

Trauma Informed Care:

Building Environments that Lead Homeless Veterans Toward Recovery Part II

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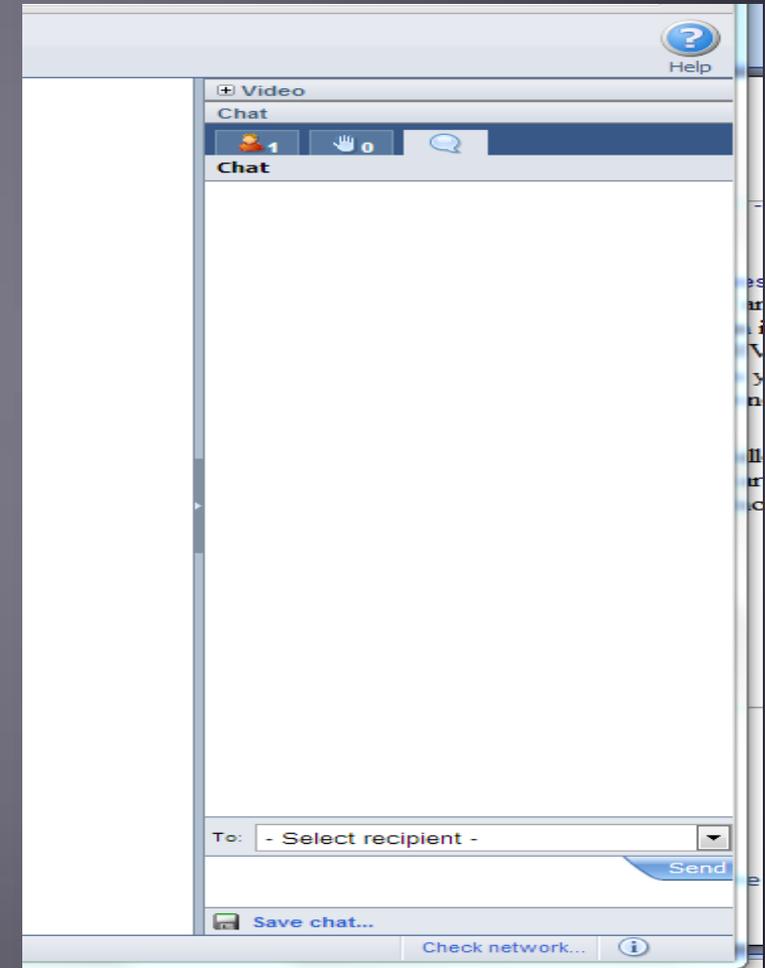
Chief Operating Officer, Impact Services Corporation

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





NATIONAL COALITION
for **HOMELESS VETERANS**

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**

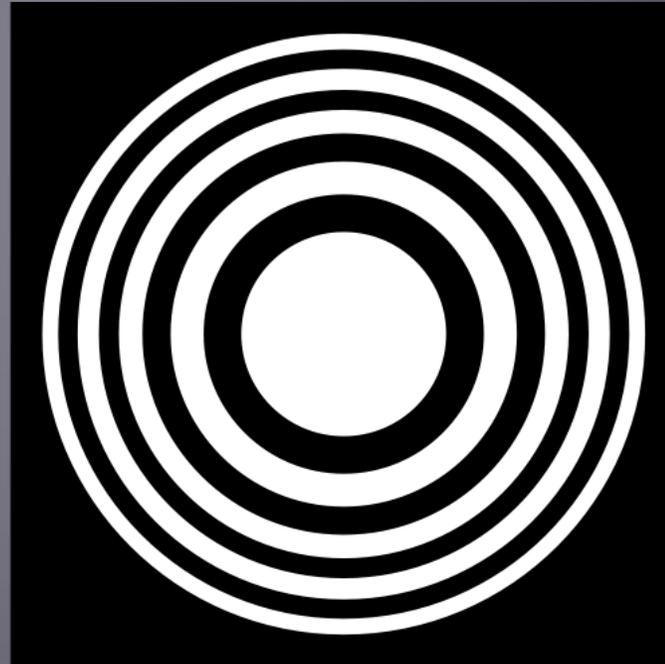
**A strength-based
approach to services**

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

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.”

Substance Abuse and Mental Health Services Administration. (TIP) Series 57. HHS Publication No. (SMA) 13-4801, p3.

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

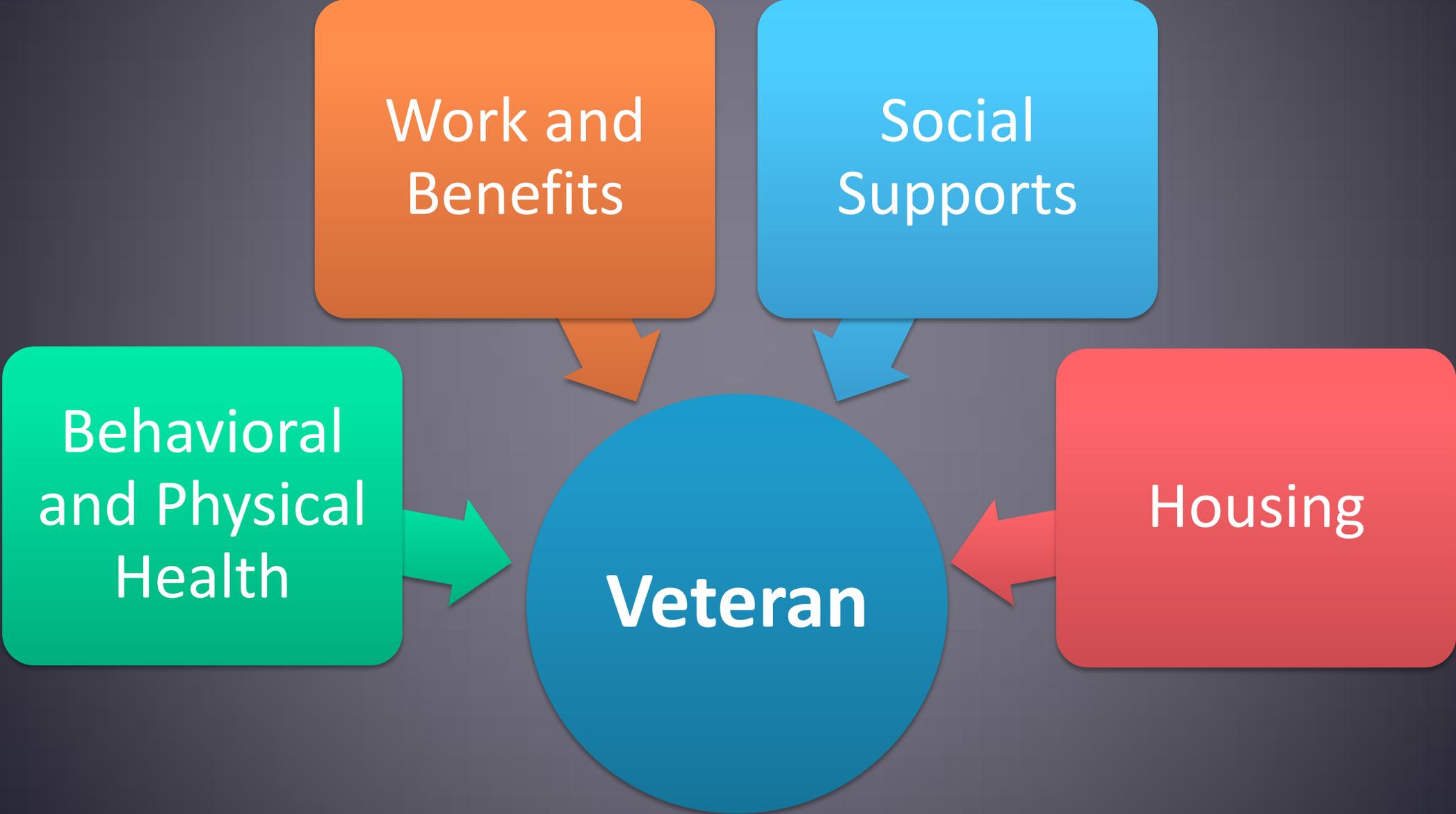
Dual Areas of Risk for Veteran Homelessness and PTSD

- Risk factors for Veteran homelessness
 - Lack of social support
 - Social isolation
- Risk factors for PTSD
 - Poor social support



Trauma Lens

Veteran Centered Care



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

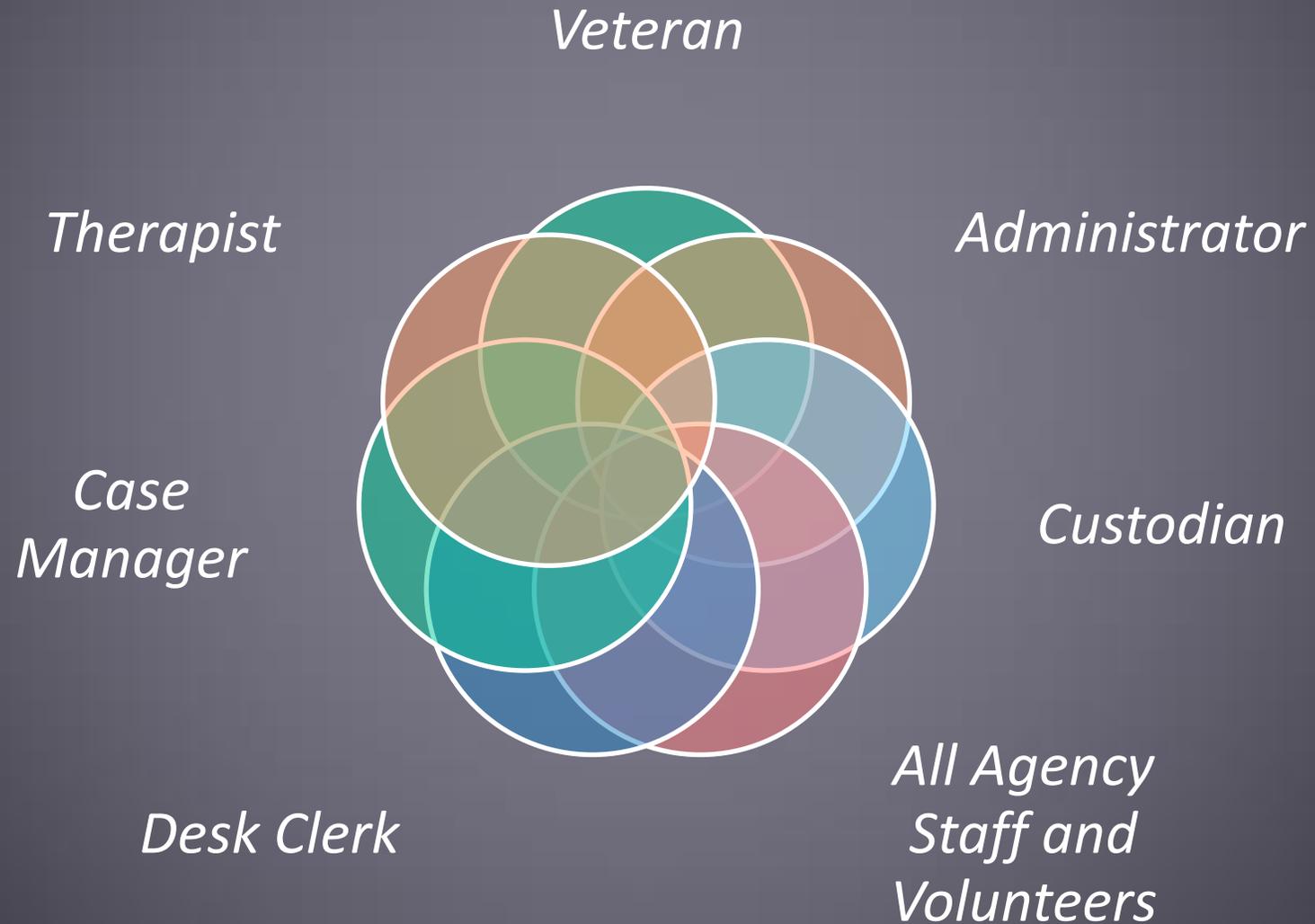
Veterans choice (delay or not answering questions)

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



Organizational Self-Assessment

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

Strongly Disagree	Disagree	Agree	Strongly Agree	Do not know	Not applicable to my role
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mission...

Increased Self-
efficacy

Identify what
strengths have
allowed survival

Promote and
reward social
engagement

Rebuild control
through choice
and
empowerment

Foster skill-building, mastery and
resiliency

Help identify
choices and
options, and
assist them to
consider
possible options

Support decision
making rather
than giving
direction

Strength Based Service

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

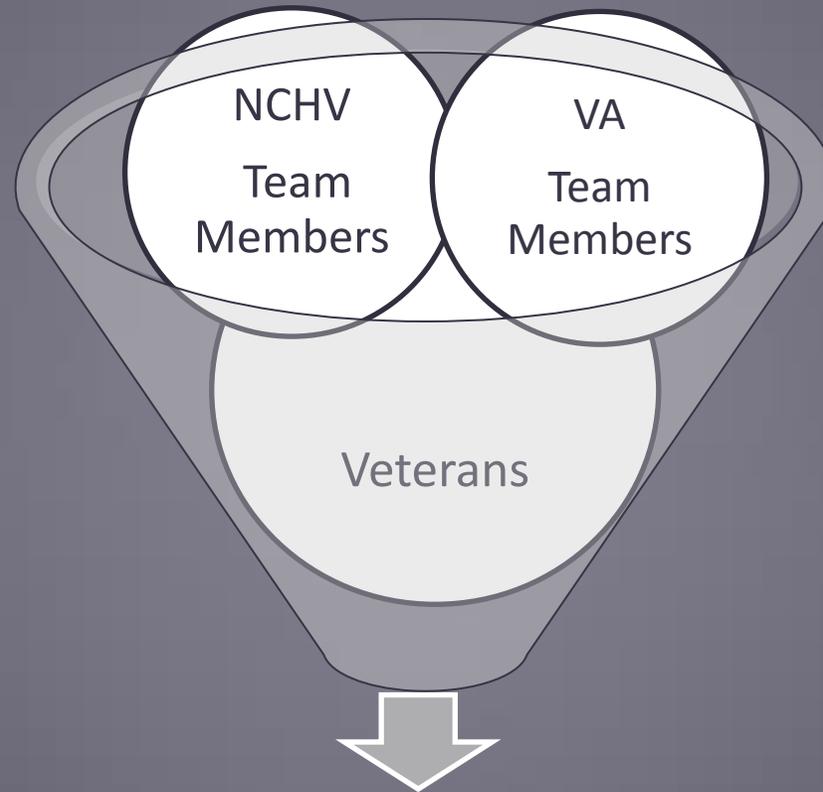
- PTSD significantly associated with suicidal ideation and attempts
- In OIF/OEF Veterans, PTSD and sub-threshold PTSD is a risk factor for suicidal ideation (3 times more likely than those without subthreshold PTSD)
- Schinka et al (2012), Reported a high prevalence of self-reported suicide ideation 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

<http://www.endveteranhomelessness.org/education/trauma-informed-care-working-homeless-veterans-fact-sheet>



PTSD Consultation Program

FOR PROVIDERS WHO TREAT VETERANS

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



There is no charge for these services.

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

WWW.PTSD.VA.GOV



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

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

	Site Total	Screened		Positive MST Screens	
		#	%	#	%
Female	28,145	27,763	98.6%	10,662	38.4%
Male	248,052	244,360	98.5%	9,019	3.7%

* 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.