Trauma Informed Care: Building Environments that Lead Homeless Veterans Toward Recovery Part II

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Logistics

- Asking questions during the webinar
  - All participant phone lines are muted
- You’ll be unable to ask questions by phone
  - Please type your question in the on screen chat box
- There will be an opportunity to ask questions at the end of the webinar
  - Post-webinar survey
  - Michael Holzer, TA Program Assistant (NCHV), mholzer@nchv.org
Asking Questions During the Training

- Submit questions in the chat box on the webinar
- E-mail questions to Michael Holzer at mholzer@nchv.org
- Submit questions through the post-training survey
Support and Commitment

- Homeless Veterans
- Baylee Crone
- National Coalition for Homeless Veterans
- National Center on Homelessness among Veterans
- National Center for PTSD
- VA Programs and Staff
- Families of Veterans
Trauma Informed Care for Homeless Veterans: Overview

• General and unique factors to consider
• Rethinking the process of helping
• Commitment and buy in: Beyond the basics
• Building communities of support
What is Trauma Informed Care

“Trauma-informed care (TIC) is a perspective that acknowledges the pervasive influence and impact of trauma on an individual, their provider, and the organization delivering case management and other supportive services.” Dinnen, Kane & Cook, 2014
Trauma Informed Care General Concepts

- A basic understanding of trauma
- Safety both emotionally and environmentally
- A strength-based approach to services
Factors to Consider

• Across all levels of the organization
• Committed to building an understanding of trauma
• Sensitivity and awareness on the impact of trauma
• Honors choice and control
• Commitment to creating environments that build safety
Social-Ecological Model

- All levels interact with and influence each other
- Awareness of influences
  - Interpersonal circle (center)
  - Community/organizational
  - Societal
  - Period of Time in History
Grounded in the Belief that the Environment Influences:

- Emotions
- Physical well-being
- Social well-being
“Meeting clients (homeless Veterans) needs in a safe, collaborative, and compassionate manner; preventing treatment practices that retraumatize people with histories of trauma who are seeking help or receiving services; building on the strength and resilience of the client (Veteran) in the context of their environments and communities; and endorsing trauma-informed principles in agencies through support, consultation, and supervision of staff.”

Resilience

• Humans are amazingly resilient in the face of trauma
• Social support is a key factor for recovery after a trauma
• Most individuals who experience trauma do not develop PTSD
Dual Areas of Risk for Veteran Homelessness and PTSD

• Risk factors for Veteran homelessness
  – Lack of social support
  – Social isolation

• Risk factors for PTSD
  – Poor social support
Trauma Lens
Veteran Centered Care

- Work and Benefits
- Social Supports
- Behavioral and Physical Health
- Housing
Rethinking the Process of Helping

• Through the desire to help:
  – High sense of responsibility for changing the Veterans situation
  – May misunderstand or judge undermining safety, trust and the Veteran’s sense of control

  – Safety, trust and control are core to recovery
  – Acknowledging the Veteran as an expert on their life experiences
  – Understanding our life experiences and how they shape our interactions
Common Posttraumatic Reactions

Feelings of guilt and shame

Aggressive behavior

Suicidal thoughts
Enhancing our Trauma Lens

• Symptoms and adaptations develop due to traumatic experiences
  – Recognize adaptations as doing ones best to cope with what has occurred
  – Not all trauma survivors have the same challenges
  – Be aware of how individuals respond to the environment and how we respond to them
  – Interactions make a difference in recovery from traumatic experiences
Screening for Trauma

• Involve your team and the Veterans in deciding what tool to use
• Self-administered
• Interview process
• NCPTSD link for screening tools: http://www ptsd va gov/professional/assessment/screens/index asp
Primary Care PTSD Screen (PC-PTSD)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?
   YES / NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
   YES/NO

3. Were constantly on guard, watchful, or easily startled?
   YES/NO

4. Felt numb or detached from others, activities, or your surroundings?
   YES / NO
Timing of screening and assessment of Veterans

Psychoeducation and Support

Help the Veteran understand why screening questions are important

Veterans choice (delay or not answering questions)

Important not to avoid the topic but be sensitive

Simple and brief tools for screening

Wisdom on not recreating traumatic dynamics
Commitment and Buy in: Beyond the basics

- Veteran
- Administrator
- Custodian
- All Agency Staff and Volunteers
- Therapist
- Case Manager
- Desk Clerk
Organizational Self-Assessment

• Supporting staff development
• Creating a safe and supportive environment
• Assessing and planning services
• Involving Veterans
• Adapting policies
• Scoring the self-assessment

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<th>Do not know</th>
<th>Not applicable to my role</th>
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Strongly Disagree Disagree Agree Strongly Agree Do not know Not applicable to my role
mission...
Strength Based Service

- Increased Self-efficacy
- Foster skill-building, mastery and resiliency

- Identify what strengths have allowed survival
- Help identify choices and options, and assist them to consider possible options

- Promote and reward social engagement
- Support decision making rather than giving direction

- Rebuild control through choice and empowerment
Emotional Safety

Supporting
- Validate emotions rather than evaluating the “facts”
- Normalize trauma reactions

Emotional
- Reflect what you are hearing
- Tolerate discomfort or disconnection and strong emotions from clients

Safety
- Understand that safety, choice and control are vital to healing from trauma
- See the Veteran as the expert on their own experience
Motivational Interviewing for Trauma Survivors

• Focus on identification of target behavior
  – Obtaining housing
  – Treatment engagement
• Avoid pushing the Veteran in one direction
  – Fight the “righting reflex”
  – Engage in discussing a decision not pushing toward a decision
• Style
  – Eliciting vs. directing
Environmental Safety

- Post client rights
- Ensure privacy
- Manage noise
- Easy exit
- Choices for seating
- Consider signage “NO CLIENTS BEYOND THIS POINT!”
- Lighting
- Decorate
- Accessibility
Establish a Work Group

• Multidisciplinary
• Build safety and trust
  – Express fears related to changes
• Assuring that work groups are supported in making change that leads to TIC practices
• Supports change process through similar trust and safety building within the team, that one hopes will follow with Veterans (parallel process)
Building Awareness of Unique Considerations
Culture and Trauma

- Trauma is a cross-cultural phenomenon
- Events may be understood differently
- Symptoms may be understood differently
- Cultural norms and values about violence are diverse
- Culture may influence receptivity to intervention
Military Culture and Transitions

• Civilian culture and beliefs before the military
• Military culture and beliefs
• Civilian life after the military
Stressors of Military

• Life Threat
• Loss
• Inner Conflict
• Wear and tear and lack of control
Trauma Across the Lifespan

• Before the military
• During the military
• After the military
• While homeless
Complex Trauma and Homeless Veterans

“The experience of multiple, chronic, and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early life onset.”
Veteran Homelessness and Military Sexual Trauma (MST)

• VA’s definition of MST comes from federal law but in general is sexual assault or repeated, threatening sexual harassment that occurred during a Veteran’s military service
  – Can occur on or off base, while a Veteran was on or off duty
  – Perpetrator identity does not matter
• Veterans from all eras of service have reported experiencing MST
• Both men and women can experience MST
How Common is MST?

• This can be difficult to know, as sexual trauma is frequently underreported
• About 1 in 5 women and 1 in 100 men have told their VHA healthcare provider that they experienced sexual trauma in the military
  • These data speak only to the rate among Veterans who have chosen to seek VA healthcare; they do not address the actual rate for all those serving in the U.S. Military
• Although women experience MST in higher proportions than do men, because of the large number of men in the military there are significant numbers of men and women seen in VA who have experienced MST.
Data on MST and Homeless Veterans

• Homeless Veterans who use the Veterans Health Administration (VHA) have higher rates of experiencing MST compared to all Veterans who use VHA.

• Among homeless Veterans using VHA outpatient care in FY 2014, 10,662 (38.4%) women and 9,019 (3.7%) men reported experiencing MST when screened by their VA healthcare provider.
Suicide Risk, PTSD, and Veteran Homelessness

• PTSD significantly associated with suicidal ideation and attempts
• In OIF/OEF Veterans, PTSD and sub-threshold PTSD is a risk factor for suicidal ideation (3 times more likely than those without subthreshold PTSD)
• Schinka et al (2012), Reported a high prevalence of self-reported suicide ideation and attempts among older homeless/at-risk Veterans.
Building Communities of Practice throughout this process
Trauma Informed Care Development Call

• Information and education on Trauma Informed Care
• Completing an Organizational Self-Assessment
• Selecting a starting point
• Using PDSA quality processes
• Providing support in a atmosphere of mutual learning and growth
NCHV Trauma Informed Care Development Call: Invitation

Trauma Informed Care for Homeless Veterans
Summary & Conclusion

• Building knowledge
• Commitment and buy in
• Policy and practice shifts to be driven by inclusion, collaboration and transparency
• Relationships
• Assessments
Resources
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Senior Consultant

VA’s National Center on Homelessness among Veterans and National Center for PTSD
National Center on Homelessness among Veterans

Trauma Informed Care fact sheet

PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

Who can contact us?
Any provider treating Veterans with PTSD.

Who are the consultants?
Experts at the National Center for PTSD including psychologists, social workers, physicians, and pharmacists.

Ask us about
- Evidence-Based Treatment
- Medications
- Clinical Management
- Resources
- Assessment
- Referrals
- Educational Opportunities
- Improving Care
- Transitioning Veterans to VA Care

What can you expect?
- It’s easy to make a request
- Responses are quick
- Questions are answered by email or phone
- Calls are scheduled at your convenience

(866) 948-7880 or PTSDconsult@va.gov

There is no charge for these services.

WWW.PTS.D.VA.GOV
More Information:
National Center for PTSD Website

www.ptsd.va.gov
Number and Proportion of Homeless* Veterans Health Administration (VHA) Users who had a Positive MST Screen, Fiscal Year 2014

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* Data on homeless VHA users provided by VSSC, Homeless Services Cube, which includes data on Veterans who received services from homeless and at risk programs at the VHA, data from inpatient and outpatient workload, and VBA claims for Veterans with a homeless indicator.