Spirituality, Recovery, and Resilience: A Holistic Bio-Psycho-Social-Spiritual Approach To Mental Health Treatment

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Disclosure Slide

- The views expressed in this presentation are those of the presenter and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government.
- There are no financial or other conflicts of interest by the author of this document and the items represented by the presentation

PROJECT 22

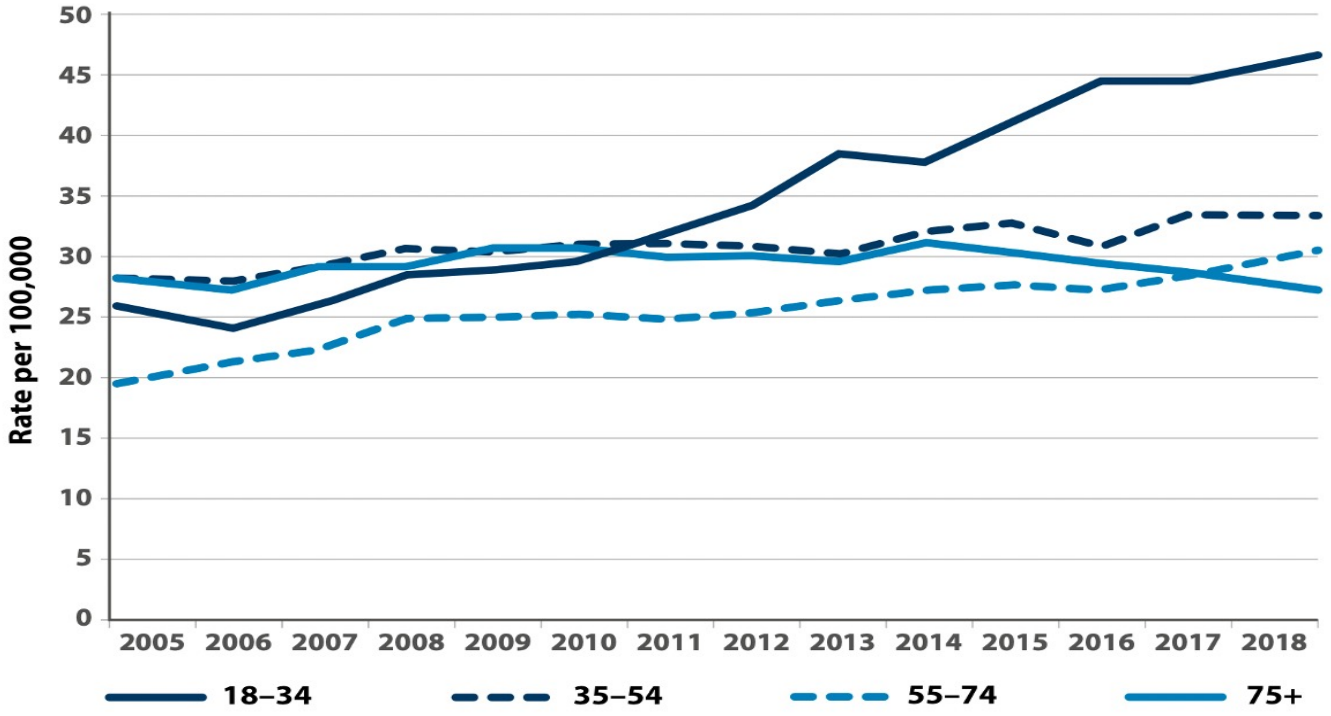
In 2013– 22 Veterans died by suicide.

Egbert and King, 2015

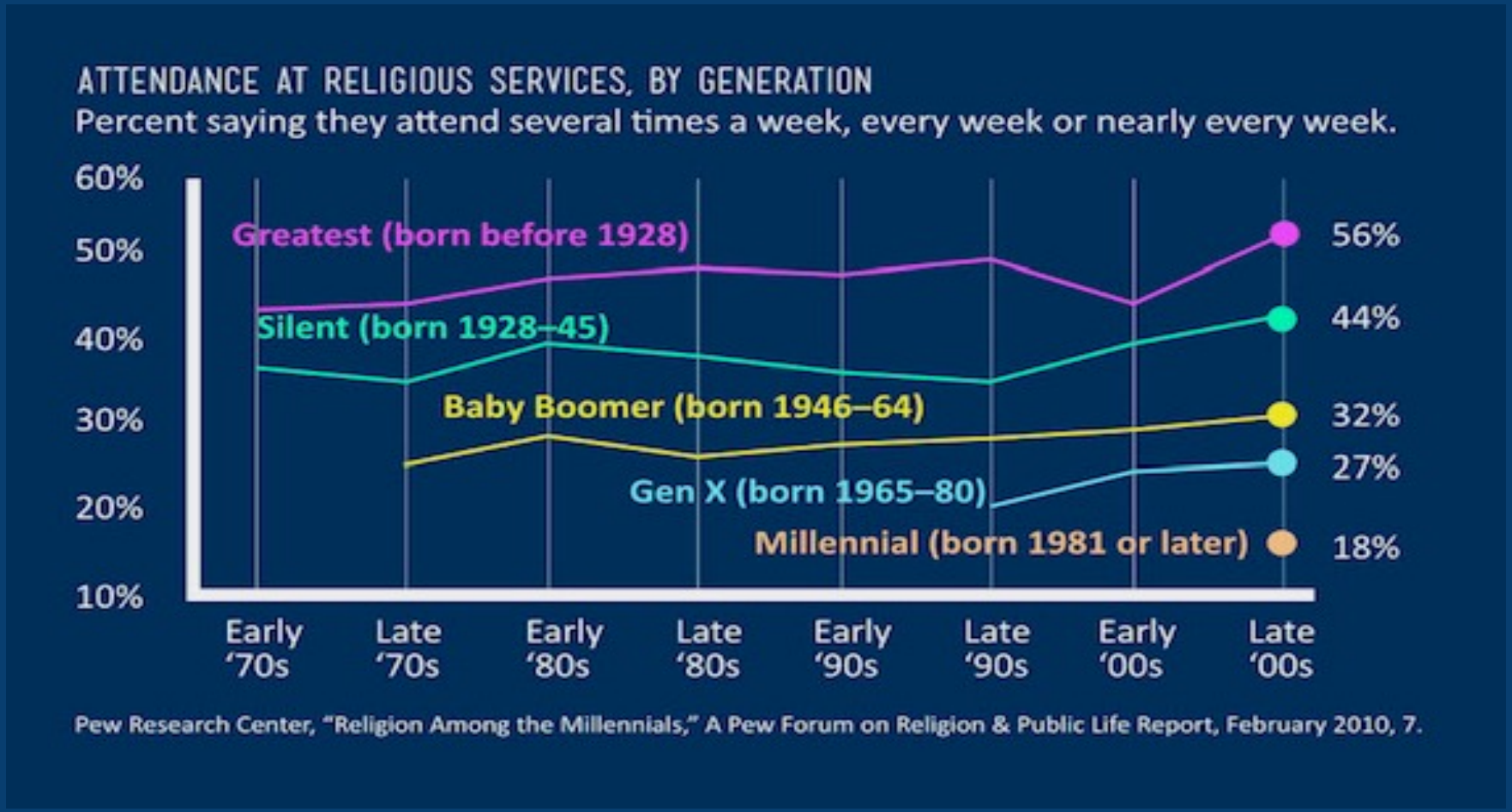
Rates of Veteran Suicide

VETERAN SUICIDE PREVENTION ANNUAL REPORT | NOVEMBER 2020

Graph 5. Veteran Suicide Rates, by Age Group and Year, 2005–2018



Religious Service Attendance



Spiritual

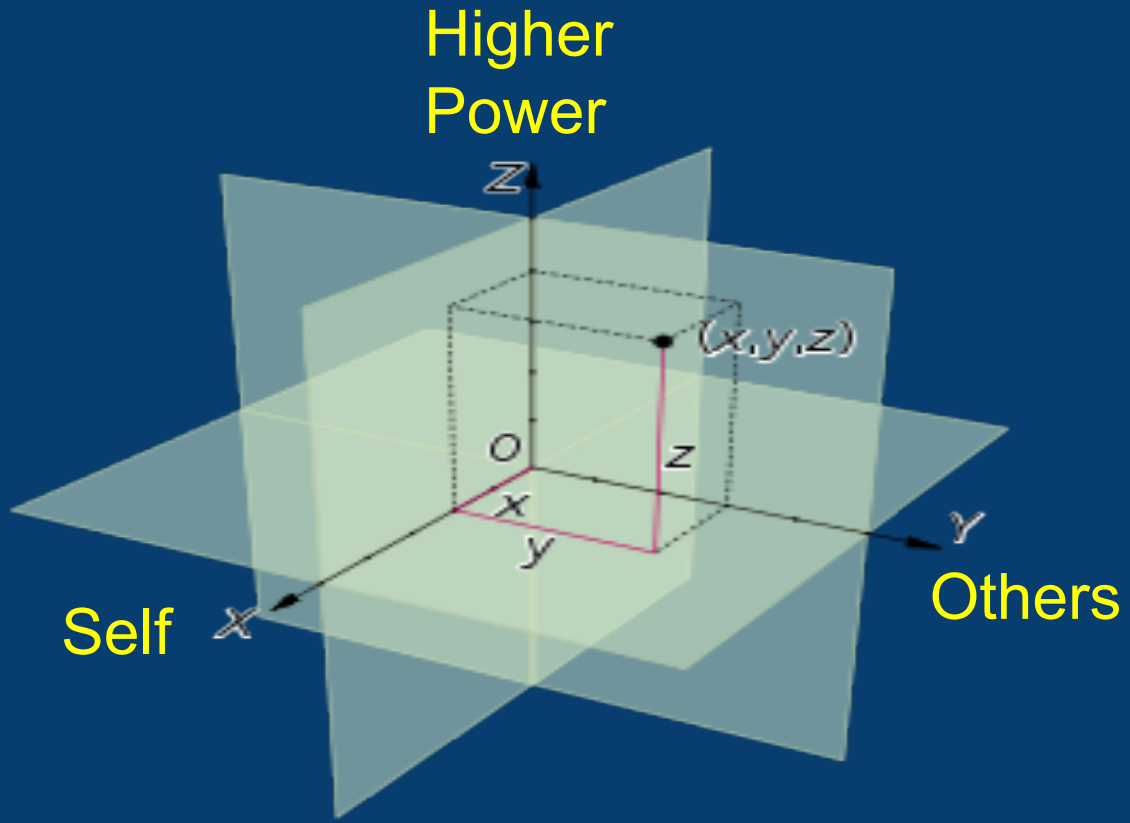
- What does Spiritual mean to the clinician?
- What does it mean to the patient?
- “I am not religious, but I’m Spiritual.” (a common statement today)
- What is the difference between the Spirit and the Soul?

Spiritual Beings' Struggles

- We are spiritual beings
- "We are all struggling with a relationship problem" (Glasser, 1999)
- Is there a problem with a relationship with self? (self-loathing- a part of moral injury)
- Is there a problem in a relationship with others(withdrawal from friends, family, work).
- Is there a problem with a relationship with G-d or higher power a sense of purpose or meaning? (Spiritual Struggles)
- How do these relationship problems then affect the soul– the mind, the will, the emotions?
- Nee's definition of spirit: Conscience, Intuition, Communion, (Nee, 1968)

Future Research: Validating Relationship Health Measure

- On a scale of 1-10 on each axis what is the health of this spiritual being in terms of relationships with self, others and Higher Power?



Wikipedia image

Ratsch, 2019

What is Recovery?

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."

(SAMHSA, 2006)

Recovery=Suicide Prevention

- There is a need for better treatments that offer greater hope of recovery. Medications alone cannot combat mental illness. "Evidence Based" therapies, may not be acceptable to Veterans, (e.g. for PTSD) (Steenkamp, et al, 2015)
- The recovery model (mandated by the VA) is different than the medical model. It is Veteran centered, includes a holistic/multi-disciplinary approach– includes peer support/social work/RN/psychology/psychiatry/work therapy/Chaplain/community resources
- Recovery embraces the notion that people with serious mental illness can live a meaningful life.
- "Happiness is a byproduct of living a meaningful life." (Frankl, 1984)

SAHMSA 10 Components of Recovery

Working Definition 2012

Resilience What is it?

Resilio– to bounce back to rebound

Grit– Perserverance and Passion

Wabi Sabi– made more beautiful by imperfection

Harzbrand,Groopman, NEJM 2020
Living Wabi Sabi, T. Gold, 2010

Japanese Art of Kintsugi
"There is a crack in everything. That's how the light gets in." Leonard Cohen

Resilient People:

- Intrinsic Factors:
  - Positive Attitudes. (where's the Pony joke)
  - Optimism
  - Ability to Emotionally Self Regulate
  - See problems and failures as learning experiences
- Extrinsic factors may play a part:
  - Social and environmental supports

(McKinley et al, 2019)

THE OHIO STATE UNIVERSITY

Brief Resilience Scale (BRS)

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 2	I have a hard time making it through stressful events.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 3	It does not take me long to recover from a stressful event.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 4	It is hard for me to snap back when something bad happens.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 5	I usually come through difficult times with little trouble.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 6	I tend to take a long time to get over set-backs in my life.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My score: _____ item average / 6

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, *15*(3), 194-200.

Religious Service Attendance and Deaths from Despair

JAMA Psychiatry | Original Investigation

Religious Service Attendance and Deaths Related to Drugs, Alcohol, and Suicide Among US Health Care Professionals

Ying Chen, ScD; Howard K. Koh, MD, MPH; Ichiro Kawachi, MD, PhD; Michael Botticelli, MEd; Tyler J. VanderWeele, PhD

IMPORTANCE The increase in deaths related to drugs, alcohol, and suicide (referred to as *deaths from despair*) has been identified as a public health crisis. The antecedents associated with these deaths have, however, seldom been investigated empirically.

OBJECTIVE To prospectively examine the association between religious service attendance and deaths from despair.

DESIGN, SETTING, AND PARTICIPANTS This population-based cohort study used data extracted from self-reported questionnaires and medical records of 66 492 female registered nurses who participated in the Nurses' Health Study II (NHSII) from 2001 through 2017 and 43 141 male health care professionals (eg, dentist, pharmacist, optometrist, osteopath, podiatrist, and veterinarian) who participated in the Health Professionals Follow-up Study (HPFS) from 1988 through 2014. Data on causes of death were obtained from death certificates and medical records. Data analysis was conducted from September 2, 2018, to July 14, 2019.

EXPOSURE Religious service attendance was self-reported at study baseline in response to the question, "How often do you go to religious meetings or services?"

MAIN OUTCOMES AND MEASURES Deaths from despair, defined specifically as deaths from suicide, unintentional poisoning by alcohol or drug overdose, and chronic liver diseases and cirrhosis. Cox proportional hazards regression models were used to estimate the hazard ratio (HR) of deaths from despair by religious service attendance at study baseline, with adjustment for baseline sociodemographic characteristics, lifestyle factors, psychological distress, medical history, and other aspects of social integration.

RESULTS Among the 66 492 female participants in NHSII (mean [SD] age, 46.33 [4.66] years), 75 incident deaths from despair were identified (during 1 039 465 person-years of follow-up). Among the 43 141 male participants in HPFS (mean [SD] age, 55.12 [9.53] years), there were 306 incident deaths from despair (during 973 736 person-years of follow-up). In the fully adjusted models, compared with those who never attended religious services, participants who attended services at least once per week had a 68% lower hazard (HR, 0.32; 95% CI, 0.16-0.62) of death from despair in NHSII and a 33% lower hazard (HR, 0.67; 95% CI, 0.48-0.94) of death from despair in HPFS.

CONCLUSIONS AND RELEVANCE The findings suggest that religious service attendance is associated with a lower risk of death from despair among health care professionals. These results may be important in understanding trends in deaths from despair in the general population.

Editorial page 670
Author Audio Interview
Supplemental content

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Published online May 6, 2020.

Recovery embraces Holistic Approach

- Biological
- Psychological
- Social
- Spiritual

Lifestyle and mental health (Walsh, 2011)

- Therapeutic lifestyle changes (TLCs) can improve mental and physical health and prevent incidences of severe mental and medical illness
- "…diseases exacting the greatest mortality and morbidity – such as cardiovascular disorders, obesity, diabetes, and cancer – are strongly determined by lifestyle."
- Fewer side effects and complications than medication
- Cost-effectiveness of lifestyle changes

Walsh's Recommended therapeutic lifestyle changes

- Exercise. (Biological)
- Nutrition and diet (Biological)
- Relaxation (Psychological)
- Stress management(Psychological)
- Community involvement- volunteerism (Social)
- Relationships (Social)
- Time in nature (Spiritual)
- Religious and spiritual involvement (Spiritual)

Therapeutic Lifestyle Changes (TLCs) in a Behavioral Weight Loss Study (MAMAO)

- MAMAO - Management of Antipsychotic Medication Associated Obesity
  - Group classes and individual case management to combat weight gain from antipsychotic medication
- Preliminary TLC data:
  - Veterans asked to record how frequently they implement TLCs
  - Data were analyzed with mixed-effects linear models to test for effects of TLC participation and week of the study

The Lifestyle Balance Program

Participant Notebook

Adapted from the Diabetes Prevention Program
Grant funding by the VA Merit Review Program, Department of Rehabilitation R&D
Revisions by: Crystal Kwan, Hollie Gelberg, Eda Martin, Zach Erickson, Shirley Mena, Lisa Guzik, Donna Ames
Last updated November, 2014

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Food Journal Example

Daily Food Journal

EXERCISE Activity: Walking my dog How many minutes: 30 minutes	Date:

TIME of DAY	MEAL TYPE	FOOD ITEMS	HOW MUCH?
8:00 am	Breakfast	1. *Scrambled eggs*	*1 cup*
		2. *Whole wheat toast*	*2 slices*
		3. *Skippy peanut butter*	*2 tablespoons*
		4. *bacon*	*2 slices*
		5.	
		6.	
	Beverage	1. *Nonfat Milk*	*1 cup*
		2.	
TIME of DAY	MEAL TYPE	FOOD ITEMS	HOW MUCH?
	Snack	1. *baked potato chips- Lays*	*1 package*
		2. *apple*	*1 medium size*
	Beverage	*Diet coke*	*1 can*
TIME of DAY	MEAL TYPE	FOOD ITEMS	HOW MUCH?
	Lunch	1.	
		2.	
		3.	
	Beverage	1.	
		2.	
TIME of DAY	MEAL TYPE	FOOD ITEMS	HOW MUCH?
	Snack	1.	
		2.	
	Beverage		
TIME of DAY	MEAL TYPE	FOOD ITEMS	HOW MUCH?
	Dinner	1.	
		2.	
		3.	
	Beverage	1.	
		2.	

BioPsychoSocialSpiritual (BPSS) Scale

- 0 Means you don't agree
- 10 Means you do agree

1) I have a strong and healthy body
2) I have sharp and clear mind
3) I have positive connections to other people
4) I experience personal peace and happiness

TLC Results in MAMAO Study

- More TLCs practiced → Higher Bio-psycho-social-spiritual (BPSS) Scale Scores
  - Avg. increase of 1.4 points (0-40 scale) for each additional TLC practiced ($p = .013$ for main TLC effect)
- More TLCs practiced → Greater weight loss
  - Avg. weight loss of 0.03 lbs each week (1.5 lbs over course of year-long study) for each additional TLC practiced ($p = .001$ for interactive TLC*week effect)

TLC Study

Classes and Individual Coaching for each of the 8 Therapeutic Lifestyle Changes Demonstrated:

1) Increased healthy behaviors
2) Improvement in Quality of Life
3) Decreases in blood pressure

My THERAPEUTIC LIFESTYLE PRACTICES DIARY
THE 8 WAYS TO PRACTICE TLC'S

Name: _____

Date: _____

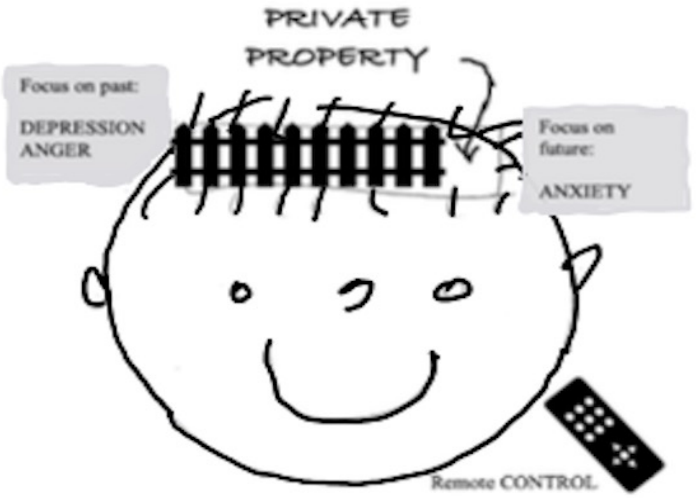
My goal is to make little changes for each lifestyle element to improve the quality of my life.

	Specific Goals	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Exercise								
Nutrition and Diet								
Time in Nature								
Relationships								
Recreation								
Relaxation / Stress Management								
Religious/Spiritual Involvement								
Service and Helping Others								

Tessier, 2017; Walsh, 2011

How TLCs Work:

Thoughts – Emotions – Behaviors: Cycle



THINK ABOUT THE PRESENT = GIFT

Change the channel and try
Attitude of Gratitude Channel

POSITIVE OR NEGATIVE?

THOUGHTS EMOTIONS BEHAVIORS

Work with Veterans to Create SMART Goals For TLCs!

Specific

Measurable

Attainable

Realistic

Time-bound

(Doran, 1981)

TLC Materials Developed:

- TLC Diaries
- TLC Workbooks
- TLC Training manual
- TLC Single worksheets

Health Education And Lifestyles (HEAL) Program
Participant Notebook

Materials Developed by Hilary Meyer, Jillian Tessier, Irina Arnold, Zach Erickson, Crystal Kwan, Hollie Gelberg, & Donna Ames, MD
Portions Adapted from Diabetes Prevention Program
Version 4, 5/31/16

VA GREATER LOS ANGELES HEALTHCARE SYSTEM
A Division of VA Desert Pacific Healthcare Network

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

All symbols included above are "Dancing" by Matt Brooks, from the Noun Project

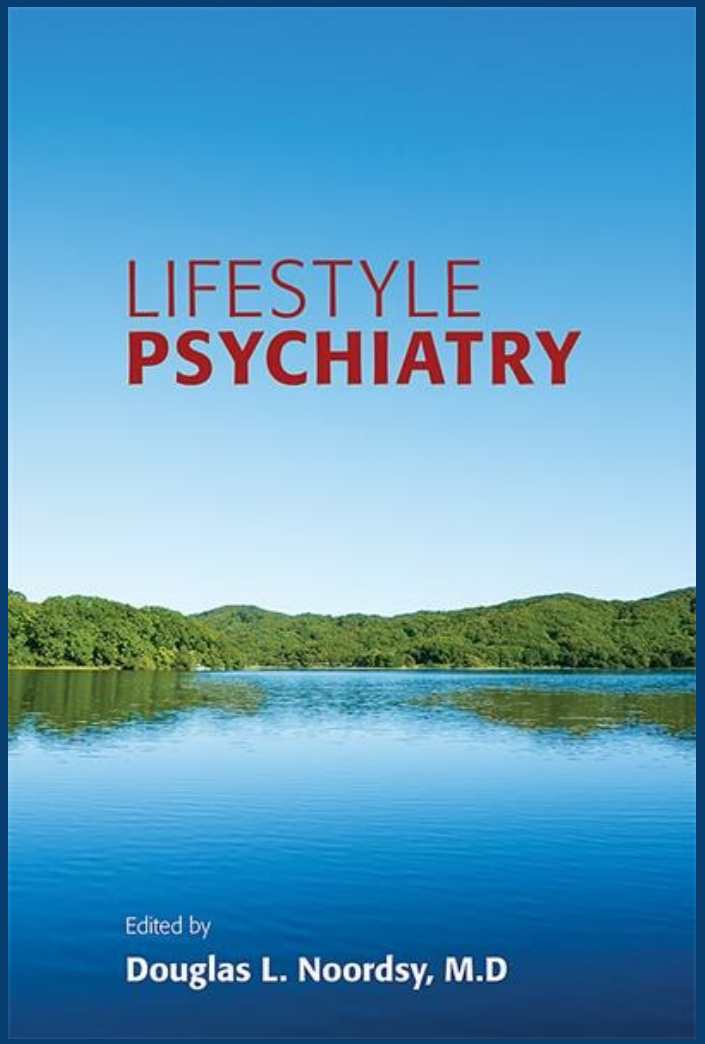
MILITARY MEDICINE, 182, X:X, 2017

Therapeutic Lifestyle Changes: Impact on Weight, Quality of Life, and Psychiatric Symptoms in Veterans With Mental Illness

Jillian M. Tessier, BA; Zachary D. Erickson, BA†; Hilary B. Meyer, BA‡; Matthew R. Baker, BA§; Hollie A. Gelberg, PhD, RD†; Irina Y. Arnold, MD†; Crystal Kwan, MPH, RD†; Valery Chamberlin, MD†‖; Jennifer A. Rosen, PharmD, BPCC¶**††; Chandresh Shah, MD†; Gerhard Hellemann, PhD‖; Melissa M. Lewis, PhD†; Charles Nguyen, MD‡‡; Neena Sachinvala, MD†; Binyamin Amrami, MD†‖§§; Joseph M. Pierre, MD†‖; Donna Ames, MD†‖*

ABSTRACT Introduction: Veterans with mental illness tend to have shorter life spans and suboptimal physical health because of a variety of factors. These factors include poor nutrition, being overweight, and smoking cigarettes. Nonphysical contributors that may affect quality of life are the stigma associated with mental illness, social difficulties, and spiritual crises. Current mental health treatment focuses primarily on the delivery of medication and evidence-based psychotherapies, which may not affect all the above areas of a Veteran's life as they focus primarily on improving psychological symptoms. Clinicians may find greater success using integrative, comprehensive, multifaceted programs to treat these problems spanning the biological, psychological, social, and spiritual domains. These pilot studies test an adjunctive, holistic, behavioral approach to treat mental illness. This pilot work explores the hypotheses that engagement in a greater number of therapeutic lifestyle changes (TLCs) leads to improvement in quality of life, reduction of psychiatric symptoms, and weight loss. Materials and Methods: Institutional Review Boards for human subjects at the Veterans Affairs (VA) Greater Los Angeles and Long Beach Healthcare Systems approved pilot study activities at their sites. Pilot Study 1 was a prospective survey study of Veterans with mental illness, who gained weight on an atypical antipsychotic medication regimen, participating in a weight management study. At each session of the 1-year study, researchers asked a convenience sample of 55 Veterans in the treatment arm whether they engaged in each of the eight TLCs: exercise, nutrition/diet, stress management and relaxation, time in nature, relationships, service to others, religious or spiritual involvement, and recreation. Pilot Study 2 applied the TLC behavioral intervention and examined 19 Veterans with mental illness, who attended four classes about TLCs, received individual counseling over 9 weeks, and maintained journals to track TLC practice. Besides weekly journals, researchers also collected prospective data on quality of life, psychiatric symptoms, vitals, and anthropometric measurements. In both studies, investigators tested for main effects of the total number of TLCs practiced and study week using mixed-effects linear models with independent intercepts by participant. Results: In Study 1, engagement in more TLC behaviors was significantly associated with higher ratings of quality of life, as well as greater weight loss for each additional type of TLC practiced. In Study 2, TLC practice increased significantly over 9 weeks, and was significantly associated with improvements in quality of life and diastolic blood pressure. Conclusion: Counseling Veterans to practice TLCs provides a holistic adjunct to current treatments for mental illness. TLCs may confer multiple benefits upon Veterans with mental illness, enhancing quality of life and well-being along with weight management efforts. As these were pilot studies, the samples sizes were relatively small and a control group was lacking. Our findings may have broader implications supporting a holistic approach in both primary and mental health care settings. Future research will expand this work to address its weaknesses and examine the cost differential between this holistic approach and traditional mental health treatment.

Chapter 17: Assessment and Behavioral Change Strategies in Clinical Practice



Sones et al., 2019

PRRC– Psychosocial Rehabilitation and Recovery Center: "The School for Better Living"

All day treatment and day hospitals within in the VA were converted to PRRCs to emphasize Community Integration and embrace the "Recovery Model."

Uniform MH Services Handbook for VA Medical Centers mandates all mental health services adopt the Recovery Model throughout Mental Health continuum of care

All Veterans Develop a Personal Recovery Plan

My Personal Recovery Plan

Instructions: Please fill this out (with or without assistance) and then return and discuss it with your primary mental health team/provider

STEP 1: Satisfaction with Areas of My Life. Please tell us how satisfied you are with the areas of your life. For each area, rate your level of satisfaction #1-5 (**1 = not satisfied; 3 = moderately satisfied; 5 = very satisfied**) and tell us in a few words why you feel that way

Life area	#1-5	My level of satisfaction is ___ because _____.
Physical needs (food, clothing, shelter)		
Meaningful activities (work, school, volunteer) in the community		
Social relationships (friends, family, intimacy, etc)		
Holistic/Spirituality/Wellness (Mind, Body, Spirit)		
Recreation, Leisure, Hobbies, Creative Expressions (music, art, dance, writing, etc)		
Other:		

STEP 2: What is my overall vision of recovery? If my life could be anything I wanted it to be, what would it look like? What brings meaning to my life? What is meaningful to me?

_____
_____
_____
_____

STEP 3: What goals will I set to reach my vision of recovery? I will work on the following goal(s) to improve satisfaction in one or more of the life areas (from STEP 1):

_____
_____
_____
_____

STEP 4: What strengths do I have that will help me achieve my recovery goals? What are the things that I am good at doing? What are some past successes that will help me to achieve my recovery goals? What relationships or associations will help me to achieve my recovery goals?

_____
_____
_____
_____
_____

T. Fletcher, LCSW, Local Recovery Coordinator, 5/8/09

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MPRP Cont.

STEP 5: What might prevent me from achieving my recovery goals? Mental health symptoms, substance abuse, addictions, social issues, health issues, family issues, homelessness, unemployment, etc.

_____

_____

_____

_____

STEP 6: What steps must I take to reach my recovery goals? What actions/behaviors/responsibilities do I need to take to achieve my goals?

_____

_____

_____

_____

Follow-up questions after 3 months, 6 months and 9 months

	FROM STEP 1: LIFE AREAS
At 3 MONTHS: How much progress have I made to achieve my goal(s)? (1 = no progress; 5 = goal achieved) Self rating 1 2 3 4 5 (Circle one) Staff rating 1 2 3 4 5 (Circle one)	**Please re-evaluate your satisfaction with life areas (see Step 1) (1 = Not satisfied; 3 = Moderately Satisfied; 5= Very Satisfied)** Physical Needs 1 2 3 4 5 (Circle one) Meaningful Activities 1 2 3 4 5 (Circle one) Social Relationships 1 2 3 4 5 (Circle one) Holistic/Spirituality/Wellness 1 2 3 4 5 (Circle one) Recreation/Leisure/Hobbies 1 2 3 4 5 (Circle one)
At 6 MONTHS: How much progress have I made to achieve my goal(s)? (1 = no progress; 5 = goal achieved) Self rating 1 2 3 4 5 (Circle one) Staff rating 1 2 3 4 5 (Circle one)	**Please re-evaluate your satisfaction with life areas (1 = Not satisfied; 3 = Moderately Satisfied; 5= Very Satisfied)** Physical Needs 1 2 3 4 5 (Circle one) Meaningful Activities 1 2 3 4 5 (Circle one) Social Relationships 1 2 3 4 5 (Circle one) Holistic/Spirituality/Wellness 1 2 3 4 5 (Circle one) Recreation/Leisure/Hobbies 1 2 3 4 5 (Circle one)
At 9 MONTHS: How much progress have I made to achieve my goal(s)? (1 = no progress; 5 = goal achieved) Self rating 1 2 3 4 5 (Circle one) Staff rating 1 2 3 4 5 (Circle one)	**Please re-evaluate your satisfaction with life areas (1 = Not satisfied; 3 = Moderately Satisfied; 5= Very Satisfied)** Physical Needs 1 2 3 4 5 (Circle one) Meaningful Activities 1 2 3 4 5 (Circle one) Social Relationships 1 2 3 4 5 (Circle one) Holistic/Spirituality/Wellness 1 2 3 4 5 (Circle one) Recreation/Leisure/Hobbies 1 2 3 4 5 (Circle one)

T. Fletcher, LCSW, Local Recovery Coordinator, 5/8/09

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What Does A Holistic Assessment Approach Look Like?

1) Assess Veteran's bio-psycho-social-spiritual well being
2) BIO- rule out any medical causes of possible mental health issues/what medical problems (eg. Chronic pain)
3) R/O any neurological condition- secondary to head trauma and history of Loss of Consciousness.
4) Psycho-Understand rapidly what psychological strengths/needs are/what trauma or loss affects them?
5) Social: evaluate housing status, evaluate relationship health-with others/self/higher power. Does the Veteran have a sense of purpose or meaning? What community activities– job/school/training/volunteering
6) Spiritual: What spiritual or religious activities are they involved in? What gives their life meaning?

Biological Considerations:

- Check lab tests for thyroid dysfunction, diabetes, other metabolic abnormalities Check for vitamin deficiencies and other nutrient deficiencies
- Clarify if there is use of any drugs, alcohol or unusual supplements that can worsen psychiatric symptoms (urine test may be helpful)
- Check ekg for heart if presenting over 40 and/or with anxiety symptoms of fast heart rate.
- Check for Sleep Apnea if insomnia a complaint and risk factors for that condition
- What exercise if any is the Veteran doing? Help Veteran connect with exercise options through VA or outside.
- What is the Veteran eating? Is the Veteran interests in nutrition/weight loss program? Discuss gut-brain relationship, gut microbiome.

Psychological Evaluations

- History of head/trauma, learning issues/memory issues may need further evaluation by neuropsychologist
- There are many scales available to assess symptoms– busy clinician needs to complete at minimum– Columbia Suicide Risk Assessment– if positive– will warrant comprehensive suicide risk evaluation and development of suicide prevention plan

Psychosocial Treatments

- Veterans need to be apprised of psychological treatment options available
- Determine preference of Veteran for individual or groups
- Determine preference of Veteran for type of therapist- and/or spiritual counselor
- If Veteran is NOT HOUSED- immediately help Veteran connect with housing services
- Determine if substance use disorder treatment is a preference for Veteran

Vocational/Educational Support

- Help clarify if Veteran is interested in Vocational Rehabilitation
- VA offers several options for Voc. Rehab as well as State and County
- Help connect Veteran with resources to succeed in college if they are enrolled (Veteran's counselors, and support offices within colleges for students with disabilities)

Recovery planning– Veteran can select: Services and classes provided at West LA VA PRRC (circa 2017):

- Evidence Based Social Skills (anger management) and other therapies
- Work/School Support
- Wellness/Cooking /Gardening
- Creative arts– writing/art/music appreciation
- Mind Body
- Community Integration, Outings and Activities
- Self Government
- Spirituality

Medication Considerations

- Medications—does the Veteran want medications? What is their medication history? What has worked, what has not?
- What side effects have they ever experienced?
- Is the Veteran interested in: Vitamins or other supplements– Vitamin D, Magnesium, Fish Oil- omega 3 supplements for brain health and overall well-being , melatonin for sleep
- Discuss: Food is MEDICINE– Discuss Mediterranean diet, make nutrition goals, discuss gut microbiome

Mind/Body Treatments

- Breathing, Stretching and Relaxation
- Mindfulness
- Dance

Breathing Stretching Relaxation

Gardening:

Inside LA's Secret Garden That's Helping Veterans

By Melissa Seley Published on 9/14/2016 at 10:29 AM

Sponsored By Casa Modelo

BRIAN GUIDO

Nestled within the sprawling 387 acres of the U.S. Veteran Affairs' West Los Angeles campus stands a tiny, unlikely plot tended by a handful of volunteers, so small and unassuming, it's easy to miss. But the garden is a rare experiment. Not only does the fertile plot yield plenty of unique organic crops -- African blue basil, thornless raspberries, giant cantaloupes, and Dutch kale for example -- it also provides a pioneering form of holistic therapy for veterans with severe mental illnesses. See how this tiny garden is doing a world of

Dance for Veterans Class

Arts and Health, 2015
http://dx.doi.org/10.1080/17533015.2015.1019701

Routledge
Taylor & Francis Group

Dance for Veterans: A complementary health program for veterans with serious mental illness

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(*Received 29 May 2014; accepted 20 November 2014*)

Background: Dance for Veterans, composed of physical, psychological and social elements, is a new patient-centered and recovery-oriented treatment modality for veterans diagnosed with serious mental illness; that is, chronic and functionally impairing psychoses, traumatic stress disorders, and mood and anxiety disorders. This report outlines the development of *Dance for Veterans* over the past several years within the VA Greater Los Angeles Healthcare System, including curricular rationale, training model and program evaluation. *Methods:* Participation was voluntary and required only a mental illness diagnosis. Survey data and qualitative feedback ($N = 88$), as well as verbal reports of stress ($N = 35$), were collected over 3-month periods to assess effects of the class on veterans' well-being. *Results:* Verbal reports of stress before and after class showed significant decreases ($p < 0.001$), and subjective responses to the classes were overwhelmingly positive. Significant longer-term trends in stress reduction, however, were not demonstrable. *Conclusions:* The *Dance for Veterans* program shows promise as an interdisciplinary resource for veterans diagnosed with serious mental illness. Future program development will include more detailed evaluation of its effects on veterans' well-being and extension to additional VA venues and populations.

Keywords: veterans; dance; movement; complementary medicine; holistic health

Introduction

Military personnel often return from war with both visible and invisible wounds across their physical, psychological and social domains of health (Tanielian & Jaycox, 2008; Williamson & Mulhall, 2009). Many veterans in the USA are afflicted with physical and mental illnesses because of their participation in theaters of combat, including Iraq,

BSR and Dance Materials

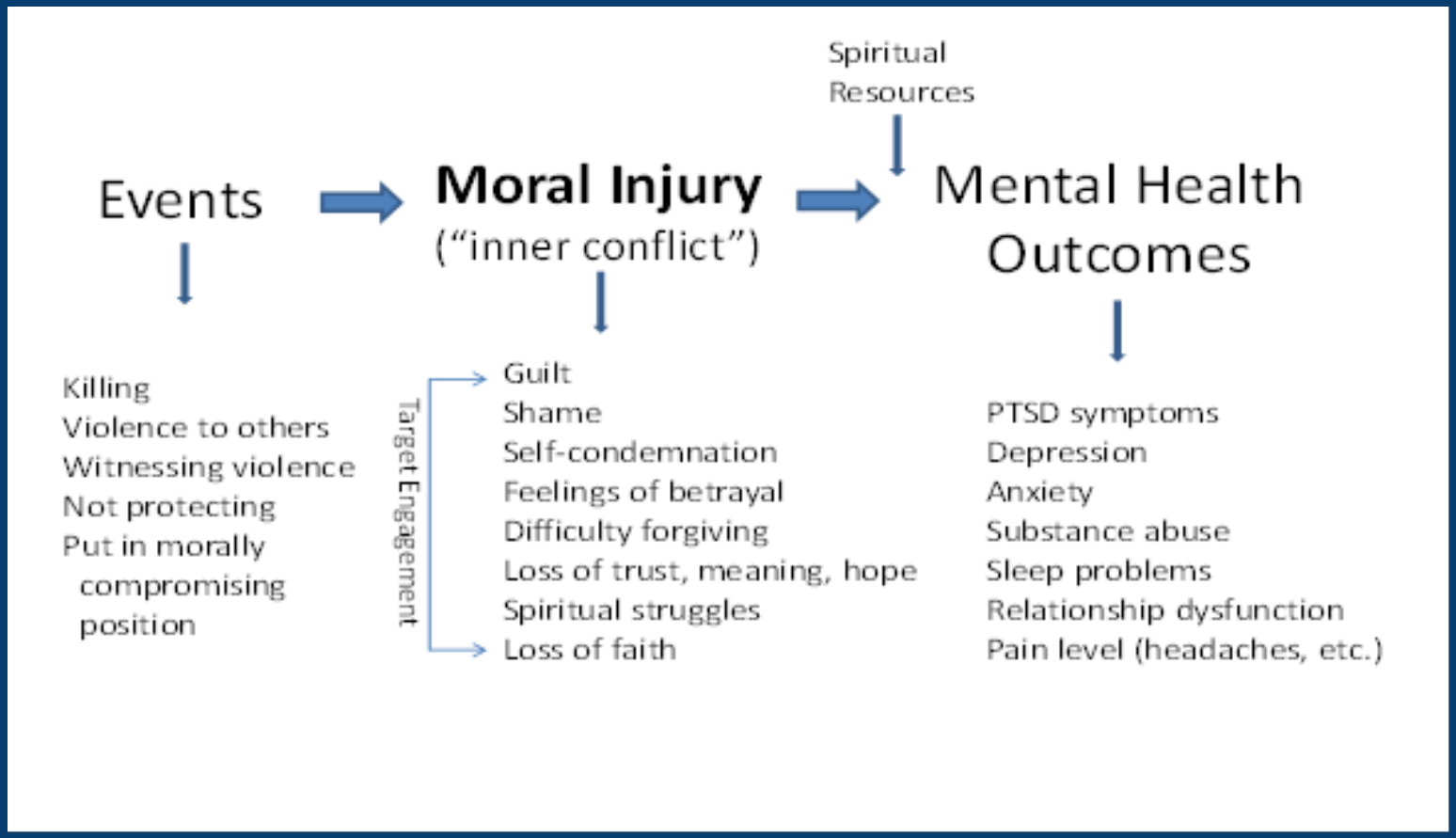
- BSR– breathing/stretching/relaxation train the trainer materials available, (Office of Patient Centered Care website)

- Dance for Veterans– Train the trainer materials available (Office of Patient Centered Care website)

Spirituality Class

- Chaplain run Spirituality Class

Target of Spiritual Interventions: Moral Injury (Inner Conflict)



Koenig, 2016

MISSION PROJECT

- Dr. Ames' Research Team collaborated with Dr. Harold Koenig, MD Duke University and several other VAs as well as chaplains around the country
- 1. Developed a Valid and reliable measure for moral injury (long and short form)
- 2. Developed a Chaplain Based intervention for moral injury (and now testing)
- 3. Testing a spiritually oriented cognitive processing therapy (Pearce et al, 2018)
- Koenig,2018

Moral Injury Short Form

1. I feel betrayed by leaders who I once trusted.
2. I feel guilt over failing to save the life of someone in war.
3. I feel ashamed about what I did or did not do during this time.
4. I am troubled by having acted in ways that violated my own morals or values.
5. Most people are trustworthy.
6. I have a good sense of what makes my life meaningful.
7. I have forgiven myself for what happened to me or others during combat.
8. All in all, I am inclined to feel that I am a failure.
9. I wondered what I did for God to punish me.
10. Compared to when you first went into the military has your religious faith since then... Weakened or Strengthened

(Koenig et al, 2019)52

Moral Injury(Inner Conflict) and Suicide Risk

- Growing evidence of link between moral injury and increased suicide risk
- Published study of 570 Veterans and Active Duty Military
  - Measured moral injury, suicide risk index based on 10 known suicide risk factors
  - Measured religiosity and moderating effect of religion
- Moral injury strongly correlated with suicide risk (r=0.54)
  - Self-condemnation had the highest subscale correlation with MI
  - Religiosity did not mediate relationship between moral injury and suicide risk
-

Ames et al,2018

Chaplain Intervention

- This intervention consists of twelve 50-minute individual one-on-one pastoral care sessions with the Veteran

- The intervention is designed specifically for those who indicate that religion is important in their lives. It is to be adapted to the specific religious beliefs of the Veteran. (Koenig et al., 2019)

- 5 Workbooks/appendices developed for Christian, Jewish, Muslim, Buddhist and Hindu Religions(Ames,et al, 2021)

Spiritually Integrated CPT

- Spiritually integrated form of CPT that explicitly draws on a client's spiritual/religious resources and that addresses spiritual struggles and moral injuries.
  - Spiritual beliefs, practices, rituals, values, and inspirational passages to challenge and change unhelpful patterns of thinking and behavior
  - Spiritual concepts, such as kindness, compassion, and acceptance
  - Spiritual practices, such as confession, forgiveness, making amends, spiritual surrender, prayer/meditation, and spiritual community
- Targets MI to reduce PTSD symptoms
- 5 religion-specific appendices (Pearce et. al., 2018)

Partnering with Faith Based Organizations

- Because faith-based organizations may interact with Veterans before Veterans appear for mental health services– (due to stigma)especially in rural communities, very important to support faith- based community services with coordination of care with mental health and help provide tools that can potentially be used.
- Recently completed focus group,, qualitative study with Faith Based leaders in Los Angeles. (article pending)
- Learned about challenges faced in faith-based communities when confronted with mental health issues of congregants
- Developed resource list to help Faith Leaders connect Veterans connect with mental health care in Los Angeles

(Santiago et al, in preparation)

Summary:

- Veterans with ANY mental illness benefit from a Holistic, Recovery oriented, bio-psycho-social-spiritual approach.
- Recovery planning is suicide prevention.
- Therapeutic Lifestyle Changes (TLCs) can be integrated into the recovery planning of Veterans with mental illness
- Moral injury (inner conflict) should be recognized as it may be linked with suicidality and explain why Veterans with PTSD do not fully recover with currently available treatments for PTSD
- Spiritually integrated treatments can foster collaboration between chaplains, community faith-based organizations and mental health providers

Summary continued: Recovery embraces Holistic Approach

- Biological
- Psychological
- Social
- Spiritual

- Veterans are resilient (and so are their providers)
- Recovery Planning is Suicide Prevention

Sacred Texts: Focus on Forgiveness (Luke 15:11-32)

- There is a loving G-d who wants to hold us in his arms no matter how broken we are
- And never gives up on us coming home
- Imagine if we all treated each other with the compassion, mercy, forgiveness, grace and unending love that the prodigal's father, had for him? (Boyle, "Tatoos on The Heart," 2011)

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"By the Grace of G-d, I am what I am…"

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References

- Ames D, Erickson Z, Youssef NA, Arnold I, Adamson CS, Sones A, et al. Moral injury, religiosity, and suicide risk in US veterans and active duty military with PTSD symptoms. Military Med. (2018) usy148. 10.1093/milmed/usy148
- Ames D, Erickson Z, Geise C, Tiwari S, Sakhno S, Sones A, Tyrrell G, Mackay RB, Steele W, VanHoof T, Weinreich H, Koenig HG Treatment of Moral Injury in U.S. Veterans with PTSD Using a Structured Chaplain Intervention. Journal of Religion and Health (2021) 60: 3052-2060 https://doi.org/10.1007/s10943-021-01312-8
- Baker MR, Tessier JM, Meyer HB, Sones AC, Sachinvala N, **Ames D**. Yoga-based Classes for Veterans with Severe Mental Illness. *Federal Practitioner. 2015;* 32(10):19-25
- Cabral P, Meyer HB, **Ames D**, Effectiveness of Yoga Therapy as a Complementary Treatment for Major Psychiatric Disorders: a Meta-Analysis. Prim Care Companion CNS Discord, 2011;13(4):doi:10.4088/PCC.10r01068.
- Carey B. New plan to treat schizophrenia is worth added cost, study says. *New York Times*. February 1, 2016. http://www.nytimes.com/2016/02/01/health/new-plan-to-treat-schizophrenia-is-worth-added-cost-study-says.html?_r=0. Accessed February 12, 2016.
- Doran GT. There's a S.M.A.R.T. way to write management's goals and objectives. Manage Rev 1981; 70(11): 35–6.
- Erickson Z, Mena S, Pierre J, Blum L, Martin E, Hellemann G, Aragaki D, Firestone L, Lee C, Lee P, Kunkel C, **Ames D**. Behavioral Interventions for Antipsychotic Medication Associated Obesity: A Randomized, Controlled Clinical Trial. J Clin Psychiatry 2016 Feb;77(2):e183-9
- Frankl V, (1984)Man's Search for Meaning, New York, NY, Washington Square Press
- Kane JM, Robinson DG, Schooler NR, et al. Comprehensive versus usual community care for first episode psychosis: 2-year outcomes from the NIMH RAISE Early Treatment Program. *Am J Psychiatry*. October 20, 2015; [Epub ahead of print].
- Koenig HG, Currier JM, McDermott RC, Ames D, Youssef N, Oliver JP, Volk F, Teng EJ, Haynes K, **Erickson Z**, Arnold I, O' Garo K, Pearce M. The Moral Injury Symptoms Scale - Military Version. *J Relig Health* Dec 2017. doi: 10.1007/s10943-017-0531-9.
- Koenig, H. G., Ames, D., Youssef, N. A., Oliver, J. P., Volk, F., Teng, E. J., Haynes, K., Erickson, Z. D., Arnold, I., O'Garo, K., & Pearce, M. (2018a). Screening for moral injury: The Moral Injury Symptom Scale - Military Version Short Form. *Military Medicine, 183*, e659-665. https://doi.org/ 10.1093/milmed/usy017

References

- Meyer HB, Katsman A, Sones AC, Auerbach DE, Ames D, Rubin RT. Yoga as an ancillary treatment for neurological and psychiatric disorders: A review. *J Neuropsychiatry Clin Neurosci*. 2012;24(2):152-64. doi: 10.1176/appi.neuropsych.11040090
- National Center for Veterans Analysis and Statistics (2013). About the National Center for Veterans Analysis and Statistics. Retrieved from https://www.va.gov/vetdata/About_Us.asp
- National Center for Veterans Analysis and Statistics, Department of Veterans Affairs. (2013, February 26). Expenditures. Retrieved from http://www.va.gov/vetdata/Expenditures.asp
- Nee, W. The Spiritual Man, Christian Fellowship Publishers
- Pew Research Center, "Religion Among the Millenials," A Pew Forum on Religious and Public Life Report Feb.2010,7
- Ratsch J, Ames D Relationship Health Scale in preparation
- Rosenheck R, Leslie D, Sint K, et al. Cost-effectiveness of comprehensive, integrated care for first episode psychosis in the NIMH RAISE Early Treatment program. *Schizophr Bull*. January 31, 2016; [Epub ahead of print].
- Santiago S, Yahalom J, Kopacz M, Weinreich H, Erickson Z, VanHoof T, Sahkno S, Tiwari, S, Ames D, Koenig H, Yarns B **Faith-Based Organizations' Support of Veteran Congregants at Risk for Mental Health Conditions and Suicide: A Qualitative Study of Clergy Experiences in Los Angeles** (in preparation)
- Sones A, MD, Krasnoff M, Vicari M, Ames D. Chapter 17: Assessment and behavioral change strategies in clinical practice. In: Noordsy (ed.) Lifestyle Psychiatry: Using Exercise, Diet and Mindfulness to Manage Psychiatric Disorders. 2019
- Steenkamp M.M. Litz BT, Hoge CW, Marmar CR (2015)Psychotherapy for Military Related PTSD: A Review of Randomized Clinical Trials, JAMA (314)5 489-500
- Tessier JM, Erickson ZD, Meyer HB, Baker MR, Gelberg HA, Arnold IY, Kwan C, Chamberlin V, Rosen JA, Shah C, Hellemann G, Lewis MM, Nguyen C, Sachinvala N, Amrami B, Pierre JM, **Ames D**. Therapeutic Lifestyle Changes: Impact on Weight, Quality of Life, and Psychiatric Symptoms in Veterans with Mental Illness. The Journal of Military Medicine. September 2017; 182(9):e1738-e1744; DOI: 10.7205/MILMED-D-16-00405
- Walsh, R. (2011). Lifestyle and mental health. *American Psychologist, 6*(7), 579-92.
- Wilbur S, Meyer H, Baker MR, Smiarowski K, Suarez C, **Ames D**, Rubin R. Dance for Veterans: A Complementary Health Program for Veterans with Serious Mental Illness. *Arts and Health* March 2015;7(2):96-108