

Grant and Per Diem Operational Call

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Tuesday, March 10, 2020 at 2pm Eastern/11am Pacific

Visuals: <http://va-eerc-ees.adobeconnect.com/gpdbh/>

Audio: 1-800-767-1750 Code: 17663#

Agenda

1. Grant and Per Diem (GPD) Announcements and Updates
2. Office of Business Oversight (OBO) Announcements and Updates
3. Working with Women Veterans in Grant and Per Diem Programs
4. Next Steps

GPD Program Office Announcements and Updates: NOFAs

1. Transition in Place (TIP) Notice of Funding Availability

- Published on February 18th and due by Wednesday, April 22nd at 4pm ET
- Electronic Submission via GIFTS
- Open to new and existing applicants
- Resources on our website: <https://www.va.gov/homeless/gpd.asp>

2. Special Needs Notice of Funding Availability

- Due by April 27th at 4pm ET
- Open existing 11 applicants only
- Resources on our website: <https://www.va.gov/homeless/gpd.asp>

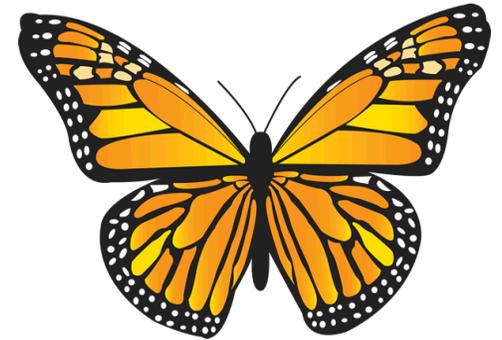
GPD Program Office Announcements and Updates: COVID-19

- **Overview**
 - Safety of Veterans
 - Safety of Staff
- **Proactive Preparation and Planning**
 - Communication with local health department
 - Reviewing information including resources on GPD Provider website
 - Having a conversation with staff and then with Veterans
 - Plan by using case scenario
 - What would you do
 - Option
- **Tips**
 - Handwashing, Limit touching of Face, Regular surface cleaning (Team effort)
 - Participate in future learning opportunities

Office of Business Oversight

- **Upcoming Site Visits**
 - Green Doors, Austin, TX – March 24-26
 - Matthew 25, Nashville, TN – April 7-9
 - Center for Veterans Issues, Milwaukee, WI – April 7-9
- **Upcoming Training – Unallowable Costs**
- **Training Item of the Month: Policies and Procedures**
 - Policies and procedures are a set of written documents that describe an organization’s policies for operation – “what is to be done” the procedures necessary to fulfill the policies – “how it is to be completed”
 - All staff must be familiar with these documents
 - Documents must be kept up-to-date
 - Documents must incorporate Federal and GPD grant regulations and provisions

Treating Women Veterans in Grant Per Diem Programs



Lori S Katz, Ph.D.
VA Puget Sound Health Care System

Introduction

- Sexual trauma is extremely common among women veterans in general, and especially in GPD programs
- Majority of cases happened in an on-going fashion and have lifelong consequences
- Before we can discuss treating women in GPD programs, it is important to understand who and what we are treating

Case example of a woman veteran in a GPD program



Case Example: Julie

- Julie's parents divorced when Julie was 2 years old. Her father left and she never saw him again. When Julie was 10 her mother remarried. Her step-father had his son from a previous marriage.
- Julie knew how important it was for her mother to have this marriage work and she was told repeatedly it was her job to "be nice to her older step-brother"
- When Julie was 12, her step-brother would sneak into her room at night and sexually abuse her.

- Julie was afraid to tell her mother and instead told a friend at school.
- The next day Julie was asked to go to the Principal's office and was questioned about her step-brother.
- CPS was sent to her home and Julie was terrified she would be taken away from her parents.

- Her mother was furious and refused to look or speak to Julie for weeks. Julie lied about the abuse and the case was dismissed.
- She thought it was better that way since her step-brother was going off to college soon and she wanted to keep the peace in her family. Although, she never felt the same towards her mother.
- She bought a pocket knife and slept with it in her bed. Her step-brother never tried anything with her again. But she had to continue to live with him and her parents acted like nothing happened.

- Julie started having behavioral problems at school. She missed classes, started smoking marijuana and drinking alcohol. She was sexually promiscuous, after all, if she was a sex object at least it would be on her own terms.
- Julie felt alone, confused and ashamed. Why was this happening? “There must be something wrong with me,” she thought...
- She wanted to drop out of high school. She was constantly arguing with her parents. Everyone agreed that she should join the military— her parents wanted Julie to have structure and Julie wanted to escape.
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- When Julie turned 17, she joined the US Navy
- She was the happiest she had ever been in her life
- She was doing well in her job and had lots of friends. She felt like she belonged and could finally thrive.
- Then after a night of drinking and celebrating, one of her friends offered to drive her home.
- He sexually assaulted her.

- Julie was numb— once again betrayed by her “brother”
- She felt alone, afraid, and blamed herself
- She was too afraid to report it and worried her command would be angry and blame her.
- Her job performance dramatically dropped. She had to continue to live on base with her perpetrator who acted like nothing happened. She felt trapped. She thought about dying. Instead, she turned to alcohol.
- She developed migraines and got an early out of the military (medical discharge)

Fast forward 20 years...

- She recently divorced her abusive husband because he started to beat their daughter when he got drunk.
- Her child was removed from the home. Julie couldn't seem to keep a job and increased her drinking to numb the pain.
- She stayed on people's couches or hooked up with a man to have a place for shelter.
- She had daily thoughts of suicide... She had given up on herself, she was in despair.

- Luckily, Julie is now living in a GPD program
- She is enrolled at the VA for substance abuse and PTSD treatment
- She is unemployed, has physical health issues, and more than anything wants to regain custody of her daughter

What happened?

- Julie is a survivor of sexual trauma.
- Can you name the event of trauma?
- Can you see similarities and patterns from her childhood that replicated in the military?
- How would you prioritize her treatment plan?
- What might be barriers for treatment?

Homeless Women Veterans

- Women veterans are fastest growing part of homeless population
- Rates have tripled from 2010-2015 and continues to grow
- Women veterans are three to four times more likely to become homeless than non-veteran women

Gamache, Rosenheck, & Tessler, 2003; Project Muse, 2010

Why?

- Often a family, who might otherwise care for a member with problems is the original source of abuse/violence
- With few resources, layers of trauma, difficulty reintegrating into civilian life
- Unemployment, emotional and physical health problems, relationship issues →
- Could explain why women veterans have higher risk for Homelessness

Regarding the research literature...

- Women Veterans have a high prevalence of multiple events of trauma across their lifespan
 - starting in early childhood and continuing post-military with not only sexual trauma,
 - but also a variety of abusive and unsupportive relationships

(e.g., like Julie's story)

Characteristics of a sample of homeless women veterans (N= 33)

- Lifetime history of physical assault 77%
- Lifetime history of rape 80%
- MST 53%
- Substance abuse 32%
- Risk factors of homelessness among female Veterans:
 - unemployed, disabled, having poor health, and PTSD

Characteristics: children or pets, couch surf, quick relationships, may feel lost in civilian world, veteran attitude of self-reliance



Military Sexual Trauma (MST)

- Although rates are extremely high, MST is STILL often minimized, victims feel blamed, unsupported and ostracized (military motivated to deny)
- MST occurs in a context—that context is being in the military, where one has to continue to work and live.
- Usually occurs by someone also in the military... victim has to continue to work and live with the perpetrator, friends of the perpetrator, and/or command of the perpetrator

- **FEAR:** “Will this happen to me again? How will this affect my career? Who knows about it?”
- **BLAME:** “I should have known better... I should have screamed or fought harder... Why did this happen to me? This is my fault...!”
- **ANGER:** “I trusted this person, I trusted the military... There is no justice, My career and life are ruined, I feel so betrayed.”

In depth interviews of military sexual trauma: A study of Women Veterans



Katz, Huffman, & Cojucar, 2016

Study “In her own words”

- 21 female veterans interviewed regarding 29 events of MST/assault
- Self-selected sample, all had completed therapy

Common themes revealed:

67% of participants had multiple childhood (pre-military) trauma

69% knew their perpetrator prior to the assault -- 60% were superiors (abuse of power)

52% had to continue to interact with perpetrator as part of her job

52% included violence (hitting, choking, forcing, threats)

67% reported being seriously injured or pregnant as a result of assault; however, only 28% received help. (See Zaleski & Katz, 2014)

52% said MST lead to an early discharge from the military

76% stated MST interfered with ability to have intimate relationships

71% had suicidal ideation, 14% suicide attempts on active duty, 38% made a suicide attempt some time MST

MST

- Isolates the victim
- No outlet for support/ most not reported
- No closure or retribution to perpetrator
- Continues to have consequences
- Blamed, accused, not believed

Alters cognitions, self-esteem, safety, attachment to others

Further and further isolation > “no one understands me”

“I don’t belong” “I don’t matter....”

Why is this important?

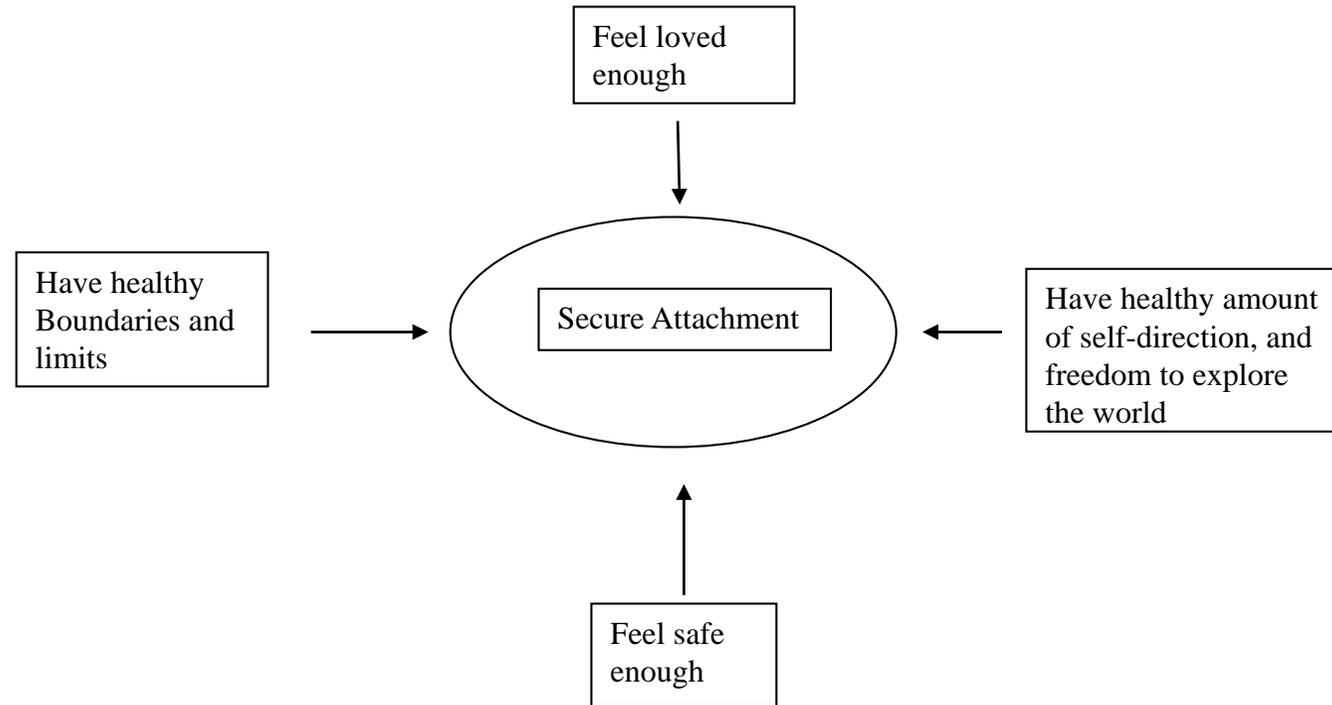
- Disconnection from others → Isolated from the unit/continued abuse, Ruins careers– get out of military early
- Unable to trust or sustain a healthy relationship
- MST disrupts perceived Attachment
 - difficulty connecting with others
 - Also, disrupts internal sense of security
- Numbing Coping Strategies:
 - Addictions, eating disorders, running
 - Veterans with MST have increased risk of suicidal ideation, suicide attempts, and suicide completion (Monteith et al, 2016; Kimerling et al, 2016)

A word on Attachment: Harlow's monkeys



Even with food and water, we are **biologically wired** to crave and seek social interactions

Elements for secure attachment



Sexual trauma and attachment

Attachment is robust – strongest predictor of success in living!

But it CAN and does CHANGE over time in response to significant experiences

We are LEARNING BEINGS!

Sexual trauma can disrupt secure attachment, or reinforce insecure attachment and set in motion long-term interpersonal patterns and perceptions about the self & others (holograms)

We can reprocess the patterns and help people dislodge negative beliefs from the past

If treatment can improve attachment, then this can have a tremendous positive impact on people's lives

Proposed Top 5 issues from MST

1. Isolated- disconnected, misunderstood (ostracized)
2. Fear of reoccurrence - Vulnerable (anxiety, nightmares)
3. Lack of closure - Injustice, (resentment/anger)
4. Self-blame “It’s my fault...if only...” (as if this would have prevented the trauma)
5. Difficulty in relationships (confusion about what is a healthy relationship? Distorted self-concept, poor self-esteem, boundaries, sexual issues- unable to engage, respond, or enjoy intimate touch)

Proposed Top issues for women veterans in GPD

- Self-esteem/self-worth (“you matter and you belong”)
- Reconnect with community (interpersonal functioning)
- Reconnect with a purpose, a future
- Address physical health issues including healthy living
- Address mental health issues including sexual trauma
- Address family issues (divorce, custody, family discord)
- Address lack of income (school, employment, disability)

Compared to men: more ST (fear of men/hyper sexual, identity as female without being sexualized, safety concerns, fear of trusting others), family issues as care-takers, mothers, daughters, wives

“Renew” & Warrior Renew



Holistic approach

If ST is the underlying cause of Homelessness, then let's treat the ST before sending women out to get jobs/housing!

2004 awarded VA Special Needs Grant:

Collaboration

VA: A 12-week tx program for women with sexual trauma (IOP)

Community partner: provided GPD supportive housing for homeless women veterans

Phases of treatment

All classes follow a progression

1. Safety and trust

Build sense of community

Learn new coping skills

2. Deepen awareness

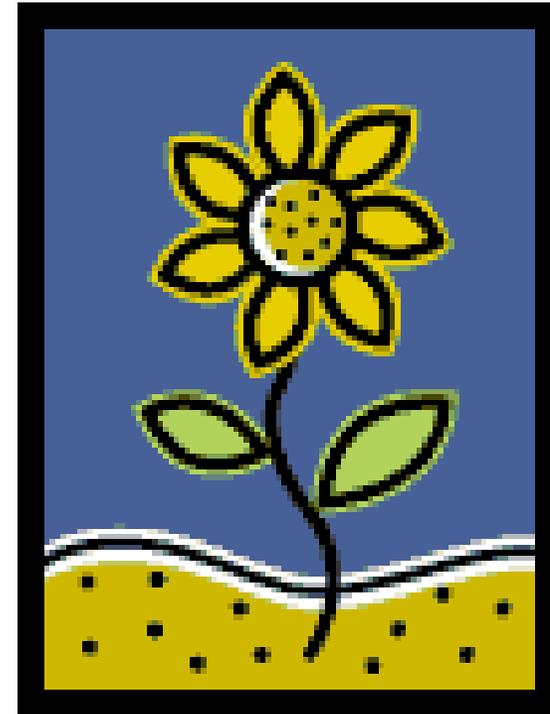
Become aware of patterns

Reappraise meaning of trauma

3. Redefine the self and future

Commit to healthier relationships

Plan for the future



Content of Program

Community building experiences

- Exploring space, sound, movement, imagination, power, trust

Topic of the week (12 topics) Weekly themes incorporated in all classes

Sleep/Nightmares

Triggers/Anxiety

Identifying relationship patterns

Anger & resentments

Self- blame, shame and power

Sexuality, boundaries, Communication skills

Losses, grief and gratitude

- **Affect regulation skills**
- **Journaling assignments**

IOP met 5 days a week (integrated curriculum)

Groups: Trauma, Feelings, Self-care, Relationships, & Addictions

Adjunctive activities: Art therapy, Yoga, Meditation, Journaling

Recreational outings: kayaking, movies, baseball, art museum

Based on Holographic Reprocessing therapy...

People are motivated to “make sense” of their experience and in so doing construct a framework that explains their experience

- *“Oh this is how the world is... & this is who I am...”*
- learned through experiences
- Past acts like a filter or lens inside Virtual Reality Goggles!
- Through which we anticipate, expect, interpret, and respond to the world

In this approach we target patterns not a specific event



Experiential holograms



See Katz, 2005 for details

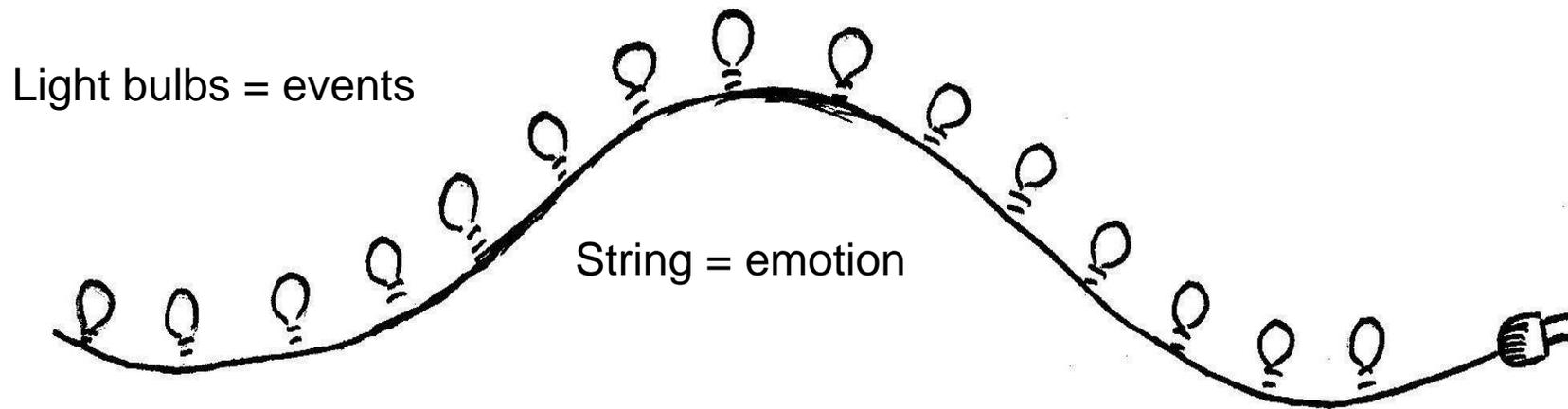
Experiential holograms

- It's called Experiential because it is formed by experience
- It's called Hologram because it feels so real...
 - but is actually an illusion... just because you have experienced... (betrayal, neglect, being taken advantage of, criticized, abused...etc) in the past, does not mean it has to continue to be that way.
- People (unconsciously) respond in ways that perpetuate and therefore, confirm their holograms.



Emotions “light up” memories

When one aspect of an event occurs, the feelings and associations of all past events also occurs. (explanation for triggers)

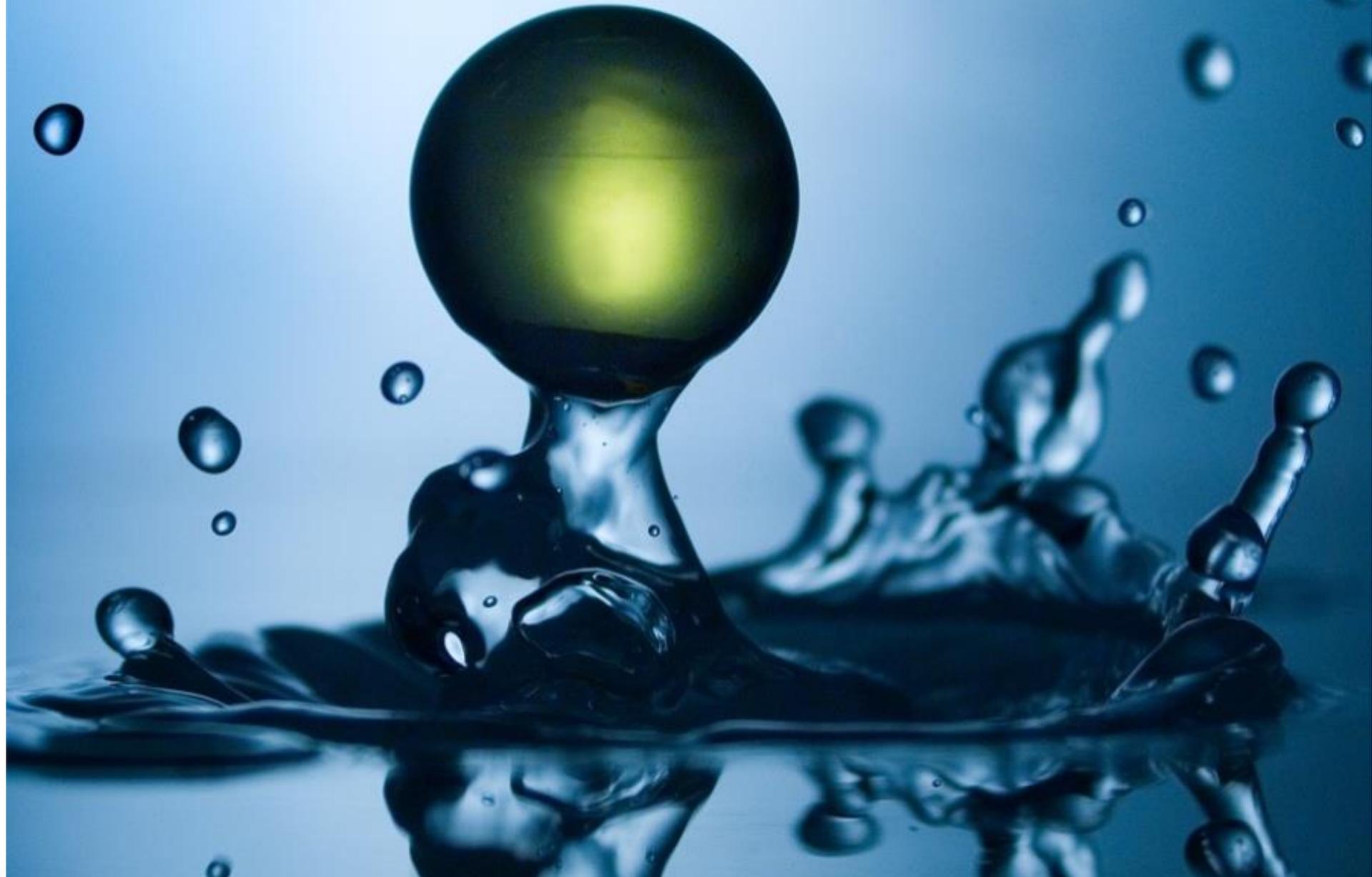


A cascade of re-enactments



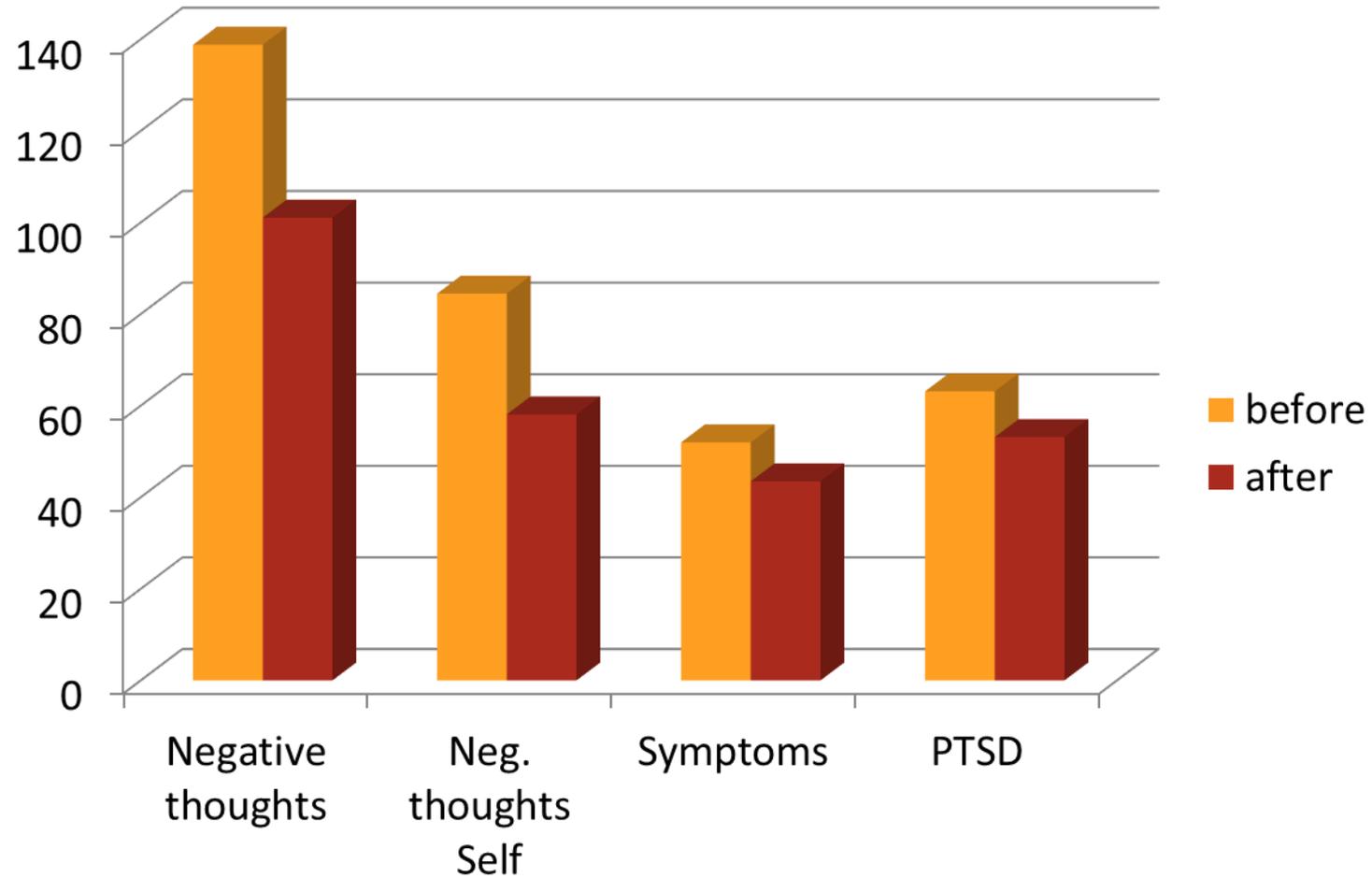
- These interpersonal dynamics will undoubtedly play out among residents in GPD program! (some will perceive: betrayal, criticism, rejection, neglect, endangerment--- and react accordingly)

OUTCOME STUDIES

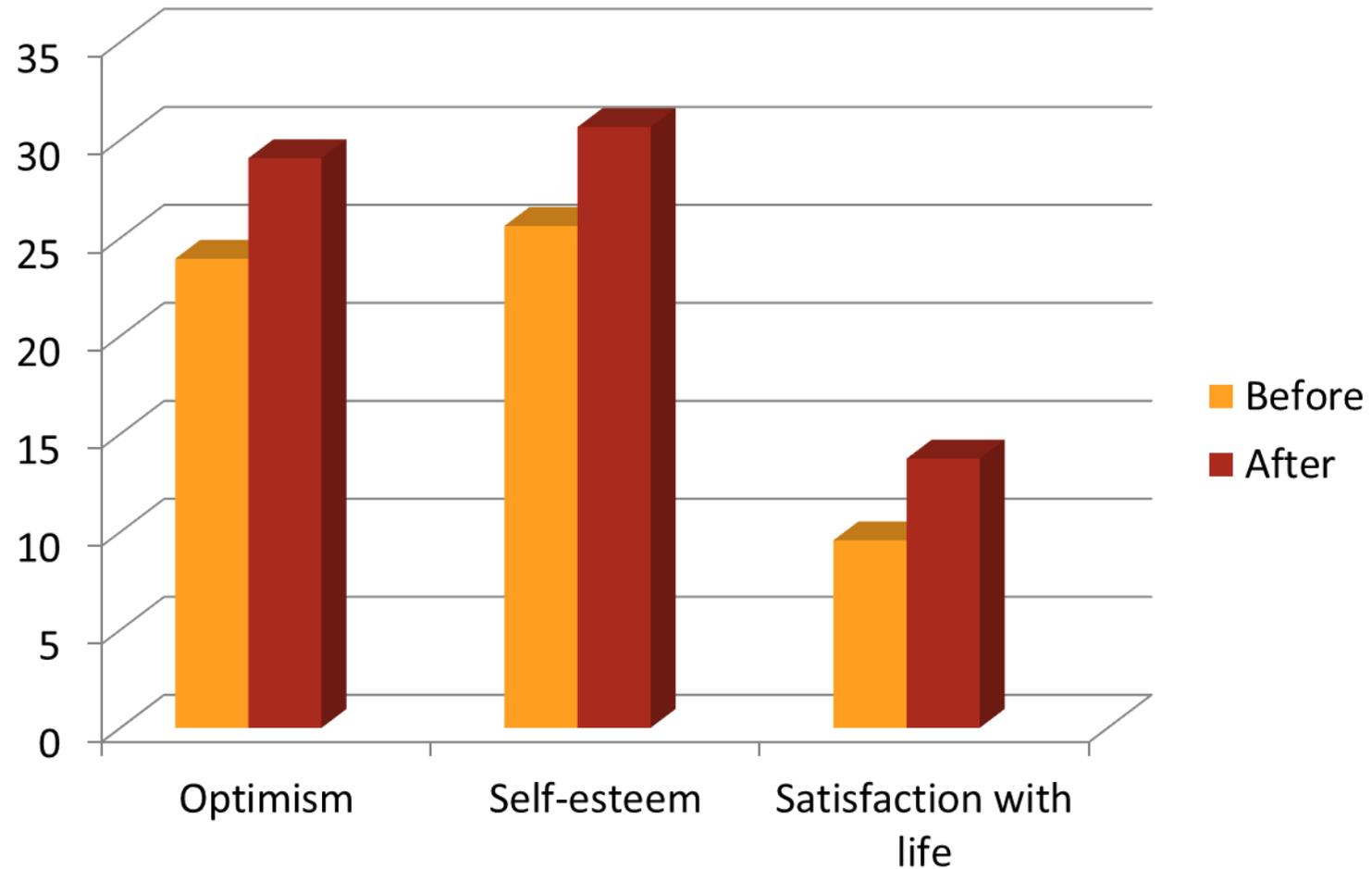


STUDY 1: 12 cohorts/112 started treatment, 97 graduated (13 % drop)

12-week IOP (75% housed at GPD)



Positive factors



STUDY 2: Does Warrior Renew improve perceived attachment style ?

70 started treatment/62 graduated (IOP)

- 89% had MST, of those, 85% had multiple events
- 87% had childhood ST, of those 89% had multiple events
- 79% had adult/domestic violence, of those 94% had multiple
- **Only one person** had a single event of ST-- which was MST

All completed the Relationship Scale Questionnaire (RSQ) (trait measure) pre and post treatment

Secure	$t(61) = 2.17 *$
Insecure-fearful	$t(61) = -4.20 ***$
Insecure-dismissive	$t(61) = -2.17 *$
Insecure-preoccupied	$t(61) = .43$

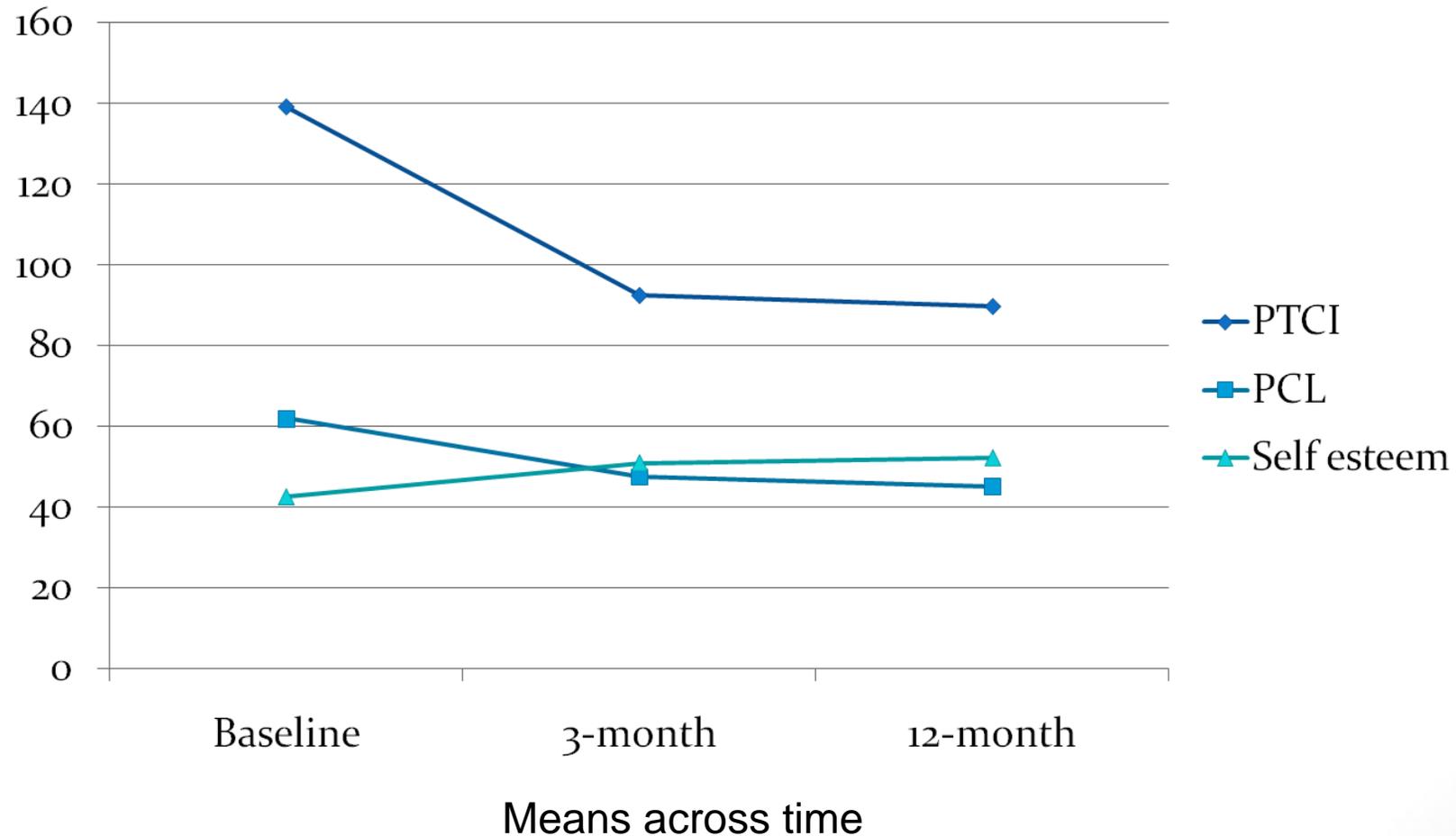
* $p < .05$, ** $p < .01$ *** $p < .001$

Study implications...

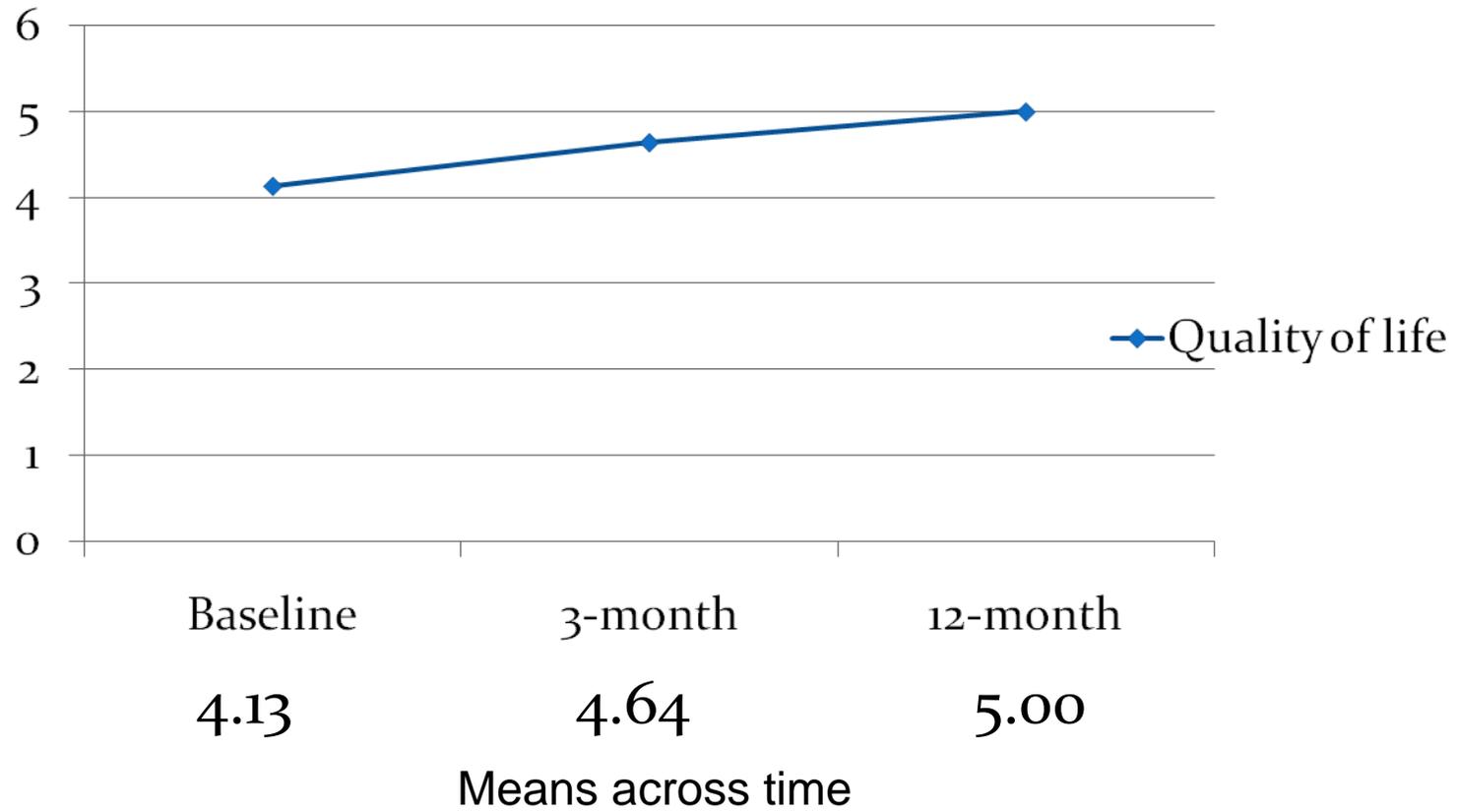
- If participants perceive relating to others with less fear and less avoidance, and internalize an increased sense of security,
- then they may be more likely to engage in activities and social interactions
- supporting an “upward spiral” approach to healing.

STUDY 3: Long-term outcome study

41 enrolled, 37 completed treatment, 32 completed study



Quality of life



I HAVE
POSSIBILITY



007

Lessons Learned-- “5 C’s”

- Consistent boundaries/rules
 - Be clear so folks know what to expect
- Compassion/caring (take a stand for their healing)
- Consistent Communication between staff!
 - Seek Consultation and debriefing
- Stick to your Curriculum (Coherence)
- Have Calming skills at the ready (Cleansing breath, aroma therapy, grounding skills)

Other challenges...

- Many women veterans have children and/or pets and most GPD programs cannot accommodate
- Expect conflicts, splitting, socially immature behavior, lying, manipulating, relapsing, pushing boundaries, breaking rules...
- “normal” for staff to be frustrated
 - But see veteran’s behavior through their VR goggles
 - Every upset is an opportunity for new learning
 - Support each other to stay grounded and see bigger picture
 - Stay the course... (centering clay)

Co-ed environments

- Unique challenges and potential healing opportunities for both genders to improve empathy
- Clear rules of engagement but also maybe offer a class or forum to discuss healthy relating
- Opportunity to teach Respect, Healthy boundaries, Focus on healing– instead of getting distracted by sexual high/attention
- Address dress codes, disrespectful speech and actions, dominance, negative generalizations: “all men... or all women...”



ME BEFORE Renew Coping Skills



ME AFTER RENEW COPING SKILLS

Thank you!

Lori.Katz@va.gov

Wrap Up for Per Diem Only and TIP Grantees

National GPD Operational Grantee Call

- *All Grantee Call-Tuesday, April 10th at 2pm Eastern/11am Pacific*
 - Guest Presenter: S.A.V.E. Financial Management
- **GPD Questions?**
 - 1st : Review Grant Materials and Training
 - 2nd : Connect with your Supervisor
 - 3rd : Contact your GPD Liaison (Include FAIN)
 - 4th : Contact the GPD Program Office at gpdgrants@va.gov (Include FAIN) & Cc GPD Liaison