

EVH - S1EP24 - How Understanding Trauma Helps VA Better Serve Homeless Veterans

David Martino 2: [00:00:00] VA is the largest healthcare provider in the country, but our reach is only within our walls and our Veteran community. And so the public can improve by ensuring trauma-informed care is being provided by all healthcare and social service agencies.

I think if community entities who are serving Veterans or anyone experiencing homelessness got involved in educating themselves and their staff, acquired consultation and assessment on trauma-informed care, or brought to their policies and practices, a TIA lens that these would go far in making the whole system a better and more supportive place for everyone.

Shawn Liu: Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at [00:01:00] 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

I'm gonna say something that may feel totally obvious to some, but I think it gets lost in all of the politics and technical aspects of addressing homelessness in America: that homelessness, it's bad for your health.

Like really bad for your health. Especially unsheltered homelessness where you're living on the streets, or in the woods, under bridges, and in encampments.

Seriously, and I don't think I'm underselling this at all, unsheltered homelessness is one of the most dangerous situations a person can face. It can affect your whole health: mind, body, and soul. This is really bad stuff.

And like all dangerous situations, homelessness is traumatizing. Literally [00:02:00] traumatizing.

Now, I feel a little goofy having to say this out loud, especially to those who may believe that homelessness is a choice that individual people make for themselves. That individual people choose to be homeless, and I guess by extension choose to traumatize themselves.

So you can probably guess by now that if you've ever experienced homelessness, I am just gonna blanket assume that you've experienced trauma. Probably lots and lots of trauma.

But if you have been traumatized, how should that influence how you and I interact together?

We know from science that if you are a survivor of trauma, it can be hard for you to regulate your emotions. You may feel detached from your thoughts, behaviors, and memories. You may have trouble sleeping and experience physiological issues like GI, cardiovascular, or respiratory problems. And you may even turn to substances to try to get an ounce of relief from the pain.

Again, in 2024, this stuff about trauma is [00:03:00] known. It's part of our scientific body of knowledge.

And because we know all of this, I also know that if you are a survivor of trauma, I am probably gonna treat you with more patience, more grace, and more groundedness. Because even if the traumatizing event has long since passed, you may still be experiencing the effects of its impact right now.

Imagine for a second. If as service providers, as whole systems, as communities, if we truly understand just how traumatizing homelessness is for the people experiencing it, how would we be compelled to change our programs? What improvements would necessarily follow from that understanding?

Those are really great questions.

So to help us better understand what it's like to have VA homeless programs and services that are truly trauma informed, I can think of no one better to talk to than our next three guests.

First, we have Karen Guthrie, co-coordinator and supervisor of the Care Coordination, [00:04:00] Advocacy, Treatment, and Connections to Housing or CATCH program at the VA Boston Healthcare System. Ms. Guthrie is dedicated to collaborating with all levels within VA to move the evolution of a

trauma-informed approach to care forward within teams and throughout direct care, especially when serving Veterans experiencing homelessness.

Today she's joined by David Martino, her CATCH co-coordinator also at VA Boston. Mr. Martino is passionate about serving our most vulnerable populations through person-centered, compassionate trauma-informed treatment, as well as through improving our systems of care.

And rounding us out is David Chesley, the Boston CATCH program's peer support specialist.

Mr. Chesley is an Army Veteran of 10 years who served a tour in Afghanistan as a military police officer. He also has more than eight years of sobriety and is also a Veteran who's experienced homelessness. Mr. Chesley is passionate about giving back and serving our most vulnerable Veterans with compassion and empathy through a trauma-informed lens.

[00:05:00] Karen, David, Dave, welcome ,to the show.

Karen Guthrie: Thanks so much.

David Martino: You for having us, Shawn.

Shawn Liu: Yeah, really great. Yeah, really great to have you here.

Okay. This is gonna be a really important topic. It feels like in some ways it's a part two of our Housing First episode that we did a couple months ago, back in January. Especially because when we think about approaching homeless programs and services from a Housing First lens, there are a whole slew of philosophies and values that then later inform very concrete policies and procedures. And though not explicitly connected, I think this concept of having a trauma-informed approach or approaching care from a trauma-informed lens, ties very nicely into Housing First.

And spoilers, next month we're actually gonna have an expert to come on and talk about Harm Reduction as well, another set of principles that can inform very specific ways of doing program operations, all for the goal of making [00:06:00] our programs and services better for our Veterans. So I'm super pumped about today's conversation.

But before we get into trauma-Informed care, what it is, how you've been living it out as part of the CATCH program, we want to get to know you all better.

Karen, starting with you. You, with your co-coordinator, David, have been leading the CATCH program for several years now. Tell us a little bit about yourself, what your role is and how you found yourself being such an advocate for trauma-informed care.

Karen Guthrie: Thanks so much, Shawn.

I am a social worker by training and I worked within the VA for 35 years. Most of my career has been in three areas, being a therapist in a PTSD clinic, or post-traumatic stress disorders clinic, leading a Health Care for Homeless Veterans program at VA Boston, and most recently, over the past eight years, being the case manager, co-coordinator and supervisor of the CATCH team.

I also am a daughter of a World War II Veteran who served in both the Pacific and European theaters. When he returned to the States, he spent most of his career as a nurse in the VA. His [00:07:00] life experiences as a Veteran and as a caregiver continued to inspire me and to guide me in the work that I do in the life that I live.

Working with the CATCH team has been able to bring so many different components together over my career, around advocacy and social justice that make it very exciting to be a part of serving Veterans, experiencing homelessness in the team that I'm on.

Shawn Liu: That's fantastic stuff. Really glad to have you, David. I'm gonna come to you next.

You are the co-coordinator with Karen for the CATCH program. Tell us a little bit about yourself.

David Martino: I've been a social worker here at VA Boston and our homeless programs for almost 10 years.

In my role as co-coordinator of CATCH, I get the opportunity to really meet Veterans where they're at, get out into the community, dig in and help Veterans find their place to call home. The CATCH program works with Veterans who are experiencing homelessness and often have mental health, substance use, and or addiction issues and histories of significant trauma. So it's fulfilling to get to work together with our amazing team alongside our Veterans to help them reach their goals for housing and in [00:08:00] life.

Shawn Liu: Outstanding. Outstanding. And Dave, this is also a little bit unique and I'm glad you made the distinction because we have two Davids, but you are David. And now we're gonna go to Dave. So hope the listeners are tracking with me 'cause I'm tracking it too.

Dave, I want to come to you now. I wanna acknowledge a bit shamefacedly, for a podcast series that is about ending Veteran homelessness, I have a lot of civilians on this show. Um, You are maybe one of a handful of actual Veterans who are also on staff, who are SMEs, who've come on our show. But I'm really, really glad to have you.

You're also probably the first peer support specialist that we've had so far. And what that means is that not only are you a Veteran, not only have you served, but there are other parts of your history, of your life journey that give you lived experience, as we call it, into the topic, and give you kind of different expertise in a way that rounds out some of our maybe more academic or book expertise.

Could you tell us a little bit about your role, who you are, and what you've been doing as part of a member of the CATCH [00:09:00] team?

Dave Chesley: Absolutely Shawn. So first and foremost, I love knowing that I'm blazing another trail once again. First peer doing something. So I've been a peer specialist at VA Boston in the CATCH program for seven years. I'm an Army Veteran, as you mentioned, with a tour in Afghanistan. And I've been in recovery for eight and a half years now, from polysubstance abuse as well as struggles of PTSD, multiple traumas. And I've also experienced homelessness myself. And through VA programming, I was able to get to where I am now. So as my role, it is to share my experiences, to build mutuality with the Veterans we serve, and to bring hope and inspire others to show that it is possible.

Shawn Liu: Yeah. Really outstanding stuff. Super glad to have you on here. And yeah, I'm really excited to hear some of your insights, both as somebody who has needed and consumed VA services but is now a member of, for lack of a better term, the treatment team providing said services. A really, really important set of insights that I'm excited to tap into.

Okay. Let's go ahead and dive on into the [00:10:00] topic.

Karen, I want to come back over to you. We have kind of like a structured format on the show, like we go get to know you, level set about the thing, and then getting more specific. So following our structured format, can you tell us... help us level set.

I introduced a term at the top, trauma-informed care, and it might be a term that some of our providers who listen to this show might be familiar with. But for the Veterans or members of the public, that might be a totally brand new topic. They may not know what trauma-informed care is at all, why it's important.

So can you level set with us what is this term, trauma-informed care? And I want to kind of maybe pivot also into why is it important for service providers generally, but also for us in homeless programs more narrowly.

Karen Guthrie: Absolutely. There are many people who are not... Who may have an idea or have been exposed to the term trauma-informed care, but I think there's a deeper and broader definition that we might be able to sort through today together.

The philosophy of a trauma-informed care is "what happened to you" instead of "what's [00:11:00] wrong with you." The approach can further expand our understanding and our curiosity about another person by noticing and acknowledging what is right with you. This process is a strengths not a deficits approach to understanding others and ourselves.

David Martino: And Karen, if I can butt in and just also add that trauma-Informed care is an organizational culture shift as much it is a shift in our individual perspectives and our approach to care. It's not a treatment modality as some may think that you learn and then you practice. It's a constant evolution of yourself and your program towards a more trauma-informed environment of care.

Karen Guthrie: Absolutely. And there are some core concepts that are pretty uniform across all trauma-informed care programs. And they include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. And you might think that those are pretty easy to implement. But it turns out that sometimes it can be very complex to to implement [00:12:00] those core concepts.

A trauma-informed approach is a process that respects the deep and wide history of persons experiencing homelessness and the experiences that influence all of us. It acknowledges that the interactions and reactions that we have toward ourselves and the world, and understands that these reactions are heavily influenced by those experiences that have especially been traumatic or life altering.

In my experience, trauma-informed concepts apply to how I build a relationship with a Veteran. But equally important, it applies to how I build and am in relationship with all members of the organization that I'm a part of.

An underlying belief about trauma-informed approach to care is that every person is their own best expert on their life, and that this will become more fully expressed and shared in the relationship and the system of care if it's built on the core concepts of a trauma-informed approach.

Our life experiences as team members, providers and leaders [00:13:00] are as influential as life experiences of those that we serve, as this impacts every aspect of how we see ourselves and the world that is closest to us and a distance from us. These life experiences may include our past traumas, current situational vulnerabilities within our organization, or education, and our current personal life experiences.

How we use our power is key in a trauma-informed approach. The words we choose, the attitude we have about another person, the hope that we instill, and sometimes unfortunately, the hope that we rob all matter. We all work hard to be competent and find our areas of expertise in life. But we can inadvertently take power away from another by labeling, defining and categorizing them. This is particularly retraumatizing to individuals that have had their power taken away from them due to multiple past traumas.

A trauma-informed approach does not ignore diagnosis and challenges that a person experiences. However, it leans heavily on our curiosity of the [00:14:00] why of someone's way of being separate from a label or diagnosis. It challenges us to open up a deeper and more empathic stance toward connecting, believing that this may result in an evolving path that leads toward healing and change. This path is not one that we prescribe, but one the person themselves identify, set as a goal, and pursue.

Again, a trauma-informed approach to care challenges us to understand how we may be retraumatizing others, and what shifts we can make in our relationship with them to move out of this stance.

It also helps us recognize the strengths of survivors. It places us in a less judgmental stance around why they may continue to use certain survival tools. This comes through understanding how those tools have kept them safe in the past and why they maintain these in the present, especially if we are working with them in a way that strips them of their voice and choice and sustains their fears and defenses.

So the next part that we'd like to talk about is why [00:15:00] trauma-informed care is important.

Trauma-informed approach goes outside a bit of a traditional model that really wants to understand what happened to you. And I have a very simple example, and it's not met in any way to compare to what a Veteran experienced, but it's just a simple example of understanding what happened.

So I have a daughter. When she was little, she would suddenly start crying as a way of showing that she was frightened or in pain. I wouldn't shout out to her, "What's wrong with you?" Instead, I would go to her and ask her, "What happened?" Recognizing that she was all right before, but something changed. I would then further investigate to see how badly she was hurt, or if there was something that was needed to be addressed regarding what was wrong.

I believe that our natural tendency for wanting to address suffering is to know what happened. Are you okay? I'm here for you.

We often get away from this for many reasons. Perhaps we think we know what is wrong without asking. Or we focus on what is wrong without also noticing all that is right.

My example is a simple [00:16:00] one, and it's not completely fair to trauma survivors, but I had difficulty coming up with an example that wasn't incredibly complex.

So this simple example, I hope illustrates that taking time to wonder and develop an understanding of what happened opens up a different way of knowing.

Dave Chesley: I think this is a great example 'cause it keeps the focus on something happening instead of what is wrong with a Veteran or someone.

Karen Guthrie: Thanks, Dave. The process of wondering what happened to a trauma survivor through a trauma-informed lens is not an invitation to re-traumatize them by going right in and asking them to share the details of their trauma. And I think a lot of folks misunderstand the idea of what happened to you, feeling like we are not therapists, we're not providers in treatment of mental health. So what does that really mean?

So there are PTSD treatments that do an excellent job of this, of asking what happened to you with details.

We are not treating PTSD. However, we are building a relationship that may allow another to be open to getting treatment or open to [00:17:00] sharing or moving forward. Through this process, it is our willingness to listen, observe, and allow the space needed to build a sense of trust and safety that gives them the freedom to voice their priorities and their experiences over time.

In looking at persons experiencing homelessness, we know that there is a correlation between experiencing homelessness and having experienced traumas. In addition, we know that experiencing homelessness often leads to further traumatization. These traumas stack up making it difficult to work through unresolved traumas, especially when they must continue to be focused on survival skills.

Dave Chesley: And Karen, I can totally reflect upon this from personal experience that things would build up and build up so much that I'd just start to avoid everything and not do anything about any of them.

Karen Guthrie: Makes a lot of sense.

David Martino: And you know, trauma is isolated to just the Veteran community. I think though trauma is extremely prevalent in the Veteran population experiencing homelessness. Many of us know people in our personal lives, our loved ones, or even ourselves who have [00:18:00] experienced trauma, whether it's visible or invisible. And so it's important for people to feel comfortable accessing systems of care that are sensitive to these experiences.

Karen Guthrie: Absolutely inside society and sometimes even as care providers, we only see the symptoms or behaviors that are a result of trauma. We then are at risk for getting stuck in labeling these symptoms - borderline, non-compliant, substance abuser, and difficult person. - without acknowledging that a person may be continuing to experience traumas or that our interactions may sustain their lack of safety based on their traumas.

As a provider who works with Veterans, it's important to acknowledge what we have asked Veterans to do, to see, and to respond to during their military experience. In one study, two thirds of Iraqi and Afghanistan Veterans experiencing homelessness had post-traumatic stress disorder. Although we know that isolation and lack of support can lead to further isolation and increased use of self-medication to numb their experiences, we [00:19:00] can get stuck on their symptom management and move away from building a relationship on core trauma-informed concepts and values.

Building these healing interactions take time and the outcomes are not guaranteed. But the humanity that this offers may be a path out of homelessness and out of the patterns that have kept them isolated and away from meeting the goals that they desire.

A trauma-informed approach to care wants to know the person, wants to know what is important to that person, and what internal and external barriers keep them in a vulnerable stance and not finding the hope, healing, and connection that they long for.

Shawn Liu: Awesome. Yeah, that was, wow. That was, that was fantastic. And so much to kind of dive into.

If I were to kind of maybe summarize a lot of the principles and components that you were sharing. heard themes curiosity, kindness, some power sharing. There was a lot of stuff there about the power differentials that are inherent in a medical care provider to a patient relation. And [00:20:00] in many ways, what I heard from you all is that trauma-informed care is about shifting a lot of that power onto the patient, client, consumer, Veteran, whatever your term of choice is. And essentially, yeah, in a very, very concrete way, like capital E empowering them to be at the driver's seat of their own care.

There was also a concept there that I've been reflecting on. I did another interview for another podcast a little bit a while ago, and you reminded me, Karen, about this concept of like critical empathy, which I think is maybe in contrast to critical thinking. Which might be pervasive in more academic and scientific areas.

You know, if you think about like how science is perpetuated. You have this concept and you go through this rigorous process of doubting whether or not the concept is true. And if the concept stands up to all that doubt, congratulations, you have scientific knowledge.

But what I heard a lot was this concept that I've been really, really fascinated with over the years of critical empathy, which [00:21:00] instead of being premised on doubt, is premised on believing. Like believing when somebody says, this experience happened and it impacted them this way, that you say, "Okay, yeah, let's explore that. Let's stay curious and appropriately act upon all of the different ways if we assumed that that experience was true." And I guess we're largely talking about traumatic experiences and what should necessarily follow if those traumatic experiences are real.

And I just really appreciate Dave and David, your insights as well throughout.

I wanna shift gears now and I wanna get more concrete, more operational. I think a lot of what you shared are important principles that can be a little bit difficult to live out. And I want to talk about the CATCH program now, the program that all three of you are a part of. What is the CATCH program and how does it help essentially live out trauma-informed care within VA homeless programs?

David Martino 2: Yeah. Thank you Shawn I think what you said about critical empathy and empowering the Veterans that we're working with is sort of [00:22:00] an example of a sort of result of how we shift our organization in different ways. So like, I'm gonna talk a little bit more about like how we as a team implemented trauma-informed care within our own system. And I think that that sort of manifests in like how it ultimately is experienced by the Veterans we serve.

So our focus on trauma-informed care in the CATCH program really started with Karen, who's been passionate about this topic for much her 35 -year career here at the VA, and has led the way for us. It started by hiring staff who were open-minded shared the values of trauma-informed care, and demonstrated commitment to learning and practicing the trauma-informed care model. Once our super team here was assembled, we sat down together with the SAMHSA trauma-Informed care principles and identified how we could apply the SAMHSA principles to our program and our team.

For instance, we literally would just like schedule a luncheon, go downtown Boston with a pen and a paper, and sit down together and brainstorm ideas of ways we could make our program more trauma informed [00:23:00] based on these principles. One of the things we developed was using a more Veteran-centered treatment plan, such as Whole Health versus the sort of traditional model of goals the VA was using. Some of what came out of this work was the development of our mission, vision, and values as a program, reinforcing our team-based model, changing the name of our program from what was called the High Risk High Utilizers Program, to what is now CATCH, and writing our program handbook and including trauma-informed care bubbles throughout that identify how we implement TIA in our program.

Through a TIA lens. Should I use TIA, Shawn?

Shawn Liu: Um, actually. No, I think that's fine actually. But what is TIA?

David Martino 2: Trauma-informed approach to care.

Shawn Liu: Yeah, now we can keep using it.

David Martino 2: Yeah. Okay.

We decided to utilize certain risk factors to prioritize admissions of our Veterans to CATCH who are the most vulnerable to practice low barrier entry to our program. For example, participation in CATCH is voluntary. It requires no commitment, no initial assessments or [00:24:00] checklist questions, or things to sign, and we actively reach out to Veterans who may be eligible as opposed to waiting for a referral to come to us. Veterans get to work with our entire team, which gives them voice and choice in how they engage with our services, and that's something that makes our program a little bit different. Though our team consists of supervisors, social workers, and peer specialists, we involve each other equally in the development and advancement of CATCH, making sure every member has equal say in our program.

Dave Chesley 2: Dave, I just wanna interrupt right here real quick. Learning more about the trauma informed approach philosophy I was familiar with at the beginning, but I had to integrate it into my daily uh, values into my daily life and my, my home life as well, not just at work.

David Martino 2: Yeah, and so trauma-Informed care not only applies to our program, it applies to us personally. And I think most importantly, we practice trauma-informed care by really listening to the Veterans we serve. honoring their cultural, historical, and gender preferences, centering their treatment around their personal whole health goals, and working alongside them in their journey, wherever that may lead We're out there [00:25:00] meeting Veterans in shelters, transitional and residential programs, on the street, in hospitals and homes, making care easy to access and support, as consistent and reliable as possible which is an important element to those who have experienced trauma and safety, and trust has eroded through those life experiences.

Dave Chesley 2: In doing this, myself and our other uh, social worker, Diana, went out, to visit a Veteran in the community yesterday. And it was kind of an experience I wanted to share.

Went to the community hospital and we started meeting with the staff. And the staff seemed to be uh, put off by the Veteran because of his multiple visits and their perception of his attitude. We informed the staff 'cause they thought we were there to originally just pick up the Veteran and take 'em away from their

care so they didn't have to deal with 'em. And then we had to inform staff that uh, no, we're here to meet with the Veteran, build a relationship, 'cause this is only our second meeting with 'em, and then from there, see what we can work on. The CATCH team, myself and Diana, where we were able to bring the Veterans voice forward and where he is been disempowered in the original part of the process. [00:26:00] And um, he wasn't being heard. So after our team advocated with the hospital and the providers and we came up with a plan that was reflective of the Veteran's needs and uh, built better bridges of communications with that particular community of care. And the Veteran had a better outcome than what staff had approached us with to begin with.

Shawn Liu: Nice, outstanding stuff. Now just asking a technical question. You know, this is probably a little bit more relevant for the service providers who listen into this show CATCH. At its core. It sounds like you're primarily case management from a trauma-informed lens. Is that a fair characterization?

David Martino 2: I think we're a little bit of everything.

Shawn Liu: Okay. Um.

David Martino 2: You know it's case management, it's counseling, it's housing, it's resources, it's, it's, it's all of the above.

Shawn Liu: This intersects probably pretty well with something we've been championing over the last year, which is our One Team Approach. Because also what I, what I didn't hear is like CATCH doesn't have... you don't have your own beds, you don't have your own vouchers, right? You don't have your own emergency shelters. So in many ways, as you're helping Veterans with those specific [00:27:00] intervention needs like housing subsidies or emergency housing, that you're collaborating and helping to coordinate the care with VA's other homeless programs. Like with our Grant and Per Diem program, I'm gonna do a whole lot of like of the alphabet soup, like our Grant and Per Diem program, or Supportive Services for Veteran Families, or our HUD-VASH program.

And if I'm hearing correctly, like you're serving as that trauma-informed tie that binds up all of those different programs together to wrap around specific needs that individual Veterans may have.

Karen Guthrie 2: I think that's true. I think that's true. Yeah.

Shawn Liu: Dave, there was some other thread when you provided the example that I want to touch into, which is this idea of... how do I word this? Kind of the respect and dignity that we have for our clients and how that sometimes can be lacking in social services for a whole host of unhelpful, class-based concepts that have been going way longer since the founding of our country, but that show up in social services. And what I heard from your example was how. [00:28:00] CATCH narrowly, but a trauma-informed approach, TIA broadly, can help reinject respect and dignity to the people we serve. Does that land for you? Does that sound accurate?

Dave Chesley 2: Very accurate. The Veteran wasn't being heard and he was already being labeled just because of past visits and everything. So really standing there and advocating, listening to the Veteran's needs, and then bringing that right up front to the conversation really helped not only build our relationship with the Veteran, but that community care and kind of doing it in a trauma-informed way.

Shawn Liu: David, I wanna come back over to you again and I want to shift gears and talk about what VAs across the country, and I'm gonna keep it narrow to like VA homeless programs across the country, what are some of the lessons that they can learn from the work that you've been doing with CATCH?

And are there considerations that they need to think about to apply essentially like a CATCH model, either very, very specifically to how you're doing or borrowing from your principles to their homeless programs.

And before you dive in, there's one [00:29:00] thread that you mentioned that I imagine is gonna be a little bit tricky in terms of consideration, which is that you described as you were building your... and you called it a super team, which I think was fantastic, right?

Your super team, your super CATCH team, that you were intentional in the hiring and staffing process to find that there was not just a skill fit, but an attitude or disposition or basically like a character fit to the team. And I imagine that may provide a wrinkle to some VA homeless programs with their existing teams who may have different philosophical backgrounds that don't yet jive with all of what CATCH specifically and trauma-informed care narrowly have. So with that kind of like maybe loaded frame, what should VAs think about as they're incorporating trauma-informed care principles into their homeless programs?

David Martino 2: Sure. Yeah. I guess I would use our program as an example of what other teams could do. So, for the CATCH team, all of our team members participate [00:30:00] in Health Care for Homeless Veterans service Trauma-Informed Care Task Force, which has been going on for a few years and focuses on implementing trauma-informed care principles throughout our homeless programs here at VA Boston. So, I encourage staff across the VA, any program or anybody in leadership in all areas to to develop or participate in their own trauma-informed care task force trainings or organizational assessments. We would want VA staff to take away the idea that trauma-informed approach to care applies to each and every corner of VA, that's from housekeeping to leadership, in order to develop a culture that is sensitive, inclusive, and accessible to Veterans and staff who have experienced trauma. Consider opportunities for collaboration within your programs. Initiate conversations with your team about what trauma-informed care means to them and how to apply it to your programs, your policies, practices, and your services. And be sure to involve all staff at every level in the organization in the process.

Dave Chesley 2: So basically a, a [00:31:00] Uniform Society of Trauma-informed Approach Practices. And like a lot of advocating for training seeking, buy-in from leadership, as well as other colleagues and stakeholders.

David Martino 2: Yeah, it's so important that you have buy-in from folks in order to support the actual rollout of a trauma-informed model.

VA staff can seek training and consultation from trauma-informed care subject matter experts. So for instance, here at VA Boston, we collaborated with the American Institutes on Research to complete an organizational assessment for our Health Care for Homeless Veterans program. And in that process we identified areas for growth, which resulted in our homeless program's ability to target areas we could improve on.

Karen Guthrie 2: You know, one of the things that Dave, David and I talk about quite a bit is how you can get buy-in from not just providers, the direct care providers, but supervisors, managers, leaders, upper management, and even researchers. Perhaps one of the ways that has helped us is to join a community of practice. It really challenged us to [00:32:00] think about our own life experiences and our own education and sort of our own goals in life. And how those influence, how we see the Veterans that we serve and how that influences how we use power within our own teams and with the Veterans that we serve. A lot of folks think of trauma-informed care as something that you do with Veterans or with a client population. But as we mentioned earlier, it's equally as

important to really, move into a trauma-informed approach and have these discussions at all levels of the organization in order to build the kind of relationships and the trust and safety that it really requires to more fully implement across the organization.

Shawn Liu: Outstanding stuff. Yeah, go ahead.

David Martino 2: And I think like what I want staff to know is it's not just getting leadership and providers and staff trained and educated and listening to podcasts like this. It's really important to understand that trauma-informed care is more of an evolution of practice and culture within the organization and not so much of like implementing a new procedure. [00:33:00] Trauma-informed care is not adding more work. It is about working differently.

Last thing, and I think most importantly, make sure your VA has peer specialists, which are Veterans with lived experiences, who can relate their experience to those we serve, like Dave.

Our peer, Dave has the incredible ability to bring our Veterans in, connect with them, level the playing field, and build the necessary bridges to treatment and resources between VA and Veterans. Oftentimes Veterans can feel alienated by the large VA system. The stigma of trauma negative experiences and professionals like myself who do not have the credibility of having served. But Dave cuts right through all of that and truly brings a relatability, compassion and fellowship that helps Veterans connect and feel understood.

So my message would be like, please advocate for peer support in your programs.

Shawn Liu: Okay. This has been fantastic. A really, really great overview of trauma-Informed care and how to take that approach and live it out on a day-to-day basis.

Before we go, I wanna [00:34:00] shift gears two more times. We just did a kind of like a call to action to VA, but Dave, I wanna come back over to you and maybe see if there's a call to action to the public at large.

We talked very operational and very clinical just now, but for just regular folks who aren't service providers, but who maybe are Veterans or just even non-Veterans who are just passionate about this work, how can they get involved with trauma-informed care approaches?

Dave Chesley 2: Researching it, looking into it, learning more about it. It's interesting in all aspects. So really diving in and trying to figure it out for yourself as a Veteran, just wondering how that could be helpful for their own health and care. Going out and speaking to community agencies that serve Veterans and uh, trying to see where they're at with possibly adopting a trauma-informed practice or task force or anything of that help. And then helping Veterans find their voice and choice despite their traumas.

With me, I work, I'm part of an advocacy board. The Veteran Family Advocacy Board is a perfect example where Veterans family members can also come in and help learn more about their [00:35:00] experience within the VA or the Veterans individual experience and really helps families bond more around that. And Veterans are welcome to join and come in and share their experiences. And I try to present back with my co-chair to leadership, in a trauma-informed approach, how we can help best serve these Veterans.

Karen Guthrie 2: Dave, you know, you've taught me a lot about this and you continued to teach me a lot about it. And one of the things that we had a recent discussion about was returning from a service and integrating back into one's family life. You know, sort of what the expectations are of the family and what the expectations are of the Veteran upon returning and just hoping that we can support families to understand a trauma-informed approach and it perhaps give them a different insight into not assuming that the Veteran is going to return as they were. But finding a way to listen and to learn and to just be with them and show up with them without perhaps having all the expectations put on them in that process.

David Martino 2: Yeah. And, if I [00:36:00] could add one more thing about like what the public could do, I think is understanding the VA is the largest healthcare provider in the country, but our reach is only within our walls and our Veteran community. And so the public can improve by ensuring trauma-informed care is being provided by all healthcare and social service agencies. I think if community entities who are serving Veterans or anyone experiencing homelessness got involved in educating themselves and their staff, acquired consultation and assessment on trauma-informed care, or brought to their policies and practices, a TIA lens that these would go far in making the whole system a better and more supportive place for everyone.

Shawn Liu: Yeah. Outstanding, outstanding stuff.

We're gonna put a link to a resource from the Substance Abuse Mental Health Services Administration. It's a practical guide for implementing a trauma-

informed approach. We're gonna put a link to that in the description so folks can check it out, especially if they just want like a starter kit to dive into it.

This has been fantastic.

We are gonna shift gears one last time. Close with a [00:37:00] tradition on our show, close with why.

I know folks who've been listening in know that I am not a Veteran, but whenever I've worked with Veterans in the past, earlier in my career, it's always been important that I convey to them that this is not just another job for me.

Like, I'm not just collecting a paycheck that I'm here for them. I'm here for the mission. Now Dave, you are a Veteran, so we're gonna end the show with you. We're gonna give you the last word.

But Karen and David, like me, we are cil... we are the civilians on this episode. So I think it's gonna be important just to kind of share a little bit as we close out what's your why for this work?

Karen, starting with you you are a hyper competent person. You've been advancing and innovating in VA in the realm of trauma and informed care. You likely could be doing any other topic working with any other subpopulation, but you're here with us repping for homeless Veterans. What's your why for this work?

Karen Guthrie 2: I'm motivated by the formal way of saying it, a social justice stance. You know, you see Veterans experiencing homelessness are often seen as less important, less valuable than those who have a more prominent place in [00:38:00] society. Yet when you get to know these Veterans, they're amazing human beings. And you're so grateful for what you learned from them and what you share with them.

And team members, as well, are often seen as less powerful or less important than those in leadership. So these are stances that I'm sometimes confused and troubled by. I believe that given a shift in our stance and are commitment as providers and leaders to dig more deeply into our own biases, our own life experiences and our historic trainings, that perhaps we can find opportunities to be more positively connected to those that we serve and to that of our fellow team members. It's a process and it can take time. But I believe that the process can strongly impact our hope, the resilience of those that we serve and those

that serve Veterans and it really can contribute to the wellbeing of everyone involved.

Shawn Liu: David, I'll come you next. What's your why for this work?

David Martino 2: Well, throughout my career, my interests have been on improving the healthcare system for the most vulnerable [00:39:00] populations. And when I entered social services and decided I wanted to be a social worker, it was because I wanted to do something meaningful and contribute to something greater than myself. I'm compelled by the stories and experiences of some of the most vulnerable people in our society and the environment, systems and barriers such as systemic, historical, and personal trauma to understand the impossible mountains in life that become unmovable for people and help others figure out how to navigate those.

My curiosity and passion has been in being present with others who are experiencing the hardships many of us have difficulty imagining. While working with the CATCH program and VA to advocate for advancement of policies and practices that improve care and reduce barriers.

Personally and professionally, I've seen the impact that trauma has on those I serve and those I care about. And trauma-informed care matters to me because I want them to always get the care and treatment they deserve, and to ensure care is accessible and considerate for everyone.

I believe that if VA can develop and lead cutting edge and effective trauma-informed care and [00:40:00] treatment, we can serve as a beacon for the development of programs like ours throughout our communities, not just here at VA.

Shawn Liu: And Dave, I'll give you the last word. As the Veteran, what is your why for this work?

Dave Chesley 2: My why is fairly simple, Shawn uh, as a Veteran who's shared a lot of similarities with the population we work with and walked in similar shoes, my why is to also keep my own recovery foremost in my life, and I'm able to give back and humbly serve others and just be the best advocate role model I can be for others.

Shawn Liu: Karen Guthrie and David Martino are the co-coordinators for the CATCH program, and David Chesley is a CATCH peer support specialist all with the VA Boston Healthcare System.

Karen, David, Dave, thank you so much for the gifts of your time.

Dave Chesley 2: Thank you.

David Martino 2: Thank you much.

Karen Guthrie 2: So much, Shawn. We really appreciate it.

Shawn Liu: If you wanna know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless.

And if you're a Veteran who's homeless or at risk of homelessness, reach out. Call [00:41:00] the National Call Center for Homeless Veterans at 877-424-3838.

Trained counselors are standing by to help, 24 hours a day, seven days a week. That number again is 877-424-3838.

If you're enjoying the show, leave us a review on Apple Podcasts. It would really help us out.

That's all for this month. We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.