

# PTSD Virtual Intensive Outpatient Program (PTSD vIOP) Battle Creek VAMC

**PTSD vIOP Team Mission:** To empower Veterans in their Recovery by providing well-researched, evidence-based treatments for PTSD that promote awareness, wellness, and Recovery from the harmful impact of trauma in an intensive, virtual format.

**PTSD vIOP Individual Therapy Purpose:** To provide evidence-based, trauma-focused individual therapy with the goal of reducing PTSD-related symptoms and improving overall functioning.

**PTSD vIOP Group Purpose:** To improve coping by providing knowledge, skills, and support while Veteran is engaged in trauma-focused treatment in support of their overall recovery from trauma.

**PTSD vIOP Basics:** This 7-week virtual, intensive outpatient program includes 3.5+ hours of programming every Tuesday and Thursday

- To be accepted, the Veteran must be able to reliably use VVC and be willing to participate in all scheduled programming to include:
  - o Trauma-focused individual therapy (60-90 minutes) two times each week on Tuesday and Thursday
  - o Group therapy from 1-3 pm every Tuesday and Thursday
  - o Additional services may be added to a Veteran's treatment plan as appropriate, including intensive IOP for substance use disorder as needed
- Veterans will be expected to participate in measurement-based care to include weekly evaluation of symptoms as well as pre- and post-treatment assessment



## Clinical Video Tele-Mental Health Guidelines & Expectations

1. Due to the sensitive material that is covered in each session, please be alone in the room (no family or friends), unless otherwise agreed upon with your mental health provider. This is to respect the confidentiality of you and others, if attending group treatment.
2. No Video/Audio recording of sessions, unless directed by provider. Absolutely no recording of group sessions for any reason. Failure to follow this group rule **will** lead to removal from the group.
3. Please do not connect to video appointments while you are driving or in a public area.
4. Please treat your tele-mental health appointment like you would an in-person appointment:
  - Please call your provider if you are running late. You are expected to attend all scheduled appointments, especially groups, on time without being called by your provider.
  - Please dress as if you were going to an appointment at VA clinic.
  - Please have session in a private room with minimal distractions: Cellphones should be on do not disturb or vibrate. Do not text, e-mail, use the internet, or engage in any other activities on the computer during sessions. This may result in disconnecting from the session and is a distraction for you, other group members, and the provider.
  - Please inform provider of any people in the home at the time of session.
  - Please make sure that any electronics that are not used for the session are off.
  - Please do not engage in other activities during sessions to include smoking and eating.
  - Please do not attend sessions while under the influence of alcohol or illegal drugs.
  - Please remove all weapons from the room where you will be during the session.
  - If participating in a group via tele-mental health, please be respectful of others.
    - Everyone will be encouraged to actively participate.
    - Remember that everyone in the group is trying to address their own struggles and difficulties.
    - Be open-minded and willing to learn something new.
    - Be patient with each other, staff, and yourself
5. Please be sure to have your devices fully charged prior to your scheduled appointment. If using a cellphone or other device prone to overheating, consider removing cases or covers, reducing screen brightness and closing all other apps while using the tele-mental health software.



## Informed Consent - PTSD vIOP

### ***Diagnosis:***

I have requested treatment in the PTSD Virtual Intensive Outpatient Program (PTSD vIOP) because of a diagnosis of Post-traumatic Stress Disorder or other trauma-related diagnosis, as well as other related mental health needs that may include Substance Use Disorders. I will complete an assessment with a trained provider, and the results of that assessment will guide subsequent treatment, even if a different problem is identified as needing treatment first.

### ***Treatment:***

Treatments designed for PTSD involve processing past trauma(s) and the impact that experience has had on a person with an individual therapist. The treatment offered in this program involves a combination of psychoeducational groups and individual psychotherapy to promote recovery and healing.

### ***Possible benefits of treatment include:***

Improved mental health including a decrease in PTSD symptoms, decreased emotion dysregulation, developing a recovery and/or relapse prevention plan for substance use disorders, developing supportive relationships and developing skills for dealing with daily stressors.

### ***Possible drawbacks to treatment include:***

A temporary increase in symptoms depending on issues discussed throughout treatment. Treatment participants are asked to communicate with their treatment providers about any increase in symptoms as they participate in the program.

### ***Alternatives:***

Other treatment methods not included in the VIOP may be available. I recognize that I have the right to refuse treatment offered by discontinuing with the program.

### ***Confidentiality:***

I understand that my evaluation and treatment at the Battle Creek VA PTSD vIOP is confidential within the VA system. All program staff, providers, and trainees involved in my care are provided with confidentiality training and will have access to my medical record and discuss my treatment progress. Confidentiality of treatment means that information relating to my treatment is not disclosed to other parties without my written permission. Information regarding my evaluation and treatment will be released if I have signed a VA Release of Information permitting access to my evaluation and treatment records to a specific individual or agency.

There are several exceptions of the confidentiality of my treatment as allowed by law. They involve a therapist's duty to protect and are as follows:

- **Risk to self:** In the course of treatment, if a veteran presents suicidal thoughts, plan and intent, the provider is required by law to determine a course of action to protect the veteran from self-harm. This also applies to veterans whose judgment is seriously impaired by their psychiatric diagnosis, which places them at physical risk due to inability to meet their basic needs. If it is determined that a psychiatric admission is necessary to provide for veteran safety, then the treating therapist will be permitted to disclose to medical providers or law enforcement personnel the nature of the veteran's risk to self. The involvement of law enforcement personnel involves transporting an at risk individual to a secure location for further medical and psychiatric treatment.
- **Risk to others:** In the course of treatment, if a veteran reports thoughts or plans to harm another person or group of individuals, the provider has a duty by law to protect the individual or individuals identified as the target of violent or homicidal behavior. This may involve notifying the specific individual or individuals that a threat has been made against them. This action may also involve making a report to the appropriate law enforcement agency regarding the threat of violence in order that law enforcement personnel may warn the appropriate individual or individuals regarding the threat of violent or homicidal behavior.
- **Neglect or abuse:** In the course of treatment, if a veteran discloses neglect or physical or sexual abuse of a minor or a vulnerable adult (e.g., elderly person or adult with disability), the provider is required by law to make a report to the appropriate social service agency.
- **Court order:** Information from your medical record can be released without your written consent if a court order is issued by a judge.

**HIPAA:** There may be additional circumstances under which information in your clinical record can be released (e.g., billing your insurance company). For questions about this, please inquire at the Release of Information Department in Building 2.



## PTSD vIOP – Expectations for Successful Completion

The following agreement has been developed to ensure that all parties are in agreement with the PTSD vIOP treatment process and goals.

The purpose of this agreement is to help me be aware of what will specifically be involved in trauma processing, enhance my motivation for treatment, help me function appropriately within the PTSD vIOP, and increase my self-awareness to improve treatment outcomes. To achieve these goals, I agree to the following:

- 1) I agree to follow all of the rules and policies of the PTSD vIOP and Battle Creek VAMC.
- 2) I will attend all scheduled appointments including individual and group sessions unless I have an emergency or medical appointment for that scheduled time.
- 3) Attendance issues will be discussed with veterans who miss individual or group appointments, join the session late, leave early, or leave for extended periods of time during group. Such issues will be addressed individually and may result in changes to the treatment plan, early discharge, or partial/unsuccessful completion of the program.
- 4) I will be attentive and fully engage in group sessions by actively contributing to the discussion and group activities.
- 5) I will use my time in treatment to address past trauma, relationship issues, and counterproductive behaviors, and to develop healthy coping strategies and leisure activities. I will focus on problem solving and positive affirmations to empower myself in treatment and to heal.
- 6) I will complete practice assignments and other homework in a timely manner and with effort. I will ask my individual provider for help if I am struggling to accomplish this.
- 7) I recognize that psychological safety within the virtual treatment setting is of the utmost importance. I agree to treat other veterans in a respectful manner. I will talk with staff if any problems arise with other veterans participating in the PTSD vIOP.
- 8) I recognize that confidentiality is the foundation for emotional safety within the PTSD vIOP. I pledge to maintain confidentiality regarding personal information shared within groups or in personal conversations outside group sessions. I willingly accept this responsibility in order to ensure trust and safety within the PTSD vIOP. If I feel that I may be at risk of breaking this pledge I will first talk with staff before acting.
- 9) I will take my medication as prescribed during the vIOP. Medication concerns will be addressed with my medication prescriber(s) and will not be addressed within the Virtual IOP.

10) If I experience emotional difficulties or suicidal thoughts during group or individual IOP, I will speak with IOP staff immediately in order to obtain support and assistance. If I experience urgent Mental Health needs outside of an IOP group or individual session, I will contact my outpatient Mental Health provider for assistance. During this episode of IOP care, the I will continue to meet with my outpatient Mental Health providers per established appointment frequency.

11) These behaviors will be evident in my interactions in the program over the course of my treatment. My ability to follow this agreement, which is essential to participation in any therapeutic group or program, will be monitored by PTSD vIOP staff. I agree to meet with PTSD vIOP staff individually as needed to assess my behavior and progress in treatment, and to therapeutically address and resolve all relevant issues.

12) In order to receive a certificate of completion:

- A trauma-focused, evidence-based treatment for PTSD (i.e., CPT, PE, WET) must be completed and,
- I must attend at least 80% of scheduled programming. This means participants will have “three strikes” for missing group (excused and unexcused).

If I am unable to consistently and appropriately participate or am not making progress toward my identified goals, I may be discharged from the vIOP. If this should occur, my provider will work with me to identify alternative treatment options including returning to work with the provider who referred me.



# mHEALTH TOOLS

## MOBILE APPS

- |                          |   |  |                          |   |  |                          |   |   |
|--------------------------|---|--|--------------------------|---|--|--------------------------|---|---|
| <input type="checkbox"/> |    | <b>BREATHE2RELAX</b><br>Manage stress by learning and practicing deep-breathing exercises                    | <input type="checkbox"/> |    | <b>CBT-i COACH</b><br>Use with cognitive behavioral therapy for insomnia (CBT-i) to improve your sleep     | <input type="checkbox"/> |    | <b>ACT COACH</b><br>Add acceptance and commitment therapy (ACT) tips to daily life                        |
| <input type="checkbox"/> |    | <b>CPT COACH</b><br>Use with cognitive processing therapy (CPT) to reduce PTSD symptoms                      | <input type="checkbox"/> |    | <b>DREAM EZ</b><br>Based on imagery rehearsal therapy (IRT) can help diffuse nightmares                    | <input type="checkbox"/> |    | <b>CONCUSSION COACH</b><br>Identify concussion symptoms and cope with related problems                    |
| <input type="checkbox"/> |    | <b>LIFEARMOR</b><br>Take self-assessments and learn more about topics like PTSD, anger, depression and more  | <input type="checkbox"/> |    | <b>MINDFULNESS COACH</b><br>Learn to practice mindfulness meditation to live in the present                | <input type="checkbox"/> |    | <b>FEEL ELECTRIC!</b><br>Help your grade-school children identify and express their feelings              |
| <input type="checkbox"/> |   | <b>MILD TBI POCKET GUIDE</b><br>Access this handy reference when assessing and treating symptoms of mild TBI | <input type="checkbox"/> |   | <b>PARENTING2GO</b><br>Strengthen your relationships with your children                                    | <input type="checkbox"/> |    | <b>MOVING FORWARD</b><br>Learn problem-solving techniques that help you make better decisions             |
| <input type="checkbox"/> |  | <b>PFA MOBILE</b><br>Get support as a responder when your job is to provide psychological first aid (PFA)    | <input type="checkbox"/> |  | <b>POSITIVE ACTIVITY JACKPOT</b><br>Find local activities to improve your mood and avoid negative thinking | <input type="checkbox"/> |   | <b>PE COACH</b><br>Use with prolonged exposure (PE) therapy to improve results                            |
| <input type="checkbox"/> |  | <b>PTSD COACH</b><br>Get support in managing PTSD symptoms   | <input type="checkbox"/> |  | <b>STAY QUIT COACH</b><br>Get help either while in smoking cessation treatment or to prevent relapse       | <input type="checkbox"/> |  | <b>PROVIDER RESILIENCE</b><br>Use when dealing with burnout and compassion fatigue                        |
| <input type="checkbox"/> |  | <b>TACTICAL BREATHER</b><br>Learn to use breathing to control your response during times of stress           | <input type="checkbox"/> |  | <b>THE BIG MOVING ADVENTURE</b><br>Help prepare military children emotionally for the stress of moving     | <input type="checkbox"/> |  | <b>T2 MOOD TRACKER</b><br>Monitor your emotional health by tracking your moods over time                  |
|                          |   |  |                          |   |  | <input type="checkbox"/> |  | <b>VIRTUAL HOPE BOX</b><br>Helps reduce symptoms of depression with a digital version of hope box therapy |

## WEBSITES

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|--------------------------|---|--|--------------------------|--|--|--------------------------|---|
| <input type="checkbox"/> |  | <a href="https://www.afterdeployment.dcoe.mil">afterdeployment.dcoe.mil</a><br>Resources for psychological health and personal growth            | <input type="checkbox"/> |  | <a href="https://www.veterantraining.va.gov/parenting">veterantraining.va.gov/parenting</a><br>Resources to strengthen your parenting skills | <input type="checkbox"/> | <a href="https://www.ptsd.va.gov/apps/decisionaid/">https://www.ptsd.va.gov/apps/decisionaid/</a>                     |
| <input type="checkbox"/> |  | <a href="https://www.veterantraining.va.gov/movingforward">veterantraining.va.gov/movingforward</a><br>Resources to improve your decision-making | <input type="checkbox"/> |   | <a href="https://www.militarykidsconnect.dcoe.mil">militarykidsconnect.dcoe.mil</a><br>Resources for military children and their parents     |                          | <a href="https://www.ptsd.va.gov/understand_tx/tx_basics.asp">https://www.ptsd.va.gov/understand_tx/tx_basics.asp</a> |



  
 Developed by the National Center for Telehealth & Technology, a Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury Center.  
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