Baylee Crone, Executive Director
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Director of Education and Dissemination
VHA’s National Center on Homelessness among Veterans
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 two opportunities during the webinar to ask questions

• 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 Baylee Crone at bcrone@nchv.org
- Submit questions through the post-training survey
Trauma Informed Care:
Building Environments that Lead Homeless Veterans Toward Recovery

Karen A. Guthrie, LICSW
Senior Consultant, VA’s National Center for PTSD and VHA’s National Center on Homelessness among Veterans

Casey O’Donnell, PsyD
Chief Operating Officer, Impact Services Corporation
Two core outcomes to the survey

1. Desire to understand the correlation between trauma and Veteran homelessness.
2. Desire to enhance practices that lead homeless Veterans toward recovery from trauma.
How do we move forward?
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
Considerations that lead us to Trauma Informed Care

- Veteran homelessness
- Trauma exposure
- Posttraumatic Stress Disorder (PTSD)
- Creating environments that lead to recovery
National Rates of Veteran Homelessness

CURRENT DATA

49,993
What are the causes of Veteran homelessness?

- Lack of affordable housing
- Lack of family and social support networks
- Limited income
- Effects of PTSD/trauma
- Substance Abuse
- Unemployment due to lack of transferable job skills in the civilian market place
- Period of Service
Veteran homelessness and military sexual trauma (MST)
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.”
PTSD and Risk for Recurrent or Chronic Homelessness
PTSD and Chronic Homelessness

“PTSD is associated with an increased risk of recurrent or chronic homelessness. In a sample of formerly homeless veterans, PTSD was associated with an 85% increased risk of becoming homeless again.”

O’Connell, Kasprow, & Rosenheck, 2008.
How does PTSD create a barrier for ending homelessness among Veterans?
Trauma, PTSD, Resilience

• Other outcomes that may be seen in trauma survivors
  – Limited trust impacting family relationships and other attachments
  – Personality traits built on survival
• Homelessness and high risk for retraumatization
• Not all trauma survivors develop PTSD
  – PTSD
  – Sub-threshold PTSD
• Resilience and trauma survivors
Common Posttraumatic Reactions

Feelings of guilt and shame

Aggressive behavior

Suicidal thoughts
Trauma Focused/Specific Care

Cognitive Processing Therapy (CPT)
Prolonged Exposure Therapy (PE)

Eye Movement Desensitization and Reprocessing (EMDR)

Third wave Behavioral Therapies (e.g. ACT and DBT)
Who is Trauma Informed Care for?

- Veterans with PTSD and without a diagnosis of PTSD
- Veterans who have reported trauma histories and those who have not reported trauma histories
- All staff and leadership at every level of the provider organization
How can Trauma Informed Care lead Veterans toward recovery?
Key Steps

“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.”

Realizing, Recognizing, and Responding

Elements to Trauma Informed Care

- Realizing the prevalence of trauma
- Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- Responding by putting this knowledge into practice.
Trauma Informed Care Concepts

A basic understanding of trauma

Safety both emotionally and environmentally

A strength-based approach to services
Emotional safety
Environmental Safety

- Post client rights
- Ensure privacy
- Manage noise
- Easy exit
- Choices for seating
- Consider signage “NO CLIENTS BEYOND THIS POINT!”
- Lighting
- Decorate
- Accessibility
Strength Based Service
Recovery from PTSD: Is it possible?
What do we need to consider when moving toward a TIC approach?
Trauma Lens
I am a _________ person
The world is a _________ place
People are _________
Tomorrow will be _________
Veteran Centered Care

- Work and Benefits
- Social Supports
- Behavioral and Physical Health
- Housing
Use of language may reflect our personal fears and beliefs.
Work Groups

- 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)
Removing Barriers to TIC by Screening for Trauma
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
Avoiding Screening and Assessing for Trauma

- Lack of training
- Does not know how to respond therapeutically
- Does not know how to provide trauma treatments
- Focus is on housing
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
Building knowledge and changing environments together

- Developing paradigm shifts through Trauma Informed Care
- Developing Communities of Practice
  - Further inform and continually assess outcomes to change
  - Collaborate together across programs, services and disciplines
  - Provision of mentoring and support
Research validates need for TIC practices
How do we build a trauma informed program/agency/workforce?
mission...
Trauma Informed Care Competencies

- Screening
- Awareness
- Understanding
- Engagement
- Competency
- Commitment
Assessment  Policies  Procedures
Who and how can we obtain support in this process?
National Center on Homelessness among Veterans

Trauma Informed Care fact sheet

More Information:
National Center for PTSD Website

www.ptsd.va.gov
PTSD Consultation Program
FOR VA PROVIDERS

(866) 948-7880
PTSDconsult@va.gov
Learn more at
www ptsd va gov

Speak directly with staff psychologists, social workers, and physicians about:
TREATMENT • CLINICAL MANAGEMENT • RESOURCES • ASSESSMENT
REFERRALS • PROGRAMATIC ISSUES • IMPROVING CARE
National Trauma Informed Care for Homeless Veterans Planning Committee

- Roger Casey, PhD, LCSW Director, Education and Dissemination, VHA’s National Center on Homelessness among Veterans
- Stephanie George, PhD, Clinical Project Coordinator, VHA’s National Center on Homelessness among Veterans
- Karen A. Guthrie, LICSW Senior Consultant, VA’s National Center on Homelessness among Veterans and National Center for PTSD
- Colleen Clark, PhD, Research Assistant Professor, University of South Florida
- Casey O’Donnell, PsyD, Chief Operating Officer, Impact Services Corporation
- Stephen J. Peck, MSW, President & CEO, United States Veterans Initiative
- Donna L. Washington, MD, MPH Women’s Health Research Focused Area Lead, VA HSR&D Center for the Study of Healthcare Innovation, Implementation & Policy (CSHIIP), VA Greater Los Angeles Healthcare System Professor of Medicine
- Matthew Yoder, PhD, Consultant, VA’s National Center for PTSD
Questions?