

# VHA: Evidenced-based Treatments for Justice- involved Veterans

A Panel Presentation to the Texas Association of Specialty Courts

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# Introduction of the Michael E. DeBakey VA Clinical Panel

- Karin Thompson, PhD, ABPP: Director of the Post Traumatic Stress Clinical Team
- Jill Wanner, PhD: Staff Psychologist for the ROVER and WISER (Returning OEF/OIF Veterans Environment of Recovery and Women's Inpatient Specialized Environment of Recovery) at
- Jill McGavin, PhD: Director of the Substance Disorders Treatment Program
- Kathleen Szydowski, PhD: EBP for General Mental Health Outpatient Psychotherapy Services (GMHC)
- Latasha Morrison, LCSW: Veterans Justice Outreach Specialist, Coordinator of Strength At Home Therapy
- Stacy McCarty, LMFT: Licensed Marital and Family Therapist, GMHC, Strength at Home Therapy
- Loretta A. Coonan, LCSW: Veterans Justice Outreach, Team Lead, Moral Reconciliation Therapy

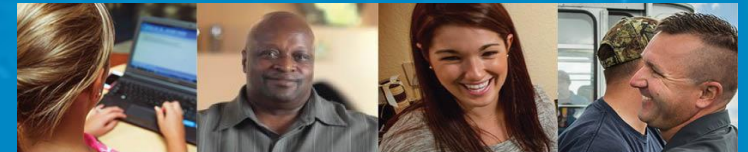
# Presentation Objectives

- Develop an understanding of the variety of mental health and substance use disorder treatments available through Michael E. DeBakey VA (MEDVAMC)
- Develop an understanding of the complexity of treatment needs for Veterans and how the VHA addresses those needs, particularly for Justice-Involved Veterans
- Review the importance of utilizing evidence-based treatment strategies

# PTSD Clinical Services

## Michael E. DeBakey VAMC

Karin Thompson, Ph.D., ABPP:  
PTSD Clinic Director



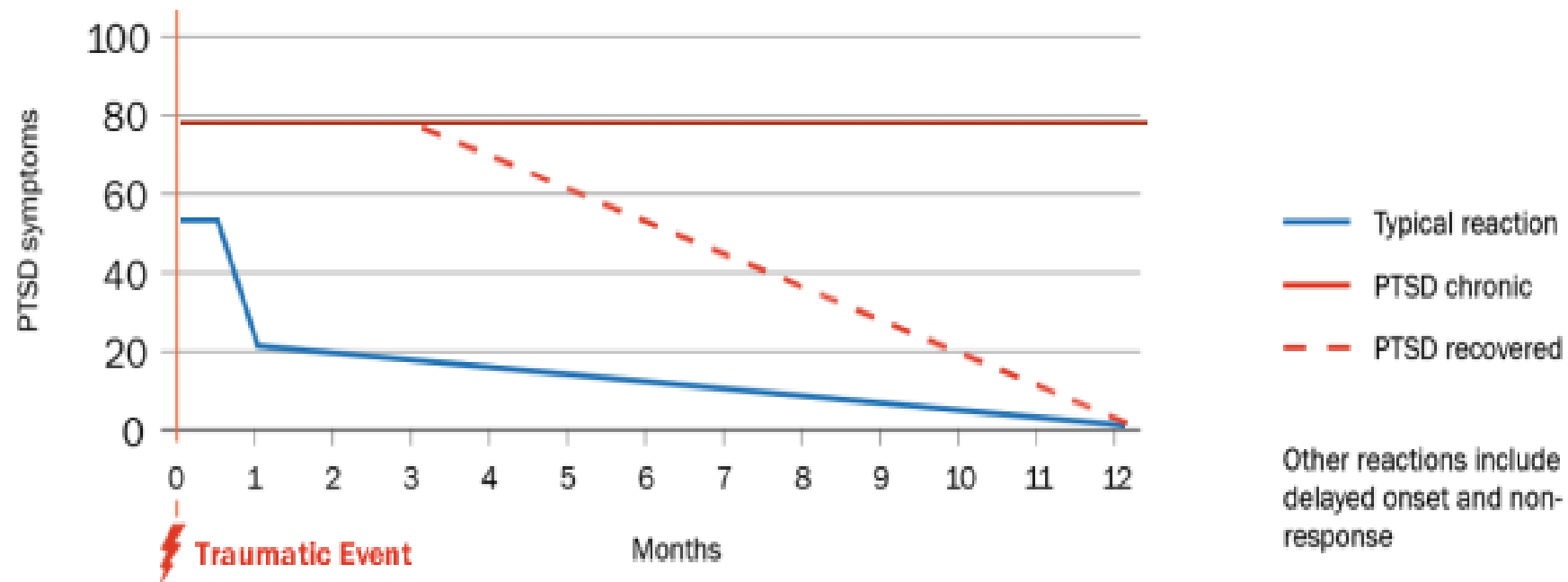
**Learn**

**Connect**

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# What happens after trauma?



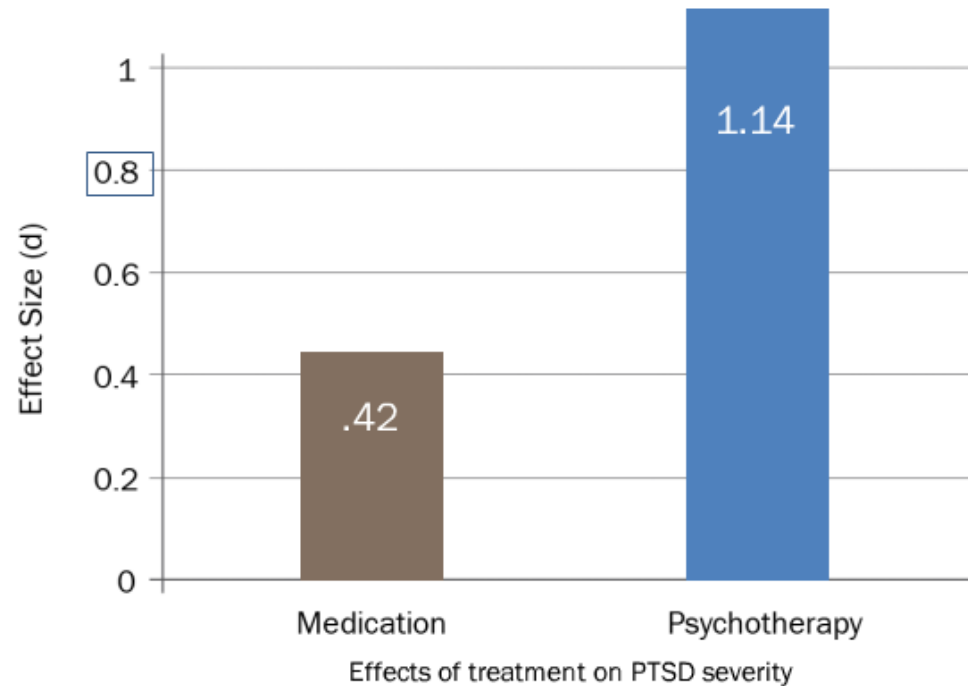
# Violence and PTSD

- Substance misuse, age, and other disorders increase risk.
- The majority of Veterans and non-Veterans with PTSD have never engaged in violence.
- The prevalence of violence in PTSD is comparable to the prevalence in anxiety and depression (5-12%).
- Factors including substance misuse, additional psychiatric disorders, and younger age include the risk of violence.

(Elbogen et al., 2012)

# Trauma-focused psychotherapy is the best treatment.

Both medication and psychotherapy are effective, but psychotherapy is more effective.



Watts, B. V., Schnurr, P. P., Mayo, L., Young-Xu, Y., Weeks, W. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *Journal of Clinical Psychiatry, 74*(6), e551-e557. doi: <http://dx.doi.org/10.4088/JCP.12r08225>

# Evidenced-based Trauma Focused Psychotherapies

- **Prolonged Exposure (PE):** In PE, people confront situations they have been avoiding until distress decreases.
- **Cognitive Processing Therapy (CPT):** In CPT, people examine and challenge thoughts about the trauma until they can change the way they feel.
- **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR helps individuals process and make sense of trauma while paying attention to a back-and-forth movement or sound (like a finger moving side to side, a light, or a tone).



# Coping Skills and Integrated Psychotherapies

## **Substance Use Disorder and PTSD:**

- Seeking Safety for PTSD and Substance Use
- Concurrent Treatment of Substance Use Disorders using Prolonged Exposure (COPE)
- Integrated Tobacco Treatment

## **Couples:**

- Cognitive Behavioral Conjoint Therapy for PTSD

## **Sleep:**

- Cognitive Behavioral Therapy for Insomnia and Nightmares

## **Interpersonal and other Coping Skills:**

- Skills Training in Affective and Interpersonal Regulation
- Overcoming Behavioral Avoidance: In Vivo Group
- PTSD Recovery 101 Group
- Inner Resources Meditation Group for PTSD

## **Pain:**

- Integrated Treatment for Chronic Pain and PTSD


# PTSD Treatment Decision Aid

**PTSD**  
**TREATMENT DECISION AID:**  
THE CHOICE IS YOURS

**LEARN** ▶  
Learn about PTSD and how this decision aid can help

**COMPARE** ▶  
Compare effective PTSD treatment options

**ACT** ▶  
Take action to start treatment

 National Center for  
**PTSD**  
POSTTRAUMATIC STRESS DISORDER

# **ROVER (Returning OEF/OIF/OND Veterans Environment of Care) and WISER (Women's Inpatient Specialty Environment of Care)**

**Jill Wanner, PhD: Staff Psychologist for ROVER and WISER Programs**

# ROVER

- Returning OEF/OIF/OND Veterans Environment of Recovery (ROVER)
- Admission Criteria
  - Male Veteran who was combat deployed post 9/11
  - Combat related PTSD primary treatment goal
  - Willing and able to process trauma in group setting
- Exclusionary Criteria
  - Homeless
  - Primary Substance use
  - Psychotic symptoms

# WISER

- Women's Inpatient Specialty Environment of Recovery (WISER)
- Admission Criteria
  - Female Veteran from any era
  - Trauma/PTSD primary treatment goal (any type)
  - Willing and able to process trauma in group setting
- Exclusionary Criteria
  - Homeless
  - Primary Substance use
  - Psychotic symptoms

# Treatment

- CPRS referral by VA provider
- Cohort style of admissions (average 4.5 week stay)
- 24 hr. Nursing on inpatient unit
- Full Cognitive Processing Therapy (CPT) group protocol
- Dialectical Behavior Therapy (DBT) groups
- Anger Management, Seeking Safety, OT, RT
- Weekly interdisciplinary treatment team meetings

# Substance Use Disorder Treatment at MEDVAMC

Jill McGavin, PhD: Director, Substance Disorders Treatment Program (SDTP)

## STATS

- 8.1 % of US Citizens 12 or older needed substance use disorder treatment in the last year
  - 21.7 million
- 10.8 % received treatment
  - 95.4% of these people did not think they needed treatment....
  - SAMSHA, 2015



## COSTS ....

The economic burden of addiction in the U S is twice that of any other disease affecting the brain, including Alzheimers.

Yet, many of the costs are immeasurable...

- Frustration
- Worry
- Fear
- Broken relationships
- Lost hope
- Shame

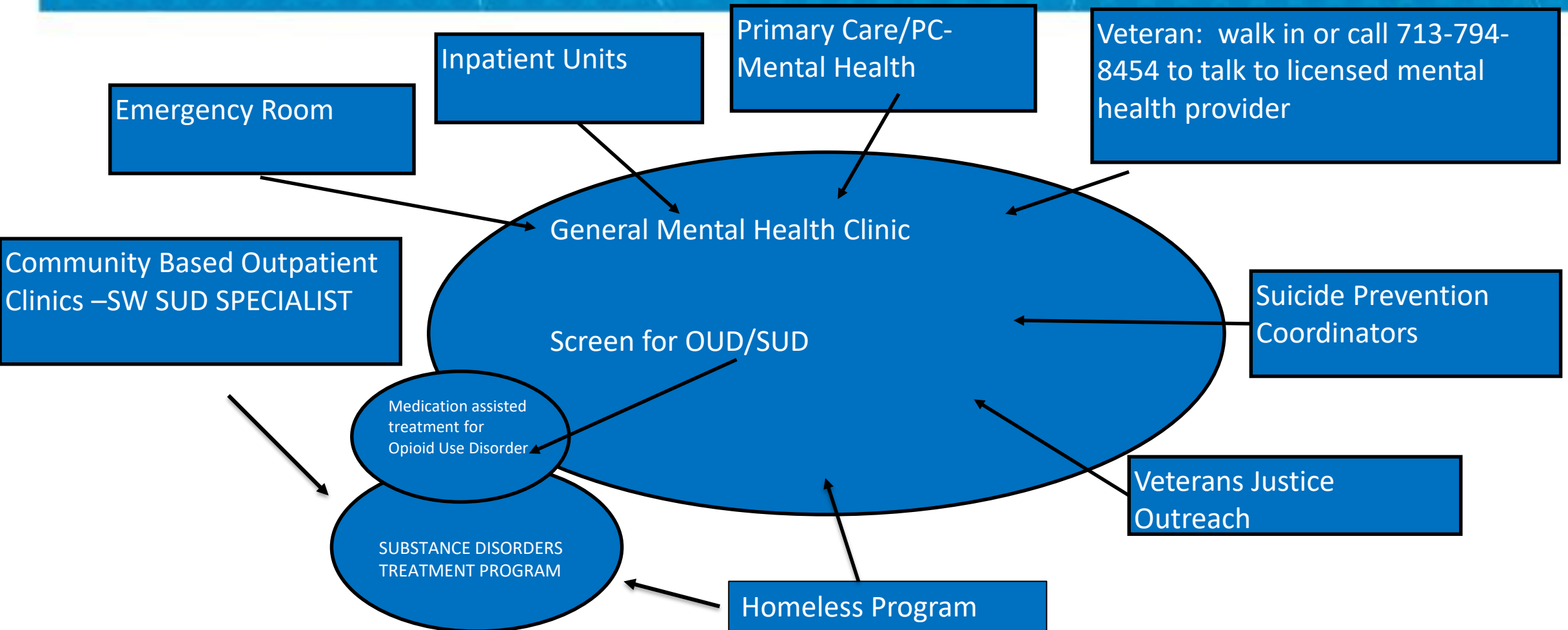
## Treatment Works!

- Every \$1 spent on addiction treatment saves \$7 in crime and criminal justice costs. The savings jumps to 1:12 when health care costs are added. SAMSHA, 2009

...YOU'VE SEEN ONE VA.



# Getting into treatment for SUD



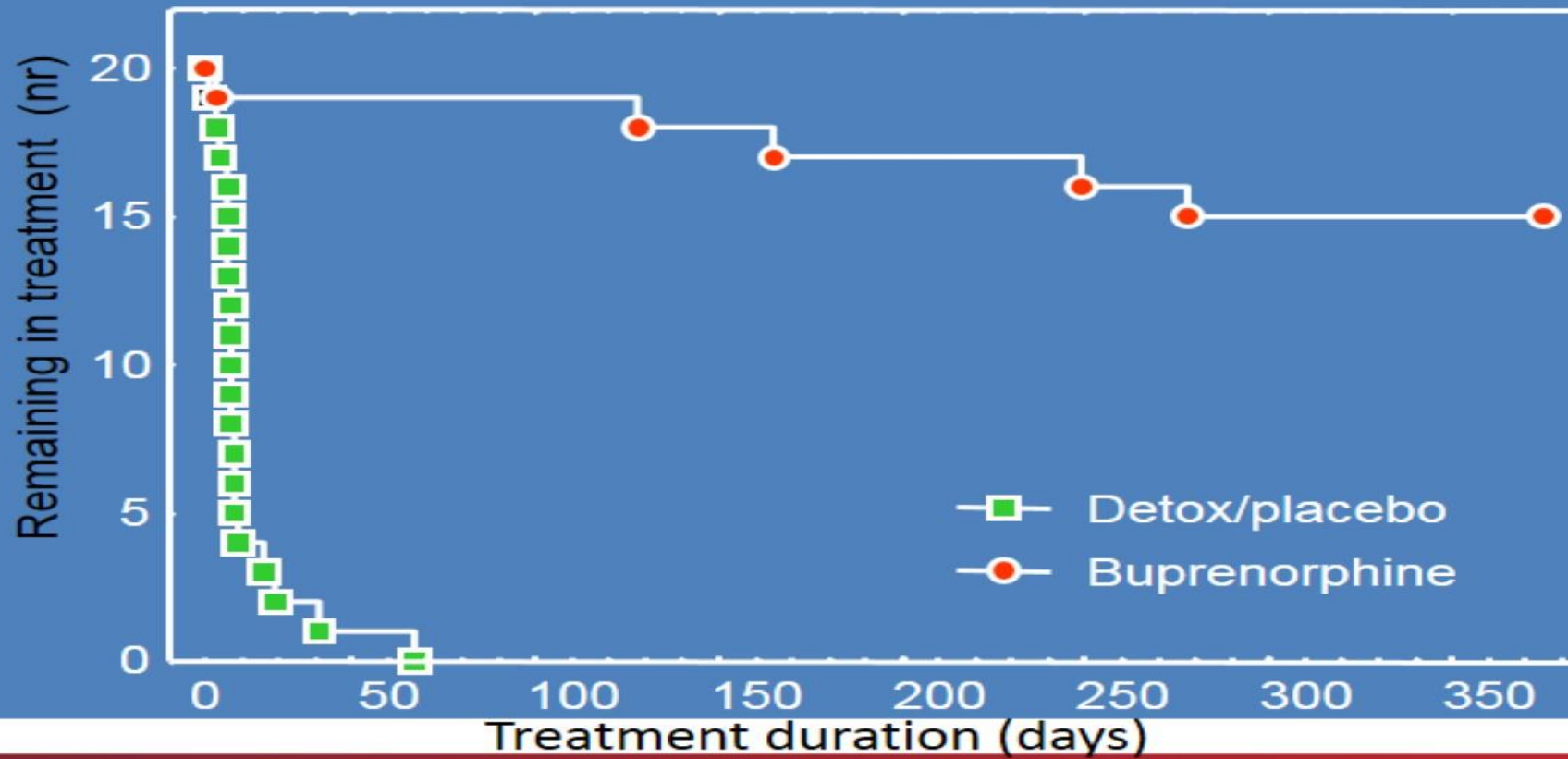
# Substance Disorders Treatment Program

- Facility based: Outpatient
- Levels of care assessed using American Society of Addiction Medicine criteria
- Brief Addictions Monitor:
  - Use, Protective Factors, Risk Factors
- Individualized planning with counselor
  - Day, Weekend, and Evening Appointments
  - Matrix model group curriculum including Early Recovery, Relapse Prevention M/W or Tu/F
  - Optional groups – Serenity, Recovery Dynamics, 3R's, DBT, ACT, Social Support
  - Contingency management, 12 step facilitation, cognitive behavioral therapy, and behavioral couples therapy
- General Mental Health Clinic for medication assisted treatment
- Referrals to Community Care for inpatient treatment



# Maintenance vs. Detoxification: Outcomes

Kakko, J, et al, 2003, Lancet 361 (9358)



# What do all these treatments have in common?

HELPS TURN OFF THE AUTOPILOT OF THE HIJACKED CIRCUITRY  
TO GIVE CHOICE A CHANCE...

HOW?

- Slows down time between trigger and response.
- Which gives the brain time to stop and think before reacting...consider pros/cons, personal values, long-term goals, etc.



## Contact Information:

Jill McGavin, PhD, Program Director

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# Psychotherapy Services at MEDVAMC

Chloe Hoang, PhD: Director of Psychotherapy Services for the General Mental Health Clinic (GMHC)/ Kathleen Szydlowski, PhD

# Enhanced Accessibility to Psychotherapy Services

- Regular to Extended Weekday Hours (7:00am-4:30pm)
- Evening Hours (4:30pm-8:30pm)
- Saturday Hours (8:00am-2:00pm)
- Telehealth



# Types of Psychotherapies

- Depression
  - Cognitive Behavior Therapy for Depression (CBT-D)
  - Acceptance and Commitment Therapy for Depression (ACT-D)
  - Interpersonal Psychotherapy for Depression (IPT)
  - Collaborative Assessment & Management of Suicidality (CAMS)
- Anxiety & Obsessive-Compulsive (OC) Spectrum Disorders
  - Cognitive Behavior Therapy, transdiagnostic and disorder-specific
    - Panic Control Treatment
    - Calmer Life: A Worry Reduction Program for Older Adults
    - Exposure and Response Prevention (ERP) for OC Spectrum

# Types of Psychotherapies

- Bipolar and Psychotic Spectrum
  - Cognitive Behavior Therapy for Bipolar Disorder
  - Cognitive Behavior Therapy for Psychosis (CBT-P)
  - Social Skills Training (SST) for Serious Mental Illness
  - Acceptance and Commitment Therapy for Psychosis
- Sleep
  - Cognitive Behavior Therapy for Insomnia (CBT-I)

# Types of Psychotherapies

- Interpersonal and Coping
  - Skills Training in Affective and Interpersonal Regulation (STAIR)
  - Dialectical Behavior Therapy (DBT) full program
  - Skills modules: Emotion Regulation, Distress Tolerance, Interpersonal Effectiveness
  - Anger Management
- Couples and Family
  - Emotion-focused Therapy
  - Integrative Behavioral Couples Therapy
  - Gottman approach
  - Sex and pornography addiction treatment
- LGBTQIA

# Strength At Home – Treatment for Intimate Partner Violence

Latasha Morrison, LCSW (Veterans Justice Outreach) and Stacy McCarty, LMFT

# Strength At Home

- Designed to reduce intimate partner violence and anger problems in male Veterans in light of their unique experiences.
  - Deployment and Warzone exposure
- 12 week Cognitive based intervention conducted in a small group format.
- Core theme: Military deployments and trauma have a profound effect on the way that individuals view the world, process information, and thus may underlie relationship functioning difficulties and IPV.

# Strength At Home

## Program Content

- Pros/Cons of aggression as a motivational strategy
- Trauma and Relationships
- Conflict Management: Understanding Anger
- Conflict Management: Time Outs
- Coping Strategies: Anger-related Thinking
- Coping Strategies: Dealing with Stress

## Skills Exercises

- Communication Skills: Roots of Your Communication Style
- Communications Skills: Active Listening
- Communication Skills: Assertive Messages
- Communications Skills: Expressing Feelings
- Communication Skills: Common Communications Traps



# Moral Reconciliation Therapy (MRT)

Loretta A. Coonan, LCSW: Veterans Justice Outreach

Referenced /Quoted Materials taken from:

Little, G. and Robinson, K (2013). *Winning the Invisible War-An MRT Workbook for Veterans*. Eagle Wing Books, Inc. ISBN 10:9040829-50-9 ISBN 13: 978094829503

Blonigen, D. M, Cucciare, M.A., Timko, C, Smith, J. S., Hamish, A., Kemp, L, Rosenthal, J., and Smelson, D. (2018) *Study protocol: a hybrid effectiveness- implementation trial of Moral Reconciliation Therapy in the US Veterans Health Administration. BMC Health Services Research* BMC series – open, inclusive and trusted 2018 **18**:164 <https://doi.org/10.1186/s12913-018-2967-3>

# History of MRT

- Developed for use in the Criminal Justice System
- “systematic, cognitive-behavioral, step-by-step treatment strategy designed to enhance self-image; promote growth, of a positive, productive identity; and facilitate higher levels of moral reasoning.”
- Term “moral reconditioning” stems from word conditioning - “conscious process of decision making and purposeful behavior”
- Draws from Erikson and Loevinger’s ego development, Maslow’s hierarchy of needs, Kohlberg and Piaget’s Moral development

# MRT Process

- Copyrighted Intervention
- Facilitators must participate in approved training through certified MRT trainers
- (CCI)
- Use of workbook exercises and group format
- Structured exercises and homework in a step by step format, designed to modify antisocial cognitions and behaviors
- Format guides participants through “Freedom Ladder ” 12-16 steps of moral development

# MRT Outcomes

- Heavily Researched – over 200 studies
  - Increases moral reasoning
  - Enhances life purpose
  - Facilitates increased social support
  - Increases perceived control over lives
  - Reduces program and justice system recidivism
- Recognized by SAMHSA as NREPP
- Special Workbook “Winning the Invisible War” development for use with Veterans
- Multi-site study to test effectiveness of MRT with Veterans to reduce criminal recidivism and improve health outcomes (not yet published)

# Questions/Discussion

