Scale
  - The Wellness Questionnaire

- Dr. Seligman's Positive Psychology
  - VIA Survey of Signature Strengths (2015)
  - www.Authentichappiness.sas.upenn.edu

(SAMHSA, 2014)

Peer Support

- Enhancement of treatment by providing opportunity for:
  - Mentorship/Role Modeling/Peer-to-Peer Support
  - Hope
  - Interpersonal Connectivity
  - Normalization of Experiences
  - Connection to Community Resources
  - Consumer Driven Feedback and Collaboration for Implementing Programming

(SAMHSA, 2014)

Special Considerations

- Combat Veterans
  - Battlemind and transition to civilian life
  - Moral Injury
  - Influences on occupational and social functioning
  - Traumatic Brain Injury
    - CogSmart: Cognitive Symptom Management and Rehabilitation Therapy for Traumatic Brain Injury

(Maguen & Litz, 2012; National Academic Press, 2014; Twamley, Noonan, Savla, Schiehser, & Jak, 2009)

Special Considerations

- Military Sexual Trauma
- 1/5 Women Veterans enrolled in VA care screen positive for MST
  - 14% of Veterans enrolled in VA care are women
- 1.1% report of MST among men
  - There are about equal numbers of men and women who experience MST
    - National screening data of outpatient Veterans in 2008
      - 48,106 women and 43,693 men
- Violation of trust
- Health correlates
- Vet Center and MST coordinator
- Honor requests for same-sex or opposite-sex therapist

(Hyun, Pavao, & Kimerling, 2009; National Academic Press, 2014)

The Trauma-Informed Provider

- Awareness of symptoms associated with trauma
  - Anticipates and responds to potential practices that may be perceived or experienced as re-traumatizing
  - View symptoms as adaptive response that may no longer be helpful

- Personal awareness of how verbal/non-verbal messages influence Veteran
  - Responding versus Reacting

(SAMHSA, 2014)

The Trauma-Informed Provider

- Universally screens and assesses for trauma
  - Stressful Life Experiences Scale (SLE)
  - Combat Exposure Scale
  - Intimate Partner Violence Screening Tool
  - Trauma History Questionnaire (THQ)
  - Clinician Administered PTSD Scale (CAPS)
  - ACEs Score Calculator
    - http://acestudy.org/ace_score
- Provide on-going assessment and monitoring
  - PTSD Checklist (PCL)

(SAMHSA, 2014)

The Trauma-Informed Provider

- Treatment planning considerations
  - Identify recovery from trauma as a primary goal
  - Veteran-Centered
    - Collaborate and use Veteran’s words
    - Connect with personal values
    - Consider treatment plan a tool for empowerment
  - Build connection beyond the provider to the community and natural support networks
    - Address domains of family, occupational, physical, & spiritual functioning

(SAMHSA, 2014)

The Trauma-Informed Provider

- Treatment planning considerations (cont.)
  - Strengths Needs Abilities Preferences (SNAP)
  - Specific Measurable Achievable Realistic Timely (SMART)
  - Involve Peer Support
  - Stages of Change Model by Dr. Prochaska
  - Wellness Wheel
  - Identify Barriers and Resources
  - Focus on strengths

(SAMHSA, 2014)

The Trauma-Informed Provider

- Examples of Recovery Oriented Interventions
  - Use person-first language
  - Always introduce to services, activities, interventions, and familiarize to organizational practices
    - Provide a rationale
  - Identify cross-cultural considerations and integrate into treatment
  - Collaborative documentation
  - Obtain consumer feedback to inform practices

(SAMHSA, 2014)

The Trauma-Informed Provider

- Fosters trauma-resistant skills
  - Inform how trauma impacts lives
    - Make connection between relationship of experiencing trauma to current presentation/symptoms
  - Teach self-care strategies
  - Teach coping strategies
  - Connect to supportive networks
  - Foster sense of competence, hope, and mastery

- Practices self-care strategies, has awareness of signs of secondary traumatization, and takes steps to prevent compassion fatigue
  - Provider Resilience app (National Center for Telehealth & Technology, 2014)

(SAMHSA, 2014)

Always Promote Hope-Recovery is Possible

Readings on Combat Related Psychological Issues

- *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Tanielian & Jaycox, 2008)
- *On Killing* (Grossman, 1995)
- *Haunted by Combat* (Paulson & Krippner, 2007)
- *Treating Young Veterans: Promoting Resilience Through Practice and Advocacy* (Kelly, Howe-Barksdale, & Gitelson, 2011)

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http://www.becauseyourstorymatters.com/trauma-informed-care.html

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http://www.familyhomelessness.org/media/216.jpg

http://www.mvcc.edu/veterans-services

http://oregonstate.edu/bewell/sites/default/files/wellness_wheel_1.jpg

North Star BHS – CME Activity Course Evaluation Form

Date: June 30, 2015 Agency/Location: North Star Behavioral Health, Anchorage

Topic: **Instilling Hope in Veterans with PTSD: Integrating Trauma-Informed Care with Recovery Principles**

Presenter(s): Stephanie Rodriguez, Ph.D., Camilla Madden, Ph.D. & Greg Bilberry, Ph.D. - Clinical Psychologists, Alaska VA Healthcare System

At the conclusion of this activity, participants should be able to:	**Not at All**	**Slightly**	**Moderately**	**Mostly**	**Completely**
Identify the 10 principles of recovery-oriented care.					
Evaluate and treat Veterans with PTSD-evidenced by being able to identify at least three trauma-informed considerations when developing a recovery oriented treatment plan.					
Implement treatment conceptualization and interventions by being able to identify three recovery-oriented interventions when providing trauma-informed care to Veterans with PTSD.					

Was the presentation commercially biased in any manner? Yes [] No []

Based on this activity, what will you do differently in your practice? ____

Topics of Interest for future Seminars: ____

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Signature of CME participant: ____

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Are you on our email distribution list? Yes [ ] No [ ]

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