MINDFULNESS INTERVENTIONS FOR VETERANS: FOSTERING HEALING THROUGH APPLIED MINDFULNESS TECHNIQUES

By

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Abstract

MINDFULNESS INTERVENTIONS FOR VETERANS: FOSTERING HEALING THROUGH APPLIED MINFULNESS TECHNIQUES

Stanton Levi Frisk

Evaluating the significance of applied mindfulness interventions and techniques for veterans who have returned from active duty is an important undertaking. As more soldiers transition from combat related service and reintegrate into civilian life, the systems of care that they encounter require ongoing assessment. The Veterans Resource Centers of America (VRC) Northern California Region includes facilities in Eureka, Redding, Chico, Santa Rosa and Sacramento. They provide transitional housing and additional services to veterans. This project evaluates the significance of the applications of mindfulness techniques within these programs. Through the collection of online surveys completed by agency personnel along with publicly available agency policy, procedures and protocol, this program evaluation model measures the presence of mindfulness interventions within the agency. Results include recognition of mindfulness techniques utilized by the agency. Encouraged by management and supported by staff, personnel appear to value mindfulness activities and understand its usefulness to alleviate effects of trauma experienced by veterans. Supporting increased opportunities for personnel to creatively facilitate and implement these activities concludes the project.
I would like to thank Jason Henry, Senior Regional Director of Veterans Resource Centers of America, for offering access and support during the development of this project. For the staff that participated in the survey, and offer their service and commitment to the veterans they serve, thank you. A special thanks to the Humboldt State faculty, who each in their own way have encouraged my growth and expanded my knowledge. I am grateful to my Committee for their work and support, especially Committee Chair Yvonne Doble for being present, persistent and encouraging my success. To my fellow students, the cohort that I began with, I could not have done this without you. You have taught me so much. Finally to my partner in this life, Jessica, you are my love, my hope. Thank you for sacrificing so many weekends along the way.
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Introduction

This program evaluation focused on the integration of mindfulness techniques for veterans within the Veterans Resource Centers of America (VRC) Northern California Region. Methods used for the evaluation of these programs included and began by engaging stakeholders. Particular consideration was given to the North Coast Veterans Resource Center (NCVRC), a local facility within the region. This process included recruiting Senior Regional Director, Jason Henry, to be a Committee Member and participant in this Master of Social Work Project. His willingness to provide access to agency protocol, customs, and policy and allowing employees participation in the distributed survey ensured accessibility and contributions. The willingness to receive feedback on agency performance promoted reciprocity and was part of the overall project intent.

Evaluating the significance of applied mindfulness interventions and techniques for veterans finding their way home has shown to be needed through this venture as auxiliary non-traditional ways of treatment have been introduced and implemented with increased regularity (Jackson, 2014). Mindfulness understood as an awareness of the present experience with acceptance (Germen, 2004) can be promoted through activities such as guided meditation, deep breathing exercises, Tai chi and yoga. As more soldiers transition from combat related service and reintegrate into civilian life, effectual services to ease this transition and reduce symptoms related to post-traumatic stress disorder (PTSD) are significantly needed (Jackson, 2014; Jennings, 2004; Murray, 2013).
Fostering healing through trauma informed practices such as applied mindfulness interventions combat symptoms (Kabat-Zinn, 2003).

The VRC Northern California Region includes facilities in Eureka, Redding, Chico, Santa Rosa and Sacramento. These facilities provide transitional housing and additional resources to veterans. This project evaluated the presence of the applications of mindfulness techniques within these programs. Conclusions were made through two methods, the use of personnel surveys and agency documentation addressing mindfulness.

The data was collected via online surveys. The surveys focused on personnel, how often they have been involved in mindfulness activities both personally and in a professional capacity within the agency working with the veteran population. Through the review of publicly available agency policy, procedures and protocol the presence of mindfulness activities were examined. Intentions behind this project included a desire to improve and further implement and integrate mindfulness interventions for participants. Through a sharing of information around mindfulness techniques, tools to better meet the specific and unique needs of veterans of war have the opportunity to be developed and improved. The hope and motivation behind the project was increased utilization by case workers and group facilitators within the agency.

To place the current issues faced by veterans in context, an overview of what the veteran population faces during reintegration has been presented. Some of these complex realities including PTSD, other service-connected disabilities, behavioral health issues, drug and alcohol dependence, lack of income and housing, and barriers to employment
(Gibbons, Brown, & Hur, 2012) are explored. They justify the need for interventions that address the obstacles veterans encounter (Kearney, McDermott, Malte, Martinez & Simpson, 2012). The current trends, findings, research, discoveries and definitions of mindfulness interventions have been presented as an alternative treatment to address these realities. To better understand the positive impact mindfulness can have on soldiers, applied mindfulness techniques as an intervention, has been focused on within this project. Outlining the VRC service model has been offered as relevant to this undertaking.

**Mental Health Issues and Veterans**

Symptoms related to post-traumatic stress disorder (PTSD) greatly impact the reintegration of veterans into civilian life (Veterans Affairs Health Care [VAHC], 2015). Veterans experience related symptoms such as insomnia and nightmares, severe anxiety, heightened emotional arousal, and depression at more frequent rates than the general public (Helzer, Robins & McEvery, 1987). Often times they become emotionally withdrawn, are a population that can be reluctant to seek help, and are prone to being over medicated. These symptoms greatly impact their ability to successfully reintegrate from active duty and readjust to employment, family roles and responsibilities, and can significantly impact, not only their health and well being but also that of their families and community (VAHC, 2015). Negative outcomes and ramifications linked to untreated PTSD symptoms of returning soldiers include higher rates of drug and alcohol abuse. The
rate of suicide among veterans is elevated; risk of suicide is doubled when compared to non-veterans (Gibbs et al., 2012).

PTSD has become one of the most prevalent service connected disabilities of new veterans (Veterans Benefits Administration [VBA], 2014) and the likelihood a veteran will experience PTSD is significantly increased in comparison to the civilian population. Of new veterans post-traumatic stress disorder is one of the most prevalent service connected disabilities (National Center for Veteran Analysis and Statistics, 2014). A veteran wounded in the Vietnam War is 20 times more likely to experience PTSD then the general population (Helzer et al., 1987).

Many people with serious mental illness, especially veterans returning from active duty, are challenged by both the disorder and the way in which the condition is viewed by others (Corrigan & Watson, 2002). Struggling with the symptoms and disabilities that result from the mental illness is one challenge the veteran faces. However, often the challenges of stereotypes and prejudice that result from misconceptions about mental illness and PTSD become even greater hurdles for these individuals. Veterans experiencing mental health issues are challenged by the stereotypes and prejudice that result from misconceptions about mental illness (Corrigan & Watson, 2002).

This combination of challenges, results in veterans with mental illness going without what many people take for granted; steady employment, adequate housing, access to health care and meaningful bonds and relationships with others (Corrigan & Watson, 2002). Connection to humanity; employment, family, community ties can all contribute to personal identity however they are severely depleted by mental illness.
Feelings of loneliness and seclusion replace a healthy identity and self-worth (Puchir, 2011).

Motivating veterans to participate and become active in their recovery, access services and decreasing typical isolationist behavior is an important part of the process. The way an individual considers their illness can create some of this isolation unintentionally (Puchir, 2011). For soldiers who are told to overcome obstacles at all cost, to be trained as fighters, acknowledging they need assistance can be difficult. Conceding that mental health stressors are related to combat and not other factors is another obstacle (Murray, 2013). It is estimated that by the end of 2012 over 30,000 veterans were diagnosed with PTSD. 20 percent of Iraq and Afghanistan veterans show symptoms of PTSD (Face the Facts USA, 2013). However less than half activity reach out for help and treatment (Murray, 2013). Research maintains that along with mental health issues returning military members who experienced combat action more often turn to substance abuse which complicates symptoms of PTSD, traumatic brain injury (TBI), and pain, making it more difficult to diagnose and treat (Saxon, 2011).

Reintegration

Regardless of experiencing or witnessing terrifying events that are often linked to PTSD, veterans face inimitable obstacles moving away from military service. It can be convoluted to relate to non-military personnel who have not had similar experiences. Re-establishing a previous role in the family unit can take time and children can be distant or exigent. Becoming familiarized with old routines or adjusting to new ones takes time and
creates anxiety (VAHC, 2015). Forming a community away from military customs can seem impracticable. Self-worth associated with employment and career can be difficult to re-establish. Applying for and pursuing professional goals has been sighted as obstacles faced by many veterans. No longer having a highly structured chain of command after years of service can be unsettling (VAHC, 2015).

Employment plays such a vital part in a successful transition to civilian life and can be part of the therapeutic recovery of veterans. When employed, veterans are less likely to experience homelessness, drug and alcohol abuse and it helps to ease the transition to life after deployment (U.S. Equal Employment Opportunity Commission [EEOC], 2011). Veterans face stigma and discrimination in regards to mental health issues and this carries over to employment opportunities. Employers can be cautious in hiring veterans as stigma related to PTSD, TBI and other mental health issues have received more public attention and employers can over-generalize these issues as connected to all returning veterans (EEOC, 2011).

**Homelessness**

Higher rates of homelessness are experienced by veterans. As indicated by the 2013 Annual Homeless Assessment Report (AHAR) to Congress, “On a single night in January 2013 there were 57,849 homeless veterans in the United States and accounted for just over twelve percent of all homeless adults” (Department of Housing and Urban Development, [HUD] 2013, p. 38). According to the National Coalition for Homeless Veterans there is an intricate set of factors that contribute to high rates of homeless
veterans including lack of availability, income and healthcare; however large numbers can be contributed to the lasting effects of PTSD and substance abuse. More recent conflicts such as Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn have resulted in over 12,000 homeless veterans in 2010 and homeless veterans compared to the total homeless population are much younger on average (National Coalition for Homeless Veterans [NCHV], 2013). Veterans Affairs veterans make up around 12% of the adult homeless population (HUD, 2013).

**Impacted Service Providers**

Throughout the United States services for veterans are impacted. Currently there are nearly 22 million veterans of the United States of America with 8.92 million total enrollees in the Veterans Affairs Health Care System. This health care system is inundated with service requests (VA, Annual Benefits Report, 2013). Of the 22 million veterans in the U.S. nearly 1.9 million veterans are residing in the state of California, which represents the most by far in any state in the nation (California Research Bureau, [CRB], 2013). The higher rates of depression, substance abuse, PTSD and homelessness are accentuated in California due to this intensive veteran population. The newest generations of veterans, ages 18-30, which have experienced poverty, are 3.4 times more likely to experience homelessness, then the general population (CRB, 2013). California has unique challenges to provide services for those who have served their country.

To localize the issue, the County of Humboldt veteran population is 12.9 percent of the total population (U.S. Census Bureau, 2013). Within the rural setting of Humboldt
County contextual factors contribute to decreased access to services. Increased social and internalized stigmas have shown to be an increased barrier to accessing mental health services in less urban areas (Stotzer, Whealin & Darden, 2012). Progress in the collaboration between Veterans Affairs (VA) programs and the community agencies is critical. “The VA, using its own resources or in partnership with others, has secured nearly 15,000 residential rehabilitative and transitional beds and more than 30,000 permanent beds for veterans through the nation” (NCHV, para. 11, 2013).

**Mindfulness**

Applied mindfulness techniques such as guided meditation and breathing exercises are gaining momentum and support as an effectual measure in reducing PTSD symptoms (Davidson et al., 2003; Delucchi, Eisendrath & Manshi, 2013; Jackson, 2014; Kabat-Zinn, 2003; Kearney et al., 2012; King et al., 2013). This necessitates increased implementation and evaluation within programs that foster healing for veterans in need. The practice of mindfulness continues to be acknowledged for promoting peace of mind, creates treatment options for therapists and has the potential to enhance the quality of psychotherapy (Germer, 2004). When Jon Kabat-Zinn asked what mindfulness was and where it came from in his work on mindfulness-based interventions a modern definition was born. “An operational working definition of mindfulness is: the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). Since this time many have attempted to put into words this subtle and non-verbal
experience that has been practiced for thousands of years. Mindfulness very simply put can be defined as awareness of present experience with acceptance (Germen, 2004).

As early as 1977, the clinical effectiveness of meditation was being examined by the American Psychiatric Association and since 1979 when Jon Kabat-Zinn created the Center for Mindfulness at the University of Massachusetts Medical School thousands of patients have completed the Mindfulness-Based Stress Reduction (MBSR) program. In 2003 Jon Kabat-Zinn led a team of doctors in examining alterations in the brain attributed to mindfulness meditation. Methods in the study included measuring brain electrical activity before and after meditation. The study also tracked results four months after subjects had moved through an eight week training program in mindfulness mediation. This breakthrough study documented significant increases in left-sided anterior activation for those who meditated. This activity has been concluded beneficial to brain functioning. Mindfulness meditation produced verifiable effects on the brain (Davidson, 2003). “The grand tradition of contemplative psychology in the East and the powerful scientific model of the West” (German, 2004, p. 29) are both demonstrating the benefits of mindfulness, especially for those who have experienced changes in brain chemistry due to PTSD.

To have psychological techniques at our disposal, drawn from a 2500-year-old tradition, which appear to change the brain, shape our behavior for the better, and offer intuitive insights about how to live life more fully, is an opportunity that may be difficult for psychotherapists to ignore (German, 2004, p. 29).
Mindfulness and PTSD

When closely examining the symptoms of PTSD, “everyday mindfulness allows us to develop insight into psychological functioning” (German, 2004, pg. 28). This experience can counteract these symptoms directly. PTSD can be categorized into three symptom groups; the re-experiencing, the avoidance and hyperarousal symptoms (National Institute of Mental Health [NIMH], 2015). Re-experiencing can take the form of unsettling thoughts, and flashbacks. Avoidance symptoms can take the form of being emotionally numb, losing interest in previously enjoyable activities and staying clear of things that remind a person of the negative experience. Hyperarousal symptoms can express themselves in people feeling tense or being easily startled. Regular activities such as eating, sleeping and concentrating can be difficult for someone with hyperarousal symptoms (NIMH, 2015).

One example of the validity of mindfulness activities to address these symptoms comes from a 2013 pilot study of group mindfulness-based cognitive therapy (MBCT) for veterans with PTSD, tracking participants in an 8-week MBCT group. Data suggests that MBCT in a group setting has potential for reducing specific symptoms of PTSD including reducing the avoidance symptom cluster (King et al., 2013). MBCT showed a reduction in anxiety, depression and suicidal ideations in veterans and a general improvement in mental health functionality has been observed (Serpa, Taylor & Tillish, 2014).
When mindfulness activities are regularly conducted individuals develop skills to become less imprudent to both outside stimuli and emotions within. “It is a way of relating to all experience-positive, negative and neutral-such that our overall suffering is reduced and our sense of well-being increases” (German, 2004, p. 24). Substitute therapies such as mindfulness are gaining credibility through outcome research and implementation (Jackson, 2014). The VA is embracing a wide range of complementary and alternative medicine (CAM) techniques such as yoga and meditation in the treatment of veterans with PTSD and reduce previously heavily relied on medication regiments.

**Continued Implementation of Mindfulness**

Mindfulness research has not only increased and become more focused; mindfulness activities have also become more interesting and attractive to veterans and their service providers (Murray, 2013). These therapies are gaining credibility through outcome research and implementation and positive outcomes for veterans (Jackson, 2014). This is opening the door to formerly hesitant veterans unwilling to participate in conventional approaches to treatment (Jackson, 2014). Mindfulness techniques are easily implemented, are cost effective and may provide relief to impacted service providers.

In comparison to traditional treatment options, mindfulness can be put into practice with relative ease. Daily routines can make room for these practices. Mindfulness is a tool for stress management, enhances emotional and physical health and continues to show that it can be a successful treatment approach based on ongoing outcome research (German, 2004). Some of these techniques now being implemented
include Tai chi, yogi, meditation, guided imagery and breathing and relaxation therapy. These techniques reduce previously heavily relied on medication regiments but also open the door to formerly hesitant veterans unwilling to participate in conventional approaches to treatment (Jackson, 2014). At the same time new studies validate and encourage these treatment forms.

Significant patterns emerge when evaluating the usefulness of mindfulness and meditation in recent history. First, interest and research on the topic has steadily increased since these approaches began to be implemented in the clinical setting. Since the American Psychiatric Association recognized the need for research on the clinical effectiveness of meditation in 1977 (Germen, 2004) energy in this arena has been augmented. Jon Kabat-Zinn increased this enthusiasm when he provided the operational working definition of mindfulness in 2003 (Kabat-Zinn, 2003) and his work helped to discover significant alterations in the brain that were attributed to mindfulness meditation (Davidson, 2003). Now due to the emerging research and use of CAM approaches additional study on their effectiveness is desirable. These approaches will require a firm evidence base before being considered principal treatments for PTSD. In the mean time providers will need to continue to modify treatment plans for veterans based on their needs in order to promote wellness and recovery (Jackson, 2014). What Christopher German expressed in 2004, on the use of mindfulness as a valid treatment option is more relevant than ever before.

We are likely to see more research that identifies mindfulness as a key element in treatment protocols, as a crucial ingredient in the therapy relationship, and as a
technology for psychotherapists to cultivate personal therapeutic qualities and
general well-being (p. 29).

VRC Service Model

The Veterans Resource Centers of America (VRC) Northern California Region
including facilities in Eureka, Redding, Chico, Santa Rosa and Sacramento and offers
community based programs and services for veterans and their families. Through these
services the VRC “recognizes the “complex realities of veterans’ issues and works
diligently to design innovative programs, which respond to the diverse needs of veterans
and the community” (VRC, 2013). The VRC, through the use of consumer and
community driven resources, aims at making lasting improvements for veterans and their
families.

A combination of services including Behavior Health, transitional housing and
career training, to help alleviate the stressors associated with mental health issues
including PTSD and other service-connected disabilities often experienced by veterans.
Helping veterans to view their mental health issues in a new way is part of the VRC
agenda. The agency promotes activities which encourage community integration through
effective symptom management and skill building that takes these substance abuse issues
and complicating factors into account.

The North Coast Veterans Resource Center (NCVRC) is located at 109 4th Street
in Eureka, California. It is one of the five agency facilities within the VRC Northern
California Region. NCVRC has been operating in Eureka since 1999. Within the
behavioral health center any veteran with one or more mental health conditions or drug and alcohol dependence has access to a variety of resources including community integration through effective symptom management and skill building as well as facilitating physical and mental health integration. The Transitional Housing program offers forty-six total beds at this time. They serve as a safe place for veterans who are homeless. Within the Transitional Housing program clients receive case management which includes career development, educational programs and support groups toward self-sufficiency. Part of this program is giving veterans the options and opportunities to participate in applied mindfulness techniques. The NCVRC like each of the VRC facilities provides mental health clinicians to help incorporate programs to support healing in this way. Part of the comprehensive rehabilitation program goals include recovery maintenance through prevention activities, medication compliance, life and skills training and education completion. Client goals include learning to live in harmoniously with a diverse group of people.
Method

Framework

It is important to differentiate the theoretical framework that guides the way in which veterans issues can be evaluated and understood in context versus the framework in which this specific project was guided. The framework which guided this project is based on the desire to incorporate and accentuate trauma-informed service systems (Jennings, 2004). This framework includes focus on a feeling of safety, away from the possibility to have trauma experienced through treatment. Recognizing symptoms in context of life experiences is part of this framework. It calls for collaboration between client and service agency. There is an emphasis on skill building and not symptom management. Trauma-informed service delivery asks what has happened to a person not what is wrong with a person (Jennings, 2004). Trauma-informed services guide practices such as mindfulness and this project evaluation while the ecological perspective helps us to view veterans within the systems they exist.

The ecological perspective, lies within the systems theory umbrella. The ecological perspective is relevant to understanding the soldier’s experiences in general as this theory helps “promote a holistic view of the individual within the environment” (Robbins, Chatterjee & Canda, 2006, p. 33). It is particularly useful in understanding veterans who are coming from drastically changing social environments and demonstrates their capacity to heal with support and encouragement returning to civilian life. The ecological perspective mirrors the realities of ecology. As Elgin indicates
“ecology itself underscores three features of natural life: interdependence, diversity and vulnerability” (as cited in Robbins et al., 2006, p. 33). For veterans coming back from active duty these natural life elements seem all too relevant. Veterans do not heal alone; they are relying on the systems of care that await their return highlighting this interdependence. Clients who reside in the transitional living facilities of the VRC, at the beginning of their behavioral treatment program are reliant on the agency for support and reintegration into civilian life. Conversely the agency exists only because of the diverse needs of the veterans it serves. The multiplicity of these clients includes race, gender, socioeconomic backgrounds, different active duty service and operation, and the level of treatment that they require. Regardless of this range they are connected to appropriate resources. Finally the natural life feature of vulnerability relates to the soldiers that the VRC and the NCVRC serve. The complex realities veterans experience emphasize the vulnerability of these soldiers as they adjust to civilian life and away from traumatic experiences. Returning soldiers seem to relate to this theoretical framework eerily.

One key component of the ecological perspective that precisely explains the struggles that soldiers encounter, both during deployment and at their return, is the “goodness of fit” concept.

Goodness of fit between people and their environments enables people and their environments to reciprocally adapt to one another. A basic assumption here is that people strive for a goodness of fit with their environments because of the interdependence between them, and in doing so; people and their environments constantly change and shape one another. This adaptation process, which is
biological, psychological, social and cultural, is both reciprocal and continuous (Robbins et al., 2006, p. 35).

This project does not attempt to assess the goodness of fit between the VRC and the clients it serves but it is used to better understand the trauma-informed service systems that guide the project.

It is not rare to find a breakdown in this “goodness of fit” between person and environment as both are multifaceted. The likelihood of this breakdown to occur for deployed and returning soldiers is magnified. This stress can be more often experienced by veterans as the environments that they have encountered are drastically dissimilar to their previous experiences, highly structured and rigid or traumatic due to combat and conflict. This stress is as Germain & Gitterman indicate “a psychosocial condition, generated by discrepancies between needs and capacities and environmental qualities” (as cited in Robbins et al., 2006, p. 35). The possibility that returning veterans continue to experience this breakdown or extreme stress in the form of PTSD and other service-related disabilities and struggles with civilian life is great. This is why programs to support veterans such as the VRC and the NCVRC are essential in restoring a harmony between person and environment. Mindfulness activities are a part of this restoration. As this project examines the presence of mindfulness activities through a trauma-informed service model the ecological perspective is considered.

Lastly the ecological perspective serves as a theoretical framework for understanding veterans when the concept of the adaptation process is highlighted. People and their environments constantly change and shape one another. For a program to be
useful it must adapt to the changing and unique needs of its clients. For example veterans of Operation Enduring Freedom and Operation Iraqi require different resources and support networks then those veterans of previous wars. This adaptation process is uninterrupted and mutual.

When evaluating the integration and presence of mindfulness in the VRC, the ecological perspective is considered. However specific to mindfulness techniques is a trauma-informed system or model. Mindfulness activities should be implemented and understood as accommodating to the vulnerabilities of trauma survivors, integrates services in a way that avoids inadvertent retraumatization, and promotes collaboration between client and provider (Jennings, 2004). Though this project merely evaluates the present of the integration of mindfulness activities within the agency, this model justifies the use of mindfulness techniques as a trauma-informed treatment measure.

**Procedures**

The program evaluation of the VRC was comprised of two procedures, a web-based survey completed by VRC personnel along with review of agency policies, protocol and procedures in order to evaluate the presence and integration of mindfulness techniques with the agency. Data collected was evaluated on the specific use of mindfulness activities, not an evaluation of the entire organization. The project included an overview of publically available data, including current research, history, benefits, and current practices for fostering mindfulness techniques for veterans, which served as a point of reference. Through the review of publically available agency policy, procedures
and protocol and specific survey questions from staff, this program evaluation model included an assessment of the presence of mindfulness techniques within the agency.

**Web-Based Survey**

A key component in reviewing the integration of applied mindfulness techniques within the agency was through an employee survey. The survey was distributed to VRC staff to gauge their familiarity and willingness to participate in mindfulness activities with veterans. It also evaluated how supportive the agency culture was in this type of service delivery to clients.

The criteria used to judge program integration in applied mindfulness activities for veterans was primarily based on the percentage of employees who showed familiarity with mindfulness activities and the related benefits. Using five questions the survey was distributed to employees through associated work emails. The survey was conducted using a web-based survey. The evidence used to indicate integration included the survey responses. The survey assembled data from staff only, how often they have been involved in mindfulness activities both personally and in a professional capacity within the agency working with veterans. The VRC listserv was used to send the survey to staff members. Only VRC personnel were able to respond. Participant consent was needed prior to participation. Jason Henry, Senior Regional Director, provided access to VRC listserv. After individuals indicated they understood and agreed to voluntarily participate they moved forward to the survey questions. This ensured that employees understood that they were not obligated to participate in any way.
Thirty-six personnel were invited to participate in the web-based survey. The survey included five scaling questions with a traditional 1-to-5 point rating that attempt to measure on an interval level. The 1-to-5 point rating was continued throughout the five question survey to avoid confusion or response fatigue. This Likert response was used as this question type is known to be useful when an overall measurement of a topic or opinion is desired.

**Program Policies**

Also in consideration was the review of agency program policies, procedures and protocol that highlighted the frequency and duration of time allotted for mindfulness activities for clients within the agency. This was evaluated through publically available program evaluations, policies, protocol and procedures that the agency providing as community partner. This program evaluation method offered a way to understand the integration and use of mindfulness techniques for veterans using agency literature. The documents used for this evaluation included agency flyers, brochures, program descriptions, websites, employee handbooks, training manuals, emails and program overviews. In the review of this literature the presence of language addressing mindfulness applications within the agency were the focus.
Results

Web-Based Survey Results

Data collection occurred as expected with survey responses open to participants for a set period of time. Of the 36 NCVRC and VRC staff who were invited to participate in the survey 23 responded (64%). All of the respondents completed the entire survey. No participants dropped out of the survey process before completing fully.

The online survey included the following:

1) I am familiar with mindfulness activities such as meditation, mindfulness of thoughts and deep breathing.

   Strongly Disagree, Disagree, Neutral/Neither Agree or Disagree, Agree, Strongly Agree

2) I regularly participate in mindfulness activities on my own time.

   Strongly Disagree, Disagree, Neutral/Neither Agree or Disagree, Agree, Strongly Agree

3) I regularly participate in mindfulness activities when working with clients.

   Strongly Disagree, Disagree, Neutral/Neither Agree or Disagree, Agree, Strongly Agree

4) I believe that mindfulness activities are beneficial for the Veteran population that I work with.

   Strongly Disagree, Disagree, Neutral/Neither Agree or Disagree, Agree, Strongly Agree

5) I am satisfied with my opportunities to encourage mindfulness activities in the workplace.

   Strongly Disagree, Disagree, Neutral/Neither Agree or Disagree, Agree, Strongly Agree
Table 1

Response in numbers

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Table 2

Response in percentages

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In regards to question #1 “I am familiar with mindfulness activities such as mediation, mindfulness of thoughts and deep breathing” 96% of respondents indicated that they agreed or strongly agreed with this statement. One participant indicated they were neutral to this statement and no respondents disagreed or strongly disagreed. The majority of respondents, 52%, indicated that they strongly agreed.

Question #2, “I regularly participate in mindfulness activities on my own time” showed that over 78% of respondents agreed or strongly agreed, indicated taking part in
this type of activity away from work. No respondents strongly disagreed with this statement. 13% of respondents disagreed with his statement while 8% were neutral.

“I regularly participate in mindfulness activities when working with clients” was asked in question #3. 60% of respondents agreed or strongly agreed with this statement while 30% were neutral, 8% disagreed and no response included strongly disagreeing. The most popular response to this question was agreeing at 43%.

Question # 4, “I believe that mindfulness activities are beneficial for the Veteran population that I work with” included no responses that disagreed or strongly disagreed. Only one response was neutral with 95% of respondents indicating that they agreed or strongly agreed with this statement.

Question # 5, “I am satisfied with my opportunities to encourage mindfulness activities in the workplace” provided one response for strongly disagreeing and disagreeing. 34% of respondents were neutral to the statement. 43% were in agreement and 13% percent were strongly in agreement.

**Program Policy Results**

From review of program policies, procedures and agency protocol of VRC results showed that mindfulness activities are present within the organization. The agency staffing list shows that each facility has clinical staff including a clinical director, licensed clinical staff and case managers. Through the job descriptions assisting in mental health activities that promote wellness can be found with specific mention of encouraging mindfulness activities with clients. Agency protocol showed that every veteran has an
initial assessment with an assigned case manager and a plan to meet goals and remove barriers. Removing barriers included activities related to applied mindfulness techniques. This plan, made in collaboration varied based on the needs and desires of the individual and but often included specific activities related to applied mindfulness techniques. Every veteran is encouraged to participate in these activities according to agency literature.

There was documentation of mindfulness groups that clients could participate in on regular biases. The VRC has expectations and guidelines for each facility within the region, at the same time, specific interests of clinical staff influenced unique service delivery around mindfulness. Specific facilities had dedicated meditation areas such as meditation Zen gardens used for mindfulness activities. Tia chi and guided meditation practice handouts were available. Documentation of mindfulness groups being led every week with the Behavioral Health Center Program Coordinator was cited.
Discussion

Results from the survey indicate that the majority of employees of the Northern California Region of the VRC who responded are familiar with mindfulness techniques (96%), participate in mindfulness activities on their own time (78%) and believe mindfulness activities are beneficial to veterans (96%). On an organizational level the majority of respondents indicate that they participate in these activities with their clients on regular biases (61%) and feel satisfied with their opportunities to encourage mindfulness activities in the workplace (57%).

Specifically addressing the web-based survey one of the most promising results showed that VRC personnel appear to have an authentic interest in increased their involvement in mindfulness applications with clients. This desire to have increased mindfulness activities with clients is supported when only 13% of respondents strongly agreeing with the statement that they are satisfied with opportunities to encourage mindfulness activities in the workplace. Personnel of the VRC and NCVRC, even though they regularly participate in mindfulness activities with clients, are signifying a desire to increase their involvement with veterans and these types of therapy.

The evaluation of program policies, protocol and agency culture among the NCVRC and the VRC sustains this premise. Results showed that mindfulness activities are a part of the organizations functioning and included in their model of healing for veterans. This conclusion is drawn based on the presence of trained clinical staff at each facility, ongoing staff trainings promoting wellness and healing for veterans, case managers and clinical staff being overseen by a site and clinical director. Protocol that
supports continued implementation of mindfulness activities for clients appears as a
general agency model and mission and uniquely and specifically within each facility in
the region. Documentation of mindfulness groups being led every week with Behavioral
Health Center Program Coordinator appears in correspondences. Applied mindfulness
techniques such as tai chi, yogi, meditation, guided imagery and breathing and relaxation
therapy are present within the Northern California Region of the VRC with each facility
uniquely utilizing the expertise and interests of its personnel. VRC has expectations and
guidelines for each facility within the region to provide these opportunities for the
veterans it serves, at the same time, specific interests of clinical staff influence unique
service delivery.

Documentation of the survey results have been provided to Regional Director,
Jason Henry and used at his discretion. The reviewed program policies and protocol
along with survey results were the basis of a document provided as feedback of the
evaluation. Overall the implementation of this project went as planned. The resource
provided to VRC Regional Director was based on these results and may be used for
program implementation and continued evaluation.

Originally the focus of this project was based on establishing criteria for how the
NCVRC and the VRC would be evaluated in fostering healing through applied
mindfulness techniques. Once the evaluation criteria became clear; relying heavily on
the willingness of the agency to provide wellness opportunities for residential clients
through these techniques, a shift in focus occurred. This willingness was reflected in the
online surveys and the review of agency policies and procedures. Thinking about how
this willingness could continue to provide the most benefit to clients becomes the
motivation for continued discussion. After engaging stakeholders, providing a description
of the program, reviewing the methods and a rationalization of conclusions what is left is
the sharing of this information in order to provide tools to better meet the specific and
unique needs of veterans that may be utilized by case workers and group facilitators
within the agency.

**Conclusion**

Mindfulness activities are rapidly gaining validity as a useful component in the
healing of veterans (Jackson, 2014; Delucchi et al., 2012). This necessitates agencies
such as the VRC to persist in the implementation of these alternative healing methods.
These activities are being implemented by service providers across the country and
around the world (Serpa et al., 2014). Mindfulness techniques such as mediation, yoga
and focused breathing have long been valued and bring to the forefront wisdom of our
past. Combined with the scientific model, traditional wisdom and modern research are
converging to support these techniques (Germer, 2004). Interest in the positive
influences mediation can have on those exposed to trauma continues to gain momentum.
Research to support their implementation to treat those with mental health disorders and
to ensure wellness and health will need to continue.

The NCVRC and the VRC are part of the movement to treat veterans with PTSD
and other service related disabilities with alternative practices to alleviate these ailments.
Embracing this role and striving to be the vanguard of this movement is something that
the agency can and should strive for. Realizing this as both a responsibility and an
opportunity can motive continued implementation of these therapies. Current demands
and impacts on the traditional treatment models for veterans demand the implementation
of alternative therapies. Alternative therapies demand evaluation and research on their
usefulness. Service providers such as the VRC will need to independently evaluate the
usefulness of these approaches for the clients that they serve. Using evaluation tools
driven by client experiences and responses to these treatments are readily available to this
agency and should be the focus of future evaluation projects. Listening to veterans and
modifying practices to fit their needs in the realm of mindfulness activities will ensure
future success. Not only do local providers like the VRC have the access, localized
wisdom and insight to understand the unique challenges of the clients they serve, they
also do not have the time to wait for status quo of systems of care to be gradually
replaced by these therapies.

Research has and will continue to focus on mindfulness as an intervention to
symptoms of PTSD and other service related disorders that veterans bring home from
deployment. This research must be continued with vigor as current evidence based
practices continue to have a foothold on the treatment of our returning soldiers. At this
time service providers such as the NCVRC hold a unique position to lead in the charge to
promote mindfulness interventions as veterans are requesting and requiring alternative
treatment choices and as larger systems of care are looking to alleviate a structure of care
that is impacted and ineffective. Continually surveying both clients and staff in their
perception of these treatment options will need to be ongoing.
From the current program evaluation and the employee responses of line staff that directly work with veterans, not only do they value mindfulness activities in their own lives, according to survey responses, they understand the usefulness to alleviate symptoms of trauma. Increased opportunities for personnel to creatively facilitate and implement these activities must continue to be fostered. It is good for the client; it is good for the practitioner. A majority of personnel feel valued in their pursuits to continue this work and create new and unique opportunities for healing. Encourage this. The NCVRC and the VRC needs to support, not only the veterans it serves but also the personnel who help to reintegrate veterans into a healthy civilian life.

Part of this continued support can take shape and form in specialized trainings and education of the workforce. Being willing to bring in outside experts into the agency, both as facilitators of these learning moments and also as outside evaluators of the worth of these programs, will continue to provide perspective and clarity. Encouraging case workers to pursue these therapy options and become experts in the field, will strengthen retention of employees and benefit the clients that they serve.
References


