

Holistic Approaches to Veterans' Legal Issues

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Pro Bono Week at LA Law Library

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Session Objectives

- Explain what a holistic approach to veteran legal services encompasses
- Describe how traumatic exposures cause biologic changes that can lead a person to use drugs/alcohol to manage symptoms and can lead to unacceptable/illegal behaviors
- Discuss challenges of providing culturally – and subculture - appropriate care to defendants along the trauma spectrum
- Describe what “Trauma-Informed Care” encompasses – for clients in the legal system, for the system itself, and for practitioners
- Identify ways in which Trauma Informed legal advocates assist veterans and their families in LA County

Holistic Approach to Legal Services

- Legal services typically are required when there is a problem!
- This problem usually affects more than just the individual who is involved in the case AND the problem is often MORE THAN JUST LEGAL!
- **HOLISTIC LEGAL CARE** means that the entire person, and their support network are considered when providing care –
 - *health, spirituality, finances, mental health, shelter, employment, social system* all are considered to *optimize a fair and restorative legal outcome*

Traumatized Individuals Need a Holistic Approach to Restore them – (& those Wronged) - to Wholeness

- Name some types of trauma that may have occurred to those who have served in our military
 - What kinds of traumatic experiences might their families and friends have suffered?

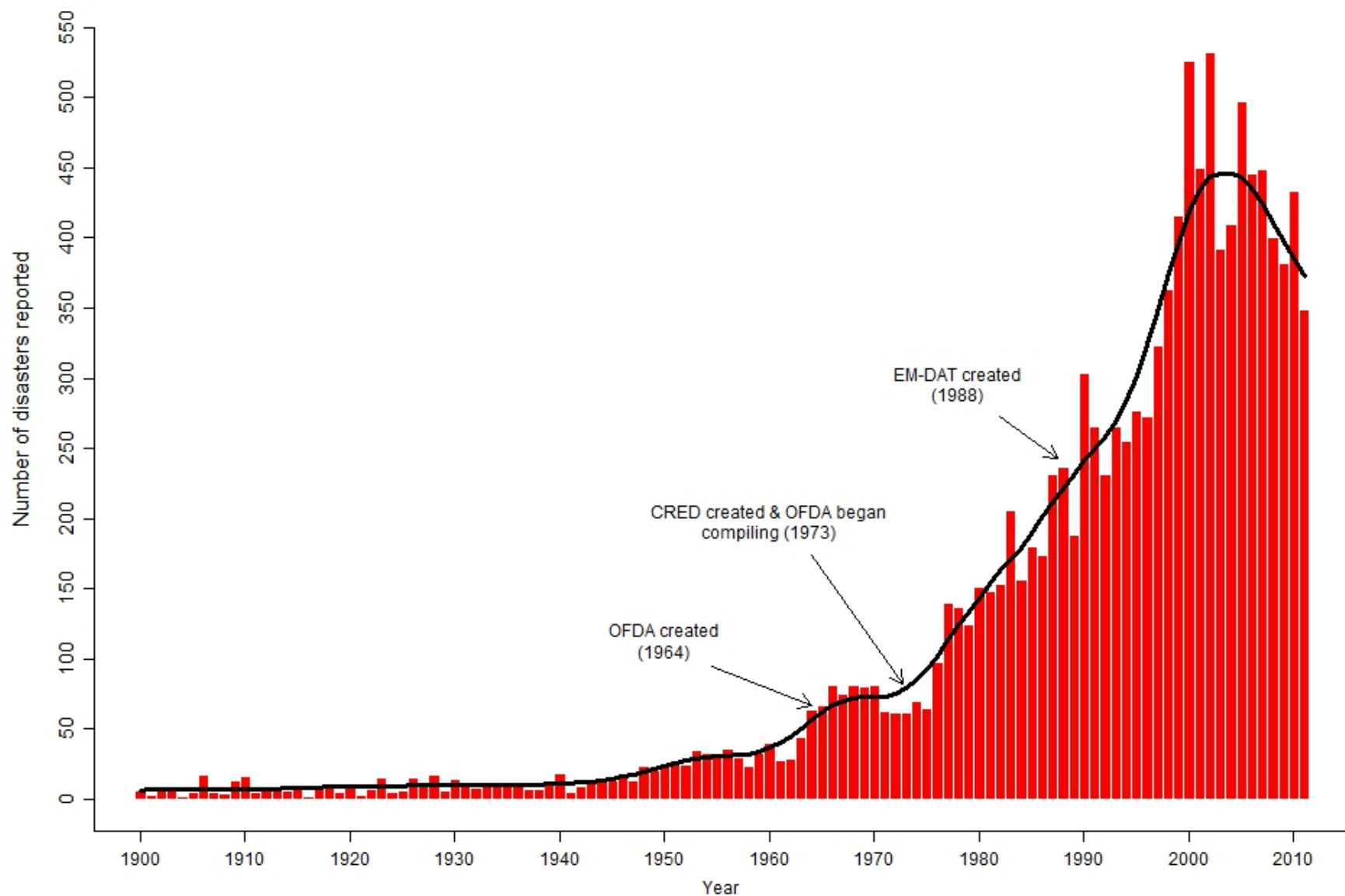
Trauma: A Very Brief History

- 1970-1980: less than 5K publications; almost exclusively related to emergency medical care
- **1980: DSM-III included PTSD as a diagnosis to introduce “war neurosis” into official psychiatric nomenclature.**
- **The stressors leading to PTSD diagnosis were thought to be “generally outside the range of common experiences” (not including simple bereavement, marital conflict, chronic illness, etc.) – rather rape, combat, disasters, major accidents, death camps**
- 1980-1990: 14,300 publications; still primarily focused on physical trauma; critical vs acute care was emerging and medical “trauma centers” were being established
 - 1982: HIV and AIDS was first identified in the US;
 - 1983: McMartin Preschool case & emergence of Multi-disciplinary child abuse teams
 - 1984: Feminist movement and domestic violence advocacy changes
 - 1987: Surgeon General Koop sent “Understanding AIDS” to all 107 million US households

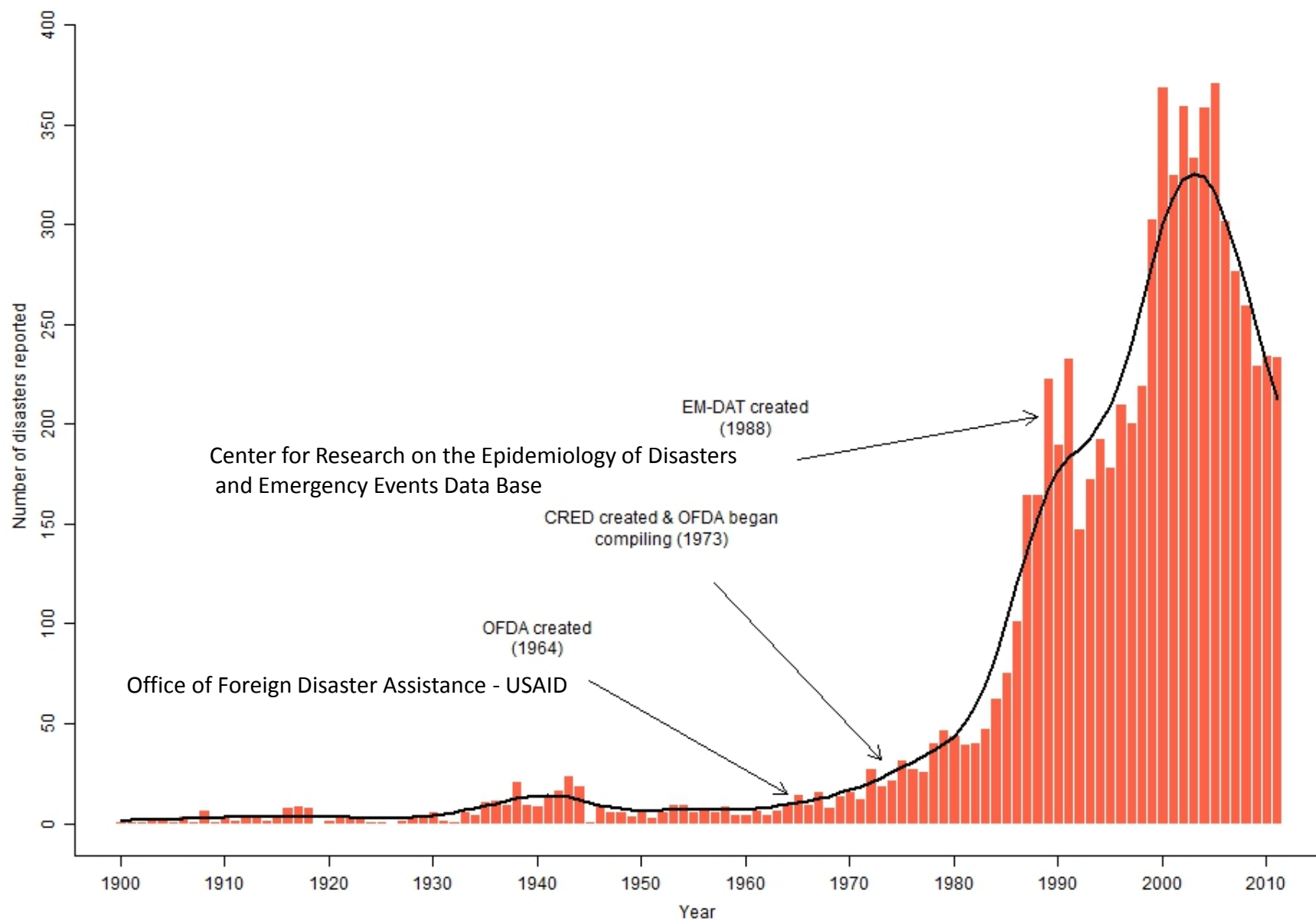
Brief history continued

- 1990-2000: 62,500 publications on Trauma
- 1990: National Institute for Trauma & Loss in Children (TLC) was founded (Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP))
- 1992: Judith Herman's "Trauma and Recovery" moved discussion of psychological trauma care
- **1998: Felitti, et al's publication of ACE Study described affect of childhood traumatic exposures**
- 2000-2010: 1,540,000 publications on trauma with 304,000 publications on trauma-informed care
- 2010-2016: 946,000 on trauma with 143K specifically on "trauma-informed care" with increasing attention to SYSTEMS development

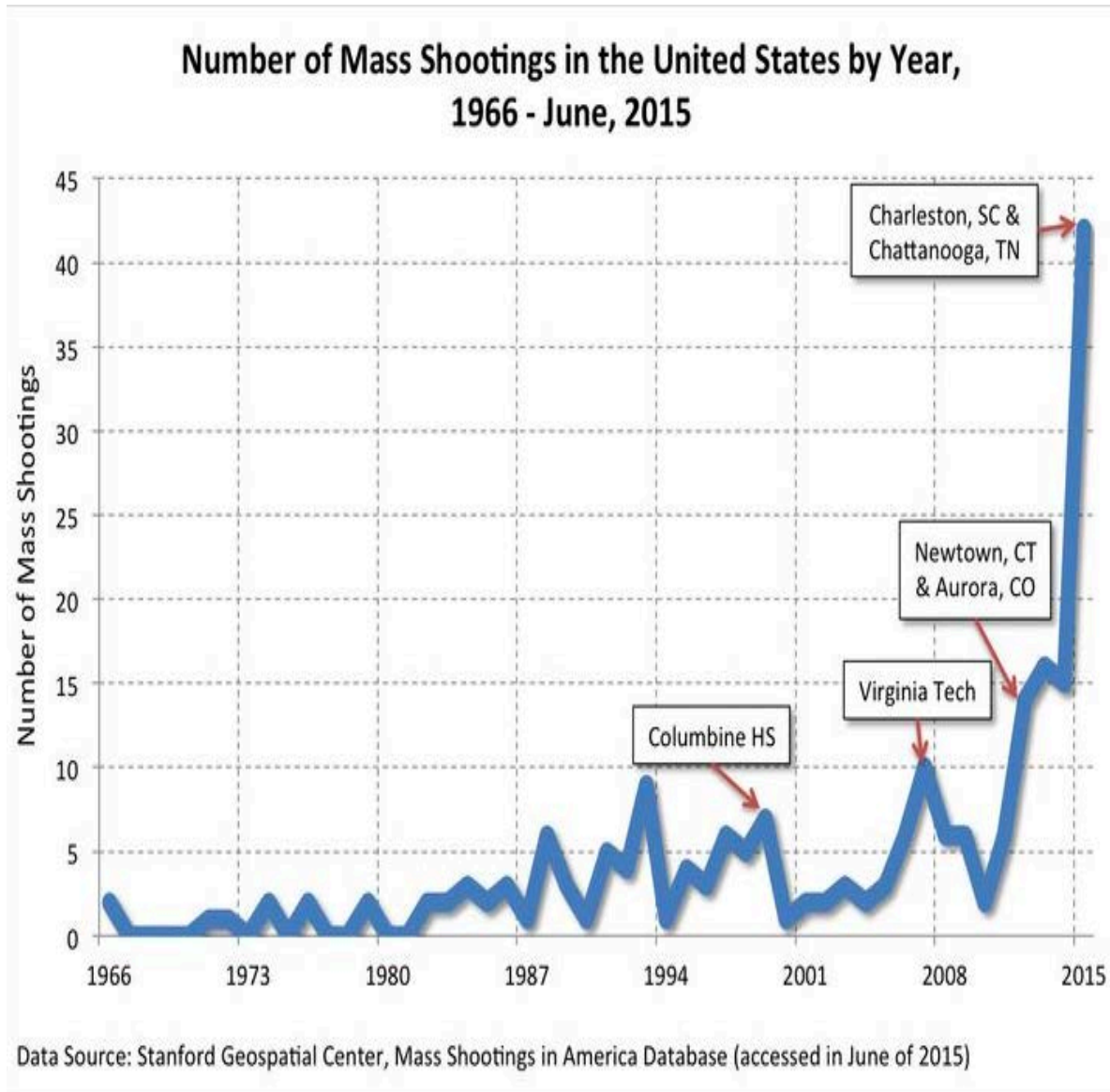
Natural disasters reported 1900 - 2011



Technological disasters reported 1900 - 2011



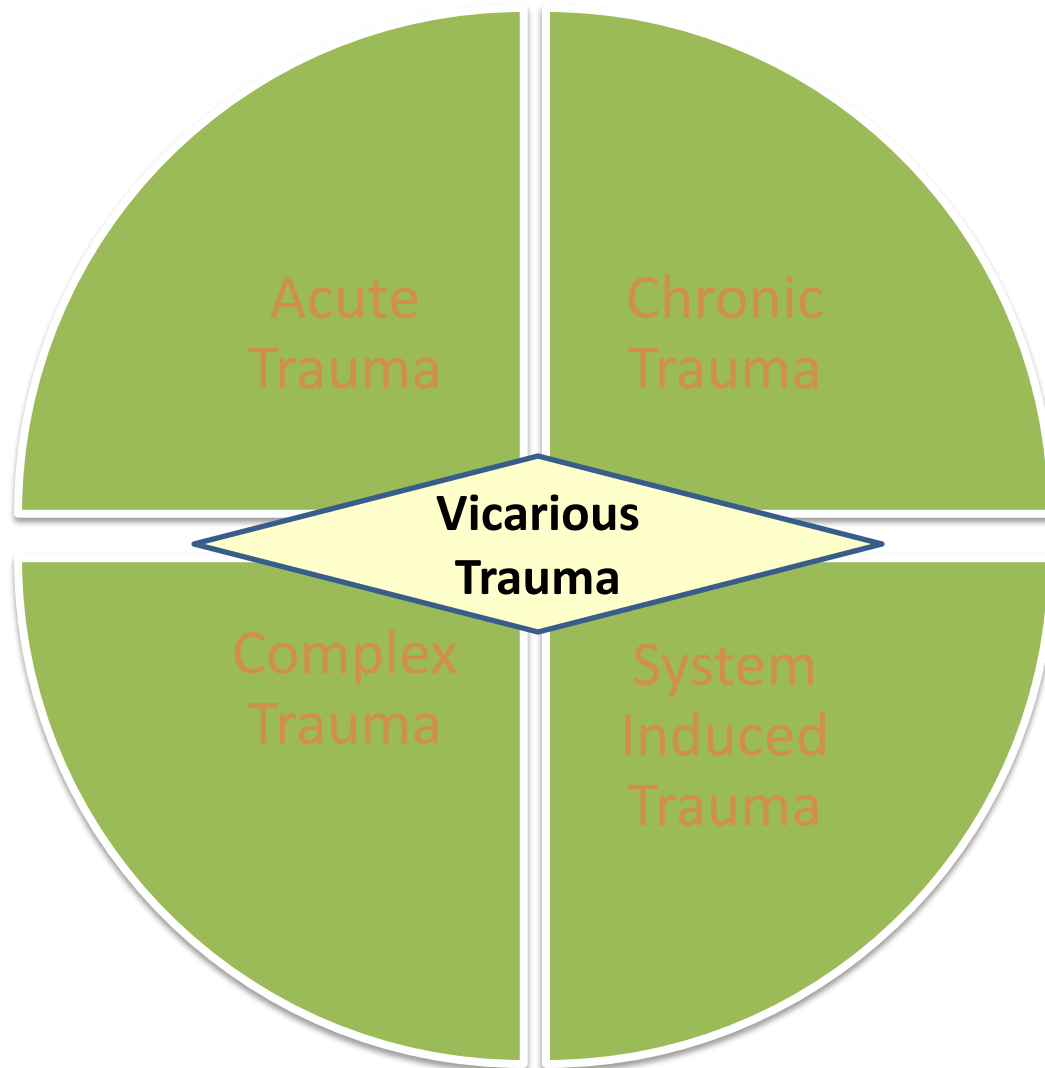
Mass Shootings Rising in US



Trauma increasingly viewed as a “**Hidden Epidemic**” – maybe “endemic”

- Unseen, but likely at the root of
 - Depression
 - Anxiety Disorders
 - PTSD
 - Addictions
 - OCD, other compulsions, & impulse control disorders
 - Risk-taking
 - Suicidality & non-suicidal self-injury
 - Re-victimization
 - Attachment and relationship difficulties

Types of Trauma



Trauma-Related Definitions

- ***Acute Trauma:*** Single, time-limited traumatic event exposure (rape, car accident, etc.)
- ***Chronic Trauma:*** Multiple, possibly varied traumatic event exposure (war exposure, ongoing physical abuse, etc.)
- ***Complex Trauma:*** Term is used to discuss both exposure to chronic trauma & impact of trauma
- ***Resiliency:*** A pattern of positive adaptation in the context of past or present adversity; *(it is a fallacy that children are inherently resilient and that infants and young children cannot experience traumatic events)*

Adverse Childhood Experiences (ACE) Study Findings & SUDs

Each ACE increased the likelihood for early initiation of drug use 2 to 4-fold; Individuals with 5 or more ACEs were 7 to 10-fold more likely to have Substance Use Disorders (SUDs)

For 4 successive cohorts back to 1900, effects of ACEs *outweigh* increased drug access, attitudes towards drugs, and public education campaigns to prevent drug abuse

ACE: a retrospective study of 8,613 adults interviewed re: original ACE 8 categories:

Childhood Abuse (3 items: emotional, physical, sexual),

Household Dysfunction (5 items: substance abuse, mental illness/depression/suicidal, battered mother, incarcerated family member, at least 1 biologic parent died before subject 18 yrs)



Adverse Childhood Experiences (ACE) Study

ACE Home

[About ACE](#)[Pyramid](#)[Major Findings](#)[Questionnaires](#)[Data and Statistics](#)[Related Links](#)[Publications](#)

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 conference and workshop presentations have been made.

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. Progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from understanding that many of these problems arise as a consequence of adverse childhood experiences.

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Contact Us:

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348

New Hours of Operation
8am-8pm ET/Monday-Friday
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cdcinfo@cdc.gov

Publications by

- [Health Outcome](#)
- [Year](#)

Data and Statistics

- [Prevalence](#)
- [Participant Demographics](#)

<http://www.cdc.gov/ace/index.htm>

10 ACES Survey Questions

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often... ***Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?*** Yes /No If yes enter 1

2. Did a parent or other adult in the household often or very often... ***Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?*** Yes/ No If yes enter 1

3. Did an adult or person at least 5 years older than you ever... ***Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?*** Yes/ No If yes enter 1

4. Did you often or very often feel that ... ***No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?*** Yes/ No If yes enter 1

5. Did you often or very often feel that ... ***You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?*** Yes /No If yes enter 1

6. Were your parents ever separated or divorced? Yes/ No If yes enter 1

7. Was your mother or stepmother: ***Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?*** Yes/ No If yes enter 1

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes/ No If yes enter 1

9. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes /No If yes enter 1

10. Did a household member go to prison? Yes No If yes enter 1

Now add up your "Yes" answers: _____ This is your ACE Score

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MEMBERS



EVENTS

BROUGHT TO YOU BY ACESCONNECTION.COM AND INSTITUTEFORSAFEFAMILIES.ORG



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LATEST ACTIVITY



Teresa Moore and **Tim Clement** joined **Jane Stevens's** group



Groups' community managers develop and exchange best practices to grow and facilitate t

Vincent Felitti, MD, Director, study, Kaiser Permanente CA
www.acesconnection.com

The Social Ecology of Trauma

“Social Bonds and Posttraumatic Stress Disorder” by Charuvastra & Cloitre, 2008

--Human-caused events create greater risk for PTSD than naturally occurring events

--Social support perceptions *Before* and *After* traumatic event(s) are important factor in risk of developing PTSD & other anxiety/depressive disorders

---- ***Both the risk*** of experiencing debilitating trauma **AND** ***successful*** recovery and ***interpretation*** of such events are **dependent on positive social networks** (families and institutions including courts, schools, faith-based settings, etc)

Social support & trust is a very effective emotion regulator – especially with regard to fear and safety

Factors in Recovery & Resiliency or Symptom Development

- Ability to Bounce Back
- **Pre-quel – Pre-existing Life Experiences**
- **Cumulative issues:** intensity, frequency, duration (chronicity/acuity, respite, etc)
- **Coping skills:** acquired, learned, modeled, internalized
- Ability, access, and willingness to seek mental/behavioral health help (ignorance, stigma, fear, shame)

Three Levels of the CNS Involved in Extreme Stress and Trauma

1 Autonomic Nervous System (in the medulla oblongata - brainstem)
coordinates functioning of organs of the body

- **Sympathetic** side: “fight or flight”
- **Parasympathetic** side: “feed or breed”

2 Amygdala

- Threat memory system
- Threat alarm system

3 Hippocampus and prefrontal cortex (PFC)

- Self-control system
- Declarative memory storage and recall

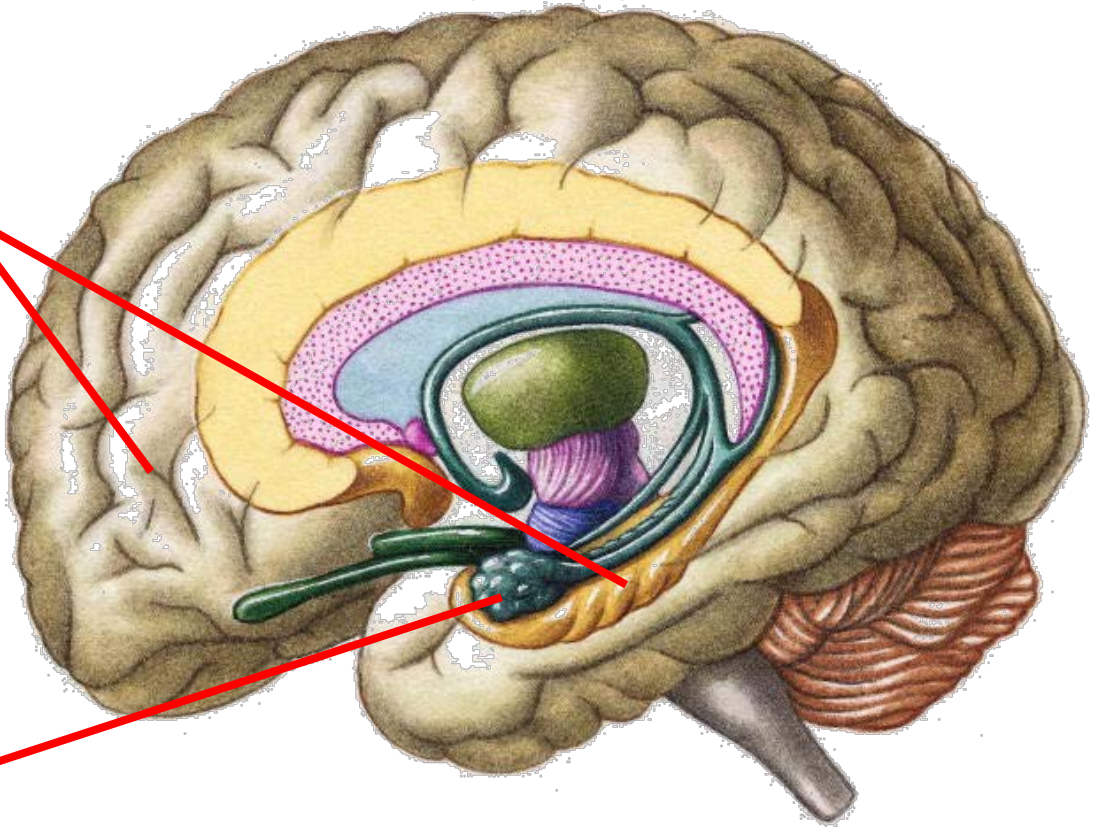
Brain Centers Affected by Traumatic Stress

HIPPOCAMPUS
& PREFRONTAL
CORTEX

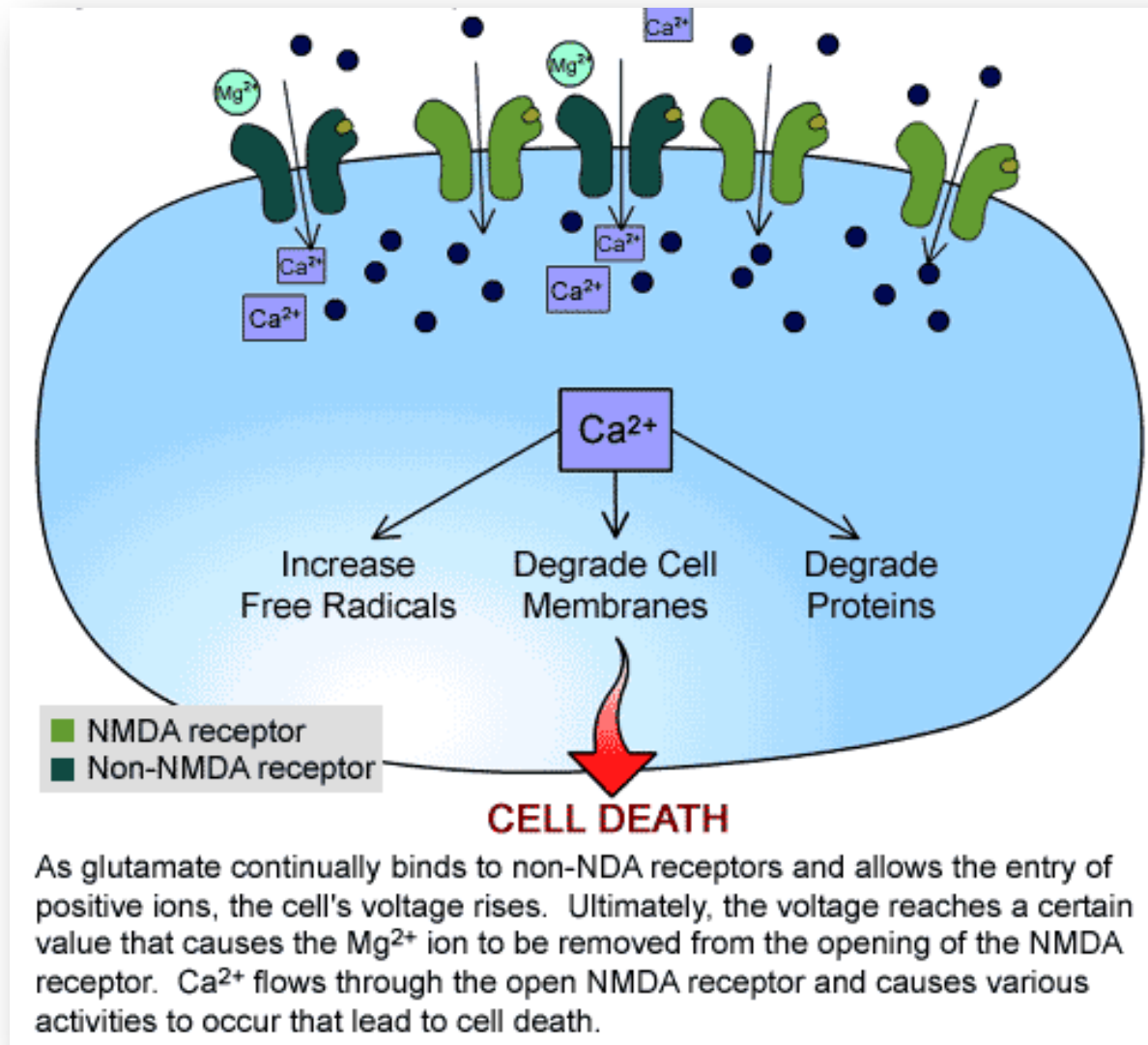
Major memory and
self-control system

AMYGDALA

Threat alarm
system



Glutamate Neurons in Hippocampus and Prefrontal Cortex Can Die From Stress



But ALL Cultures - & Subcultures - Mediate Traumatic Exposures & Response



California: Lots of Veterans, Military Bases, National Guard

-- CA has more active military bases than any other state (26)

-- CA has more veterans than any other state (about 2 million)

CA has more National Guard members than any other state
-many of whom are ALSO Veterans

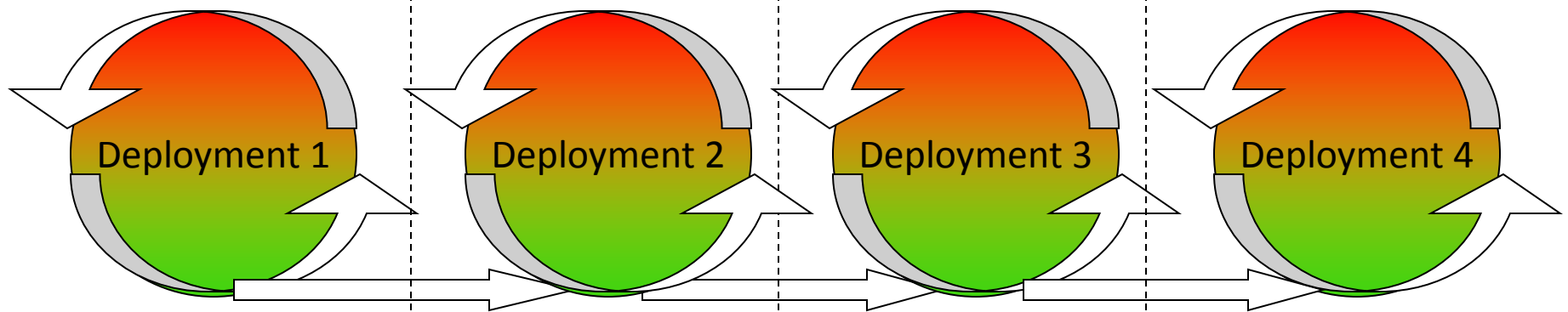


Deployments: leave family behind

- Over 2.5 million service members have deployed in support of OEF/OIF/OND/OFS (Operation Freedom's Sentinel)
- Currently (in 2016) more contractors are serving in combat theatres than US uniformed personnel
- Over 1 million US armed forces personnel have served at least two tours
- Hundreds of thousands have served 3 or many more deployments



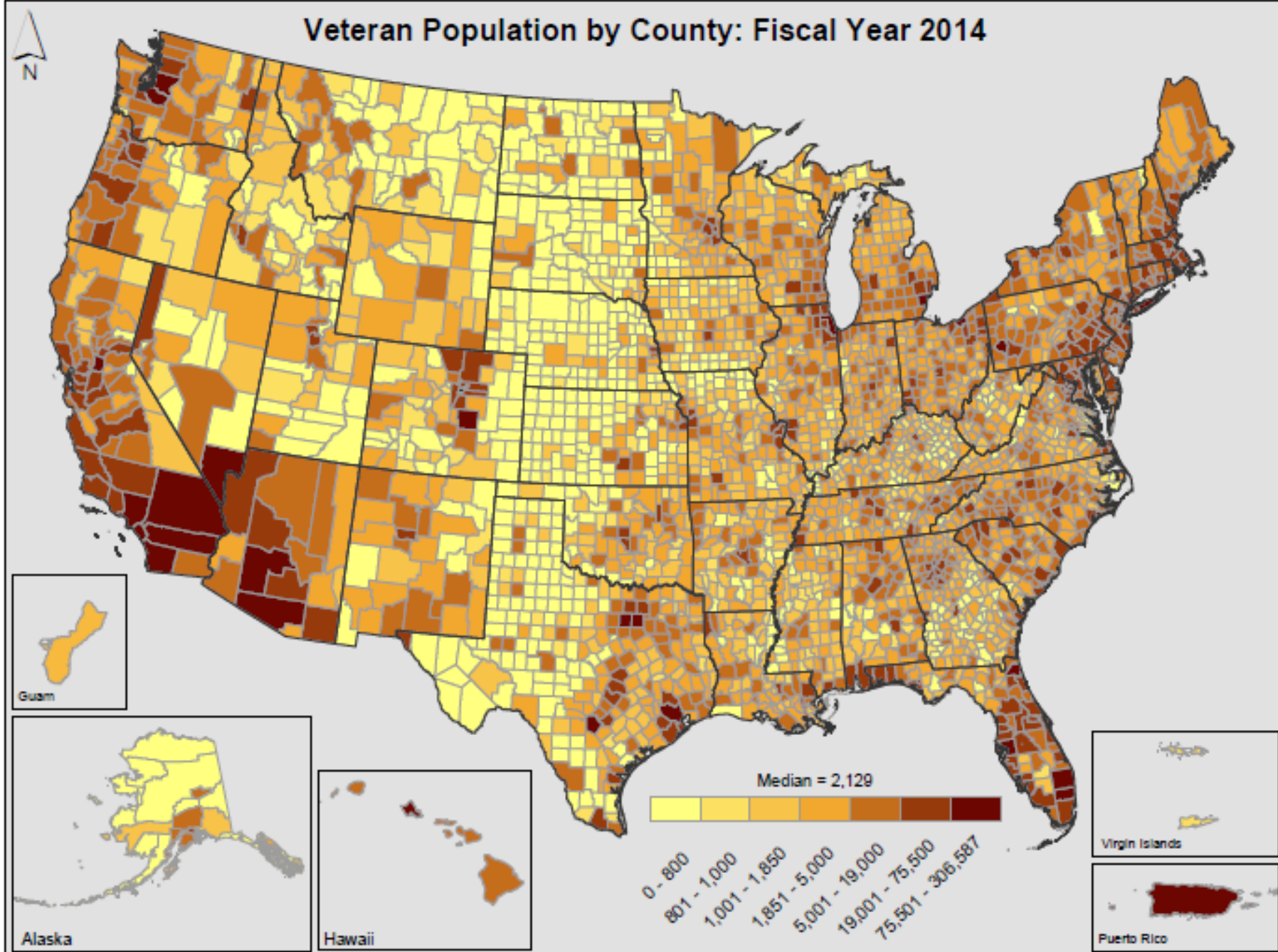
Deployment Spiral and Children



New At- Risk Population: Military Families

- An estimated 2 million-plus children have been affected by a parent's recent wartime deployments - usually multiple deployments
- Specific high risk groups include parents with symptoms or diagnosis of PTSD or other mental or physical health injuries
- High rates of physician-prescribed medication for pain and psychotropics for military and veteran mental injuries; high risk of complications with self-medication, primarily with alcohol
- Increasing rates of child maltreatment (42% higher during deployments; in TX: doubled between '02 and '07 among military families)
- Increasing rates of IPV/DV among military families

Veteran Population by County: Fiscal Year 2014

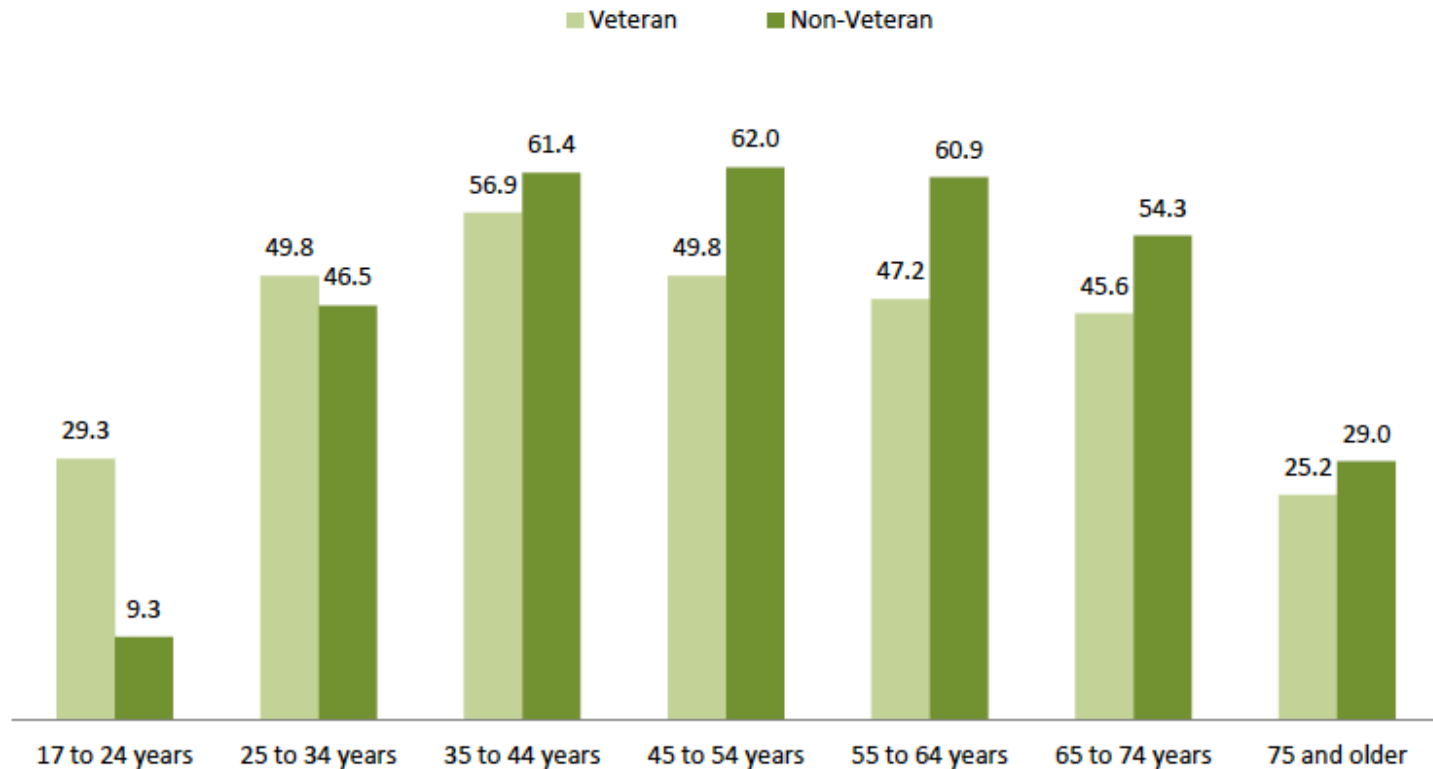


Military:

Risk Factors for PTSD

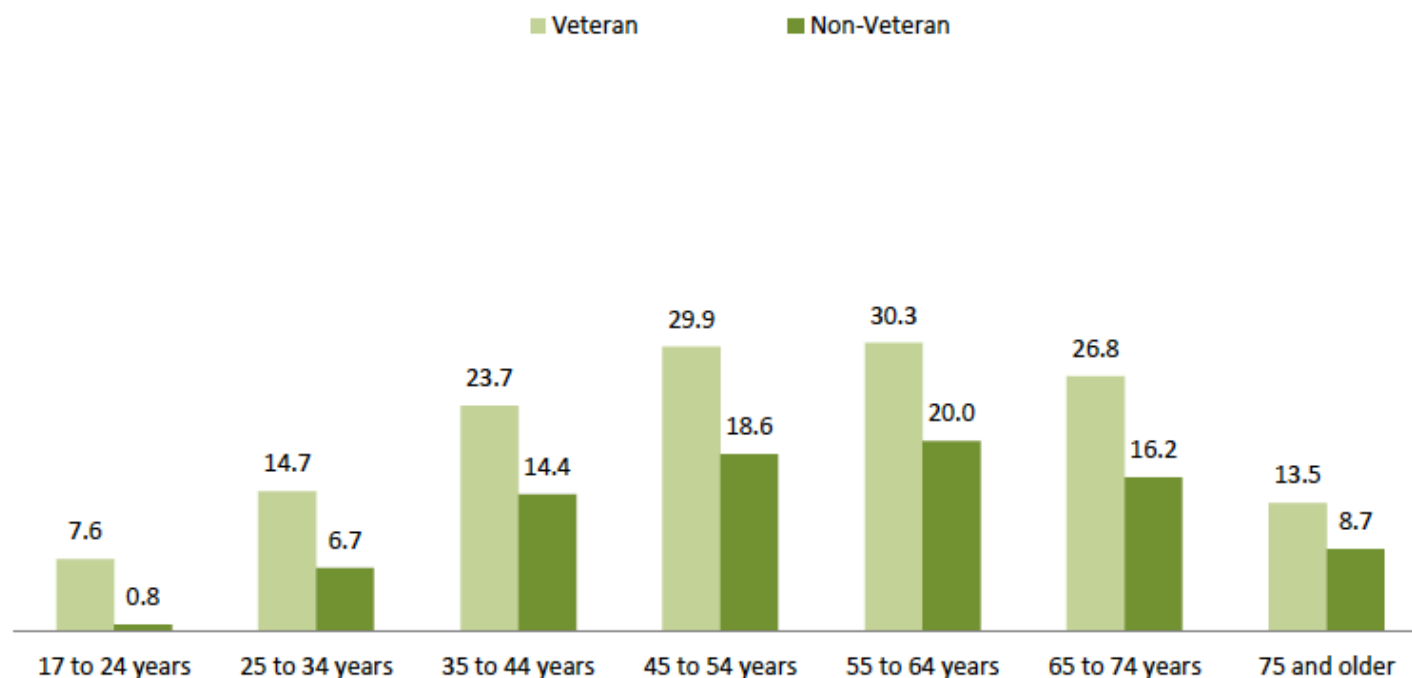
- 25% of US Army recruits required a “moral, physical, or educational waiver” to enter service in 2006, up from 20% across services in 2003; in 2011, the rate was down to 12%
- **Adverse Childhood Experiences (ACE)**
Study shows that increased ACE score
→ increased risk for PTSD
- In one study with 135 participants, 95.4% reported at least one trauma in addition to MST, most notably **sexual abuse as adult civilians (77.0%) and as children (52.6%)**. PTSD, depression, and sleep difficulty rates were clinically significant. Kelly, Ursula, et al 2011

Percentage of Married Women by Age and Veteran Status



Female Veterans tend to get married at a younger age than non-Veteran women. About 29 percent of the 17- to 24-year-old female Veterans are married, compared with only 9 percent of the non-Veteran women of the same age.

Percentage of Divorced Women by Age and Veteran Status



Young female Veterans are not only more likely to be married than non-Veteran women, they are also more likely to be divorced. About 8 percent of the 17- to 24-year-old female Veterans are divorced, compared with 1 percent of similar non-Veteran female. In general, women Veterans are more likely to be divorced than non-Veteran women. About 23 percent of all female Veterans are currently divorced compared with 13 percent of non-Veteran women. Some married women may have been divorced previously.



Post-Traumatic Stress

Some Good News:

Ten Principles of Trauma Informed Programming Across Systems

1. Recognize impact of violence and victimization on coping skills
2. Establish recovery from trauma and management of trauma as an element in case plans
3. Employ empowerment model -
4. Maximize choice and support decision-making skills
5. Base programming and interactions on relational collaboration

Ten Principles of Trauma Informed Services

6. Structure environment designed to ensure safety, respect and acceptance
7. Highlight strengths and resiliency
- 8. Minimize possibility of re-traumatization**
9. Become culturally competent and understand the client from the context of their life experience
10. Solicit consumers' input and feedback in design and evaluating services – Listen!

Stress Continuum: Four Stress Zones

READY	REACTING	INJURED	ILL
<ul style="list-style-type: none">• Adaptive coping• Effective functioning• Health and well being• The goal of resilience efforts	<ul style="list-style-type: none">• Mild and transient distress or loss of function• Very common• Self correcting• Persistence may lead to stress injury	<ul style="list-style-type: none">• More severe and persistent distress or loss of function• Less common• Heals better with attention or care• Persistence may lead to illness	<ul style="list-style-type: none">• Diagnosable mental disorders• DSM-IV criteria• May follow unhealed stress injury• Quite Rare• Needs treatment

EVIDENCE-BASED

Cognitive-Behavioral INTERVENTIONS to reduce anxiety, increase coping, & build resilience

- **Psychoeducation:** for individuals & family/support system
- **Cognitive processing** skills; eg: problem solving
- **Personal empowerment** training (eg: goal setting)
- **Emotional Regulation Skills** (eg: use of “feeling thermometer”)
- **Communication** (assertive “I” based)
- Trauma **narrative** and/or Family Timeline (meaning development)
- **Trauma and Loss Reminder** Management

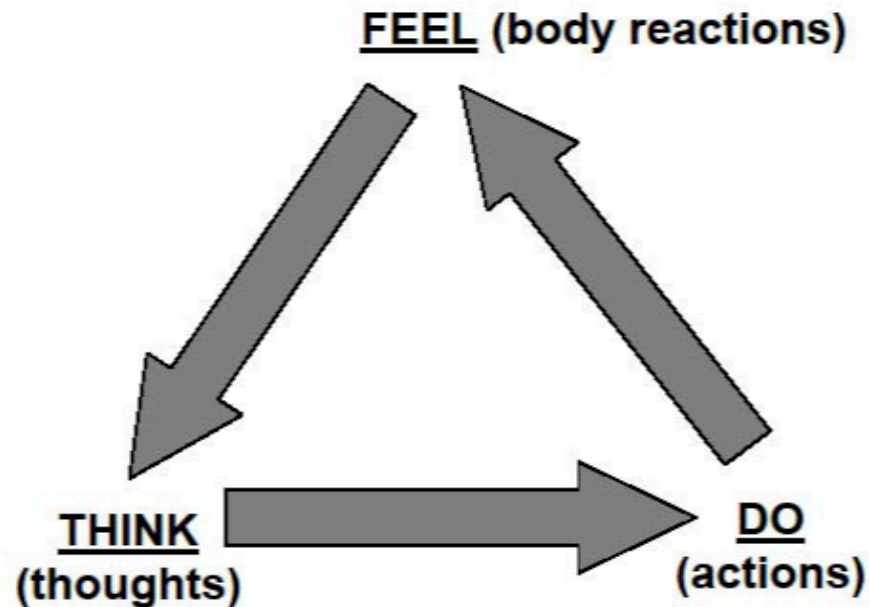
Examples: FOCUS Project at UCLA

Consider establishing explicit guidance to limit traumatogenic communication

- What is traumatogenic communication?
 - Verbal Sharing that provides images, details, descriptions of traumatic event coupled with one's response
 - Communication that creates an unnecessary trauma exposure to another person
- Appropriate setting for this is in professional therapeutic relationship
- Communication without gorey details of trauma can be equally effective
- What kind of guidelines do you already have in place for this?
- How do you manage this now?

Physical and Mental Health Integrated?... Or dis-integrated?

FTD FEEL-THINK-DO
Cognitive Triangle



10 things to do each day to develop resilience and ability to work with care, energy, and compassion

1. Get enough sleep (7-8 hours for REM)
2. Get enough good food to eat
3. Do some light exercise
4. Vary the work that you do
5. Do something pleasurable
6. Focus on what you did well
7. Learn from a mistake
8. Share a joke
9. Relax, pray, or meditate
10. Support a colleague

Some Resources

- <http://www.joyfulheartfoundation.org/about-us/welcome>
- www.proqol.org
- *Resilience after 9/11: Multimodal neuroimaging evidence for stress-related change in the healthy adult brain.* NeuroImage. Vol 40, Issue 2, April 2008, pp 788-795.
- *Emotionally based strategic communications and societal stress-related disorders.* Cyberpsychology, behavior, and social networking. Vol 15(11) Nov 2012., pp 597-603.
- **Preventing vicarious traumatization of mental health therapists: Identifying protective practices.* Psychotherapy: Theory, Research, Practice, Training, Vol 46(2), June 2009, pp 203-219.

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*may have limited applicability in other than therapist-client relationships

Neighborhood Legal Services

Mission Statement:

Neighborhood Legal Services is a steadfast advocate for individuals, families and communities throughout Los Angeles County. Through a combination of individual representation, high impact litigation and public policy advocacy, NLSLA combats the immediate and long-lasting effects of poverty and expands access to health, opportunity, and justice in Los Angeles' diverse neighborhoods.

Core Legal Issues:

- Housing
- Healthcare
- Economic Security
- Access to Justice
- Self Help Centers in county courthouses (family law; housing)

Best Practices



1. Know the culture
2. Knowing what's happening in the community concerning veterans
3. Understand how trauma can create obstacles to wellness
4. Understand how legal problems are intertwined with larger problems
5. Working with other service providers
6. Meeting the veteran where they are at
7. Empowering the veteran to participate in the decision-making process
8. Community Outreach

How to reach us



Online: www.nlsia.org

Legal Assistance Hotline:
800-433-6251

Health Consumer Center
800-896-3203

Self-Help Legal Access Centers (all courthouses)

Volunteer
volunteers@nlsia.org