## Mental Health

#### **Title Sponsors**

U.S. Department of Veterans Affairs Partner Sponsor







## 2023 Statewide Symposium in Support of Service Members, Veterans & Their Families

APRIL 19-20, 2023 | PHOENIX, ARIZONA





# **Mental Health**

April 19, 2023

© 2023 Arizona Coalition for Military Families



# Experiences, Solutions and Next Steps

Session 2



© 2023 Arizona Coalition for Military Families

# **Facilitators**





## U.S. Department of Veterans Affairs

#### Nicki Bartram Program Administrator Arizona Coalition for Military Families

**Erica Leffler** Community Mental Health Liaison Phoenix VA Healthcare System

# Before we begin . . .



### The discussion of mental health can include some intense material.

- Please watch for triggers and practice self care.
- If you need to step out of the room for any reason, please give us a

"thumbs up" if you're okay, otherwise someone from our team will head

out to check on you.









- Individual
- Group
- Family
- Couples
- Animal assisted therapy/equine assisted therapy
- Location: in-person, tele-health, text, and phone

# **Accessing Treatment**



- Private Insurance/Medicaid/Medicare/VA Eligible/IHS
- VA Community Cares Act
- HeadStrong
- Wounded Warrior
- Center Stone
- Tri-Care
- Give an Hour

## Be Connected Support Line: 866-429-8387

## **Demonstrations**



- EMDR Eye Movement Desensitization and Reprocessing
  - CPT Cognitive Processing Therapy
  - Mindfulness

## **Mass Dosing**



- Louis Chow, PhD
- Home Base

© 2023 Arizona Coalition for Military Families



#### HOME BASE PRESENTATION: MASS DOSE ARIZONA COALITION MILITARY FAMILIES

#### Louis Chow, PhD

Senior Director of Training Institute and Network Development Assistant in Psychology, Massachusetts General Hospital Instructor, Harvard Medical School

#### A RED SOX FOUNDATION AND MASSACHUSETTS GENERAL HOSPITAL PROGRAM



BANKOFAMERICA

Massachusetts General Hospital

### **ABOUT HOME BASE**

RED SOX

VETERA

Home Base is dedicated to healing the invisible wounds for Veterans of all eras, Service Members, Military Families and Families of the Fallen through world-class clinical care, wellness, education and research.

## HOME BASE Evidence Based Treatments for PTSD



# Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition

#### **PTSD: DSM-V Diagnostic Criteria**

#### **D** Traumatic Event

• (Direct, Learned, or Witnessed) exposure to actual or threatened death, serious injury or sexual violation.

\*\*Not all stressors are traumatic events

#### Symptom Clusters

- Alterations in Arousal (Sleep problems, anger outbursts, reckless behavior, hyper-vigilance, concentration problems)
- Intrusion Symptoms (Flashbacks, bad dreams, physiological and psychological distress at exposure to trauma reminders)
- **Avoidance** (reminders, overworking, substances)
- Altered Cognition & Mood (Persistent negative emotional state)

### **Trauma Focused Treatments**

	Prolonged Exposure (PE)	Cognitive Processing Therapy (CPT)	Eye Movement Desensitization & Reprocessing (EMDR)	SSRI/SNRI
How it works	Gain control by facing fears, talking about trauma	Reframe imbalanced thoughts about the trauma.	Process trauma while focusing on external motion or sound	Psychopharmacot herapy (Sertraline, Paroxetine, Fluoxetine, Venlafaxine)
Treatment Duration	Weekly sessions for ~3 months	Weekly sessions for ~3 months	Weekly sessions for 2-3 months	Variable

## **EMPIRICAL SUPPORT FOR CPT**

#### 20 published randomized controlled trials (RCTs) of CPT

Traumas	Populations	Locations	Modalities	Comparison conditions
<ul> <li>Rape</li> <li>Child Sexual abuse</li> <li>Physical Assault</li> <li>Military Sexual Trauma</li> <li>Combat</li> <li>All studies include individuals with multiple traumas</li> </ul>	<ul> <li>Civilian</li> <li>Active Duty</li> <li>Veteran</li> <li>Male</li> <li>Female</li> <li>Adolescents</li> </ul>	<ul> <li>North America</li> <li>Australia</li> <li>Germany</li> <li>Democratic Republic of Congo</li> </ul>	• CPT • CPT +A • Individual • Group • Combined • Telehealth • CPT + rTMS	<ul> <li>Delayed treatment</li> <li>Treatment as Usual</li> <li>Present-Cente red Therapy</li> <li>Prolonged Exposure</li> <li>Dialogical Exposure Therapy</li> <li>Written Exposure Therapy</li> <li>Differing CPT modalities</li> </ul>

## Treatment Dose Antibiotics: Full Course Required

- Treatment Dose:
  - Minimum of 8 sessions, 30 minutes across a range of mental health conditions (Wnag 2005)
  - PTSD Specific:
    - Prolonged Exposure: 6.8 sessions for 50% reduction (Van Minnen and Foa, 2006)
- Treatment Access
  - VA, Visn 1 FY 2010: 6.3% in PTSD clinics received PE or CPT (Shiner et al., 2013)
- Drop-out rates:
  - 36% for trauma focused treatments (Imel et al. 2013)

### **Diagnostic and Statistical Manual of Mental Disorders**, 5<sup>th</sup> edition

#### **PTSD: DSM-V Diagnostic Criteria**

#### **D** Traumatic Event

• (Direct, Learned, or Witnessed) exposure to actual or threatened death, serious injury or sexual violation.

\*\*Not all stressors are traumatic events

#### Symptom Clusters

- Alterations in Arousal (Sleep problems, anger outbursts, reckless behavior, hyper-vigilance, concentration problems)
- Intrusion Symptoms (Flashbacks, bad dreams, physiological and psychological distress at exposure to trauma reminders)



- Avoidance (reminders, overworking, substances)
- Altered Cognition & Mood (Persistent negative emotional state)

IN VIVO EXPOSURE real AC movie theaters grocery stores outside events talking about self chefils of arojaina SAFE son's writting much family events Peaceful church in antrol School Feeling valuerable restaurants not hypervigilant send message open markets middle eastern holidays war movies arenas city parts ack offriends disappointing people video games driving failure to perficipate in Suburgul fireworks airport People stop inviting relationships suffer marriage Sporting events doubor Concerts plepression, Substance use avoidance grouis isalating Using social skills no choice;

## HOME BASE INTENSIVE CLINICAL PROGRAM





## TWO YEAR'S WORTH OF CLINICAL CARE AND SUPPORT IN TWO WEEKS

- 2-weeks, daily group and individual therapy
- Holistic approach to care that includes mindfulness and wellness practice through yoga, fitness, nutrition and art therapy...Songwriting

#### **EVIDENCE-BASED:**

EOUNDATION

VETERAN AND FAMILY CARE

> • Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavioral Therapy

#### MAJOR LOGISTICS COSTS COVERED

- Care, lodging, transportation and food is provided at no cost to participants
- Cohort size ranging from 6-14 individuals



"I had lost hope and was on the path to losing my family, my life, everything. Home Base gave me back my life." -SGT Travis Peterson, Intensive Clinical Program Graduate, Georgia

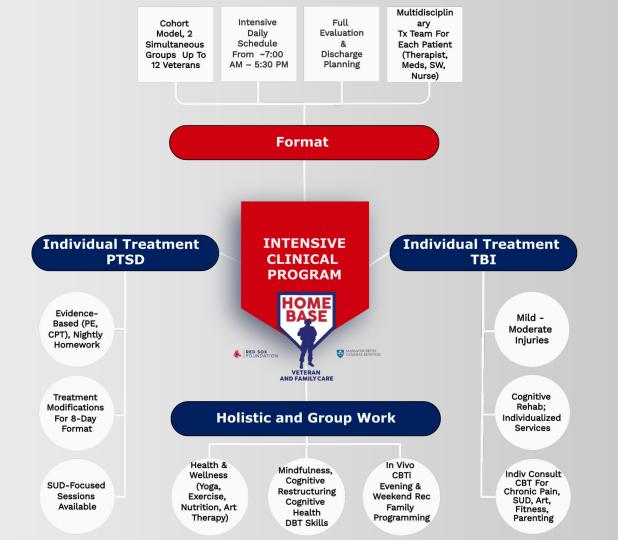


"Home Base isn't another cookie-cutter program, it gave me another chance at life. Today, I'm proud to say I served. Home Base helps bring us back into society, there is help, and we are not alone. Home Base doesn't leave us behind." - CW03 Bill Bastable, Home Base Intensive Clinical Program & ComBHaT Program Graduet, Virgina



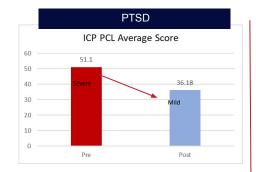
"Home Base made me whole again. I was able to be a better husband and a better father. They didn't just treat the symptoms; they found the problem." -Navy Chief Damel Johnson, Intensive Clinical Program Graduate, Florida TWO-WEEK INTENSIVE CLINICAL PROGRAM (ICP) FOR PTSD & TBI

NATIONAL PROGRAM



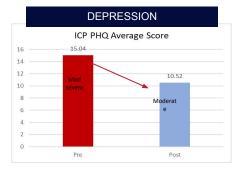
#### PROGRAM OUTCOMES: INTENSIVE CLINICAL PROGRAMS

95% Retention



PCL Severity: Normal: 0-18, Mild: 19-36, Moderate: 37-49, Severe: 50+

\*Charts include data from 2,398 patients from program inception to 7/1/2022



PHQ Severity: Minimal: 0-4, Mild: 5-9, Moderate: 10-14, Moderately Severe: 15-19, Severe: 20+



#### TWO-WEEK INTENSIVE CLINICAL PROGRAM (ICP) FOR FAMILIES OF THE FALLEN NATIONAL PROGRAM

- Collaboration with the Tragedy Assistance Program for Survivors (TAPS)
- Survivors of Traumatic Loss receive a combination of evidence-based treatment for post traumatic stress disorder and complicated grief
- Provides 2 years of care and treatment
- · Only program of its kind available to Families of the Fallen

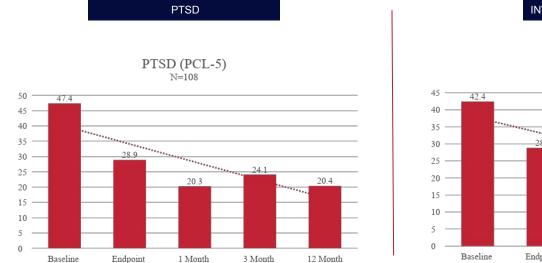




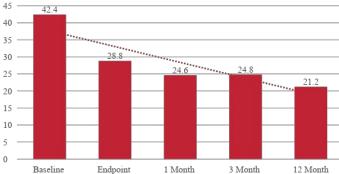
"I left the program feeling lighter. Instead of isolating and blaming myself for Alan and Stephen's deaths, I can celebrate their lives and the love and the happiness we shared."

-Kathy Colley, Families of the Fallen Program Graduate, California

#### PROGRAM OUTCOMES: ICP FAMILIES OF THE FALLEN



INVENTORY COMPLICATED GRIEF



ICG

N=110

Follow-up response rate ranges from 35-44%

Follow-up response rate ranges from 35-44%

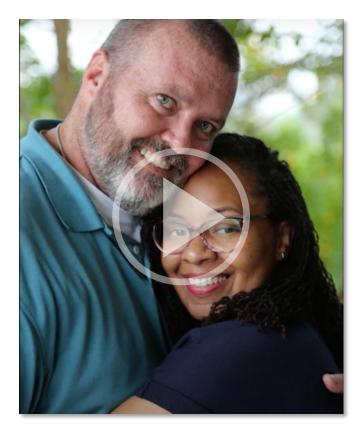


■ FED 30% IFED 30% AND FAMILY CARE

#### **STORIES OF HOPE**

#### MEET SGT TRAVIS PETERSON: MARINE CORPS VETERAN AND HOME BASE INTENSIVE CLINICAL PROGRAM GRADUATE. Travis had lost hope. He was on a trajectory of losing his family, his life, everything

he loved. When Travis came to Home Base it was his last shot at saving his family. Home Base provided Travis with the tools he needed to begin a path towards healing for him and his family.





# **HOME BASE ARIZONA**





**HONOR**HEALTH<sup>®</sup>

PHASE 3 1<sup>ST</sup> QTR MOBILIZATION 2024

Rural Intensive Clinical Treatment for Native American Veterans



## For more information contact

### MARCUS DENETDALE

Regional Associate Director of Southwest Programs and Tribal Affairs <u>Mdenetdale@mgb.org</u> 505-360-6197

#### **DR. LOUIS CHOW**

Senior Director Home Base Training Institute & Network Development <u>LKChow@mgh.harvard.edu</u>



## Their Mission Is Complete. Ours Has Just Begun.



A RED SOX FOUNDATION AND **MASSACHUSETTS GENERAL HOSPITAL PROGRAM** 



MASSACHUSETTS GENERAL HOSPITAL





# **Q & A**

 $\ensuremath{\textcircled{\text{\scriptsize 0}}}$  2023 Arizona Coalition for Military Families

# Session Evaluation

We want to hear from you!



