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

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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

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

**Recovery Model**

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

(SAMHSA, 2014) (APA, 2012)
Cultural Considerations

Culture: Cross-Cutting Factors

- Religion & Spirituality: Traditions, spiritual beliefs and practices
- Language & Styles of Communication: Verbal and nonverbal
- Geographic Location: Rural, urban, region
- Worldview, Values, & Traditions: Ceremonies, subsistence way of life, collective versus individualistic, etc.
- Family & Kinship: Hierarchy, roles, rules, traditions, definition of family, etc.
- Gender Roles & Sexuality: Gender norms, attitudes toward sexuality and sexual identity, sexual expression, etc.
- Socio-Economic Status & Education: Access and ability to use resources and opportunities, such as health care; schools; neighborhood; employment; etc.
- Immigration & Migration History & Patterns: Seasonal, refugees, legal status, current generation, in country, etc.
- Cultural Identity & Degree of Acculturation
- Heritage & History: Cultural strengths, traditions, generational wisdom, historical trauma, etc.
- Perspectives on Health, Illness, & Healing Practices

(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


- *Haunted by Combat* (Paulson & Krippner, 2007)

- *Treating Young Veterans: Promoting Resilience Through Practice and Advocacy* (Kelly, Howe-Barksdale, & Gitelson, 2011)
References


National Center for Telehealth & Technology (2014). Provider Resilience (Version 1.5) [Mobile application software].


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- Photos retrieved from


http://www.bing.com/images/search?q=diversity+hands%2c+safety&view=detailv2&id=40D22344DE8D5C03ABEC63A8693AFD94E674F672&selectedindex=30&ccid=E9h%2B5YoQ&simid=607997800110231022&thid=JN.dqwcqvCrJ%2FD1BebuKNB1g&mode=overlay&first=1


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

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

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

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<th>Not at All</th>
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<td>Identify the 10 principles of recovery-oriented care.</td>
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<td>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.</td>
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<td>Implement treatment conceptualization and interventions by being able to identify three recovery-oriented interventions when providing trauma-informed care to Veterans with PTSD.</td>
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