



INTRODUCTION

The Post Traumatic Stress Residential Rehabilitation Program (PRRP) is a highly structured inpatient therapeutic program which will benefit veterans to the extent that they allow themselves to work and become involved in treatment. This program is geared towards addressing the intra-psychic, interpersonal, communal, psychophysiological, and psychosocial aspects of traumatic experiences.

Since recovery is highly individualized and personal, only the veteran can determine and make changes necessary to assure a more satisfying lifestyle. While this specialized inpatient program is a critical step in the recovery process, it is only one part. Follow-up care after the program is the key to sustaining the changes begun here and to the strengthening of those who travel the path to more satisfying ways of living.

The symbol of this program is the Phoenix, a symbol of hope and renewal. In mythology, this marvelous bird hastens its own destruction with its wings fanning the flames which consume it. Our staff provide experience support and expertise in this opportunity for change. Our veterans supply the wings for transformation.

POST TRAUMATIC STRESS RESIDENTIAL REHABILITATION PROGRAM STAFF

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PROGRAM DESCRIPTION

The Post-Traumatic Stress Unit is located at the Waco facility of the Central Texas Veterans Health Care System. The Program has its own referral procedures, admission criteria, goals and treatments. The Program is staffed by 22 core personnel consisting of two social workers, one psychologist, one psychiatrist, two readjustment counseling therapists, eleven health technicians, one rehab technician, a psychology technician, two registered nurses and a program assistant. Active program support is provided by Chaplain Service, Recreation Therapy Service, Physical Medicine & Rehabilitation Service and Nursing Service. A description for the program is provided below.

The PRRP is an inpatient program specially designed for combat veterans who experienced multiple trauma and are therapeutically ready for a very intensive rehabilitation program. The first three days of this program are usually devoted to assessment, orientation, goal setting, and group assignments.

PROGRAM GOALS

The primary goal of this program is to provide combat veterans with an opportunity to deal extensively with their war related experiences through open discussions. This begins the healing process which can serve as the basis for continued outpatient therapy. Emphasis is placed upon reviewing traumatic experiences, and recalling associated thoughts and feelings in a supportive, safe environment geared toward developing different, healthier perspectives on these events. The creation of the “survivor” coping style, its continuation and effect upon the lifestyle is examined. The continued practice of these coping skills has had an adverse effect upon relationships, self-concept, values, and self-esteem. Therapeutic effort is directed toward the identification and implementation of alternate, healthier, more satisfying coping styles.

PROGRAM STRUCTURE

The program operates on a flexible “open” concept with the veteran moving through various treatments identified by the veteran and staff. Progress is dependent to a large extent upon the issues, motivation and approach of the veteran to treatment.

Day, evening and weekend activities contribute to this highly structured format, maximizing available time and resources.

Throughout the program, the group therapy mode is supplemented with the following: evening transitioning activities and biofeedback desensitization. To focus thoughts and feelings, the veteran completes an autobiography covering a time span from childhood to the present.

Traumatic events are identified and discussed, coping patterns are recognized and the individual's combat experience is clearly refined. The primary goal is for the veteran to discuss openly and to understand the effects of his troubling experiences upon his self-concept, sense of values, capacity for intimacy and his perspective on his place in society.

Primary work is carried on in Trauma Groups. Issues of grief and loss are covered in Grief Group. Once the veteran leaves these groups, combat experiences cease to be a therapeutic focus except to serve as reference points for understanding issues in current functioning.

Current Focus groups are used to clarify the ways in which war-related problems were solidified, continued at homecoming, and affected adjustment in subsequent years. The veteran continues to recognize survivor coping skills and begins to understand their involvement in current problems of daily living. Emphasis is placed upon learning healthier, more satisfying and productive ways of coping. Content includes empathic relatedness with oneself and others and self-concept clarification. Focus on these issues is provided by New Beliefs and Self-Management Groups. Issues of recovery are begun at this time with transition into the Recovery/Reintegration Group. Heavily emphasized is the development of a Recovery Scheme and relapse prevention, which involves reintegration of skills, values, and ambitions, into emotional, family, social and vocational functioning.

ADMISSION & REFERRAL SCREENING

The Central Texas Veterans Health Care System strives to address the needs of the combat veteran with PTSD throughout the Medical Center rather than through just one program. The PRRP is a specialized PTSD Rehabilitation Program.

Admission Criteria: The admissions screening board considers veterans who:

1. Are eligible for care from the Department of Veterans Affairs.
2. Served in combat. DD 214 required. (MOS; medals and awards received; any legal problems while in the service; military education; length of service; etc.).
3. Show evidence of significant post-traumatic stress disorder symptoms which may or may not meet full *DSM-IV* PTSD criteria.
4. Are not psychotic or a current suicidal or homicidal risk.
5. Would not be destructive to the rehabilitation of those already in the program.

6. Are alcohol and drug free (except for prescribed medication) for three months prior to entering the Program. Recent completion of a substance abuse program or evidence of quality sobriety may substitute for this requirement. At admission, urine will be collected and must be free of all non-prescribed substances. Significant alcohol or drug problems require treatment before admission to this program. Program participants must be free from benzodiazepines, opiate analgesics, Talwin, Darvon or other narcotics before admission to this program.
7. Have no pending legal problems.
8. Have no major medical problems that might preclude active program participation.
9. Evidence willingness to engage in treatment and, in the opinion of staff, to adjust to and benefit from this specialized program.

REFERRAL PROCEDURE

A. Referral from inpatient service:

- 1) The attending physician initiates a consultation, SF-513, to the PRRP.
- 2) The PRRP provides the patient with a questionnaire, instructions, and request to complete and return the form to the PRRP.
- 3) The PRRP will notify the ward regarding time and date for patient to meet with the PRRP treatment team. A decision to accept or reject will be forwarded, on a consultation form, to the attending Physician. The attending Physician will, in accordance with the consult form, inform the patient.
- 4) The accepted patient will be placed on a waiting list and will be contacted by mail once an admission date is available.

B. Referral from Vet Center or Mental Health professionals in the community, or other VAMCs.

- 1) Vet Centers and Mental Health professionals in the community, or other VAMC's, may refer veterans to the PRRP for evaluation by requesting and completing a questionnaire and application.
- 2) The PRRP treatment team, chaired by the physician, will review the questionnaire, application form, and inform the referral agency of decision to accept or reject.
- 3) The Veteran, when accepted, will be placed on a waiting list and the patient will be contacted by mail once an admission is available.

PROCEDURAL STEPS FOR SCREENING OF CONSULTS AND APPLICATIONS

- 1) All consults and applications are received by the PRRP and reviewed for evaluation.
- 2) The Program Clerk, will then receive the consult or mail in application and review files for old folders, create a new folder if necessary and complete a data control card.
- 3) On consults for veterans in the Waco CTMC, The Program Clerk will:
 - a) request the veteran pick up a questionnaire from the PRRP office.
 - b) schedule the veteran for an individual screening appointment, Monday through Thursday.
 - c) write the name of the veteran and his screening appointment date on the board in the PRRP office to communicate appointments to the screening team.
 - d) place the veteran's folder in the "consults inpatient" shelf.
- 4) The screening team will interview the veteran and discuss their results for admission/or referral.
- 5) The treatment team will record the disposition on the data control card and on the 513 consultation sheet (these must be co-signed by the physician or Chief, PRRP).
- 6) The veterans folder and control card will be filed in "inactive" or "incoming", depending upon the disposition.
- 7) The mail in applications:
 - a) The Program Clerk will review files for old records, create a folder if necessary and a data control card.
 - b) Program Clerk will place the veterans folder in the "to be screened" box and write the veteran's name and date the application was received on the board in the PRRP office.
 - c) The treatment team will review the application and record the disposition on the data control card.

- d) The data control card will be returned to the “notify “ referral source box. Folders will be returned to the “inactive”, “incoming”, or “pending” box, depending upon disposition. The “pending” option is for applications needing clarification.
 - e) Program Clerk will notify referral sources of disposition by mail or by phone will collect any additional information needed for clarification of an application.
- 8) Each veteran due to come in on a specific month will be contacted prior to their admission to confirm their admission date.

VETERANS, WHO HAVE HAD PREVIOUS SPECIALIZED INPATIENT PTSD TREATMENT.

It is recognized that Post-Traumatic Stress Disorder is a chronic problem which, in some cases, requires more than one inpatient treatment episode. However, subsequent inpatient treatments for PTSD should build on gains made in previous hospitalizations so that treatment is progressive rather than repetitive.

Consequently, veterans who have successfully completed a specialized inpatient PTSD unit, who are actively engaged in outpatient therapy, and who are in need of a highly focused inpatient treatment to re-stabilize gains and make better use of outpatient supports may apply for additional inpatient treatment.

REFERRAL PROCEDURE – OUTPATIENT

1. All referrals must come from veteran’s outpatient therapist.
2. A member of the PRRP team will discuss with referral source the veteran’s treatment needs.
3. When a successful referral has been made and the veteran is accepted, a PRRP team member will contact the veteran and family for further information.
4. Applicant must have successfully completed an inpatient PTSD program.
5. Applicant must have been actively involved in follow-up care for a period of (6) months, if a graduate of Waco VAMC, or for one (1) year if a graduate of another PTSD program.

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