REACH PROGRAM

REACHING OUT TO EDUCATE AND ASSIST CARING, HEALTHY FAMILIES

PTSD MANUAL

Oklahoma City VA

Caring for...AMERICA'S HEROES

www.oklahoma.va.gov

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Education, and Clinical Center (MIRECC)

September 2011

A multifamily group psychoeducational program for Veterans living with PTSD and their families

Provider Manual

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Acknowledgments

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Overview of the REACH Program Manual

The purpose of this manual is to assist clinicians and administrators in implementing the REACH program in your facility. It contains everything you need to start your own family psychoeducational program to support Veterans living with post-traumatic stress disorder (PTSD) and their families.
Inside you will find:

- Background information on the development and history of the REACH program
- Guiding principles for clinicians for conceptualizing care in this model
- An overview of the format/structure of the program (including indications and contraindications for participants, therapist prerequisites, and logistical information)
- Specific instructions on billing, coding and documentation
- Recruitment strategies (including sample publicity pamphlets)
- A participant satisfaction assessment measure
- Engagement interview curriculum
- Four-session Phase 1 (Joining) session curriculum
- Six-session Phase 2 curriculum
- Six-session Phase 3 curriculum
- Graduation session curriculum
- Two published articles (in the public domain) describing the adapted program, the rationale for the modifications, and data from the Oklahoma City VA programming.

The student workbook (identical for Veterans and support persons) is used primarily in Phase 2. It is a compilation of resource information and worksheets (for in-class activities and between-session assignments). All of the workbook pages are also contained in this manual.

Background of the REACH Program

The Oklahoma City VA Medical Center was fortunate to receive Mental Health Enhancement Funds from the VA Central Office in 2005 to implement an "evidence-based practice." Specifically, the funding was to implement family psychoeducation.

For numerous reasons detailed elsewhere (Sherman et al., 2009), we selected Dr. William McFarlane's evidence-based Multifamily group model (McFarlane, 2002) and implemented it in the VA system for the first time. This model was originally developed for and has been extensively researched with schizophrenia and has been also used with mood disorders, some personality disorders, and medical illnesses. However, per Dr. McFarlane, it had not been used with PTSD, and no research existed with a Veteran population.

We named our program REACH, Reaching out to Educate and Assist Caring, Healthy Families. Since August 2006, we have provided the REACH Program to three diagnostic groups of Veterans and their families, namely, those with PTSD, affective disorders (depression and bipolar disorder) and schizophrenia-spectrum disorders. Although the general format and structure are identical across cohorts, this manual includes only the PTSD curriculum.

Guiding Principles for Therapists in Providing REACH

Before describing the format, session content, and logistics of the REACH Program, we want to share some guiding principles that shaped our creation and continue to drive how and why we provide the program. These themes should be reviewed and reflected upon by clinicians working with Veterans living with PTSD and their families. Knowing that engaging families can be challenging, we intentionally developed this style and believe it has been instrumental in our success in engaging and retaining families in care.

- **Instillation of hope**. Many families feel discouraged, alone, hopeless, confused and afraid. As therapist, it's important to have a realistic yet hopeful approach in all interactions with Veterans and their support persons. REACH sessions and classes need to be positive and upbeat, while allowing for some discussion of the challenges of living with PTSD.
- **Acknowledgment of PTSD as a real phenomenon, yet empowering to make positive changes.** Although psychoeducation about the disorder and its relational consequences is a necessary component of REACH, you should discourage Veterans from using a symptom as an "excuse" for unhelpful/hurtful behavior. Validating the difficulty and how risky it can feel to make changes (while simultaneously encouraging making changes) is important.
- **Focus on making small "1 millimeter" changes**. Veterans can feel overwhelmed and even frozen by the thought of making big changes in their behavior, so encourage them to think about taking small steps in a healthy direction. Emphasizing the positive ripple effects (individually and in the relationship) from such changes can inspire hope.
- **Treat Veterans/support persons as "guests in your living room"** (quote from Dr. Alan "Dutch" Doerman). In creating a welcoming environment, you are encouraged to engage families as you would guests in your home. Truly having this mindset changes how we approach and deal with families, and they can really "feel" the difference! This can mean everything from remembering details of interests or important events in Veterans' lives to making sure that the environment for the groups is comfortable and welcoming.

- **Emphasis on a "long-haul" mentality (a "marathon" rather than a "sprint"**). Some families have been dealing with PTSD and its sequelae for decades; for others (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans or new relationships/marriages), it may be a recent adjustment. As growing research is documenting that some relational difficulties with PTSD can be chronic, it can be helpful to approach REACH with a "managing the condition over time" model rather than a "short-term fix" approach. Dealing with PTSD can be compared to managing diabetes in the family, requiring involvement and changes by both Veterans and support persons.

- **Challenge by choice.** In every REACH session, view the Veteran/support person as the experts in their experience, feelings and needs. Offer skills, exercises and information in a respectful, gentle, hopeful manner; but avoid pressuring them to do anything that would feel overwhelming or too stressful. Similarly, in classes, avoid asking anyone a direct question; and allow participants to "pass" even on simple matters such as the "check-in" time. The goal is to create a welcoming, relaxing, nonthreatening environment in which they feel comfortable and safe.

- **REACH is not solely about/for the Veterans**. Although we are honored to provide care for Veterans in a VA hospital/clinic, this program is equally for the support persons. REACH focuses on both parties' gaining sensitivity, understanding and awareness of each other and their experiences/needs.

- **Honor family strengths.** The Veterans and their family members have tremendous strengths and internal resources. These resources have allowed them to serve in the military, to cope with sometimes considerable challenges, to maintain their relationships, and to make it to this point in their lives. REACH works best when these strengths are regularly acknowledged and celebrated.

Format of the REACH Program

Clinicians intending to implement this program are strongly encouraged to first read the following sources that address general issues about multifamily groups as well as format and implementation issues:

1. Sherman, M.D., Fischer, E.F. Sorocco, K., & McFarlane, W. (2009). Adapting the multifamily group model to the Veterans Affairs system: The REACH program. *Professional Psychology: Research and Practice, 40*(6), 593-600.

This article provides a description of the adapted model, the rationale for modifications, and initial experiences implementing the program in the VA healthcare system

2. McFarlane, W. (2002). *Multifamily groups in the treatment of psychiatric disorders*. New York: Guilford Press.

This is the original textbook describing this mode of treatment. In particular, we recommend reading chapter 5 ("An Overview of Psychoeducational Treatment").

3. Substance Abuse and Mental Health Services Administration. (2009). *Family Psychoeducation: Building Your Program.* HHS Pub. No. SMA-09-4422, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Available for download: http://store.samhsa.gov/shin/content//SMA09-4423/SMA09-4423-03-BuildingYourProgram-FP.pdf

This free publication describes the family psychoeducation model and provides tips on implementation, including sample curricula and model progress notes.

4. Substance Abuse and Mental Health Services Administration. (2009). *Family Psychoeducation: Training Frontline Staff*. HHS Pub. No. SMA-09-4422, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Available for download: http://store.samhsa.gov/shin/content//SMA09-4423/SMA09-4423-06-TrainingFrontlineStaff-FP.pdf

This free publication supports the process of training clinicians in use of the model, including description of the core clinical processes and sample problem-solving exercises.

Structure of Program

Excluding the initial engagement/screening interview, the REACH program consists of 16 sessions, provided over the course of 9 months. As seen in the table below, 4 sessions are single-family sessions (provider, Veteran, and support person), and 12 are multifamily group meetings. Thus, although the program is relatively long in duration, the clinical dose is actually rather small, with 75% of the program being group treatment.

	Engagement Interview	**Phase 1 (Joining)**	**Phase 2**	**Phase 3**
WHO	Veteran (support person as well if present)	Single family: Veteran and support person (dyad)	Multifamily group (4-6 dyads)	Multifamily group (4-8 dyads)
FREQUENCY	Once	Weekly	Weekly	Monthly
NUMBER OF SESSIONS	1	4	6	6
SESSION LENGTH	20-40 minutes	50 minutes	90 minutes	90 minutes
PROVIDERS	1	1	2 (due to breakout sessions)	1
LOCATION	Referral source (e.g., outpatient clinic, inpatient unit)	Provider's private office	Group room that has a table and comfortably holds 18 people	Group room that has a table and comfortably holds 18 people

Engagement Interview

Entry into the REACH Program begins with an engagement interview. The procedure for this interview (as well as possible outcomes) is described on page 21 of this curriculum.

To participate in the REACH Program, both the Veteran and a "support person" need to commit to regular participation. Veterans cannot participate if they do not have someone who will attend regularly. This person does not have to be biologically related to the Veteran. Support persons have commonly included spouses/partners, parents, siblings, and friends. Others who have served as support persons include a pastor/clergy person, neighbor, 12-step sponsor, and another Veteran; in essence, a "support person" can be anyone the Veteran feels is supportive and is willing to participate. Occasionally, one member of the dyad is no longer willing or able to complete the program, but the other party wants to continue. If they are in Phase 1 (Joining sessions) at the time this arises, a final closing session with the willing participant is appropriate. If they are in Phase 2 or 3, the willing party ("adopted" group member) is encouraged to continue. One of the Phase 2 or 3 facilitators can act as their support person during in-class activities. Typically, the rest of the group welcomes and supports the "adopted" group members in group sessions.

Following the engagement interview, the program consists of three phases:

Phase 1 (Joining sessions): Four 50-minute, single-family sessions provided by one clinician

These are scheduled to accommodate the Veteran/support person's schedule and do not have to be the same time every week. Sessions are typically held weekly, but frequency can vary somewhat to support the dyad until the next Phase 2 cohort begins. For example, sessions can be spread out to every other week if needed, and a "booster" session can be offered to tide the dyad over until the next Phase 2 cohort begins. Or, if a new cohort is about to start, sessions can be held twice per week to get a dyad ready.

Detailed outlines of these sessions are described in this manual on page 27. The major goals of Phase 1 include rapport building, assessment, goal setting, encouragement to broaden social support and expand coping skills repertoire, and preparation for Phase 2.

Phase 2: Six weekly, 90-minute multifamily group psychoeducational sessions co-facilitated by two clinicians

These are provided in the evenings (5-6:30 pm) to allow Veterans/family members who work outside the home to attend. Time is allotted at the beginning and after the session for socialization.

Cohorts of 4-8 dyads go through the six Phase 2 classes together. If a dyad must miss the first class, they can join in on the second class; however, dyads cannot join after that time. In our experience, about 85% of dyads who begin Phase 2 actually complete it, so some small attrition is expected.

Programmatically, frequency of provision of Phase 2 depends on your site's referral rate. In Oklahoma City, we typically take a 1- or 2-week break between each Phase 2 cohort. You need to balance having a sufficient number of families ready to begin with avoiding making families wait too long before the next Phase 2 begins.

Detailed outlines of each Phase 2 class are described later in this manual on page 59. Each session addresses a specific topic (e.g., communication skills, managing anger and conflict). Each session involves large group psychoeducation, breakout sessions (separate simultaneous meetings of Veterans and support persons), and teaching of new skills.

Phase 3: Six monthly, 90-minute multifamily group sessions provided by one clinician

These are also provided in the evenings (5-6:30 pm) but on a different day of the week than Phase 2. Time is allotted at the beginning and after the session for socialization.

Phase 3 classes are provided year-round. By design, these groups are a combination of more than one cohort. Depending on the calendar, a particular class may have participants from two or even three cohorts. As Phase 3 is intended to help families practice their skills and broaden their social networks, such opportunities for interacting with other families can be beneficial.

Depending on your participation rates, you may choose to split up your cohorts and offer Phase 3 twice a month. For example, our "odd-numbered" cohorts come on the first Monday of the month; our "even-numbered" cohorts come on the third Monday of the month.

Detailed outlines of each Phase 3 class are provided later in this manual on page 219. Each session involves review of one of the topics addressed in Phase 2, as well as group problem-solving.

To successfully complete a phase (and move on to the next phase), families have to have attended at least two Phase 1 sessions and at least four Phase 2 and 3 sessions.

Participants

Veterans who have symptoms of PTSD from any kind of trauma (including military sexual trauma [MST], experiences as an adult civilian, etc.) and from any era (WWII, Vietnam, Korea, Operation Desert Storm/Shield, OEF/OIF/OND, etc.) may be appropriate for the REACH program. The program is not designed to address PTSD resulting from childhood trauma. The Veteran does not need a chart diagnosis of PTSD, and he/she may have comorbid depression and anxiety issues/diagnoses. Contraindications include the following:

- Active alcohol or drug abuse
- Imminent suicidality/homicidality
- Active interpersonal violence
- Pedophilia or paraphilias
- Dementia

Veterans designate a "support person" to participate in REACH with them. Support person contraindications are identical to those listed above for Veterans.

Facilitators

Due to the breakout sessions in Phase 2, two mental health professionals are required to participate in each Phase 2 session.

Facilitators need to possess at least a masters' degree in psychology, social work, counseling or psychiatric nursing. A doctoral degree (in psychology or psychiatry) is preferred in at least one of the facilitators. Independent of the specific degree, facilitators need skills and confidence in:

- The literature on PTSD and its impact on relationships
- Working with couples
- Facilitating group psychoeducational workshops/classes (not process groups). In our experience, providers who have only provided individual therapy and process groups often struggle initially with learning how to provide REACH classes. It is imperative that REACH classes are structured and follow the curriculum; the sessions are not purely peer-support/discussion groups. Empowering clinicians to conceptualize providing REACH Phases 2 and 3 as similar to classroom teaching can be useful.

If an interested clinician lacks some of these skills, reading, consultation and supervision will be essential for program success.

Logistics

Because Phase 2 and 3 classes are held in the evenings, light refreshments are served at class.

If possible, small items (e.g., notepads, pencils, post-it notes, all with the REACH logo and phone number on them) are distributed as attendance awards at the end of each phase to reinforce ongoing participation and commitment to the relationship.

A list of the necessary materials for each session is on page 62.

Location

It is best that the REACH Phase 2 and 3 classes are held in a comfortable, private room with a table large enough for everyone to sit around. The room needs a dry-erase board, poster board, or chalkboard for board work (especially for problem-solving). Preferably, the classroom is not located in a mental health area. The room should comfortably hold 18 people.

A second, smaller private room located nearby is needed for the breakout session. This room should comfortably hold 10 people. Chairs should be put in a circle for the discussion. If space limitations are a challenge, sites can be creative in finding appropriate meeting areas (e.g., use a quiet waiting room for the breakout if after hours).

Documentation and Workload Credit

Consistent with VACO policy for family psychoeducation services when services are provided to Veterans and family members simultaneously, one progress note is written for each visit. Enter the note in the Veteran's record in CPRS.

Creation of a Clinic

Clinics should be created to be used specifically for the REACH Program; this will be useful when reviewing workload. Depending on local needs, it may be useful to create separate clinics for different REACH phases (e.g., REACH engage interviews, REACH Phase 1, REACH Phase 2, and REACH Phase 3 sessions).

Completing the Encounter and Progress Notes

A. Create the appointment in the designated clinic, and complete the check-out/encounter. For REACH, the following information can be used:

CPT codes

90804	Psychotherapy in an office or outpatient facility; 20-30 minutes For brief outpatient REACH engage sessions
90806	Psychotherapy in an office or outpatient facility; 45-50 minutes For longer outpatient REACH engage sessions
90816	Psychotherapy in a hospital or residential care facility 20-30 minutes For brief inpatient REACH engage sessions
90818	Psychotherapy in a hospital or residential care facility; 45-50 minutes For longer inpatient REACH engage sessions
90801	Psychiatric diagnostic interview evaluation First REACH joining session
90847	Family psychotherapy, conjoint psychotherapy with patient present Subsequent joining sessions
90849	Multifamily group psychotherapy All REACH multifamily group sessions

Diagnosis

Provide Axis I diagnosis (if present) for the Veteran; list V61.1 (partner relational problem) as secondary diagnosis if applicable. Do not provide a diagnosis for the support person.

B. Include the following disclaimer at the end of every REACH Progress note:

All non-Veteran participants are reminded that they are not eligible for individual mental health care at this VA Medical Center. They are instructed to report to their local emergency room or the Oklahoma Department of Mental Health and Substance Abuse Crisis Center if feeling like they are a danger to themselves or others. Any treatment that they receive therein will be at their own expense.

C. You may choose to use/adapt this progress note template:

Progress Note TITLE = MH: Psychology OUTPT REACH Progress Note
REACH Project
Family Mental Health Program
The REACH Project (Reaching out to Educate and Assist Caring, Healthy Families), is a three-phase family psychoeducational intervention designed to support Veterans and their families in living with mental illness and PTSD.

Time Spent: _____ minutes

Primary Mental Health Provider: _____.

Session number for this individual:

Engage 1
Engage 2

Phase I – 1 Joining One
Phase I – 2 Joining Two
Phase I – 3 Joining Three
Phase I – 4 Joining Four

Phase II – 1
Phase II – 2
Phase II – 3
Phase II – 4
Phase II – 5
Phase II – 6

Phase III

Graduation Session

Topic: (select one)

- ☐ Informing Veteran/family about the REACH Project
- ☐ What causes mental illness?
- ☐ PTSD and its impact on the family
- ☐ Communication skills
- ☐ Problem-solving skills
- ☐ Creating a low-stress environment and promoting wellness
- ☐ Depression and its impact on the family
- ☐ Managing anger effectively in the family

O - Presentation was: (check all that apply)

- ☐ Alert, oriented x4
- ☐ Appropriately dressed & groomed
- ☐ Disheveled appearance
- ☐ Attentive
- ☐ Appeared tired or sleepy
- ☐ Distracted
- ☐ Involved in discussion
- ☐ Little participation
- ☐ Thought process clear & coherent
- ☐ Active hallucinations
- ☐ Active delusions
- ☐ No suicidal or homicidal ideation at this time
- ☐ Suicidal ideation no intent
- ☐ Suicidal intent
- ☐ Homicidal ideation no intent
- ☐ Homicidal intent

Affect was: (check all that apply)

- ☐ Cheerful
- ☐ Sad
- ☐ Angry
- ☐ Flat
- ☐ Calm
- ☐ Anxious
- ☐ Distracted/withdrawn
- ☐ Confused
- ☐ Supportive of other group members
- ☐ Tearful
- ☐ Disgusted
- ☐ Tense
- ☐ Other

A - Current diagnosis is: _____

P - Gave REACH Project flyer

_____

_____

All non-Veteran participants are reminded that they are not eligible for individual mental health care at this VA Medical Center (unless they have suffered a research adverse event or injury from their participation). They are instructed to report to their local emergency room or the Oklahoma Department of Mental Health and Substance Abuse Crisis Center if they feel like they are a danger to themselves or others. Any treatment that they receive therein will be at their own expense.

Recruitment

Recruitment is a time-intensive, ongoing, extremely important component of any successful family program. Addressing the intricacies of this issue is beyond the scope of this manual. The approach must be tailored to the specific needs of your clinics, providers, Veterans and families.

The original strategy we developed is described in detail here:

Sherman, M.D., Fischer, E.P., Bowling, U.B., Dixon, L.B., Ridener, L., & Harrison, D. (2009). A new engagement strategy in a VA-based family psychoeducation program. *Psychiatric Services, 60*, 254-257.

However, we have modified our approach over time to meet the fluctuating needs of our referral sources and Veterans. Sites need to be flexible, creative, willing to shift approaches, able to work with a variety of staff/units/disciplines, and persevering.

Recruitment approaches we have found helpful include:

Utilizing the following referral sources: the outpatient mental health clinic, PTS Recovery program, OEF/OIF/OND mental health and case-management programs, Traumatic Brain Injury clinic, inpatient psychiatry, the Psychosocial Rehabilitation and Recovery Center, and Primary Care Mental Health.

Strategies with referrers

- REACH clinicians present regularly to VAMC staff, Vet Center staff, and community organizations. We have found that repetition is golden! We have published articles in peer-reviewed journals, internal Oklahoma City VA magazines, and profession-specific newsletters. We provide workshops in a variety of settings, such as grand rounds at the university, state social work conferences, and staff meetings. We meet with each new mental health staff member of the Oklahoma City VAMC to educate them about our program and request referrals.
- In the outpatient mental health clinic, we review rosters of Veterans scheduled for each day. We talk directly to the provider about their eligible patients for that clinic day (or place a hand-written note attached to a REACH flyer in the provider's mailbox). We ask providers to talk to their Veterans about meeting with a REACH provider after the appointment. We have found that such a "warm handoff" is much more effective than a "cold call" or approaching them without such context.

- For the inpatient psychiatry unit, we review the roster for eligible Veterans. In coordination with the treatment team, we connect with the Veteran on the inpatient unit once he/she is stabilized to tell him/her about REACH.
- We are available for walk-ins for provider referrals from other clinics as well. Similarly, a provider can add a REACH clinician as a co-signer on a progress note in CPRS, and we will follow up with the Veteran within 1 to 2 days.

Veterans we target: When reviewing rosters, we look for Veterans with PTSD who live within 90 miles of our hospital and have a support person listed as next of kin. However, these are not rigid rules, and we defer to the primary provider for the judgment as to appropriateness.

Approaches to engage Veterans/families in treatment

- REACH clinicians make presentations throughout the medical center and in the community (e.g., to Veteran Service Organizations) to inform Veterans and their families about the program. For example, clinicians provide group therapy sessions and give brief presentations in the PTS Recovery program and numerous psychoeducational classes (e.g., Anger Management class; Adjustment to Traumatic Stress class); in these presentations, common family challenges with PTSD are explored, and information about REACH is provided.
- Because Veterans may be hesitant to engage in a lengthy treatment program, we provide multiple engagement interviews (up to three) as needed. For example, a Veteran may begin a new relationship or reconnect with a family member, thereby acquiring a support person that may be appropriate for REACH. Similarly, a Veteran may be dealing with severe depression at one appointment but may be more receptive to participation at a subsequent visit.

Approaches to retain Veterans/families in treatment

- If a dyad does not attend a session or group, we call the next day to follow-up.
- If a dyad must discontinue a phase (e.g., extended travel, health problems), we encourage them to join the next cohort and/or repeat a phase.
- We send hand-written letters of support and encouragement to acknowledge major life events, such as deaths in the family, hospital admissions, major illnesses, etc.

Other Approaches

Another promising approach currently being developed is the Family Member Provider Outreach Program. This brief, manualized approach consists of 4-6 sessions in which motivational interviewing techniques are used to explore the benefits of engaging family members in an individual's care. Information about this approach is described here:

Glynn, S.M., Dixon, L.B., Cohen, A., & Murray-Swank, A. (2008). The Family Member Provider Outreach Program. *Psychiatric Services, 59*, 934.

Another article that addresses implementation of family programming and provides specific suggestions for overcoming barriers at the Veteran, family, provider and administrator level is:

Sherman, M.D., & Carothers, R.A. (2005). Applying the readiness to change model to implementation of family intervention for serious mental illness. *Community Mental Health Journal, 41*(2), 115-127.

REACH Engagement Session

	Engagement Interview	Phase One (Joining)	Phase Two	Phase Three
WHO	Veteran (support person as well if present)	Single family: Veteran and support person (dyad)	Multifamily group (4-6 dyads)	Multifamily group (4-8 dyads)
FREQUENCY	Once	Weekly	Weekly	Monthly
NUMBER OF SESSIONS	1	4	6	6
SESSION LENGTH	20-40 minutes	50 minutes	90 minutes	90 minutes
PROVIDERS	1	1	2 (due to breakout sessions)	1
LOCATION	Referral source (e.g., outpatient clinic, inpatient unit)	Provider's private office	Group room that has a table and comfortably holds 18 people	Group room that has a table and comfortably holds 18 people

Engagement Session Goals:

1. To connect with and build rapport with the Veteran (and support person if present)
2. To describe the REACH Program
3. To briefly assess the appropriateness of the Veteran for the REACH program
4. To connect some of the Veteran's goals for recovery with the REACH Program
5. If appropriate, to elicit a commitment to participate further in REACH

Therapist Note: These sessions are usually held with the Veteran alone in the clinic or unit in which he/she is being seen. However, if a support person is present (even in the waiting room) and the Veteran is willing for him/her to participate, include that person in the session as well.

Although you may wish to experiment with brief phone-based engagement interviews, we have not found this approach to be successful. Our experience has shown that the face-to-face connection proves much more powerful in engaging Veterans/families in care. If you do have a brief phone call, consider coordinating a face-to-face session with the Veteran's next appointment at your facility.

Throughout the engagement interview, the primary focus of the REACH provider is to build a sense of connection and rapport with the Veteran and to highlight how the program could be helpful. Doing so reduces anxiety and increases the likelihood that the Veteran will be willing to talk to the support person about participation. The time frame for the engagement session is 15-30 minutes (averaging 20 minutes).

If you have the opportunity to review the medical record prior to considering a Veteran for an engagement interview, look at psychiatric diagnoses to determine appropriateness (see the Introduction section of this manual for a description of inclusion criteria). If you do not have sufficient background information on the Veteran prior to the interview, you need to assess for comorbid contraindications (substance abuse, dementia, and active suicidality) in this engagement session as well. If the Veteran is not appropriate for REACH, be prepared to provide appropriate referrals for both the Veteran and support person (if present).

I. Rapport building.

Topics you may discuss include

- Military service
  Therapist Note: If you are not a Veteran, familiarize yourself with basic terminology of the military culture (e.g., branch, jobs); a basic understanding of military terms and culture is an important rapport-building tool.
  - Branch of service
  - Years served
  - Job in military
  - Where stationed

- Work history
  - Type of work
  - Companies
  - Favorite thing about job/least favorite thing about job

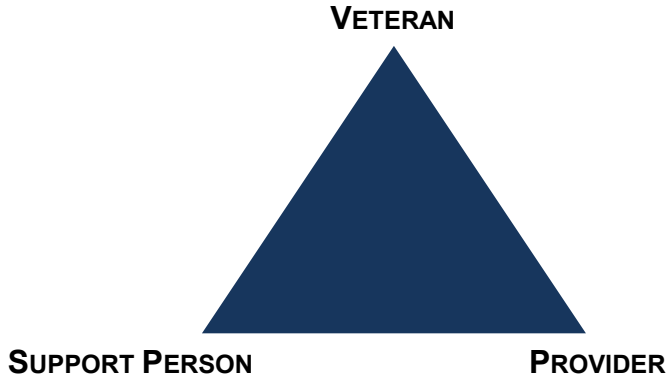
- Hobbies
  - Interests
  - Membership in organizations
  - Skills (woodworking, sewing, car repair, etc.)

- Family
  - Marital status
  - Children or grandchildren
  - City of residence

Therapist Note: As you discuss these topics, look for possible "links" between you and the Veteran/support person (e.g., you both enjoy gardening or old cars). You will draw upon these connections in future sessions.

II. Briefly describe the REACH Program.

A. Give the Veteran/support person the REACH flyer and direct his/her attention to the triangle in the middle of the flyer:



Explain how this illustration summarizes the rationale for the REACH Program. Often, Veterans attend psychotherapy and take medications, both of which can be helpful. Sometimes family members/support persons have questions for the provider about PTSD and the way it impacts relationships; they may attend their own psychotherapy or educational workshops (such as the SAFE Program).

The goal of REACH is to get everyone "on the same page," in the same room, and working together to support the dyad in dealing with the PTSD. We bring all three of these groups together to **improve communication**, to **enhance understanding of PTSD and ways to manage it effectively as a dyad/family,** and to **maximize both partners' well-being.** We also know that Veterans who have support from their families tend to do better in treatment and experience a better quality of life.

Including someone very important in the Veteran's life in treatment makes a lot of sense on many levels!

- The support person does not have to be a family member. It could be a
  - Neighbor
  - Church buddy
  - Fellow Veteran
  - AA sponsor
  - Friend

- Support-person characteristics include
  - Someone the Veteran trusts
  - Someone who is willing to participate in the sessions

B. Explain the rationale for involving a support person in REACH.

- PTSD has an impact on relationships. Many symptoms of PTSD (numbing, avoidance, hyperarousal) impact family life and relationships.
- A calm home environment helps people with PTSD function better.
- People with social support tend to have better mental health than people with more limited support.

C. Emphasize that REACH focuses on the "here and now," not the "there and then." Explain that Veterans will not talk about their trauma experiences (or anything else they are not comfortable discussing).

D. Explain that a diagnosis of PTSD is not a "free pass" and that the REACH Program does not explain away all difficult behaviors. Instead, the REACH Program is focused on helping BOTH members of the dyad adjust to and deal with the Veteran's symptoms in the best way possible.

III. Explain the three phases of the REACH Program and the basic logistics of each.

Emphasize that the dyad can discontinue participation at any time (e.g., they can select to do only Phase 1, or 1 and 2, if their goals have been met).

IV. Ask the Veteran to complete the REACH checklist.

A. Discuss how his/her goals fit with the goals of the REACH Program and how the REACH Program might help the dyad move forward in achieving those goals.

B. Suggest that REACH might help bridge the gap between current and desired functioning.

C. Review that during REACH, the "family is in the driver's seat" in regards to shaping treatment goals and deciding its level of participation.

V. Discuss availability of a support person (who lives within 90 miles and would be willing to participate) and interest in REACH.

- If the Veteran has a support person and appears interested, see if he/she is willing to schedule the first joining session.
- If the Veteran wants time to think it over, ask if you can call in a couple of days to discuss his/her participation. Make it clear that you will not pressure the Veteran or his/her family to participate.
- If the Veteran/dyad is not interested, provide your contact information, and encourage them to contact you at any time if they become interested.
- If the Veteran does not have a support person
    - Consider referrals to other programs at your facility or in your area.
    - Ask the Veteran to "keep an open mind" and think about whether there is someone that might actually be a good support.
    - Provide your contact information, and ask the Veteran to contact you if he/she thinks of or develops a support person and would like to participate in REACH.

VI. End the session by thanking the Veteran/dyad for their time and engaging in brief socializing.

Reaching out to
Educate &
Assist
Caring
Healthy Families

Date: _____ Name _____

In our appointment today, we are going to talk about a new program at our hospital for Veterans and their families/friends, the **REACH Project** (Reaching out to Educate and Assist Caring, Healthy Families). In order for us to think about how this program might help you, please check the goals below that apply to you right now. What would you like to be different in your life? We believe we can help you move toward your goals.

I would like to:
(please CHECK all that apply)

- ☐ Communicate better with my family and friends
- ☐ Have my family more involved in my mental health care without sacrificing my privacy
- ☐ Have less tension and fewer arguments with people
- ☐ Learn how to better manage my temper
- ☐ Do more fun things
- ☐ Manage money more effectively
- ☐ Learn how to relax
- ☐ Have less stress at home
- ☐ Feel less lonely
- ☐ Be able to trust people more
- ☐ Have my family/friends better understand what I'm going through
- ☐ Help my family/friends learn to back off and stop pressuring me
- ☐ Find a job that I can enjoy
- ☐ Learn what I can do to stay out of the hospital
- ☐ Feel closer to important people in my life
- ☐ Learn how to better manage my medications and their side-effects
- ☐ Find some hobbies
- ☐ Learn how to solve problems more effectively

Thank you.

Phase 1: Joining Sessions

Phase 1 of REACH includes four weekly, 50-minute single-family —joining" sessions with the Veteran and support person. These sessions are scheduled at the dyad's convenience and are held in the provider's office. Building rapport, performing an assessment of the couple, and forming strong working relationships for the 9 months ahead are key elements of this phase. The topics of the sessions include the following:

Session 1: Introduction to REACH and Psychoeducation on PTSD

Session 2: The Family's Journey with PTSD and Introduction to Coping Skills

Session 3: Exploring Relationship History and Enhancing Social Support

Session 4: Introduction to Problem Solving and Preparation for Phase 2

	Engagement Interview	**Phase One (Joining)**	**Phase Two**	**Phase Three**
WHO	Veteran (support person as well if present)	Single family: Veteran and support person (dyad)	Multifamily group (4-6 dyads)	Multifamily group (4-8 dyads)
FREQUENCY	Once	Weekly	Weekly	Monthly
NUMBER OF SESSIONS	1	4	6	6
SESSION LENGTH	20-40 minutes	50 minutes	90 minutes	90 minutes
PROVIDERS	One	One	Two (due to breakout sessions)	One
LOCATION	Referral source (e.g., outpatient clinic, inpatient unit)	Provider's private office	Group room that has a table and comfortably holds 18 people	Group room that has a table and comfortably holds 18 people

PHASE 1, SESSION 1:

INTRODUCTION TO REACH AND PSYCHOEDUCATION ON PTSD

Session 1 Goals:

1. Build rapport with the Veteran and support person.
2. Review informed consent and limits of confidentiality.
3. Explain the REACH program to both members of the dyad.
4. Assess for appropriateness of participating in the REACH Program (and provide referrals if not appropriate at this time).
5. Educate the Veteran and support person about the symptoms of PTSD and their impact on relationships.
6. Address concerns, answer questions, and elicit commitment to regular participation.
7. Introduce the regular homework, the GROW log.

I. Introduction (8 minutes).

Therapist Note: Although time frames are provided for sections, they are approximate and flexible. In addition, note that some portions of the material are in quotation marks. These sections are "scripted" and can be used verbatim during group meetings.

A. Rapport Building

1. Spend some time talking with the dyad and getting to know them as people.

2. Topics should be nonthreatening and used to —build bridges" with the dyad. Make a note of these topics so you can follow-up on them in later sessions. For example, you may discuss

   - Hobbies (e.g., hunting, fishing)
   - Family/children
   - Military bases or other places they have lived
   - Weather
   - Local sporting events

Therapist Note: *The focus here is to connect to the dyad on a personal level, so they feel welcome and less anxious about the prospect of engaging in treatment.*

B. Review informed consent and limits of confidentiality.

1. Remind them that everything said in sessions will be kept confidential.

2. Note that the provider will make a brief note in the Veteran's medical record.

3. The exceptions to confidentiality are
   - Danger to self
   - Danger to others
   - Abuse or neglect of a child, elderly or dependent adult
   - Subpoena

II. Describe the REACH Program and assess appropriateness for the dyad (10-15 minutes).

A. Review the structure of REACH.
   - Phase 1: Four weekly, 50-minute joining sessions with the three of you
   - Phase 2: Six weekly 90-minute multifamily group sessions (discuss upcoming start dates for Phase II) with 3-5 other dyads dealing with PTSD
   - Phase 3: Six monthly 90-minute multifamily group sessions

   It can be helpful to draw a 3-column picture of the three phases, noting these key pieces of information about the phases. Emphasize that they can stop REACH at any time (they do not have to participate in all three phases).

B. Describe the purpose of the REACH Program as providing support, education, and coping skills for Veterans living with PTSD and the people who care about them.

C. Discuss some benefits of REACH.
   - Learning new skills and getting support can improve the functioning of both the Veteran and his/her support person and their relationship with each other.
   - The group format allows Veterans and support persons to learn from other people in a similar situation and build social support.
   - Research shows that both Veterans and their support persons report enjoying and benefitting from REACH.

D. Briefly review some of the issues addressed in REACH, and check in with them about their interest in these topics.
    - Communication skills
    - Problem-solving skills
    - Managing anger and conflict more effectively
    - Increasing social support
    - Fostering wellness
    - Understanding and managing symptoms of PTSD

E. Emphasize that REACH focuses on the "here and now," not the "there and then." Explain that Veterans will not talk about their trauma experiences (or anything else they are not comfortable discussing).

F. Briefly indicate that REACH is not a program that specifically focuses on issues of
    - Parenting
    - Substance abuse
    - Gambling
    - Domestic violence
    - Child-abuse issues

    Provide referrals for community resources if needed. Note that if Veterans/families choose to participate in the community resources, this would be at their own expense.

Therapist Note: It is strongly recommended that you, as a facilitator of the REACH Program, develop handouts that provide information on services available to Veterans in your area and a list of free, low-cost, or sliding-scale services for family members in your area.

G. If the dyad is in an intimate relationship
    1. Discuss that REACH is different than couples therapy. The focus of REACH is on learning skills for living with and managing PTSD; it does not focus primarily on problems in a couple's relationship.
        - If the couple has high levels of discord, conflict, or other major problems (e.g., infidelity, divorce contemplation), a referral for couples therapy would be more appropriate.
        - They are encouraged to return to REACH after the crisis has abated and they're able to focus on the psychoeducational material.

    2. Assess for domestic violence, in particular. Ask the following questions:
        - —How do you handle conflict?"
        - —Do you feel safe in your relationship?"
        - —Tell me about your worst conflict in the last 90 days."

Therapist Note: If domestic violence is a serious issue, the dyad is not appropriate for REACH. Instead, provide referrals to appropriate domestic violence treatment programs for each person. Indicate that you would enjoy meeting with them again in the future to discuss REACH after they have created a physically and emotionally safe relationship.

H. Review that the dyad is in the "driver's seat" for REACH. They will decide what and how much they share, and they will develop their own specific goals for treatment.

I. Discuss with the dyad what they would most like to get out of the REACH program by having each person complete the following sentence: "I would like to learn to manage or cope better with _____."

Therapist Note: As part of this first session, also informally assess for any barriers to learning in the Veteran and support person, such as

- *Physical disabilities such as hearing loss or visual impairment*
- *Language barriers (while most Veterans speak proficient English, family members may not)*
- *Limited cognitive abilities*
- *Limited literacy*
- *Memory, concentration or attention deficits*

If any of these barriers are found to be present, determine whether the dyad

- *Can participate in REACH without modifications*
- *Needs additional supports or modifications to complete REACH*
- *Is not appropriate for REACH but would benefit from more individualized services*

III. Provide psychoeducation on symptoms and symptom management (20 minutes).

A. Discuss that small changes over time can add up to make a big difference in a Veteran's life over time. Encourage focusing on making concrete, small (1% or 2% changes) and then continuing to make changes once those skills are mastered.

B. Before discussing symptoms, note that not every Veteran has every symptom and that appropriate treatment can help to reduce the number and severity of symptoms.

C. Review the major symptoms of PTSD.

Therapist Note: Keep in mind that this may be the first time anyone has explained the symptoms to the Veteran and/or the family member. For this reason, be sure to take plenty of time to process the dyad's reaction to the information and answer any questions they may have.

Use the "RAIN" mnemonic, as follows:

- **R**e-experiencing: Re-experiencing is like a video tape of the trauma (or some aspect of the trauma) that plays when you don't want it to, and is sometimes difficult to shut off. Address if/how the Veteran experiences this. Responses may be
    - Having nightmares about the event
    - Feeling uncomfortable when confronted with a reminder of the event (such as a movie, fireworks on the 4th of July)
    - Having mental images or thoughts about trauma that barge in when they don't expect it

- **A**voidance: Some Veterans with PTSD work hard to avoid a lot of things. Elicit what the Veteran avoids. Responses may include avoiding places, people or events that remind them of the traumatic event (such as not going near crowds, avoiding fireworks on the 4th of July, avoiding conversations related to the trauma).

- **I**ncreased arousal: Sometimes Veterans feel ~~"w~~ound up" much of the time and have a hard time relaxing. Explore if the Veteran has times when he/she feels tense and on edge, even in relaxed situations. Discuss how such increased arousal affects both the Veteran and the family in ways such as
    - Irritability and anger
    - Insomnia (difficulty getting to sleep or staying asleep)
    - Intense awareness of their surroundings and being "on guard" (e.g., a Veteran may only be willing to sit with his/her back to the wall and may frequently "scan the perimeter," even in safe situations)
    - Startling easily

- **N**umbing: Many Veterans coping with trauma stress leave the service with high levels of anger and irritation, but the other emotions are numbed out: there's no eager anticipation on Christmas Eve, no sweet satisfaction after a great Thanksgiving meal, no tender ~~-~~melt-your-heart" feeling when saying goodbye to a grandson after a great vacation. Explore the Veteran's experience of numbing and its effects on relationships. Answers might include responses such as

    - Feeling emotionally distant from other people
    - Enjoying activities or places less than before
    - Feeling ~~—~~cutoff" from yourself and your emotions
    - Rarely experiencing or expressing joyful and tender emotions

D. Foster hope by noting that excellent treatments for PTSD are available and that they can be very helpful. Affirm their commitment to learning about the disorder and managing it well as a team by participating in REACH. Note that we will be talking about a variety of treatment options for PTSD here at our facility throughout REACH.

E. Provide a handout on the disorder for them to take home and review after session. See Appendix A for links to websites with excellent handouts on PTSD; select the handout that will best meet the needs of the specific dyad.

IV. Discuss the gratitude exercise known as the GROW log (5 minutes).

Grateful
Recognition
Of my
World and relationships

A. Explain that we will teach skills and introduce new ideas in each REACH session. We will also encourage practice between sessions. It is their choice if they want to complete the homework, but they will probably get more out of the program if they commit to working on the assignments. One piece of homework we recommend doing throughout the REACH Program involves thinking about what they're thankful for.

B. Explain that research has found that noticing and writing down things you are grateful for can lead to significant improvements in
   - Mood
   - Relationship satisfaction
   - Level of "subjective well-being" (aka happiness)

   Discuss: "What do you do to practice gratitude?"

   "In light of this research, what may be a way to introduce (or increase your attention to) gratitude in your everyday life?"

C. Give each person a copy of the GROW log handout. Encourage each member of the dyad to write down 2 things every day that he/she is grateful for. These can be

   - Big things (health, family, a new job)
   - Small things (the sunrise, a song they like, a cup of tea)
   - Behaviors or qualities he/she appreciates about the partner (cooking dinner, listening, thoughtfulness)
   - Things he/she appreciates about their life in general (having enough money to pay the bills, a good friend)

D. Give each person a copy of the GROW log idea handout, explaining that sometimes enjoying such simple pleasures can be wonderful sources of daily gratitude. Encourage them to read this handout over the week.

E. Ask the dyad to set up a daily time when they share what they wrote down with each other. This should be during a certain part of day every day (e.g., first thing in the morning, at dinner, just before bed, calling each other on the way to work, etc.).

V. Wrap-up (3-5 minutes).

A. Ask if the dyad has any questions or concerns, and answer as appropriate.

B. Elicit a commitment to participate, and schedule the next appointment

C. Thank them for their commitment to themselves and their relationship.

D. End the session with some expression of hope and positive feelings about working together in REACH. Consider identifying a strength of each person or the dyad that you've noticed, and share your observation and admiration of that strength.

Appendix A

Websites for Handouts on PTSD

National Center for PTSD Handouts:

What is PTSD?

http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp

Coping with Traumatic Stress Reactions

http://www.ptsd.va.gov/public/pages/coping-traumatic-stress.asp

Lifestyle Changes Recommended for PTSD Patients

http://www.ptsd.va.gov/public/pages/coping-ptsd-lifestyle-changes.asp

Treatment of PTSD

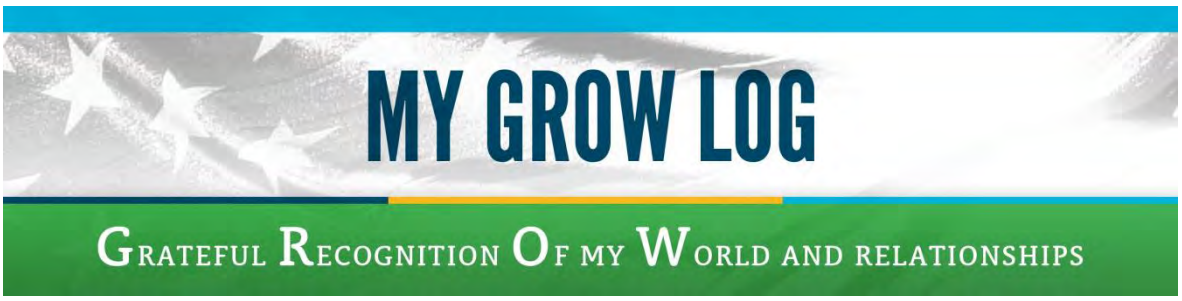
http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp

National Institute of Mental Health booklet on PTSD that explains what it is, treatment options, and how to get help

http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml

James Munroe's Battlefield Skills that Make Life in the Civilian World Challenging

http://www.realwarriors.net/active/afterdeployment/combatskills.php



	Two Things I am Grateful or Thankful for Today		Check after you share these 2 things with your Veteran / REACH support person
Example	*I appreciated when you got me a cup of coffee.*	*I'm grateful for the warmer weather.*	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Find the good and praise it! — Alex Haley

Give thanks for a little and you will find a lot. — The Hausa of Nigeria

GROW LOG IDEAS

From The Book of Awesome:
Snow Days, Bakery Air, Finding Money in your Pocket and other Simple Brilliant Things
(2010) and The Book of (Even More) Awesome (2011) by Neil Pasricha

Having a hard time thinking of your "two things" to be grateful for today? Consider these little, everyday pleasures! Even if you didn't experience them today, you can relish in the thought of them!

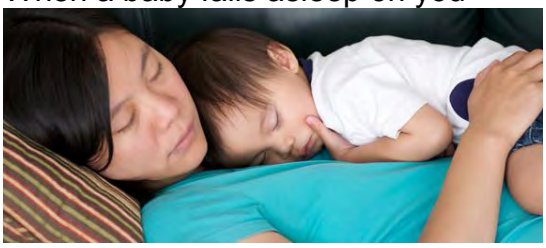
- When cashiers open up new checkout lanes at the grocery store
- Seeing a cop on the side of the road and realizing you're going the speed limit anyway
- When you get the milk to cereal ratio just right
- Adorable babies (especially if they're your own or your grandkids!)
- Having a whole row to yourself on the plane
- Popping bubble wrap
- When someone lands on the hotel you just built in Monopoly
- The smell of crayons

- Peeling an orange in one shot
- When the vending machine gives you two things instead of one
- Licking the batter off the beaters of a cake mixer
- Waiters and waitresses who bring free refills without asking
- The final second of untangling a really big knot
- When the thing you were going to buy is already on sale
- The feeling of scrunching sand in your feet

- Scraping all the lint off an overflowing lint trap
- The thank-you wave when you let somebody merge in front of you
- When you are really tired and about to fall asleep and someone throws a blanket on you
- That friendly nod between strangers out doing the same thing
- Getting gas just before the price goes up
- Picking up *Q* and *U* at the same time in Scrabble
- Old folks who sit on their porch and wave at you when you walk by
- The first scoop out of a jar of peanut butter
- The smell of the coffee aisle in the grocery store
- Staring out at calm water
- That last crumbly triangle in a bag of chips

- Putting on your most flattering pair of pants
- Lemonade stands run by children

- Saying the same thing a sports commentator says just before they say it
- Nailing a parallel parking attempt on the first try
- Your favorite comfy T-shirt
- The smell of freshly cut grass
- A long hug when you really need it
- Dangling your feet in water
- When you know all the buttons to speed through the automated telephone system
- Seeing a licenses plate from home when you're somewhere really far away
- Placing the last piece of the jigsaw puzzle
- Junk drawers
- Any food that requires Wet-Naps and a stack of napkins to eat
- Eating anything from your own garden
- Setting the new high score on a video game
- Eating the ice cream stuck to the top lid of the carton
- A perfect squeegee job at the gas station
- When the free bread they bring you at the restaurant is warm
- When you manage to squeeze out enough toothpaste for one last brush
- That one square in the waffle that's just loaded with butter and syrup
- Eating the extra fries at the bottom of the bag
- Pulling a weed and getting all of the roots with it
- Looking at the clock and seeing it is 12:34
- Hitting a bunch of green lights in a row
- When you push the button for the elevator and it's already there
- Bakery air
- Waking up before your alarm clock and realizing you've got lots of sleep time left
- Someone flashing their high beams at you to warn you about the cops
- When batteries ARE included
- When the dog is really excited you're back home
- When a baby falls asleep on you



- Picking the fastest moving line at the grocery store checkout
- That one person who laughs when you tell a really bad joke
- Eating the last piece of anything
- The smell of an old hardware store
- Finding your keys after looking forever

PHASE 1, SESSION 2:

THE FAMILY'S JOURNEY WITH PTSD AND INTRODUCTION TO COPING SKILLS

Session 2 Goals:

1. Continue to build rapport with the Veteran and support person.
2. Develop a better sense of the Veteran and support person's experience of PTSD as a dyad, including analysis of triggers.
3. Discuss existing coping strategies and other effective tools.

I. Welcome and check-in (5 minutes).

A. Briefly check-in with the dyad about the past week, including any possible crises.

B. Answer any questions left over from the previous session.

C. Follow-up on the GROW log. Inquire as to whether they completed it and their experience of doing so. Discuss their sharing of it with each other and how that felt for both of them.

1. If they made good efforts, praise them for doing so, and encourage them to continue.

2. If they did not do the log, explore their reactions to the proposed activity. Do not shame them or push them to complete it. Do not interpret this as "resistance" or as lack of investment in REACH. Rather, simply note your hope about its usefulness for them (explain why it could be directly relevant to their specific relationship or goals for REACH), and indicate they may wish to try it again when they feel ready. Emphasize that we will teach many skills over the course of the program and hope that some are beneficial for the dyad.

II. Discuss the family's journey with PTSD (25 minutes).

A. Explain that, while last week you reviewed the general symptoms of PTSD, today you will focus on the three of you understanding more about the Veteran's unique experience of PTSD and how this has impacted the dyad and their relationship.

B. Perform a behavioral analysis of symptoms.

1. Make it clear that you want the support person's input and perspective during this discussion.

2. Ask about the journey of the Veteran's experience of PTSD symptoms. Sample questions may include:

    a. When was the onset?
    b. Have they noticed a particular pattern for symptoms (e.g., when he/she gets better or worse)?
    c. Do they notice any particular physical symptoms (e.g., knots in the stomach, headaches, teeth grinding)? If so, what tends to lead to these symptoms?
    d. Do they notice any particular places that trigger symptoms (e.g., the grocery store, going home for holidays, etc.)?
    e. Do they notice any particular things that tend to trigger symptoms (e.g., time of year, locations, noises, smells, sights)?
    f. Do they notice any particular things that tend to reduce symptoms (e.g., being home, being with certain people, drinking a cup of tea, getting enough sleep)?
    g. What was the worst point since the onset of symptoms? What was going on at that time?
    h. When have things been the best since the onset of the symptoms? What was going on at the time? What was the Veteran and/or support person doing that helped this to be a good time?

3. Discuss this behavioral analysis, including

    a. What it was like for each of you to discuss this?
    b. What did each of you learn from the discussion?
    c. Emphasize that, —Becoming a better personal scientist (noticing what drives your symptoms up and down) is a key element in learning to better manage your symptoms."

    Encourage them to pay attention to factors that increase symptoms for the Veteran and what factors contribute to the family member's own difficulty with coping.

You can remember four common triggers that often make people more vulnerable to stress by the word "*HALT.*"

- **H**ungry
- **A**ngry
- **L**onely
- **T**ired

—These same triggers can also make you more vulnerable to engaging in unhealthy habits, such as smoking cigarettes, drinking alcohol or using street drugs, or eating in an unhealthy manner."

Encourage both members of the dyad to discuss factors that tend to decrease symptoms and improve functioning.

Common factors that improve functioning include

- Adequate social support
- Appropriate medication management
- Adequate self- care (including sleep, nutrition, exercise)
- A sense of meaning and purpose in life
- Minimizing stress

4. Encourage the support person to discuss his/her experience of the symptoms and the ways in which they have been impacted. —We know that PTSD affects both of you. REACH is a program for both Veterans and support persons, so giving voice to both members' experience is essential to the process."

   a. Encourage the Veteran to listen with an open mind to the support person's sharing, realizing this may be the first time the Veteran has heard this information, and that it may be difficult to hear.
   b. Validate the support person's courage for sharing this information.
   c. Invite the dyad to discuss how the Veteran can be sensitive and aware of the support person and his/her experience of living with someone with PTSD. Note that in REACH, Phases 2 and 3, we will be encouraging both Veterans and support persons to be supportive of each other.

5. Summarize by sharing: —This PTSD has impacted both your lives, and I am glad you are here. I encourage you to hang in there with the REACH program. I know this is a tough discussion; the idea is to help the two of you become better personal scientists, realizing what nudges the symptoms up, and what nudges them down. Remember that neither of you asked for this, but together we can help you make small changes that will improve things at home with time."

III. Discuss coping strategies (15 minutes).

A. Explain that, while symptom recognition and awareness are important, the real value of becoming aware of symptoms is being able to develop and use healthy coping tools. The next part of the session will focus on seeing what tools they're already using and developing new coping strategies.

B. Help the Veteran develop a coping plan by

1. Identifying currently used coping strategies

    a. When healthy tools are shared, celebrate them and encouraging continued use.
    b. When unhealthy tools are shared (e.g., isolation, alcohol use), briefly explore adverse consequences and encourage openness to other ideas.

2. Expanding on some aspects of current coping that might be helpful (e.g., Veteran does well when he can predict events, so discussing the schedule each week might be helpful).

3. Teaching some new coping skills. Some ideas include

    a. Deep breathing or relaxation exercises
    b. Behavioral activation (scheduling enjoyable activities on regular basis)
    c. Being aware of triggers and developing a plan for coping in advance
    d. Minimizing exposure to avoidable triggers (e.g., reducing viewing of violent movies or video games)

4. Have the Veteran write the coping skills discussed in session on a note card and encourage him/her to keep it in a wallet/purse or pocket as a reminder. Emphasize that we're encouraging Veterans and support persons to start with small steps (making 1% to 2% changes) to broaden their coping repertoire and increase their wellness.

C. Help the support person to develop his/her own coping plan by

1. Reminding the support person that dealing with PTSD is a "marathon, not a sprint" and that he/she needs to be taking good care of him-/herself. Doing so will help him/her be able to support the Veteran over the long term.

2. Asking support persons what activities help them to feel refreshed and renewed.

    - Have the support person write these activities on a note card.
    - Encourage the support person to schedule and engage in these activities regularly.

3. Provide handouts on resources at your facility and/or in the community designed for support persons, such as the SAFE Program

IV. Wrap-up (5 minutes).

A. Ask if the dyad has any questions or concerns, and answer as appropriate.

B. Encourage the dyad to practice the coping skills they wrote down over the coming week and continue the GROW log.

C. Schedule the next joining session, reminding the dyad that they have two more joining sessions and then will begin Phase 2 of REACH. Remind them of the Phase 2 start date.

D. End the session with some expression of hope and positive feelings about working together in REACH. Consider identifying a strength of each person or the dyad that you've noticed, and share your observation and admiration of that strength.

PHASE 1, SESSION 3:

EXPLORING RELATIONSHIP HISTORY AND ENHANCING SOCIAL SUPPORT

Session 3 Goals:

1. Assess the dyad's support system.
2. Develop a better sense of the dyad‘s relationship history, in particular the strengths and skills each person brings to the relationship.
3. Discuss ways of improving social support for both members of the dyad.
4. Continue to encourage use of positive coping skills.

I. Welcome and check in (5 minutes).

A. Briefly check-in with the dyad about the past week, including any possible crises.

B. Answer any questions left over from the previous session.

C. Check in regarding whether the dyad has

- Thought more about symptoms and triggers
- Tried any new coping skills and how it went
- Continued their GROW log

D. Encourage the dyad to continue to work on noticing triggers and developing coping strategies.

II. Discuss the timeline of the relationship (20 minutes).

A. Discuss: —As is obvious from your participation in REACH together, you (Veteran and support person) are important to each other. You‘re lucky to have each other in your camp,‘ as research has shown the benefits of having someone you can —count on” to go through life with together, to celebrate the joys and special times, as well as to provide comfort and strength during the difficult times.”

B. —Today we're going to spend some time talking about the history of your relationship. Let's start with when you met (if appropriate), and share with me the important milestones in the history of your relationship. As you're doing so, tell me about what you enjoy doing together, the important people in your life (e.g., birth of a child, death of a parent, separation), and the —glue" that has kept you together."

Therapist Note: The purpose of this discussion is to emphasize the strengths of the dyad and the unique internal and external resources these individuals have used to make it through difficult life circumstances and to thrive during more positive times in their relationship. During this discussion, maintain a focus on the dyad's

- *Coping skills*
- *Individual strengths and values*
- *Strengths as a team*
- *Broader family or community resources they were able to access*

This exercise is also an excellent time to get a broader sense of what makes these particular people "tick." Pay attention to

- *What do they value that made the good times "good" and the hard times "hard?"*
    - *For low points, discuss what allowed the dyad to cope and make it through.*
    - *For high points, discuss how each member of the dyad contributed to its success or joy during that phase of their lives.*
- *What "guiding principles" tend to direct them and help them make decisions?*

This exercise is only for dyads that know each other well and have had a committed relationship (spouse, parent/child, sibling, close friendship) for some time. If the dyad has been together for awhile, break the relationship up into 5- or 10-year increments.

III. Discuss social support (20 minutes).

A. —In addition to having each other, it's important to have contact with other people. We're not suggesting you become social butterflies and attend large, crowded parties – not at all! Rather, research has found that even having one or two people you can talk to can make a big difference. Some Veterans with PTSD and their support persons become very isolated, which contributes to depression and cuts them off from the support others can provide."

B. Explore their current social-support network via questions, such as the following:

- Who do you spend time with? Tell me about your friendships.
- Where do you get emotional support?
- Who helps you when you need practical assistance (like a meal, or babysitting, or a drive somewhere)?
- Who can you call when you are feeling sad or overwhelmed?
- Are there activities you do with others?
  - Church
  - DAV
  - Rotary
  - Book club
  - Poker buddies
  - Work groups

C. During this discussion, assess their current level of social support:

1. If the dyad appears to have adequate social support that the individuals are appropriately using, discuss this as a major strength of the family.

2. If the dyad appears to have adequate social support but not to be adequately using that support, discuss ways they might be able to more fully use social supports, such as

   - Scheduling time with friends
   - Asking for help
   - Participating in activities

3. If the dyad does not have adequate social support, explore how they can broaden support. Ideas include

   - Volunteering
   - Reconnecting with past friends or family (e.g., calling people in their address book, joining Facebook, arranging a get-together)
   - Joining a Veterans' service organization such as DAV
   - Reconnecting with a faith community
   - Joining a club (gardening, hunting, book, or some other interest)

IV. Wrap-up (5 minutes).

A. Ask if the dyad has any questions or concerns, and answer as appropriate.

B. Encourage the dyad to continue practicing coping skills over the coming week.

C. Discuss one step the dyad can take to increase, strengthen or use social support this week.

D. Ask the dyad to bring in some family photos (four or five) for the next session to help you continue to get to know them and their history.

E. Schedule the next joining session, reminding the dyad that they have one more joining session and then will begin Phase 2 of REACH. Remind them of their Phase 2 start date.

F. End the session with some expression of hope and positive feelings about working together in REACH. Consider identifying a strength of each person or the dyad that you've noticed, and share your observation and admiration of that strength.

PHASE 1, SESSION 4:

INTRODUCTION TO PROBLEM SOLVING AND PREPARATION FOR PHASE 2

Session 4 Goals:

1. Review the purpose, goals, and potential benefits of Phase 2 and elicit a commitment to participate.
2. Continue discussion of family strengths and shared history by discussing family photos.
3. Introduce problem-solving skills.
4. Continue to encourage use of positive coping skills and social-support networks.

I. Welcome and check-in (5 minutes).

A. Briefly check in with the dyad about the past week, including any possible crises.

B. Answer any questions left over from the previous session.

C. Check in regarding whether the dyad has

- Thought more about symptoms and triggers
- Tried any new coping skills and how it went
- Done anything to increase or use social support
- Continued their GROW log

D. Encourage the dyad to continue working to increase social support.

II. Review photographs (10 minutes).

A. Ask the dyad to show you the family photographs they brought.

1. Discuss what it is like to reminisce about the good times.

2. Mention that focusing on positive memories can be a positive antidote to feelings of depression or to the tendency to ruminate on negative events. This can be a tool to add to their set of coping tools.

3. Discuss who in the pictures the dyad still feels close and connected to; explore if there are ways they can strengthen such relationships (a way to expand their social-support network).

Therapist note: The purpose of this activity is two-fold, as follows:

- *To continue to build on the idea of strengths and understanding things that both the Veteran and support person care about and celebrate*
- *To continue to build rapport and a sense of connection to the dyad. The transition to Phase 2 is anxiety provoking for many Veterans and support people. Therefore, the more they feel connected to and valued by you, the more likely they are to make the transition. Use the sharing of photos as a way to continue to strengthen rapport and express your interest in them.*

If the dyad does not have any photos, you can either skip this section or, if they know each other well, you can ask them to share some favorite defining moments or memories in their relationship.

Sometimes the dyad may ask about your family during this sharing. Anticipate such a question and be prepared in terms of how you want to respond. Consistent with the psychoeducational, collaborative model in REACH, we encourage you to have available some pictures you're comfortable sharing.

III. Introduce problem solving (15-20 minutes).

A. Explain that we want to introduce them to a skill today that will be a big part of Phases 2 and 3. In today's sessions, we will only have time to provide a brief overview of the process, but they will get a lot of practice later in using this process. We think they'll find it very helpful for addressing a variety of problems they face in their family/relationship.

B. Teach steps in problem solving; give a handout to each member of the dyad when discussing.

- Step 1: Define the problem (including the behavioral "end point" or goal if the problem is solved).
- Step 2: Brainstorm possible solutions.
- Step 3: Discuss pros and cons of each possible solution.
- Step 4: Select the best solution.
- Step 5: Plan how the family will implement the chosen strategy.
- Step 6: Review the outcome.

C. If time allows, briefly discuss a particular problem (either generated by the dyad or by you) and quickly go through the process. Ideas include

- Budgeting for a family trip
- Setting limits with a difficult family member
- Creating more time away from kids to focus on the couple aspect of their relationship
- Making an agreement regarding cleaning the kitchen

D. Remind the dyad that we will go through this process often in Phases 2 and 3. We hope they will become very comfortable with it and be able to apply it to issues in their everyday lives.

IV. Prepare the dyad for Phase 2 (10-15 minutes).

A. Review goals: To pique interest and foster engagement, explain that we will teach many helpful skills in Phase 2 and that previous Veterans/support persons have found these techniques to be very helpful. Skills to be addressed include

- Communication skills
  - Sharing feelings and requests in a way that is more likely to get a positive response
  - Understanding how to begin a discussion of touchy subjects in a way that the other person will be more likely to hear you
  - Learning to listen more effectively
- Anger-management skills
- Skills to manage anxiety/stress
- Depression-management skills, including creating a regular schedule
- Problem-solving skills
- The importance of being grateful
- Making and sticking to a wellness plan to make positive changes in oneself and one‘s relationships

Discuss which of these goals sound most relevant and interesting to each member of the dyad.

B. Review logistics.

1. Remind the dyad of the location, date and time for the first Phase 2 meeting. If possible, walk them to the room where the group will meet.

2. Explain that, once classes start, either the Veteran or the support person are welcome to come to a class "solo" if the other cannot attend (e.g., is out of town, has the flu, etc.).

C. If possible, introduce the dyad to your co-facilitator for the REACH classes so the dyad feels more comfortable in the first Phase 2 class.

V. Celebrate strengths (5 minutes).

As part of putting closure to your work together in Phase 1, discuss the strengths you have noticed in each member of the dyad and in their relationship with each other. It may be helpful to highlight:

- Photographs of significant events
- Important events from the timeline of the relationship
- Difficulties they have overcome
- Ways they have worked together as a team
- Coping strategies they use
- Risks they have taken to make positive changes already
- Their courage and commitment to each other demonstrated by participating in REACH

VI. Wrap-up (5 minutes).

A. Ask whether the dyad has any questions, and answer as appropriate.

B. Encourage the dyad to continue practicing coping skills.

C. Encourage the dyad to use the problem-solving procedure on an issue that arises this week.

D. Encourage the dyad to continue keeping the GROW log.

E. Ensure that the dyad understands the logistics of Phase 2.

F. Commend the dyad on the work they have already done in REACH, and express your enthusiasm for their continued participation.

REACH Program Problem-Solving Worksheet

Veteran‘s first name: Support person‘s first name:

Date:

Step 1: Clear definition of problem (Who? What? When? Where? How?)

Be sure to include the clear end point: If this problem were solved, WHO would be doing WHAT differently?

Step 2: Brainstorm possible solutions	**Step 3: Define Pros and Cons**	
	PROs of this solution	**CONs of this solution**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Step 4: Select a solution (or combination of solutions) to try.	Our solution:	
Step 5: Develop a specific plan on how to a) implement the solution and b) measure progress.	Vet's steps to take:	Support person's steps to take
Step 6: Evaluate how the plan worked for you.	Veteran's thoughts:	Support Person's thoughts:
Overall, did your solution(s) move you forward by at least 1%?	YES	NO (circle one)
If not, did you try another solution?	YES	NO (circle one)
If so, what did you try and what happened?		

Please mail this form back to the REACH Office
(or give to a REACH Team member) 2 weeks after tonight.
REACH Team, OKC VAMC, 921 NE 13th Street (183R)
Oklahoma City, OK 73104

Or, return it to the next REACH class. Thank you.

Phase 2:

Six Weekly Psychoeducational Multifamily Group Classes

	Engagement Interview	Phase One (Joining)	Phase Two	Phase Three
WHO	Veteran (support person as well if present)	Single family: Veteran and support person (dyad)	Multifamily group (4-6 dyads)	Multifamily group (4-8 dyads)
FREQUENCY	Once	Weekly	Weekly	Monthly
NUMBER OF SESSIONS	1	4	6	6
SESSION LENGTH	20-40 minutes	50 minutes	90 minutes	90 minutes
PROVIDERS	One	One	Two (due to breakout sessions)	One
LOCATION	Referral source (e.g., outpatient clinic, inpatient unit)	Provider‘s private office	Group room that has a table and comfortably holds 18 people	Group room that has a table and comfortably holds 18 people

General Clinical Principles for Facilitation of Phases 2 and 3

- Study the session outline before class. You need to be very familiar with the curriculum so that you are not reading the information from the manual. Make a lot of eye contact with group participants.

- Arrive 5 minutes early to classes, socialize with members, and hand out name tags, treats, sign-in sheets, pens, etc.

- Be an active participant in the check-in, sharing appropriate events from your own week (being mindful of the level of self-disclosure that is appropriate).

- Present the information in an upbeat, hopeful, positive, enthusiastic manner.

- Remember that REACH is not a process group, so avoid making deep interpretations or numerous process comments and eliciting family-of-origin issues. Rather, draw on your skills as a teacher and group facilitator, as this is a psychoeducational program.

- If Veterans/families begin to talk about specifics of the traumatic event, immediately interrupt and keep the discussion in the —here and now."

Structure of Each Phase 2 Class

Part 1: Welcome and socializing (~15 minutes)

Part 2: Didactic for entire group (~25 minutes)

Part 3: Breakout meetings (Veterans with one provider and support persons in another room with the other provider) (~25 minutes)

Part 4: Interactive activity and wrap up (~20 minutes)

Part 5: Informal socializing (~5 minutes)

Part 1

The format for Part 1 is the same for each Phase 2 session.

A. As class members arrive, welcome them warmly and engage in informal chatting.

   1. Ask them to create name tags.

   2. Have them sign in on the attendance form.

B. Review group guidelines and confidentiality issues.

C. Do check-in (introductions). As with all REACH activities, participants are welcome to —pass" if they prefer not to share. Write on the board the three questions:

   - What is your name?

   - How did the homework go?

   - A check-in question (see each session for specific question)

D. Review that week's Foot Stompers as a preview of the lesson.

Parts 2, 3 and 4

See each session outline for specific information. Encourage participants to share what is discussed in the separate breakout sessions (Part 3) with each other during the week.

Therapist Note: For parts 2 and 3, more information is contained in the manual than can be covered in a typical session. The most important topics in each section are in ***bold font;*** *these topics should be covered. Beyond that, select the sections that are most relevant for participants. In addition, note that some portions of the material are in quotation marks. These sections are "scripted" and can be used verbatim during group meetings.*

Materials Needed For REACH Program

Phase 2 and 3 Sessions

Because of the large number of items needed for each session, we keep all the materials in luggage and roll the luggage to the classroom.

- Student workbooks (bound binders that contain all Phase 2 handouts; workbooks are identical for Veterans and support persons)
- Flyers and pamphlets detailing upcoming workshops (e.g., SAFE Program)
- Attendance awards for participants (e.g., pens, post-its, notepads with the REACH logo)
- Pens (both for writing in workbooks and for writing names on nametags)
- Nametags
- Box of tissues
- Refreshments, plates, napkins (if possible)
- Sign-in sheets
- Chalk or markers
- Suicide-prevention pens/stress balls/pamphlets
- Small, cut up (1”-square) pieces of carpet (for activity in Session 3 on communication skills)

Dear _____, REACH Project

Greetings to Group #24!

We're excited that you will be starting Phase 2 of the REACH Project and are writing to remind you of the details.

This phase involves seven weekly classes (see dates below). The two of you will be meeting with other Veterans/family members dealing with PTSD. Drs. Doerman and Sherman will be providing a lot of important information and teaching you specific skills to help you meet your life goals. We are excited that you are ready to participate!

The classes will meet on **Tuesday nights** from **5:00-6:15 PM** in the Learning Resource Center (room 1A116)**.** This classroom is on the first floor of the hospital; take a right off the main elevators.

Classes will be held on:

June 22
June 29
July 6
July 13
July 20
July 27
August 3

Attendance Awards will be given for regular participation!

It will be very important that you both attend as many of the classes as possible. Other group members will count on you for your input and support. If you're unable to make it to a class, please call us (405-456-2392) – otherwise we will worry about you!

If you have any questions or concerns, please don't hesitate to call us. Otherwise, we look forward to seeing you on June 22!

Sincerely,

The REACH Project Team

Alan Doerman, Psy.D. Michelle D. Sherman, Ph.D. Lee Thrash, Ph.D.

Key Lessons	• PTSD has specific symptoms, but each person's experience is unique. • Treatment is available and can really help. Treatment can be difficult; it takes courage and a commitment to each other and the process. • We encourage you to consider and have compassion for your family member's experience. • Maintain hope. Don't give up!
In-Class Exercise	• Brainstorm common PTSD symptoms. • Answer "two things I want my family member to know about living with him/her—including something I'm proud of in him/her." • Co-therapists role play sharing.
Corresponding Pages in Workbook	• Welcome to Phase 2 of the REACH Project • PTSD and its Impact on the Family • "An Opportunity to Share" • What We'd Like our Family Members and Friends to Know about Living with PTSD • REACH Resource List • GROW log • Foot Stompers
Homework	• Finish and share with each other "An Opportunity to Share." • Review Foot Stompers. • Complete the GROW log.

PART 1: See ―Structure of each class" (on page 60)

In addition for this first class:

A. Welcome the group to Phase 2. Remind them that there are six weekly classes in Phase 2, then six monthly classes for Phase 3.

B. Provide an overview of session content, as follows:

1. PTSD and its impact on the family
2. Managing anger and conflict effectively
3. Communication skills
4. Creating a low-stress environment and promoting wellness
5. Depression and its impact on the family
6. Problem-solving skills

C. Explain the format of each session (welcome, group didactic, breakouts, interactive activity and closing).

D. Provide each participant with a REACH student workbook, and encourage everyone to bring it to each class.

E. Discuss the ―Welcome to Phase 2 of the REACH Project" handout, emphasizing the importance of mutual support, confidentiality, and emergency procedures.

F. Emphasize that REACH is not solely about/for Veterans. It's equally for support persons. REACH focuses on both parties' gaining sensitivity, understanding and awareness of each other and their experiences/needs.

G. Encourage participants to attend ―solo" if their Veteran/support person cannot attend a certain class; this applies to both Veterans and support persons coming independently. We encourage them to share the class discussion/handouts with each other during the week.

H. Inform the class about attendance awards if they attend all six Phase 2 classes.

I. Encourage them to contact you if they are unable to attend a class.

J. Warm up

1. Ask each Veteran/support person to please state his/her name and indicate his/her relationship with each other.
2. —How has the week been?"
3. —When you want to ‗perk up your mood,' what do you do?"

K. Read today's Foot Stompers as a preview.

PART 2: Education for all

Therapist Note: To get through this section in the time allotted, you must move quickly. We recommend that you highlight the key points in each section. It is very important to focus on the instillation of hope near the end of the lesson.

I. Review of the diagnosis of PTSD.

A. **The diagnosis of post-traumatic stress disorder (PTSD) is made only when very specific criteria are met**. One individual who has been diagnosed with PTSD may look very different from another person with the same disorder. The specific traumatic experience and the impact on the person and his/her loved ones are unique to each family. **The diagnosis can be made only by a trained mental health professional** (preferably one with experience working with PTSD).

B. **PTSD is an anxiety disorder**. Rather than outlining all the specific criteria, review the major clusters of symptoms.

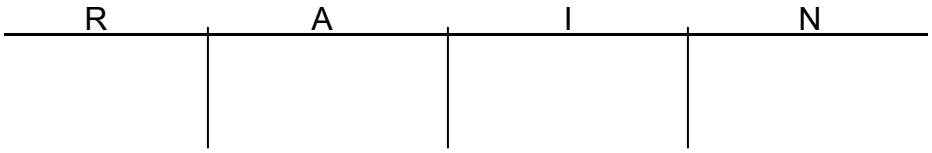
C. First, the **individual experienced or witnessed an event that involved actual or threatened death or serious injury, and the person felt very afraid or helpless**.

Traumatic events can include a wide variety of different experiences, including (but not limited to)

- Combat for military troops
- Natural disasters (e.g., earthquakes, floods, hurricanes), involving victims and rescue workers
- Man-made disasters (e.g., 9/11) involving victims and rescue workers
- Sexual assault or other violent crimes
- Domestic violence
- Physical and/or sexual abuse
- Violence in their homeland involving fleeing immigrants
- Torture

D. Write these four columns on the board, and ask the class to name various symptoms of PTSD. Then, write each symptom on the board under the letter corresponding to the following four categories.

Therapist Note: Move through this section quickly, as it's a review from content covered during the joining sessions.



R: RE-EXPERIENCING the event in a variety of ways (dreams, nightmares, feelings of intense discomfort when confronted with reminders)

A: AVOIDANCE of triggers or reminders of the trauma (e.g., conversations, places, and thoughts associated with the event).

I: INCREASED AROUSAL (e.g., irritability, angry outbursts, insomnia, hypervigilance, startle response)

N: NUMBNESS (feeling emotionally distant from others, engaging in previously enjoyed activities less often)

Then explain the category names, normalizing each set of symptoms.

II. Background information on PTSD.

A. Community-based research has revealed that **approximately 8% of Americans will develop PTSD at some point in their lives.**

B. Although not formally labeled PTSD until recently, **the symptoms have been recorded throughout history**.

1. During the Civil War, the phenomenon was called "soldier's heart."
2. During WWI, it was termed —shell shock."
3. During WWII, such symptoms were called "combat neurosis" or "battle fatigue."
4. The formal diagnosis of PTSD first emerged in 1980 in the American Psychological Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III).*

C. **Most people who are exposed to a traumatic event experience some PTSD symptoms following the event, but the symptoms generally decrease over time and eventually disappear.**

1. Approximately 8% of men and 20% of women go on to develop PTSD. For both men and women, rape is the most common trigger of PTSD (National Center for PTSD).
2. Although symptoms of PTSD usually emerge within 3 months of the trauma (*DSM-IV*), **some individuals do not develop difficulties until later**. Some avoid facing painful emotions from the trauma for many years, often abusing substances or using other addictive behaviors to distract themselves from the feelings.

D. **PTSD symptoms can vary over time and between people.** Some symptoms may diminish rapidly, while others may fluctuate in intensity throughout an individual's life. Approximately 30% of those who have PTSD develop a chronic form that persists throughout their lifetime (National Center for PTSD).

E. Who develops chronic PTSD? Several factors can be considered, including:

1. Severity of the trauma
2. Duration of exposure
3. Level of involvement
4. Functioning before the trauma
5. Extent of social support
6. Presence of healthy coping skills

F. **If someone has PTSD, he/she is at greater risk for also having another mental illness or substance-abuse problems**. In fact, 84% of people with PTSD have also experienced another mental disorder during the course of PTSD (Kessler, 1995). For people diagnosed with PTSD, the lifetime prevalence rates of other disorders include:

Major Depressive Disorder	48%
Alcohol Abuse/Dependence	40%
Drug Abuse/Dependence	31%
Generalized Anxiety Disorder	16%
Social Phobia	28%

G. Some service members deployed in support of the Global War on Terrorism to Afghanistan and Iraq are experiencing traumatic brain injuries (TBI); in fact, some estimate that as many as 20% of troops experience a TBI during deployment (Tanielian & Jaycox, 2008). Fortunately, most TBIs are mild, and most people recover completely within 1 to 3 months. The symptoms of PTSD and TBI can overlap considerably, which can confuse the diagnostic picture and resultant treatment plan. If the Veteran experienced a brain injury during deployment, evaluation by neurology or the polytrauma team is important to clarify his/her needs.

III. Treatment options for PTSD.

A. **Participating in treatment for PTSD can be challenging, as treatment involves directly facing memories and feelings that an individual may have avoided for many years.** The individual is much more likely to succeed in treatment if he/she:

1. Is not abusing alcohol or using street drugs. As stated earlier, substance abuse is often an issue for people with PTSD. Individuals need to learn skills to cope with strong emotions so that they can directly face the traumatic memories without numbing themselves with substances.
2. Has adequate coping skills (individual is not suicidal or homicidal).
3. Has sufficient social support.
4. Has a safe living situation (not homeless or in an abusive environment).

B. Although each person and his/her treatment plan are unique, the following goals are often important aspects of therapy:

1. Examine and learn how to deal with strong feelings (such as anger, shame, depression, fear or guilt).
2. Learn how to cope with memories, reminders, reactions, and feelings without becoming overwhelmed or emotionally numb. Trauma memories usually do not go away entirely as a result of therapy but become less frequent and less upsetting.
3. Discover ways to relax (possibly including physical exercise).
4. Increase the frequency of participating in activities previously enjoyed.
5. Reinvest energy in positive relationships with family and/or friends.
6. Enhance sense of personal power and control in one‘s environment.

C. Components of treatment for PTSD

Most treatment programs involve a comprehensive approach, including several modalities, as follows:

- **Psychiatric medications**
- **Education for client and family**
- **Group therapy**
- **Cognitive behavioral therapy**
- **Writing exercises**

1. Psychiatric medications

    a. Choice of medication(s) depends on the individual‘s specific symptoms and any other mental health difficulties (e.g., depression, panic attacks).
    b. In general, medications can decrease the severity of the depression, anxiety and insomnia.
    c. Medications may be prescribed by an individual‘s primary care provider or psychiatrist.

2. Education for the individual and family about PTSD.

    a. Education is very important, both for the individual and his/her family. It typically addresses the nature of PTSD (e.g., symptoms, course, triggers), communication skills, problem-solving skills, and anger management.
    b. The education may occur in a variety of different ways, such as couples/family therapy, psychoeducational programs (including REACH and the SAFE Program), support groups, etc.

3. Group therapy

    a. In general, groups —. . counter the profound sense of isolation, social withdrawal, mistrust, and loss of control. The acknowledgment by victims that they are not alone, can support others, and can safely share their traumatic experiences within a responsive social context provides an opportunity for healing." (Hadar Lubin, MD, 1996).
    b. Groups have a variety of formats, including process oriented, trauma oriented (e.g., telling one's story), present-day focused (e.g., coping skills), and/or psychoeducational (e.g., anger management).

4. Cognitive/behavioral therapy

    a. Cognitive therapy involves inviting individuals to examine their thinking processes and replace irrational (unhelpful) thoughts with more realistic (helpful) thoughts. This form of therapy has received strong research support.
    b. Behavioral therapy involves inviting individuals to change their behaviors, which results in a shift in their mood/mental state. Behavioral interventions may include teaching relaxation techniques, imagery, and breathing techniques.
    c. Anger-management training may involve both cognitive and behavioral skills.
    d. Exposure-based therapy (e.g., prolonged exposure (PE), cognitive processing therapy (CPT)) involves helping the person to repeatedly —retell" the traumatic experience in great detail, so that the memory becomes less upsetting. Researchers have found this approach to be very effective in decreasing symptoms of PTSD. [*Pass around CPT and PE flyers noting availability at VAMC.]*
    e. Writing about the traumatic event and one's subsequent thoughts/feelings can be an important component of treatment.

IV. Local treatment options for Veterans with symptoms of PTSD.

Therapist Note: Direct the class to look at the Additional Treatment Options page near the back of the student workbook. You will need to modify this to reflect services and programs available at your facility and in your community.

Review local treatment options.

1. Example: Oklahoma City VA Medical Center

    - Outpatient PTS Recovery Treatment Program.
    - OEF/OIF/OND Program
    - Women of Courage/Men of Courage - Veterans with PTSD related to military sexual trauma (MST), other sexual assault, or childhood sexual abuse

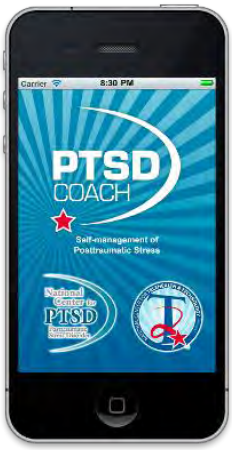
- Outpatient mental health clinic psychoeducational classes:
  - Sleep-Management Class (4-week class)
  - Anger-Management Class (8-week class)
  - Anxiety-/Stress-Management Class (8-week class)
  - Depression-Management Class (8-week class)
- Biofeedback
- Support Group for Women
- Outpatient Substance Abuse Treatment Center (SATC)
- Gambling treatment
- Stop Smoking Program
- Additional Family Services
  - Couples/Marital/Family Therapy
  - SAFE Program (Support and Family Education) - a 90-minute monthly educational/support class for family members only.

2. **Vet Centers**
   Oklahoma City (1024 NW 47th Street, Suite B; 405-456-5184)
   Lawton (501 Southeast Flower Mound Road, Lawton, OK; 580-351-6511)
   Tulsa (1408 South Harvard Avenue, Tulsa, OK 74112; 918-748-5105)

3. Other regional treatment options: **Some other VA facilities (including Little Rock, AR; Topeka, KS)** offer time-limited inpatient programs for Veterans with combat-related PTSD. Some also offer time-limited inpatient programs for Veterans with sexual-assault- related PTSD.

4. **Review national electronic resources as adjuncts to treatment:**

FOR VETERANS



PTSD Coach
Created by the National Center for Telehealth and Technology (T2) and the VA's National Center for PTSD, PTSD Coach is a **free** iPhone application. http://t2health.org/content/ptsd-coach

Key features of the app include

- Self-assessment of symptoms
- Assistance in managing symptoms
- Help in finding immediate support
- Education about PTSD

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A free iPhone application that teaches a diaphragmatic breathing exercise

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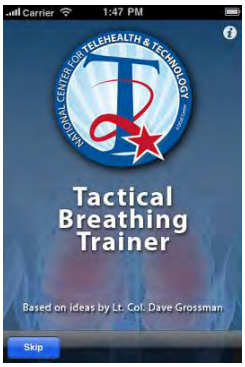

Tactical Breathing Trainer

A free iPhone application that helps one gain control over physiological and psychological responses to stress

http://t2health.org/apps/tactical-breathing-trainer

FOR FAMILY MEMBERS:

VA Caregiver Support Line: 1-855-260-3274 or www.caregiver.va.gov. A social worker will answer your questions and connect you to the Caregiver Support Coordinator at your local VA Medical Center.

PART 3: Breakout meetings

VETERANS

A. Ask, generally: "How was it to come to class today?"

B. Round Robin: Ask each Veteran to share

1. **Name**
2. **Something positive about him/herself**
3. **Something positive about his/her support person or something going well in their relationship**
4. **An area of difficulty in their relationship**

Therapist note: Limit each participant's amount of time for this (i.e., 2 minutes per person), based on the amount of time available for the breakout session. Highlight similarities among Veterans and themes as Veterans share their difficulties, and tie to topics that will be addressed later in REACH.

C. Ask each person to complete "An Opportunity to Share" in the workbook. Ask Veterans to answer: "Two things you want your family member to know about YOUR experience of living with PTSD." Emphasize how PTSD has affected everyone in the family, and our desire for REACH to facilitate open communication about both of their needs and experiences. Remind them that REACH is not only about support persons understanding and helping you (as Veterans); it is equally about you challenging yourselves to be supportive and aware of your family members' experiences and needs.

SUPPORT PERSONS

A. Ask, generally: "How was it to come to class today?"

B. Round Robin: Ask each family member to share

1. **Name**
2. **Something positive about him/herself**
3. **Something positive about his/her Veteran (about him/her, something going well in their relationship, etc.)**
4. **An area of difficulty for their Veteran/relationship**

Therapist note: Limit each participant's amount of time for this (i.e., 2 minutes per person), based on the amount of time available for the breakout session. Highlight similarities among family members and themes as they share their difficulties, and tie to topics that will be addressed later in REACH.

C. Ask each person to complete "An Opportunity to Share." Ask family members to write out "Two things you want your Veteran to know about YOUR experience of living with them in light of their PTSD." Emphasize how we know that PTSD has affected everyone in the family, and our desire for REACH to facilitate open communication about both of their needs and experiences. Remind them that REACH is not only about you as support persons understanding and helping your Veterans; it is equally about the Veterans challenging themselves to be supportive and aware of your experiences and needs.

D. Explain the page in the student workbook titled, "What We'd Like our Family Members and Friends to Know about Living with PTSD," noting that they may enjoy reading what some other Veterans have reported they'd like family members to know about their experience. Suggest families can compare/contrast their family experiences to those of the ideas listed on this page.

PART 4: Interactive activity and wrap up

A. Demonstrate (with your cotherapist) how dyads could share their "two things" with each other over the week by doing a role play. Incorporate reflective listening as appropriate.

B. Discuss the GROW log and its importance (families should have already been doing this from Phase 1, but encourage them to continue each week).

WRAP UP

A. **Instill HOPE. "With treatment, many people living with PTSD function quite well.** Coping with PTSD is much like coping with diabetes. In diabetes if you take your medicine, exercise, eat properly and learn all you can about the disease, you can lead a healthy, happy life. Likewise, with PTSD and other mental health issues, if you take your medications, exercise, work on your relationships, and manage your symptoms, you can lead a healthy, happy life."

B. "It is important to find ways of minimizing the stress, learning and practicing good coping strategies, and supporting one another in the journey of recovery. We will be addressing all of these topics in upcoming REACH classes."

C. Reinforce regular attendance - remind them of the next meeting time.

D. Close by reading the Foot Stompers.

E. Homework. Direct them to the Between-Session Assignment page in the workbook, and review each item.

Welcome to Phase 2 of the REACH Project!

A few guidelines…

As in Phase 1, confidentiality is key! We want everyone to feel comfortable here. What is said at REACH meetings, STAYS at REACH meetings. Remember that you always have the right to say „*pass*."

Regular attendance is very important. The group comes to depend on you, so please make every effort to come every week. (Also, remember you'll get an attendance award!)

Every week you'll get a green handout of the „Foot Stompers" – the most important points for each session. We encourage you to review these handouts often.

Remember that you are here BOTH

to GIVE

AND to RECEIVE.

Some of the ideas and tools shared here will be helpful… they may open new windows!

…while others won't apply to your situation. Feel free to disregard them.

We encourage you to have an open mind.
Welcome!

PTSD and its Impact on the Family

The Diagnosis of PTSD (Post-traumatic Stress Disorder)

The diagnosis of PTSD is made only when very specific criteria are met. The specific traumatic experience and the impact on the person and his/her loved ones are unique to each family. The diagnosis can be made only by a trained mental health professional.

First, the individual experienced or witnessed an event that involved actual or threatened death or serious injury, and he/she felt very afraid or helpless.

- An individual may RE-EXPERIENCE the event in a variety of ways (such as distressing dreams).
- An individual may AVOID certain reminders of the event.
- An individual may report feeling NUMB.
- An individual may experience INCREASED AROUSAL (shown by symptoms such as anger, sleep problems).

Treatment Options for PTSD

Overall goals of therapy

- Examine and learn how to deal with strong feelings (such as anger, shame, depression, fear or guilt).
- Learn how to cope with memories, reminders, reactions, and feelings without becoming overwhelmed or emotionally numb. Trauma memories usually do not go away entirely as a result of therapy but become less frequent and less upsetting.
- Discover ways to relax (possibly including exercise).
- Increase pleasant activities.
- Reinvest energy in positive relationships with family and/or friends.
- Enhance sense of personal power and control in one‘s environment.

Components of treatment

- Psychiatric medications
- Education for the individual and family about PTSD
- Group therapy
- Cognitive/behavioral therapy (prolonged exposure, cognitive processing therapy)

Tips for Family Members and Friends on Relationships With Someone Who Has PTSD

1. Learn as much as you can about PTSD.

   Good Books on PTSD

   Courage After Fire: Coping Strategies for Returning Soldiers and Their Families. (2005). K. Armstrong, S.Best, & P. Domenici. Ulysses Press.

   Once a Warrior--Always a Warrior: Navigating the Transition From Combat to Home--Including Combat Stress, PTSD, and mTBI. (2010). C. Hoge.

   Trust after Trauma: A Guide to Relationships for Survivors and Those Who Love Them. (1988). A. Matsakis. Oakland, CA: New Harbinger.

   Finding My Way: A Teen's Guide to Living With a Parent Who Has Experienced Trauma. (2005). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

   My Story: Blogs by Four Military Teens. (2009). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

   Relevant Web Sites

   

   www.ncptsd.org (National Center for PTSD)

   www.adaa.org (Anxiety Disorders Association of America)

   www.sidran.org (Sidran Traumatic Stress Foundation)

   www.trauma-pages.com (David Baldwin's Trauma Information P[illegible])

   www.patiencepress.com (site with examples of the —Post-Traumatic Gazette")

2. Do not push or force your loved one to talk about the details of his/her upsetting memories. Try to avoid feeling jealous if he/she shares more with other survivors of similar traumas or his/her therapist than with you. Rather, work to be pleased that he/she has someone to talk to about this difficult subject.

3. Do not pressure your loved one to talk about what he/she is working on in therapy. Also, avoid trying to be his/her therapist.

4. If your Veteran is willing, attempt to identify and anticipate some of his/her triggers (such as helicopters, war movies, thunderstorms, violence). Learn and anticipate anniversary dates. Knowing this information can help you to support the Veteran in uncomfortable situations and times.

5. Recognize that his/her social and/or emotional withdrawal may be due to his/her own issues, and be unrelated to you or your relationship.

6. Do not tolerate abuse of any kind – financial, emotional, physical, or sexual. Individuals with PTSD sometimes try to justify their behavior (angry outbursts, destroying property, lying) and —blame" their wrongdoing on having this psychiatric disorder. People may try to rationalize their behavior by stating that they were —not themselves" or —not in control" or —in another world." However, people living with PTSD are still responsible for their behavior.

7. Pay attention to your own needs. Consider contacting the VA Caregiver Support Line (1-855-260-3274 or www.caregiver.va.gov) to learn about available resources/support in your area.

8. Take any comments that your loved one makes about suicide very seriously, and seek professional help immediately.

9. Do not tell your loved one to just —forget about the past" or just —get over it."

10. Explore the available treatment options in your community, and encourage your loved one to seek professional help. However, respect that he/she knows if/when he/she is ready to take this courageous step, and do not pressure him/her excessively.

Parts adapted from *Trust After Trauma: A Guide for Relationships for Survivors and Those Who Love Them* by A. Matsakis (1998).

An Opportunity to Share…

Sharing your thoughts and feelings with one another is a risk and takes courage. But doing so provides a chance to learn about each other and to strengthen your relationship. Please take this opportunity to share honestly with each other:

1. I really admire you for (or I am proud of you for . . . .):

_____

_____

_____

_____

2. PTSD/trauma has affected both of us and our relationship. Something I want you to know about living with you is:

_____

_____

_____

_____

What We'd Like Our Family Members and Friends To Know About Living with PTSD

Suggestions from Veterans Involved in Combat in the Vietnam War
Oklahoma City VA Medical Center (Spring 2000)

(Printed and shared with permission of the Veterans in these groups)

1. GIVE ME SPACE when I need to be alone – don't overwhelm me with questions. I'll come and talk to you when I'm ready.

2. Get away from me if I am out of control, threatening or violent.

3. Be patient with me, especially when I'm irritable.

4. When I explode or get quiet, it's probably not because of you. Try not to take it personally.

5. Learn and rehearse a time-out process.

6. Don't talk down to me or tell me what to do. Treat me with respect and include me in conversations and decision making.

7. Don't pity me.

8. Don't say, —I understand," when there are some things that you cannot understand.

9. Realize that I have unpredictable highs and lows – good and bad days.

10. Anticipate my anniversary dates – recognize these could be tough times.

11. I'd like to share my traumatic experiences with you, but I fear overwhelming you and losing you.

12. I want to be close to you and share my feelings, but I'm afraid to … and sometimes I don't know how to express my emotions.

13. I also fear your judgment.

14. Know that I still love and care about you, even if I act like a jerk sometimes.

15. Don't ask me to go to crowded or noisy places because I'm uncomfortable in those settings.

REACH Project Resource List - PTSD

Books for Adults

After the War Zone: A Practical Guide for Returning Troops and Their Families. (2008). L. Slone & M. Freidman.

Courage After Fire: Coping Strategies for Returning Soldiers and Their Families. (2005). K. Armstrong, S.Best, & P. Domenici. Ulysses Press.

Once a Warrior--Always a Warrior: Navigating the transition From Combat to Home--Including combat stress, PTSD, and mTBI. (2010). C. Hoge

Trust After Trauma: A Guide to Relationships for Survivors and Those Who Love Them. (1988). A. Matsakis. Oakland, CA: New Harbinger.

Vietnam Wives: Facing the Challenges of Life With Veterans Suffering From Post-traumatic Stress disorder. (2nd ed.) (1998). A. Matsakis. Sidran Press.

For Teenagers

Finding My Way: A Teen's Guide to Living With a Parent Who Has Experienced Trauma. (2005). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

I'm Not Alone: A Teen's Guide to Living With a Parent Who Has a Mental Illness. (2006). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

My Story: Blogs by Four Military Teens. (2009). M. D.Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

For Children

Why Are You So Sad? A Child's Book About Parental Depression. (2002). B Andrews. Magination Press.

Tell Me a Story, Paint Me the Sun: When a Girl Feels Ignored by Her Father. (1991). R. Chaplan. New York: Magination Press. American Psychological Assocation. (illustrated book describing a young girl whose father is depressed).

Wishing Wellness: A Workbook for Children of Parents With Mental Illness. (2006). L.A. Clarke. New York: Magination Press.

Daddy, You're My Hero! // Mommy, You're My Hero! (2005). M. Ferguson-Cohen. Little Redhaired Girl Publishing.

Please Don't Cry, Mom. (1993). H. Denboer. Minneapolis, MN: Carolrhoda Books, Inc.. (illustrated book depicting young boy's experience of his mother's recurrent major depression).

Sad Days, Glad Days. (1995). D. Hamilton. Albert Whitman Publishers. (illustrated book telling of young girl's experience of her mother's recurrent depression).

Websites

www.ncptsd.org

(National Center for PTSD)

www.va.gov

(US Department of Veterans Affairs)

www.oefoif.va.gov

(VA site for OEF/OIF/OND Veterans and Families)

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(Site with examples of the *Post-Traumatic Gazette*)

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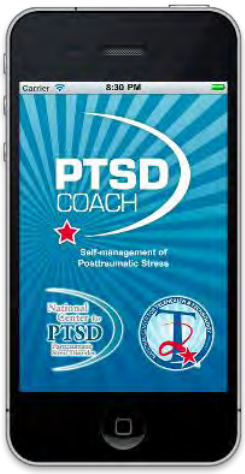
FREE iPhone Apps (Applications):



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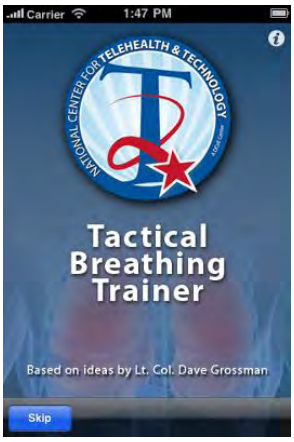

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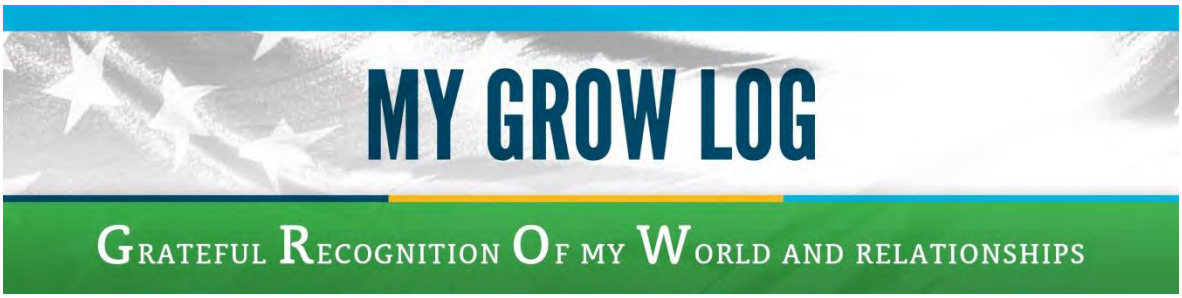


	Two Things I am Grateful or Thankful for Today		Check after you share these 2 things with your Veteran / REACH support person
Example	*I appreciated when you got me a cup of coffee.*	*I'm grateful for the warmer weather.*	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Find the good and praise it! — Alex Haley

Give thanks for a little, and you will find a lot. — The Hausa of Nigeria

Between-Session Assignments
Session 1:

- ☐ **Complete and share "An Opportunity to Share."**
- ☐ **Complete and share the GROW log.**
- ☐ **Review the handouts, including "PTSD and its Impact on the Family."**
- ☐ **Review the Foot Stompers.**

THIS WEEK'S FOOT STOMPERS

PTSD

Session 1:
PTSD and its Impact on the Family

Many people who have experienced trauma go through a wide range of reactions, sometimes including re-experiencing the trauma, avoiding reminders, having strong emotional reactions (including anger) and being numb emotionally. These problems can have a major impact on relationships.

Many treatments are available for PTSD – and they can really help! Remember that treatment can be difficult. It takes a lot of courage and may take some time.

Veterans with PTSD can lead productive lives. Just as with managing diabetes, managing PTSD requires effort, and may involve medications, psychotherapy, classes, physical exercise, and family involvement. The Oklahoma City VA Medical Center has many excellent programs for Veterans who have experienced traumatic events.

It's important for Veterans and their families to talk regulary and openly about how they can support one another. Remember that everyone (PTSD or not!) has challenges and struggles in life. We challenge you to look at the situation from the other person's perspective. How can you be there for him/her?

Key Lessons	• You have control over how you choose to respond to events. • Chronic anger affects yourself and your relationships. • You can learn helpful skills to managing anger effectively. • Domestic violence is never OK.
In-Class Exercise	• Learn and rehearse the time-out process
Corresponding Pages in Workbook	• Referrals for Domestic Violence • Catch, Challenge and Change • Time-out Process • Foot Stompers
Homework	• Use a time-out during a low-level conflict. • Try to —catch” yourself in noticing your anger, and challenge/change your response. • Review Foot Stompers. • Complete the GROW log.

PART 1: See "Structure of each class" (on page 60)

Warm up

1. Ask each Veteran/support person to please state his/her name. "How has the week been?"
2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class ("Opportunity to Share" and GROW log).
3. CHECK-IN QUESTION: "When you are getting really angry, what activity or thought helps bring you down by 1-2%?"
4. Read today's Foot Stompers as a preview.

PART 2: Education for all

I. Anger is a normal human emotion.

A. Just like with other feelings (e.g., sadness, joy), humans experience anger at different times and express the emotion in different ways.

B. Although many people think that being angry is wrong or bad, anger itself is not a problem. In fact, people can use their anger for very good causes. For example, the founders of Mothers Against Drunk Driving, or MADD, channeled many strong feelings (including anger at the drunk drivers who killed their children) into positive energy to create a powerful organization. So, it's not the emotion of anger itself that is the problem; **the behaviors that stem from this emotion can become problematic.**

C. Anger and its expression may be strongly affected by substance use.

D. Many people living with PTSD experience strong levels of anger. In fact, anger can even be a symptom of the disorder (e.g., irritability in depression, anger outbursts with PTSD, etc.). However, **individuals can learn to control and be accountable for their behavior**. The disorder should not be an excuse (a "get-out-of-jail-free card") for directing their anger to others in hurtful ways.

E. This class focuses on empowering Veterans and family members to make healthy choices for managing anger and conflict effectively. We will review patterns that may emerge in your conflicts with each other and teach some strategies for de-escalating anger.

F. **Family members sometimes blame themselves for their Veteran's anger/behavior. However, families are <u>never</u> responsible for the Veteran's acting-out behavior (even if their behavior upsets him/her). PTSD is not an acceptable "excuse" for hurtful/violent behavior.**

G. Anger may be the emotion that is expressed directly, but the individual may be experiencing a great deal of fear underneath the anger.

II. <u>Effects of chronic anger</u>

Discuss: How can chronic anger and/or inappropriate expressions of anger affect the family?

A. **It strains relationships.**

B. **It may lead to feelings of guilt, regret and shame.**

C. **It can have negative effects on communication;** it may not feel safe to express one's feelings honestly for fear of consequences – so significant emotional distance may result.

D. **Family members may feel like they are "walking on eggshells."**

E. **There may be physical effects of chronic anger (e.g., migraine headaches, stomach problems, tension, jaw/temporomandibular joint (TMJ) pain).**

F. **Anger may lead to physical violence, which is never acceptable, regardless of the cause. Distribute a list of local referrals for domestic violence (give handout: "Referrals for Domestic Violence"). This list includes 24-hour crisis hotlines and emergency shelters. Shelters provide a safe place to stay, without the guilt of imposing on friends or extended family. Contact numbers for low-cost legal aid and victim protective orders (VPOs) are also listed.**

Therapist Note: Although you will have screened for interpersonal violence in the joining sessions, you may want to check in (during the breakout session) about issues of safety, ensuring that all participants are safe. If a concern arises, schedule an individual session to further assess and define an appropriate plan of action.

—One of the first steps in changing our patterns of managing strong emotions and dealing with others is to specifically describe our experience. When you can identify your patterns, you are well on your way to making changes. In our breakout sessions today, we will discuss each of your patterns for dealing with angry feelings and conflicts."

PART 3: Breakout meetings

VETERANS

I. Importance of managing your responses to triggers.

A. —**We want to help you feel more in control of your emotions. It's helpful to learn how to take the time to think through how you want to respond to an event, rather than just reacting quickly in rage."**

Discuss: Why could this be important?

Possible answers:

- Gives us time to think.
- Gives us a chance to consider other options
- Allows you to ask yourself, —Is this worth going to jail? Is this worth a human life? Is this what I want to model for my grandchildren?"

B. Unresolved anger can build over time. Events from many years can accumulate over decades.

Discuss: Why do some Veterans harbor year after year of unresolved anger?

Possible answers:

- Some combat-trained Veterans fear expressing their strong emotions, and so they hold them inside instead.
- They fear losing control, hurting someone else, or having legal problems.
- Combat Veterans sometimes believe that any confrontation will lead to death (which is obviously not true), so they isolate and hold all emotions at bay (which can make it really hard to have close relationships).
- Some Veterans may not have skills in knowing how to express their anger in an effective manner.

C. **"The goal is to learn to manage your anger in a healthy way. We want to manage anger, not eliminate it."**

Discuss: Why might this be important?

Possible answers:

- You want to be able to draw on your anger for strength, power, endurance, motivation and energy.
- It can help you be READY.
- Anger can have positive aspects, such as driving you to set a limit with someone or to end a relationship that is unhealthy.

"The approach we're going to teach today is simple to understand, but not always easy to do! You may have developed habits of responding in certain ways, but they aren't working well for you. This approach empowers you to make different choices."

II. The 3Cs: Catch, Challenge and Change (adapted from Dr. Dan Jones, Oklahoma City VAMC director of the PTS Recovery Program).

Discuss: What are some common situations in which we might want to use Catch, Challenge, Change?

Possible answers:

- You've taken something back to the hardware store, the worker at customer service has declined to give you a refund, and you've asked to talk to the manager.
- Your son has ~~f~~"forgotten" to mow the yard for 2 weeks in a row.
- Someone cuts in front of the line at travel pay.

1. **CATCH yourself when becoming angry (this is sometimes the toughest step!)**

"It's important to catch yourself just before or just as you are heading into a situation. As you practice, you will recognize the anger earlier and earlier."

Discuss: Why is it better to catch anger early in the process?

Possible answers:

- It's easier to manage your anger when you are "2" rather than "9" angry.
- It's easier to think and walk away when your blood pressure is not elevated.

Discuss: **What are some ways to catch yourself at lowest level?**

Possible answers:

- **Be aware of the physical changes in your body, such as increased heart rate, raised blood pressure, sweaty palms, clinched fists, clenched jaw, churning stomach, feeling your face get hot and red, eyebrow twitches, and tight muscles.**

- **If you aren't aware of your own symptoms, ask people who know you well. They may know your anger signs better than you do! Then, ask for their help (which can be hard to do) in recognizing when you're getting angry.**

The bottom line is to try to catch yourself as quickly as possible!

2. **CHALLENGE the anger.**

The second *C*, Challenge, involves challenging the anger itself. Ask yourself

- **Ok, is this situation worth my getting so upset about?**
- **If I act out my anger, will it be helpful?**
- **Will I be proud of myself tomorrow? What is the cost if I "let it rip?"**
- **Is this the right thing to do? Is this the kind of man/woman/husband/wife/partner I want to be?**
- **Is this situation worth going to jail over?**

The focus of the "Challenge" is on getting yourself under control, and preventing yourself from doing something irrational or something that you will later regret.

Remember that you will make the best decisions if you can think clearly. When you are flooded with strong emotions, you cannot make good decisions, so taking a break before acting can be helpful.

Bottom line, if your —gut feeling" says that the behavior you're immediately tempted to do may not be a good decision…YOU take charge of yourself. Only you have the power to decide how to respond to a situation. You're in control!

3. CHANGE

"Now that you've "caught" yourself feeling angry and have "challenged" yourself to respond differently, you have the power to CHANGE your response."

Discuss: **If your temper and angry behavior have created problems in the past, what might you want to change?**

Possible answers:

- **Change your behavior**: Instead of speeding up after the driver who cut you off in traffic, take a deep breath and remember that he/she is not worth ruining your day over!
- **Change by getting away**: Instead of yelling at the kids, go to the living room, and sit down for a few minutes.
- **Change your mind/attitude**: Rather than criticizing your wife, decide to be the —bigger person" and don't say anything at all when you're really angry.
- **Change what you are doing**: If you find that you often get angry with the rude salespeople and big crowds at busy stores, choose to go elsewhere or pick a quieter time.

Rita Mae Brown once said, —Insanity is doing the same thing over and over and expecting different results." Ask yourself —Is doing what I've been doing….getting me what I want?" If not, here's a chance to CHANGE and behave differently.

III. Use of Catch, Challenge, Change.

A. The 3 *C*s are simple, but challenging. It takes practice to learn and use a new skill. Like breaking other habits, changing how you deal with your anger takes time and effort, but you can do it.

B. With practice, you have freedom, more choices, and more control over yourself. You will also probably feel better about yourself and have fewer regrets/guilt. Others may also enjoy spending time with you more as you improve your self-control.

C. However, no one can do this for you. You have to want to change and make a commitment to use the skill.

IV. Use of helpful self-talk.

A. Before you enter a situation that has fueled your anger in the past, it can be helpful to review the 3 *C*s in your mind. Remind yourself to "catch" yourself early and remove yourself from the situation.

B. Also, you can try out new ways of thinking to help feel in control. Changing how you talk to yourself (your self-talk) can be very helpful in keeping your cool.

Discuss: What are some examples of helpful self-talk you can use in anger-provoking situations?

Possible answers:

- Although I cannot change/control him/her, I am in control of my behavior. No one else can "push my buttons."
- I can decide what I will do before I get in a situation.
- While I am calm, I can think clearly.
- CATCH, CHALLENGE and CHANGE.
- I will not let him/her control my emotions; I will take charge of me.
- I will cooperate with him and be kind; I choose not to argue. I am going to "kill the enemy with kindness"; I am going to be the "bigger person."
- Stop, take a deep breath, and calm down; I can make reasonable decisions.
- I can walk away if I feel out of control.

SUPPORT PERSONS

A. Follow-up on any issues left from the large-group discussion – especially any issues with interpersonal violence.

B. "We're now going to discuss ways that dyads handle conflict. None of these is right or wrong, good or bad. They are just different."

C. People tend to have one of two styles regarding conflict:

1. A **pursuer** brings up issues, presses for resolution of problems, and often initiates the family scheduling/running of the household. He/she doesn't want to let anything slide and assumes more responsibility within the relationship than is necessary or healthy.

2. A **distancer** typically avoids dealing with issues head on. He/she tends to wait for things to resolve themselves, dislikes conflict and may openly admit he/she procrastinates.

D. Explain three patterns of managing conflict in relationships. Which one(s) describe the patterns of you and your Veteran?

Therapist Note: Ask a volunteer to model with you by walking to and from him/her in the room. Invite reflection on what it feels like when someone distances and when someone pursues.

- **Distancer-pursuer** pattern: As the pursuer pushes, the distancer backs up and up. The dyad may switch roles at times.
- **Distancer-distancer** pattern: Some couples discontinue addressing issues altogether and may feel like they are "living as roommates." Although they may avoid conflict, they also avoid intimacy.
- **Pursuer-pursuer** pattern: Couples may be at higher risk for volatile conflict as both are pushing hard on the other. Both have a strong need to feel heard and to address issues right away.

E. "How is this strategy working for you? How could you modify your strategy? What emotions arise when you think about changing your interaction pattern? Fears?"

F. What skills may be needed for you to change?

- Distancers may need skills in assertiveness and problem-solving.
- Pursuers may need skills in managing anxiety until the other is ready to talk; engaging in self-soothing, etc.
- Both may need to learn the Time-out process and skills in negotiating.

PART 4: Interactive activity and wrap up

A. Many parents use a time-out process in disciplining their children. Although the discipline strategy and this anger-management tool share the common goal of giving each party some time to cool down, the techniques are quite different.

B. This time-out process is a mutually agreed-upon strategy between equals (rather than involving a power differential such as in a parent-child relationship). Further, this technique helps people stop conflict early in an argument (to avoid escalation). It is a way to stop a conflict immediately; it is not a form of punishment or the "silent treatment." Rather, taking a time-out is actually saying, "I care about you and our relationship a lot. I feel out of control right now and don't like how our conversation is going. I need a break, but I promise to return and continue talking about this later."

C. Turn to page 20 in student workbook on the "Time-out Process."

D. Review the process step by step. Suggest that each dyad select a hand signal that would be suitable for them (e.g., the "time-out" signal used in sports). Encourage them to refrain from a signal that could be experienced as threatening, "in the other person's face" or reflecting disrespect.

E. Highlight that you never tell the other person, "You go take a time out." Instead, you call the time out for yourself, even if you notice that the other person is getting out of control. It is the responsibility of the person who calls the time-out to physically remove him/herself from the situation (even if it involves merely going into another room).

F. Note that it's very important that the other person (who does not call the time-out) promises not to follow the time-out taker or contact him/her in any way (e.g., sending angry text messages or emails, leaving phone messages, writing unkind comments on Facebook, etc.). Doing so just continues the argument and prevents both parties from calming down.

G. Emphasize the necessity of the person who took the time-out initiating a continuation of the conversation at a later time when both have calmed down. Note that this should occur within 24 hours of the time-out but preferably within a few hours. "We encourage you to approach each other with kindness and respect, as the conversation will likely go much better if you do so! You may choose to apologize if you regret how you handled the first conversation. This component of the time-out process is essential, as the person who did not call the time-out needs to trust that the other person WILL come back and discuss the issue calmly."

H. Explain that the dyad should call another time-out if the second discussion becomes heated. They may consider having the conversation in a public place (e.g., restaurant) or seeking professional help if they are unable to address the difficult issue on their own.

I. Role play in session, both the taking of the time-out and the subsequent approach to discuss when both feel calmer.

J. Brainstorm possible obstacles in applying the time-out technique to your relationship(s). Problem-solve possible solutions.

K. Have each dyad discuss how time-out could be useful to them. If they're ready, have them make a COMMITMENT to each other to use it this week – shake hands on it!

Therapist Note: We have found that some families dislike the term time-out due to its overlap with the parenting technique. Dyads may prefer to use the term TAB*, which stands for T (take) A (a) B (break).*

WRAP UP

A. Instill HOPE.

B. It is important to find ways of managing conflict and anger effectively.

C. Reinforce regular attendance - remind them of the next meeting time.

D. Read the Foot Stompers.

E. Homework. Direct them to the Between-Session Assignment page in the workbook, and review each item.

Referrals for Domestic Violence

Hotlines:

National Domestic Violence Hotline: 1-800-799-SAFE (7233)
www.thehotline.org

- Crisis intervention
- Information about shelters
- Legal referrals
- Treatment options

Oklahoma Safeline	1-800-522-7233 (SAFE)
Oklahoma City Sexual Assault Hotline:	943-RAPE
Domestic Violence Hotline	917-9922
Tulsa Domestic Violence Services	(918) 585-3163

Shelters:

Oklahoma City Emergency Shelter: 949-1866
917-9922

Counseling:

Oklahoma City YWCA 948-1770

Legal Aid:

Low-cost Legal Assistance:

Oklahoma City:	521-1302
Norman:	360-6631

Victims Protective Orders:

Victims Protective Order (VPO)
Contact is: Jennifer Coulson: 297-1139 (phone)
She is affiliated with the YWCA.

Batterers Intervention Programs

Cope	405-528-8686
Drug Recovery Inc	405-232-2852
Parent Assessment Center	405-232-8226

Catch, Challenge, Change

Dan Jones, Ph.D., Director, Oklahoma City VAMC PTS Recovery Program

GOAL: To help you feel more in control of your emotions by taking time to think through how you want to respond to an event, rather than just reacting quickly in rage. The goal is to learn to manage your anger in a healthy way - not to eliminate it! This approach empowers you to make different choices.

The skill is the 3*C*s: Catch, Challenge, and Change.

Catch yourself when becoming angry as quickly as possible (this is sometimes the toughest step!)

It's important to catch yourself just before or just as you are heading into a situation. As you practice, you can recognize the anger earlier and earlier.

How can you **catch yourself at lowest level?**

- Be aware of the physical changes in your body, such as increased heart rate, raised blood pressure, sweaty palms, clinched fist, clenched jaw, churning stomach, feeling your face get hot and red, eyebrow twitches, and tight muscles.
- If you aren't aware of your own symptoms, ask people who know you well. They may know your anger signs better than you do!

Challenge the anger itself to get under control, and prevent yourself from doing something you will later regret.

Ask yourself:

- Is this situation worth my getting so upset about?
- If I act out my anger, will it be helpful? Will I be proud of myself tomorrow?
- Is this the right thing to do?
- Is this the kind of man/woman/husband/wife/partner I want to be?
- What is the cost if I —let it rip?" Is this situation worth going to jail over?

Remember: if your "gut feeling" says that the behavior you're immediately tempted to do may not be a good decision…YOU take charge of yourself.
Only you have the power to decide how to respond to the situation. You're in control!

Change your behavior.

Now that you've "caught" yourself feeling angry and have "challenged" yourself to respond differently, you have the power to CHANGE your response. You can change in several ways:

- **Change your behavior**: Instead of speeding up after the driver who cut you off in traffic, take a deep breath and remember that he/she is not worth ruining your day over!
- **Change by getting away**: Instead of yelling at the kids, go to the living room and sit down for a few minutes.
- **Change your mind/attitude**: Rather than criticizing your wife, decide to be the "bigger person," and don't say anything at all when you're really angry.
- **Change what you are doing**: If you find that you often get angry with the rude salespeople and big crowds at busy stores, choose to go elsewhere or pick a quieter time.

Helpful Tips on Using Catch, Challenge, Change

- The 3 *C*s are simple, but challenging. It takes practice to learn and use a new skill. As with trying to break other habits, changing how you deal with your anger takes time and effort, but you can do it.
- With practice, you will have freedom, more choices, and more control over yourself. You will also probably feel better about yourself and have fewer regrets/guilt. Others may also enjoy spending time with you more as you improve.
- However, no one can do this for you! You have to want to change and make a commitment to use the skill.

YOU are in Control of What You Say to Yourself!

You can try out new ways of thinking to help feel in control. Changing how you talk to yourself (your self-talk) can be very helpful in keeping your cool. Here are some examples of helpful self talk you can use in anger-provoking situations:

- Although I cannot change/control him/her, I am in control of my behavior. No one else can "push my buttons."
- I can decide what I will do before I get in a situation.
- While I am calm, I can think clearly.
- CATCH, CHALLENGE and CHANGE.
- I will not let him/her control my emotions; I will take charge of me.
- I will cooperate with him and be kind; I choose not to argue. I am going to "kill the enemy with kindness"; I am going to be the "bigger person."
- Stop, take a deep breath, and calm down; I can make reasonable decisions.
- I can walk away if I feel out of control.

Time-out Process

Why? The goal of a time-out is to prevent an argument from escalating/getting out of control to the point that either of you later regret your words/behavior. Use of the time-out procedure is good for each person, their relationship, and children/others in the home.

Who? Time-outs are helpful to use in relationships that you want to maintain. You would not use them with people with whom you have not already discussed the use of the procedure.

When? Either partner can call a time out **for him-/herself** if a discussion/argument is starting to feel out of control. You would never tell someone else to ~~go~~ take a time out!"

Remember: Most people cannot think clearly when angry, so postponing the discussion until a time when both people are calmer is often helpful. As opposed to the old saying, it really IS ok to go to bed angry if you will be able to talk about the issue more effectively the next day!

VERY IMPORTANT: You need to discuss the time-out process with the other person at a calm time.

Key points to discuss:

1. Mutually agreed upon a signal for use to signal a time-out. It's best to have a verbal and nonverbal (hand signal) way of communicating that you need to take a time-out.
2. When someone calls a time-out, the discussion ends immediately. It is not helpful to persist in trying to get in the last word.
3. The person who called the time-out physically removes him/herself from the room. The partner will not follow the person who is taking the time-out.
4. Before leaving for your time-out, you need to tell the other person:

    a. What you are going to do

    b. Where you are going (e.g., next room, for a drive, to friend's house, etc.)

    c. When you'll be back (certain number of minutes/hours)

While taking the time-out

It is not helpful to obsess about how angry you feel at the other person during this time…or to call someone else and vent about how "wronged" you have been.

Also, do not send text messages, call, or email the other person during the time-out. Posting unkind messages about the other person on Facebook or other social media is also strongly discouraged.

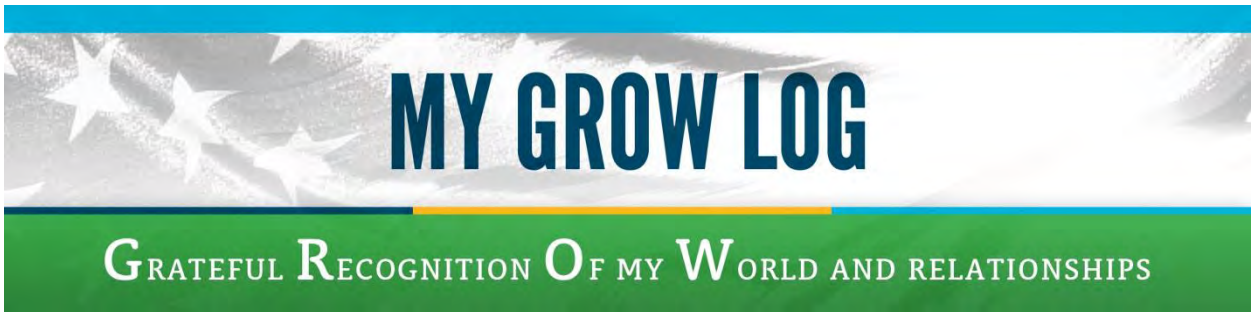
Rather, each person has two tasks during the time-out:

1. Do some activity that is calming for you.
2. Brainstorm possible solutions to the problem. Strive to consider the other's perspective/feelings and what YOU can do to improve the situation.

Upon returning to discuss:

1. The person who called the time-out approaches his/her partner (preferably within a few hours – but definitely within 24 hours) with KINDNESS. You may choose to apologize, express affection (hug/kiss), or express hopefulness ("let's try this again"…"we can do better this time'). Remember Dr. Gottman's "softened start-up" research that shows how you START a conversation has a big impact on how it goes.
2. Each person presents his/her solution to the problem, and the other person listens without interrupting.
3. Both people focus on aspects of the solution that will work (rather than focusing on what won't work).
4. Together, choose parts of both solutions that will make both parties happy.

Note: If tempers rise and another argument is brewing, take another time out!



	Two Things I am Grateful or Thankful for Today		Check after you share these 2 things with your Veteran / REACH support person
Example	*I appreciated when you got me a cup of coffee.*	*I'm grateful for the warmer weather.*	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

We often take for granted the very things that most deserve our gratitude.
— Cynthia Ozick

When it comes to life, the critical thing is whether you take things for granted or take them with gratitude. — Gilbert K. Chesterton

Between-Session Assignments Session 2:

- ☐ **Try to "catch" your anger at a low level, challenge yourself, and change how you respond.**
- ☐ **Post the "Time-out" process on your fridge and read daily.**
- ☐ **Try to use the Time-out process when a low-level conflict arises.**
- ☐ **Complete and share the GROW log.**
- ☐ **Review the Foot Stompers.**

THIS WEEK'S FOOT STOMPERS

PTSD

Session 2:
Managing Anger and Conflict Effectively

You have control over HOW you choose to respond to the various challenges that come your way in life. No one —pushes your buttons." You have ultimate control over your switches! What you say to yourself plays a big role in how you respond.

Anger, the emotion, is NOT bad or wrong. It's simply part of being human. However, anger, misdirected or used to harm others, can cause problems. People who are angry —all the time" are more likely to have problems communicating with other people, more physical health problems, worsened self-esteem, and more distant relationships.

Discuss (at a calm time) and practice anger-management techniques (see "Anger Management – Time-out Process"). Post the handout on your fridge. Practice, practice, practice!

Violence of any kind (emotional, physical, sexual, financial, etc.) is never OK. Even if someone has severe PTSD, that does NOT make it OK for him/her to hurt another person.

Key Lessons	• How you approach your family member makes a big difference. • "I" messages are important. • Use a softened start-up.
In-Class Exercise	• "I" message • "Speaker-listener technique"
Corresponding Pages in Workbook	• Assertive communication • Communication tips for families • Practicing "I" Messages • Softened Start-up • Foot Stompers
Homework	• Finish "I" message worksheet. Share with each other. • Practice the speaker-listener technique. • Encourage each other. • Review Foot Stompers. • Complete the GROW log.

PART 1: See "Structure of each class" (on page 60)

Warm up

1. Ask each Veteran/support person to please state his/her name. "How was the week been?"
2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class (sharing "Time-out process" and GROW log).
3. CHECK-IN QUESTION: "What is something you appreciate/admire in your Veteran/family member? A personal strength/quality?"
4. Read today's Foot Stompers as a preview.

PART 2: Education for all

I. Reasons communication skills are important to discuss

A. Improving communication skills can reduce the level of frustration and stress in the family and can facilitate healthy interactions.

B. As families learn to better understand the ways in which people with PTSD think and process information, communication can improve.

C. Being able to communicate and genuinely trying to understand each other's feelings can be very meaningful:

> **"**The most healing gift you can give to someone in pain is the awareness that you are honestly trying to understand what they are going through, even if you get it wrong." (Hudson, 1996, p. 37)

D. **Research has revealed that people respond to treatment for PTSD better when their families/support people are supportive and encouraging (rather than critical).**

II. Vectors of communication

Draw a circle on the board, and label the center "Good Communication." Ask the class to describe factors that promote good communication. As the class generates ideas, write them as arrows impacting the circle (vectors). If discussion stalls, encourage the class to look at the workbook page 28, "Communication Tips for Families," for some ideas.

Vectors the class may suggest include

- Limit outside noise.
- Have open, receptive body language.
- Make good eye contact.
- Share your feelings as well as thoughts.
- Notice how the listener is feeling and respond appropriately.
- Minimize distractions (cell phones, TV).
- Speak with sufficient volume (especially for Veterans with hearing difficulties).
- Be attentive.
- Listen carefully.
- Be open and honest.
- Show respect.
- Appreciate the risk your partner takes in sharing emotions with you, even if the content may be difficult to hear.

Compliment the class for the excellent list. Notice this week how you communicate with others who are important to you. Keep the above factors in mind as you express your thoughts/feelings and listen to others this week.

Select one of the vectors we discussed, and make an effort to make positive changes in your communication this week.

III. Four key elements of healthy communication: NEO-U

When communication between significant people is going well, both people feel safe to share their opinions/feelings. The relationship can be a place where both can grow and learn. We think **healthy communication consists of the following four components:**

1. **Negotiate**: This means —Your idea + my idea yields entirely new idea."

    - When people are using good communication skills, they are open to ideas other than their own. Neither party is insistent on sticking to her/her way; rather, both are open to working together to create new, even better solutions.

2. **Take the time to Encourage.**

    - Ask the class members to think about their last positive/special accomplishment; it could be finishing a project in the garage, passing a test, or getting a raise. Invite them to think about whom they shared this news with? Did someone with whom you shared the news express happiness? Pride? Positive feelings? Can you remember how —sweet" that felt?

    - Now ask class members to think about a time that they shared a sadness/painful experience with someone else; it could be the loss of a loved one, losing a job, or breaking up with a partner/significant other. Invite them to think about whom they shared this news with. Can you remember someone who expressed encouragement when you shared this news? What was that like?

    - —In this journey of life, we're all going to have joys and sorrows. Supportive relationships provide a safe place to celebrate the joys and provide support for the painful times."

    - Ask yourself: —How good am I at encouraging the person I come to REACH with? If there's room for improvement, what small steps could I take to be more encouraging? Remember that it's important to notice and support even the small, daily events—not just the major life events."

3. **Share Opinions without fear of rejection.**

    - In relationships with healthy communication, each member feels safe to share thoughts and feelings without fear of being judged or rejected.

    - —Does this mean that you will always agree? Definitely not! But, it does mean that both parties show respect and consideration for the other person‘s viewpoints and feelings.”

4. **Seek to Understand.**

    - It has been said that humans were given two ears and one mouth for a reason. It might be good if we listen twice as much as we talk!

    - Healthy communication involves the listener setting aside his/her own thoughts, feelings and agenda (easier said than done!). The listener focuses totally on understanding the speaker‘s viewpoint rather than formulating a response while —listening.” The listener also avoids jumping in to try to —fix” the problem. Then, the roles switch when the speaker becomes the listener.

    - Feeling —heard” can be a powerful way to build intimacy and care in a relationship.

Encourage the class to keep these four elements in mind as they learn some specific skills tonight to improve their communication. Learning new approaches to communicate can be challenging, but it‘s definitely worth the effort!

PART 3: Breakout meetings

VETERANS

A. Ask —**What is assertive communication?” Assertive communication is HARD.** Direct Veterans to page 27 in the workbook on Assertive Communication.

Therapist note: In the center of the board write a column:

Assertive

HONEST

APPROPRIATE (Right time and place)

RESPECTFUL (No name calling or profanity)

DIRECT (Eye to eye with person)

To better understand the nature of assertive communication, let's look at what it is not. Assertive communication is not passive, which is dishonest and indirect.

On the left side, write the passive column:

Passive	**Assertive**
Dishonest	**HONEST**
	APPROPRIATE
	RESPECTFUL
Indirect	**DIRECT**

Nor is it aggressive, which is inappropriate and disrespectful.

On the right, side, write the aggressive column:

Passive	**Assertive**	**Aggressive**
Dishonest	**HONEST**	
	APPROPRIATE	**Inappropriate**
	RESPECTFUL	**Disrespectful**
Indirect	**DIRECT**	

B. Consider this scenario. Tom and Mark shared a dorm room at the training station. Tom grew up in a home in which beds were private property, and no one slept or spent time in anyone else's bed. Mark grew up in a home where beds were public, just another piece of furniture like chairs or couches.

- When Tom arrived at the dorm after their first day of school, he found Mark's books on his bed. He said nothing, but complained to his wife about —that inconsiderate pig."

- A week later Tom almost lost it when he walked into their shared room and found Mark sitting on his bed. Again he said nothing, but did complain to his wife.

- A month later, Tom came home to find Mark lying in his bed talking on the phone to his girlfriend. Tom said nothing, but when Mark left to study in the library, he stripped his bed, took the bedding to the laundry room and washed it. Again, he complained to his wife.

- At 3 months into their training, Tom came home to find Mark sitting with feet on Tom's bed, trimming his toe nails! Tom exploded, and the fight was on! They were about equally matched, and it was quite a fight!

  1. Who needed to be more assertive from day one? (Tom)
  2. Was Tom being passive or aggressive when said he nothing after finding the books on his bed? (Passive)
  3. What would have been an assertive response (Remember to think honest, appropriate, respectful and direct?) —Please do not put your books on my bed. My bed is my bed,' and I don't like anyone's stuff on my bed. Thanks."
  4. What would have been an aggressive response? Announce loudly in the mess hall, —Look you *!#$*, if you put your crap on my bed again, I will make you regret it!!!"

C. There are several ways to increase assertive behavior:

- **Encourage honesty, acknowledging that you will not always agree, and that is OK.**

- **Create a communication environment in which it is safe to be honest. If family members get punished or slapped down when they are honest, what will happen?**

D. —Let's discuss some pretend situations, and you determine if the response is assertive, passive or aggressive."

Commissary: General Smith's wife asks, "Do you mind if I cut in front of you in line? I have a big party tonight for the General?" You say, "Sure, I don't mind." But, really, you do, and you turn to the guy behind you and whisper, "These general's wives really have the nerve, don't they!"

Discuss. Assertive? Passive? Or Aggressive?

Roommates: Your roommate has a huge appetite and goes through your weekly groceries almost overnight. However, he doesn't pitch in to purchase the food, and leaves the kitchen a total mess after eating. You are seething inside but don't say anything.

Discuss: Assertive? Passive? Or Aggressive?

Your roommate continues to eat huge quantities of food and refuses to do the dishes. On the eighth day, you bust him in the lip and call him "a scum-sucking bottom dweller."

Discuss: Assertive? Passive? Or Aggressive?

E. —Now, let's make this a bit trickier. I'll describe a situation, and let's brainstorm various responses."

Loaning car: Your son borrows your truck and brings it back with no gas, filthy, and with a new dent in the passenger side door.

What might be an aggressive response? A passive response? An assertive response?

Birthday party: Your wife, who has never been fond of your brother, tells him he is not welcome to come to your grandson's birthday party. You are fond of your brother and want him to feel welcome at your home.

What might be an aggressive response? A passive response? An assertive response?

Traffic gate: Your boss comes down pretty hard on you about being 2 minutes late; you were, in fact, stopped in traffic at the front gate.

What might be an aggressive response? A passive response? An assertive response?

Parking lot: You are circling the parking lot for 30 minutes looking for a spot to park. You wait patiently for an older Veteran to back out. After he does so, before you can move, from the other direction someone else gets your spot.

What might be an aggressive response? A passive response? An assertive response?

F. Compliment the class on their work on these responses. Invite them to try to respond assertively to a situation that arises this week, especially one that they would have previously responded to in a passive or aggressive manner. Encourage them to notice the different outcome.

G. (If time allows): Even when we are using our very best assertive skills, sometimes others will not like our statements. They may even keep asking, which can test our skills and our ability to remain assertive. In such times, it can be helpful to use the broken-record technique.

Therapist Note: Ask for a male volunteer (someone who would be comfortable doing a role play). Dangle a set of car keys in the air. Describe this situation:

Situation:

I just bought a new Corvette. You (volunteer) are my brother, and we share an apartment. You REALLY want me to loan you the Corvette. Please give your best shot at convincing me to let you borrow it.

Sample role play:

Volunteer: "Hey, brother, I would really like to take the vette around the block."
Therapist: **"I don't loan the vette to anyone."**

Volunteer: "I am not just anyone; I am your little brother, and I will be extra safe."
Therapist: **"I don't loan the vette to anyone."**

Volunteer: "Ok, when I get it home, I will wash and wax it."
Therapist: **"I don't loan the vette to anyone."**

Volunteer: "Good grief, here's $20 for gasoline. Just let me take it around the block."
Therapist: **"I don't loan the vette to anyone."**

Therapist Note: Discuss how this went and the importance of sticking to the same words and a monotone voice.

Role Play #2: Now, what would happen if you change your broken record and give this response?

Volunteer: "Hey, brother, I would really like to take the vette around the block."
Therapist: **"I don't loan the vette to anyone because my insurance covers only me."**

How might the brother respond?
Volunteer: —Not to worry my friend, I have USAA total coverage, I am insured no matter what vehicle I am driving. You are covered; now may I have the keys?"

See how this gets more difficult? Therefore, just stick with your short statement (the limit), and stick with the broken record!

SUPPORT PERSONS

Discuss:

- **How is the communication going in your relationship with your Veteran recently?**
- **Are there topics you communicate well about? Some that are more difficult?**
- **What makes the communicating challenging?**

Individuals with PTSD may process information differently. Remembering these points in your communication with them can be quite helpful (parts adapted from Woolis, 1992):

A. **<u>Issue #1</u>: Sometimes individuals withdraw (physically and/or emotionally) due to feeling overstimulated. People with PTSD may have a limited capacity for commotion, so they can feel overwhelmed more easily and quickly than people who don't have PTSD.**

   <u>Tip</u>: Family members are encouraged to avoid taking the withdrawal personally and to remain available if the Veteran wants to talk later. You may wish to initiate a discussion about the pattern at a later time. If this pattern is harming your relationship or the Veteran becomes very withdrawn, couples therapy may be useful.

B. **<u>Issue #2</u>: Social situations can be very stressful for people with PTSD, as groups or crowds can be threatening and anxiety provoking (especially for individuals with schizophrenia, depression, and other anxiety disorders).**

   <u>Tip</u>: The Veteran may feel more comfortable having only one or a few visitors at a time. The length and/or frequency of large group activities may also be limited. Also, taking separate cars to events can be helpful, allowing the Veteran to leave early if desired.

C. **Issue #3: Individuals with PTSD may have an impaired ability to express emotions. Consequently, they may appear detached, cold or emotionally aloof.**

Tip: Family members will feel better if they can see this emotional distance as part of the illness rather than as a reflection of some sort of relationship problem or some wrongdoing on their part.

A. **Issue #4: On the other hand, some people show strong emotional displays and high levels of reactivity. For example, individuals with PTSD often have intense angry outbursts, which can be quite frightening for family members and other observers.**

Tip: Although Veterans should be held responsible for their behavior and face appropriate consequences, families can recognize the heightened emotionality as a symptom of the illness.

Encourage families to read the workbook page 28, ~~–~~**Communication Tips for Families," and discuss with Veterans during the week.**

PART 4: Interactive activity and wrap up

A. Families can get entrenched in old, familiar patterns of communication. Some habits may be effective, whereas others may not work any longer.

B. **An essential skill in relationships is learning how to give feedback (and express complaints) without criticizing your partner.**

"Today we're going to teach you a specific tool for a direct communication called the "I" statement. This skill requires the speaker to take responsibility for his/her feelings and desires."

Write on Board*:*

When you_____ , I feel _____.

In the future, I would appreciate _____.

C. The "I" statement can be used in a variety of situations, such as:

- To make a request – "When you stare at the television when I'm talking to you, I feel…and I would like…."
- To give praise – "When you give me a hug, I feel….and I would like…."
- To express negative feelings – "When you threaten me, I feel… and I would like…."
- To ask the individual to change his/her behavior
  - "When you burst into my room without knocking, I feel… and I would like…."
  - "When you sleep all day, I feel… and I would like…."

D. The "I" statement has many advantages, including:

- **These messages get the listener's attention. Individuals often become overly self-involved and may be unaware of the other person's feelings.**
- **These messages are non-blaming, so they minimize defensiveness.**
- **These messages force the speaker to identify, express, and take responsibility for his/her own feelings.**

E. "In addition to thinking about the words you use, it's also very important to pay attention to HOW you approach the other person. Leading in with an angry tone of voice, getting in the other person's space, and jumping into 'attack' mode will likely lead to an argument (even if you use the exact "I" message script)." **So, when using these communication skills, it's helpful to remember softened startup** (Gottman & Silver, 2000), such as:

- **Describing the one specific event rather than blaming, evaluating, judging, or bringing up the past**
  - "I notice you haven't been taking your medications this weekend"

    rather than
  - "I wonder you've been acting so crazy these past few days. I looked through your pillbox and saw that you stopped taking your medication again. You'll never learn!"

- **Using polite language (please) and being appreciative**

  - —I feel so happy when you pitch in with household chores. Thanks a lot for doing the laundry. Would you please put the white load in the dryer?"

    rather than

  - —Don't you hear the washing machine buzzer? Put the clothes in the dryer."

If time allows, go through some examples of harsh vs softened start-up on the Softened Start-up page in the student workbook (page 30). Empower the class to come up with examples of —softer" ways of opening sensitive discussions.

F. —We recognize that using the "I" statement and approaching each other gently can be —easier said than done." **Therefore, it's very important to practice these skills!** Previous REACH participants have reported success in using this skill in various relationships (with friends, children, co-workers, other family members, etc.)."

1. **<u>Activity</u>: Ask participants to turn in their workbooks to the page 29: "Practicing „I' Messages." Have them complete the first few items on the worksheet.**

2. **Set up the "speaker-listener" process. Give the family member a small piece of carpet, so he/she has "the floor." Only the person who has "the floor" can speak; the other person's job is to listen intently. Tell participants to focus on listening with the intent to understand, not to respond.**

   Ask the dyads to move back from the table, turn toward one another, and make eye contact. Start with the family member speaking and the Veteran listening. Ask the family member to memorize and then share an item (that has a positive feeling) from the —message" worksheet with the Veteran. The Veteran listens and paraphrases back what he/she heard. Then reverse roles so that the Veteran is the speaker; he/she shares one of the positive sentences, and the family member listens and plays back.

Discuss:

- How did it go?
- What did it feel like to have the other person‘s undivided attention? To feel heard?
- When might the speaker-listener technique be helpful?
- How could you use this in everyday life?

WRAP UP

A. Instill HOPE.

B. It is important to find ways to communicate effectively.

C. Reinforce regular attendance - remind them of the next meeting time.

D. Read the Foot Stompers.

E. Homework. Direct them to the Between-Session Assignment page in the workbook, and review each item.

Assertive Communication is HARD

Passive	Assertive	Aggressive
Dishonest	**H**onest	
	Appropriate	Inappropriate
	Respectful	Disrespectful
Indirect	**D**irect	

Communication Tips for Families

DO's

- —Two-Sentence Rule." Keep your communication simple, clear and brief.
- Ask only ONE question at a time.
- Stick to the current issue rather than bringing up —old issues."
- Stay calm.
- Minimize other distractions by turning off the television and radio.
- Pay attention to nonverbal behavior – both the message that you are sending with your body language and that of your family member.
- Help your loved one identify his/her feelings by suggesting several choices (e.g., are you feeling angry, sad or worried right now?)
- Show empathy or caring for his/her feelings.
- Acknowledge what you have heard him/her express. You may wish to normalize that emotion and share a similar experience that you have had in the past.
- Decide together on a regular time for communication. Choosing a low-stress time when both of you are apt to feel at your best is important.

DON'TS

- Avoid giving advice unless asked – or if the person cannot make the decision on his/her own.
- Avoid interrupting each other.
- Don't talk down to each other (e.g., —you are acting like a child").
- Avoid name calling.
- Don't generalize (—always" or —never").
- Don't yell or shout.
- Don't personalize the family member's behavior. Recognize that the symptom may be part of the mental illness and may have nothing to do with you.

PRACTICING "I" MESSAGES

I MESSAGE: - **Expressing Appreciation**

Insert a feeling or emotion word(s), such as mad, sad, glad, afraid, surprised, excited, disgusted, hopeful, worried, etc.

WHEN YOU _____ I FEEL _____.

Example: When YOU *give me a big hug*, I FEEL *happy, loved, and close to you.*

1. When you say something nice to me, I feel _____
2. When I was sick and you fixed me dinner, I felt_____
3. When you listen to me when I'm upset, I feel _____
4. When you talk about our special memories, I feel _____
5. When you make dinner for me, I feel _____
6. When you keep the house clean, I feel _____

I MESSAGE – **Asking for Change**

Insert a feeling or emotion word(s)

WHEN YOU _____ I FEEL _____.
IN THE FUTURE, I WOULD APPRECIATE:_____

Be specific!

1. When you *don't come home on time*, I feel_____
   In the future, I would appreciate_____
2. When you *are rude to me in front of your friends*, I feel _____.
   In the future, I would appreciate_____
3. When *you clam up and won't talk*, I feel_____.
   In the future, I would appreciate_____
4. When *I'm talking to you and you turn on the TV*, I feel _____.
   In the future, I would appreciate_____
5. When *you yell at me*, I feel_____.
   In the future, I would appreciate_____
6. When *you criticize me*, I feel _____.
   In the future, I would appreciate_____

Softened Start-up

All families have "touchy" or sensitive issues that need to be addressed. Dr. John Gottman has discovered that the way we bring up these issues predicts how the conversation will go. A hard, "in-your-face" attacking start-up rarely succeeds. On the other hand, a "soft start-up" frequently ends with a pleasant, successful resolution.
The general rules for a softened start-up are the following:

1. Use the sandwich technique – begin and end with something pleasant.
2. Keep it short and simple (KISS).
3. Start with a gentle lead-in sentence – explain your complaint and don't blame.
4. Use the classic "I feel _____"…instead of "You _____."
5. Describe what is happening – do not judge or evaluate.
6. Define clearly what it is you need.
7. Be respectful and polite. Treat the other person with at least the same consideration you'd give a roommate!
8. Focus on the current issue (rather than the past).

Read the following situations and think about what the response might be to the "harsh" start-ups. Then, write your own "softened" alternative response, and consider how the response might be different.

In-Laws

Your significant other's brother has been staying with you for over a month. Originally, he was to visit for 2 weeks. You are upset because he is eating you out of house and home and has not lifted a finger to help. You want your significant other to set some limits.

Hard start-up: "Your brother is a lazy, free-loading hog."

*Your softened alternative:*_____
_____

Housework

You wish your family member would help more around the house.

Hard start-up: "You are an unappreciative slob who expects me to be your mother! Ain't happening!"

Your softened alternative: _____
_____

Parties

You want to go to a party with your spouse. He/she is by nature shy and has become more withdrawn since coming back from Iraq. It is really important that your partner comes to this event with you, and you are upset that he/she does not want to attend.

Hard start-up: —For once in your life, could you think about someone besides yourself? I'm really lonely and am sick of spending all my time sitting around here watching the grass grow. For once in our lives, could we please have a little fun?"

*Your softened alternative:*_____
_____

Sex

It has been some time since you and your partner were sexually intimate. You are wondering if your partner still finds you attractive. In your mind, making love tonight would be nice, very nice.

Hard start-up: —Good grief! If you were any colder toward me, the furnace would kick on when you walk into the room. Do I have bad breath? Are you having an affair with the UPS person? Or what?"

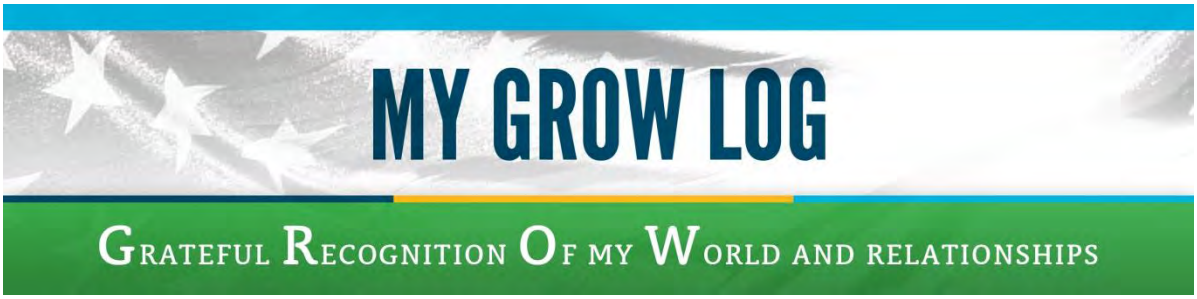
*Your softened alternative:*_____
_____

Finances

You want to save more money for your dream home. Your spouse likes to live more for the moment. Saving is less important to her/him.

Hard start-up: —I can't believe the crap you buy! How are we ever going to get ahead when you keep spending, spending, spending every penny we make!? Do you want to live in this cramped hovel for the rest of our lives?"

*Your softened alternative:*_____
_____



	Two Things I am Grateful or Thankful for Today		Check after you share these two things with your Veteran/REACH support person
Example	*I appreciated when you picked up milk from the store your*	*I'm thankful that our grandkids stopped by for a visit tonight. They*	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Feeling gratitude and not expressing it is like wrapping a present and not giving it. — William Arthur Ward

Gratitude helps you to grow and expand; gratitude brings joy and laughter into your life and into the lives of all those around you. — Eileen Caddy

Between-Session Assignments
Session 3:

- ☐ **Finish the "I" message worksheet and discuss. Try it in a conversation, too!**
- ☐ **Complete the "Softened Start-Up" worksheet, and work to approach each other calmly, respectfully, and kindly.**
- ☐ **Encourage each other!**
- ☐ **Complete and share the GROW log.**
- ☐ **Review the Foot Stompers.**

THIS WEEK'S FOOT STOMPERS

PTSD

Session 3:
Communication Skills

Effective communication in families is very important! When all family members minimize criticism and strong expressions of negative emotion, the relationship/house feels calmer and more peaceful for everyone!

How you approach your family member makes a big difference in how you are received. Remember and practice the "I" messages – speak from your own experience! Also, remember Dr. Gottman's —softened-start-up" approach...starting the conversation quietly and respectfully helps every time!

Strive to use ASSERTIVE (rather than aggressive or passive) communication. Remember that assertive communication is HARD (honest, appropriate, respectful and direct).

Listening to another person totally—without judgment, interruption or sarcasm—is a real gift! The —speaker-listener" technique we practiced tonight can be very helpful – especially when discussing sensitive matters. Remember that listening requires MUCH more than simply hearing.

Key Lessons	• There are specific small changes you can make to create a low-stress home. • Medication compliance can help keep stress low. • It's helpful to identify (during a calm time) red flags to watch for and steps to take when a crisis arises. • Improving wellness can lead to a more balanced life.
In-Class Exercise	• Crisis plan with family members • CALM procedure with Veterans • Work on wellness plan (define goal)
Corresponding Pages in Workbook	• Tips on Creating a Low-Stress Environment and Minimizing Crises • Tips on Getting the Most from your Psychiatric Medications • CALM Procedure • Resource List for Dealing with Emergencies • Wellness plan • Foot Stompers
Homework	• Finish and post crisis plan. • Practice CALM procedure. • Work on wellness plan. • Review Foot Stompers. • Complete the GROW log.

PART 1: See "Structure of each class" (on page 60)

Warm up

1. Ask each Veteran/support person to please state his/her name. "How has the week been?"
2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class ("I" statements and softened start-up).
3. CHECK-IN QUESTION: "What activity or thoughts have you found helpful in reducing your personal stress level?"
4. Read today's Foot Stompers as a preview.

PART 2: Education for all

For all people, family life can provide great joy and a sense of connection/belonging. However, stressors in the family can be very difficult for everyone, and may result in a worsening of symptoms for those with PTSD.

I. Importance of minimizing stress in the family

Previous sessions have addressed the numerous potential stressors in family life, especially those in dealing with a loved one with PTSD. This session will review why decreasing stress is important and provide specific tips on how family members can do so. Even when the entire family strives to minimize stress, crises do arise.

A. Research on the family environment has clearly demonstrated that the atmosphere in a person's family has a strong effect on an individual's functioning. Living in a family with a lot of chaos and stress can make it harder for the Veteran to improve in treatment and to risk connecting emotionally with important people in his/her life.

B. Research has demonstrated that people do better emotionally when families reduce the level of stress and emotional expression (especially hostility) in the household. This session will provide some specific tips on how families can do so.

II. Ways to create a low-stress environment

—Let's start our discussion today with some trivia questions. In "The Wizard of Oz," what was the name of Dorothy's aunt? (Aunt Em!) As the film began, what natural disaster was about to hit the family farm/barn in Kansas? (Tornado)"

"We're going to discuss some factors that can keep you "grounded" when a tornado of stress sweeps through your neighborhood. As the winds of stress hit, what can help you stay on the ground?"

Therapist Note: Draw a tornado-like spiral on the board. Draw a stick person in the corner. Surround the stick person with a bubble of protection, and ask the class to generate factors that sustain the bubble of protection.

Discuss: "What have you found to be helpful in keeping the level of stress relatively low in your home?"

Therapist Note: After the class has generated a list, compliment their work. Share this mnemonic for remembering ways to keep stress low, incorporating the ideas generated in the discussion:

E **Exercise (if possible as a family)**

M **Meetings of family once a week or so**

S **Schedule that is predictable**

B **Breaks, mini-vacations**

A **Atmosphere that is calm**

R **Rituals (e.g., "best thing about your day" dinner table ritual)**

N **Networks (e.g., friends, church, Veteran groups, community organizations)**

EXERCISE

Families often bond with one another through shared rituals. Some families enjoy regular physical exercise, which can both strengthen relationships and release stress.

MEETINGS

- Families work well when they have a regularly scheduled time to discuss issues or problems. Selecting a time that can be adhered to weekly is important (e.g., after dinner on Sundays).

- Families may also use this time to plan family activities for the next week.

SCHEDULE

- Stress in a family is minimized when there is a predictable routine and schedule. For example, the family typically eats together at about 6 pm, goes to church on Sunday mornings, goes on walks on Saturday afternoons, etc. Individuals with PTSD often struggle with changes (even small changes) in routine, so maintaining predictable routines is especially important.

- When a change in plans or departure from schedule can be anticipated, it's helpful to discuss the shifts in advance so no one is surprised.

BREAKS

Be sure to regularly participate in relaxing, fun activities for yourself. Your tolerance and ability to manage stress in the family will be much greater if you take good care of yourself.

ATMOSPHERE THAT IS CALM

- Turn the TV and radio off! Avoid excessive stimulation, such as having frequent company, loud music, violent television programming or videogames, etc.

- You and your loved one may discover and practice calming activities (e.g., playing quiet music, lighting candles).

- Ignore the —annoying but unimportant" things. The concept of —picking your battles" can be very helpful, as some issues just aren't worth arguing about!

- Define clear and consistent expectations for every family member. For example, delegation of household chores should be made explicit and reviewed periodically. This will help avoid conflicts about the daily responsibilities.

RITUALS

- Some families share religious/spiritual practices, such as church attendance, shared prayer, etc.

- Families may spend time together in nature.

- Families may create regular routines for shared fun activities, such as having popcorn for dinner and watching a funny movie on Sunday evenings as a family.

NETWORKS

Use your support networks – this can be one of the most important ways to manage stress!

—Another key element in managing stress is the use of mental health medication. Let's take a few minutes and talk about some important issues about taking the medication."

III. Medication compliance

Many people living with PTSD find psychiatric medications to be useful in managing their symptoms. Sometimes people sense that they're "cured" and don't need their medications any longer and choose to discontinue taking them. Doing so without the help of a doctor can be dangerous and put one at considerable risk for difficulties. The level of stress in the family can be kept low when people take their medications regularly and as prescribed.

Direct participants to page 40 in workbook, "Tips on Getting the Most from Your Psychiatric Medications."

1. —We hope you've heard all these reminders before, but reviewing the themes can be helpful. Common sense isn't always common practice."

2. —Some medications for depression have sexual side-effects, sometimes decreasing desire and/or interfering with performance. Obviously, sexual problems can worsen your mood and the functioning of your intimate relationship. If you're having this difficulty, talk to your psychiatrist/provider, who may be able to change the dose/medication to reduce/eliminate this side-effect."

Discuss: —How many of you have and use a pill box? How are they helpful?"

3. Some family members help their loved ones by organizing the pillbox weekly, setting pills out at mealtime, and/or giving gentle reminders. Issues surrounding medication can involve power/control struggles in families, so use of effective communication and problem-solving skills is important.

4. Note the website listed on the handout, www.safemedication.com, which contains helpful, clear information about many medications (although it is not a substitute for talking to a doctor).

PART 3: Breakout meetings

VETERANS

A. **"We're going to review two very effective skills in our veteran breakout that can help reduce stress by 5 to 10 percentage points, the four-count breath and the CALM procedure. As with any new skill, they take practice. With practice you will get better and better. Of the many skills we teach in REACH, Veterans come back to us later and say that these are the most helpful."**

B. —You can use the four-count breath over and over – even 100 times per day, and no one will know you're doing it. You can use it while driving, while walking down the hallway, while waiting to get up to give a speech, etc."

C. —In particular, you may want to use these techniques at bedtime to help you get ready for sleep."

D. **Provide instruction and practice on the four-count breath (deep abdominal breathing).**

Therapist Note: Ask participants to watch you, and at the same time talk your way through. After you demonstrate it, ask the class to do it with you.

1. Place one hand on your chest and one hand on your stomach. Breathe in through your nose to a count of three…expand your lungs down to the abdomen. As you do so, your stomach, not your chest, pushes out.

2. Hold for a second and slowly exhale to a count of four through your mouth. Inhale to a count of four, and exhale to a count of four.

—Once you learn what it feels like to breathe abdominally, you don't need to put your hands on your chest and stomach. We recommend that you practice this way of breathing once or twice every day so you can draw on it in stressful times."

E. **Teach the CALM procedure. Hand out wallet cards that summarize the abdominal breath and the CALM procedure**:

1. —Get in a comfortable position in your chair, feet flat on the floor, legs uncrossed, hand and arms on your lap or on the arms of the chair."

2. —I like to have my eyes closed for the CALM procedure. You can have yours open or closed, whichever is more comfortable for you."

3. —To begin the CALM, let us take a deep abdominal breath together. Breathe in through your nose to a count of three, and expand your lungs down so that your stomach moves out while your chest stays still. Hold for a second, and slowly exhale to a count of five through your mouth. Now return to normal breathing."

4. —The first letter in the word *CALM* is *C*, which stands for the muscles of your Chest and shoulders. Focus your awareness on the muscles of your chest and shoulders, and see if you can let those muscles relax. You may want to lift your shoulders and let them fall a few times to see whether you can get those muscles to relax, become calm and quiet.—(pause)

5. —The second letter in the word *CALM* is *A*, which stands for the muscles of your Arms and hands. Focus on the muscles of your arms and hands, and see if you can allow those muscles to relax. You may want to make a tight fist and release, and another tight fist and release…see if you can allow those muscles to relax…calm…comfortable…relaxed." (pause)

6. —The third letter of the word *CALM* is *L*, which stands for the muscles of your legs and feet. If you will, shift your awareness to the muscles of your legs and feet. Picture those muscles releasing their tension, allowing it to flow down your legs, through your feet and out onto the floor. Just allow the muscles of your legs and feet to relax, comfortable, relaxed, calm." (pause)

7. —The fourth letter of the word *CALM* is *M*, and that stands for the muscles of your mouth and jaw. Shift your awareness now, and focus on the muscles of your mouth and jaw. See if you can allow those muscles to relax, totally relax, calm, quiet, relaxed. As you release that

tension, let your teeth separate and allow your lips to part just slightly. All the tension fades away. Calm and quiet." (pause)

8. —For the next minute or so…allow yourself to stay relaxed…see if you can focus your awareness on following your breath in…following your breath out." (Pause for about a minute.)

9. —Very good. Now in a moment I am going to count to three…with each number allow yourself to become more and more alert. One, bit more awake, two more awake yet, allow yourself to take a big stretch. Three…eyes open, fully awake and alert and relaxed."

F. **Encourage the participants to practice the deep abdominal breathing dozens of times every day…perhaps cued by each glance at their wrist watch or clock. Suggest that they practice CALM procedure at breakfast, lunch, dinner and bedtime**.

G. Note that Veterans who have iPhones may find the Breathe2Relax free application useful in practicing deep breathing.

SUPPORT PERSONS

I. Paying attention to red flags

A. —As we've discussed in previous sessions, PTSD can be cyclical – sometimes people do very well for long periods of time, only to then experience significant difficulties. Crises rarely emerge 'out of the blue,' and families can be very helpful in preventing a relapse by learning about warning signs. Each person's warning signs are different, so it's important to observe the specific cues for you and your loved ones."

B. —One of the key tasks for family members is to pay attention to signs that the Veteran may be decompensating. Sometimes family members notice these changes before the Veterans do! When families notice these early symptoms, it may be possible to avoid a relapse or hospitalization.

C. Discuss: What red flags do you notice in your Veteran's behavior and in how he/she interacts with others?

Individual red flags:

- **Sleeping much more or much less than usual; having nightmares that are worse than usual, etc.)**
- **Eating much more or much less than usual)**

- **Refusing to take medications as prescribed (or at all)**
- **Hearing voices or describing delusions (false beliefs)**
- **Acting more agitated than usual, such as showing signs of nervousness, pacing, showing signs of irritability, having angry outbursts**
- **Feeling more depressed than usual and/or having mood swings**
- **Refusing to participate in family activities and acting socially withdrawn**
- **Appearing to be less well groomed than usual**
- **Spending more or less than usual**
- **Acting paranoid or suspicious**
- **Using more illicit substances (alcohol/other drugs) or nicotine than usual**
- **Making comments about suicide and/or homicide**
- **Others?**

<u>Red flags seen in your relationship</u> with your Veteran:

- **Decrease in communication**
- **Increased conflict or fighting**
- **Change in sex life**
- **Violence or threats of violence**
- **Jealousy**
- **Decrease in pleasant activities**
- **Others?**

D. When family members notice these red flags, they can help their Veteran by

1. Encouraging the person to contact his/her case manager/doctor. [In times of crisis such as those involving violent threats/behavior or psychotic symptoms, if the Veteran refuses to seek help, the family member may contact 911 or the provider him/herself.)

- **"Due to confidentiality and HIPAA issues, unless your Veteran has signed a release of information form, the provider will not be able to give you any information. However, the provider should listen to your concerns and respond accordingly."**

- **"If you have difficulty connecting with the provider by telephone, you may wish to send or drop off a note that details your concerns."**

- **"When communicating with busy providers, being brief and focused in your concerns can be very helpful."**

2. **Encouraging the Veteran to follow the treatment plan, including medications and therapies.**

3. **Negotiating that each of you take a break and go to a quiet place to relax.**

4. **Keeping alcohol and other drugs out of the house.**

5. **Attempting to help the Veteran stay in contact with his/her social support network.**

E. The way in which the family member does these tasks is just as important as what is actually said. Families can have the very best problem-solving skills or decision-making skills in the world, but they need to apply the skills in a loving and concerned manner.

F. More specifically, Veterans are better able to hear family members when they

1. Express empathy, care and understanding for the Veteran.

2. Approach the Veteran calmly. A soft and gentle tone of voice and talking slowly maximize the effectiveness of the communication.

3. Listen quietly when the Veteran is sharing his/her concerns.

4. Pay attention to nonverbal cues. For example, it's important to give him/her space (rather than hover over him/her), minimize distractions (e.g., tv, radio, etc.), and maintain appropriate eye contact.

Therapist Note: As time allows, you may wish to role play how to approach the Veteran when the family member has concerns, highlighting the above themes.

II. Making a crisis plan

Even with the best planning and efforts at prevention, crises sometimes do occur. Family members can prepare for potential crises in numerous ways.

1. **Have participants turn to the page 43 in the workbook, "Resource List for Dealing with Emergencies" and begin to fill the form out together in session, discussing why and when they might contact each person listed.** A list of telephone numbers of emergency resources could be posted in the house, including:

a. Case manager/doctor(s)
b. Local sheriff / police
c. Emergency room

2. Family members may wish to talk to their employers about their loved one's illness, so that the boss can be supportive and lenient if the family has an emergency. The support person might want to ask his/her Human Resources department about the Family Medical Leave Act, which entitles family members to protections if they complete the required paperwork and have to miss work to care for a family member.

3. Families may wish to inform neighbors or friends of a potentially impending crisis, so that childcare and/or house sitting can be arranged during a possible admission.

Encourage the support persons to complete this crisis plan and place it in a safe place in their home where it is readily available.

PART 4: Interactive Section

Fostering Wellness

A. —Although we spend a lot of time in REACH focusing on areas that are difficult for you and your relationship, we want to spend some time tonight looking to the future. As we've said many times in REACH, this class is about learning about yourself, evaluating your current wellness, and making small, positive changes…both for Veterans and family members. Therefore, we are going to give you an opportunity to challenge yourself and consider how your family member can help you move forward in your wellness.

B. —An important point to remember is that taking care of yourself can lead to a more balanced life. It is easier to help your loved one if you are taking good care of yourself."

Discuss: —Let's start off by asking ourselves…what is wellness? What does it mean to you?" (Solicit thoughts from the class.)

Wellness includes many aspects of our lives.

Therapist Note: Have the class turn to page 44 in the workbook and work through each step together. Explain the scale. Review the "Important Points" listed below.

STEP 1: —Please take a minute and rate yourself on the following aspects of wellness, using the scale provided."

Lots of Room For Improvement — I am 100% happy with this part of my life

1 2 3 4 5 6 7 8 9 10

**** Important Points ****

This is how you view YOURSELF – not how others view you.

This is a personal assessment. We will not ask you to share this with the class.

Please rate honestly how you are NOW – not how you would "like to be" or think you "should" be.

There are no right or wrong answers! For this first step, use a checkmark.

Therapist Note: If you are giving hypothetical numbers as a demonstration, select relatively low numbers to allow for areas of growth.

STEP 2: "Please go back to the questions (above), and circle where you would like to be on each aspect in 4 months."

STEP 3: "Select one area of wellness that you would like to focus on."

The area I plan to focus on in the next 4 months is: _____

STEP 4: "Create a specific plan as to HOW you are going to make forward progress toward your goal. Goals should be SMART."

My plan:

Therapist Note: Walk around and help each participant create a behavioral goal.

STEP 5: —Think about how your family member can help you with your goal (e.g., go on walks with you; try out a new church together; take a class together). Write how he/she can assist you here."

STEP 6: —Turn toward your family member, and share what you wrote above. Ask if he/she would be willing to help you move toward your goal – and share specifically what he/she could do to be helpful."

Therapist Note: Encourage the participants to make 1 millimeter of progress this week on their goal, reminding them of the power of making small changes to improve their quality of life. Let them know we will check in next session on their progress.

WRAP UP

A. Instill HOPE.

B. Emphasize the importance of finding healthy ways of manage stress and making positive changes in life.

C. Reinforce regular attendance - remind them of the next meeting time.

D. Read the Foot Stompers.

E. Homework. Direct them to the Between-Session Assignment page in workbook, and review each item.

Tips on Creating a Low-Stress Environment and Minimizing Crises

Some of you may recognize this barn from —The Wizard of Oz.” This barn is Auntie Em's barn. Just like Dorothy you don't want to get swept up in a tornado of stress like Em's barn. So….

E Exercise (if possible as a family)

M Meetings of family once a week or so

S Schedule that is predictable

B Breaks, mini-vacations

A Atmosphere that is calm

R Rituals (e.g., —best thing about your day” dinner table ritual)

N Networks (e.g., friends, church, Veteran groups, community organizations)

Pay attention to red flags

** If you see these warning signs, encourage the Veteran to contact his/her provider. If the Veteran refuses and a crisis is present (e.g., violent threats/behavior, psychotic symptoms), call 911 or the doctor.

Individual red flags may include

- Sleeping much more or much less than usual; having nightmares that are worse than usual, etc.)
- Eating much more or much less than usual)
- Refusing to take medications as prescribed (or at all)
- Hearing voices or describing delusions (false beliefs)
- Acting more agitated than usual, such as showing signs of nervousness, pacing, showing signs of irritability, having angry outbursts
- Feeling more depressed than usual and/or having mood swings
- Refusing to participate in family activities and acting socially withdrawn
- Appearing to be less well groomed than usual
- Spending more or less than usual
- Acting paranoid or suspicious
- Using more illicit substances (alcohol/other drugs) or nicotine than usual
- Making comments about suicide and/or homicide

Red flags seen in your relationship may include

- Decrease in communication
- Increased conflict or fighting
- Change in sex life
- Violence or threats of violence
- Jealousy

Tips on HOW to approach your loved one

It's helpful for families to

- Express empathy, care and understanding for the Veteran.
- Approach the Veteran calmly. Tone of voice should be soft and gentle.
- Talking slowly and clearly maximizes the effectiveness of the communication.
- Listen quietly when the Veteran is sharing his/her concerns.
- Pay attention to nonverbal cues. For example, it's important to give the Veteran space (rather than hovering over him/her), minimize distractions (e.g., tv, radio, etc.), and maintain appropriate eye contact.
- Use a "softened start-up" (Gottman & Silver, 2000) including:

1. Expressing complaint directly
2. Using “I” statements
3. Describing the event rather than evaluating or judging it
4. Using polite language (please) and being appreciative

Managing Crises

A. Family members can prepare for potential crises in numerous ways.

1. A list of emergency phone numbers could be posted in the house, including:

   - Case manager/doctor(s)
   - Local sheriff/police
   - Emergency room

2. A —hospital” pack could be created, including:

   - Insurance card information
   - List of current medications and dosages
   - List of current medical problems
   - List of mental health treatment history
   - Clothes and personal belongings necessary for an admission

3. Caregivers may wish to talk to their own employers about their loved one‘s illness. Families may wish to inform neighbors or friends of a potentially impending crisis, so that childcare and/or house sitting could be arranged during a possible admission.

B. If the Veteran is admitted to the hospital, it‘s helpful for families to:

   - Give him/her some space upon admission.
   - Provide background information to the caseworker/social worker.
   - Stay calm. When visiting your loved one, ignore the —small but annoying” behaviors, and focus on your hope for his/her recovery.
   - Use this time to relax and recharge.

Tips on Getting the Most from Your Psychiatric Medications

Key Points

- *Take the medication every day*.
- *Be patient!* Many medications take 3-8 weeks to work, so it's very important to continue taking the medication (even if you don't feel better right away). Some disorders may take longer to respond, so ask your provider if you have concerns about your specific medication.
- *Do not stop taking the medications when you feel better*. Suddenly discontinuing some drugs can be dangerous and can cause your distressing symptoms to return. Rather, talk with your provider about your desire to safely decrease or change your medications.
- *Do not share medications*. Do not give other people your medications or use anyone else's medications.

Memory Tips

- Using a pillbox can be helpful.
- Take medication at the same time every day. It might help to take it when you do something else every day (such as every morning when you brush your teeth).

Side-Effects

- If you ever feel you are experiencing a life-threatening reaction, call 911 or go to the emergency room immediately. If you believe you are a danger to yourself and/or others (thinking seriously about suicide or harming someone else), call 911 or go to the emergency room.
- Many side-effects improve the longer you take the medication.
- Write down side-effects caused by your medication, and talk to your provider about them. There may be a different drug with fewer and/or more tolerable side-effects that can work for you.
- If your provider/pharmacist has told you to take the medication with food, be sure to eat at least a few crackers to avoid an upset stomach.

Drug Interactions

- Do not drink alcohol or use street drugs. Do not take over-the-counter medications without asking your provider or pharmacist first. Using these substances can be dangerous and prevent your medications from working.
- Whenever you receive a prescription for a new medication, inform your provider or pharmacist of your current medications and other things you may take (such as vitamins, food supplements, natural products, etc.).

Final Hints

- Ask your provider about the availability of therapies and/or classes that may be helpful. Research has shown that a combination of medication and therapies provides the quickest and most lasting treatment for many conditions. Participating in therapy can require extra time and effort on your part, but the benefits are often great.
- Finding a medication that's right for you requires patience and teamwork between you and your provider. Sometimes the first medication you try may not be the best match for your symptoms. So, open and regular communication with your provider is very important!
- A website that provides helpful information about medications is: www.safemedication.com

Ambulatory Mental Health Clinic (405) 456-5183
(Monday – Friday, 8am-4:30pm)

OKC VAMC Emergency Room (405) 456-1000
(24 hours/day)

C A L M

C - Chest and Shoulders Relaxed

A - Arms and Hands Relaxed

L - Legs and Feet Relaxed

M - Mouth and Jaw Relaxed

If you have an iPhone, you may also find this free Breathe2Relax app useful in practicing deep breathing:

http://t2health.org/apps/breathe2relax

Resource List for Dealing with Emergencies

It‘s helpful to create this list BEFORE an emergency arises, so that you are prepared.

Phone Contacts

(in the event of an emergency):

Life-threatening emergency: **911**

Local sheriff _____

Local emergency room

Name: _____

Phone number:_____

Case manager/doctor‘s office

Name: _____

Phone number:_____

Name of friend or relative you can call for support

Name: _____

Phone number:_____

Local 24-hour/day hotline _____

(Oklahoma City: 405-848-CARE)

Veterans Crisis Line: 1-800-273-TALK

Current Psychiatric Medications:

Name **Dosage** **Doctor who prescribed medication**

Current Mental Health Diagnosis(es):

Current Physical Health Problems:

WELLNESS HANDOUT

STEP 1: Please take a minute and rate yourself on the following aspects of wellness over the past 3 months.

**** Important Points ****

- This is how you view YOURSELF – not how others view you.
- This is a personal assessment. We will not ask you to share this with the class.
- Please rate honestly how you are NOW – not how you would "like to be" or think you "should" be.
- There are no right or wrong answers!

Please use the following scale:

Lots of Room For Improvement — **I am 100% happy with this part of my life**

1 2 3 4 5 6 7 8 9 10

Emotional Well-being
1 2 3 4 5 6 7 8 9 10

Physical Health
1 2 3 4 5 6 7 8 9 10

Work/Career (If retired, rate how you spend your time)
1 2 3 4 5 6 7 8 9 10

Financial
1 2 3 4 5 6 7 8 9 10

Personal and Family Relationships
1 2 3 4 5 6 7 8 9 10

Social (relationships with people outside my home / family)
1 2 3 4 5 6 7 8 9 10

Spirituality
1 2 3 4 5 6 7 8 9 10

Are there other aspects of wellness important to you? If so write here:

_____

_____

1 2 3 4 5 6 7 8 9 10

STEP 2: Please go back to the questions (above) and circle in a GREEN pen/pencil where you would like to be on each aspect in 4 months.

STEP 3: Select one area of wellness that you would like to focus on.

The area I plan to focus on in the next 4 months is: _____

STEP 4: Create a specific plan as to how you are going to make forward progress toward your goal. Goals should be SMART:

S	**Specific**
M	**Measurable**
A	**Achievable**
R	**Realistic**
T	**Timely**

My plan:

STEP 5: Think about how your family member can help you with your goal. Write how he/she can assist you here:

STEP 6: Turn toward your family member and share what you wrote above. Ask if he/she would be willing to help you move toward your goal – and share SPECIFICALLY what he/she could do to be helpful.

Sample Goals

Emotional Well-being:

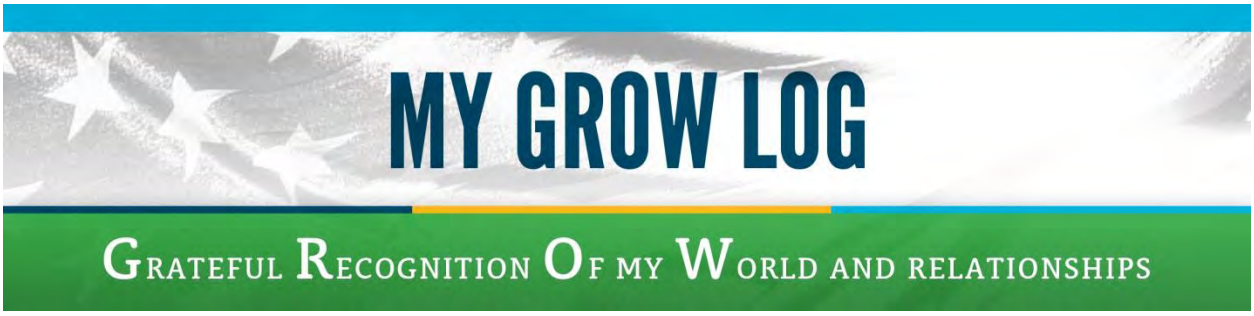
- Take the Depression-management class.
- Meet with the Therapeutic Recreation Department to find new hobbies.
- Join a gym/exercise facility and work out at least 2x/week

Spirituality

- Try out two new churches
- Call and schedule a meeting with a local clergy person to explore your spirituality.
- Get a book from the library on spirituality and read it.
- Go on a walk in nature once/week.

Social (relationships with people outside my home/family)

- Call two friends that you have lost contact with.
- Contact your local community center and sign up for a class.
- Review the volunteer handout we provided and sign up to volunteer.



	Two Things I am Grateful or Thankful for Today		Check after you share these two things with your Veteran/REACH support person
Example	*I appreciated when you left me a sweet note before you left for work.*	*Thank you for encouraging me on my exercise plan by going on walks with me.*	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

We can only be said to be alive in those moments when our hearts are conscious of our treasures. — Thornton Wilder

Gratitude is the fairest blossom which springs from the soul. — Henry Ward Beecher

Between-Session Assignments Session 4:

- ☐ **Take a small step (1 millimeter) toward your wellness goal.**
- ☐ **Veterans: Practice the CALM technique and teach your family member. If you have an iPhone, check out the Breathe2Relax free app and practice deep breathing with it.**
- ☐ **Family members: Complete the Resource list/crisis plan and discuss with the Veteran. Please put it somewhere safe in your home.**
- ☐ **Complete and share the GROW log.**
- ☐ **Review the Foot Stompers.**

THIS WEEK'S FOOT STOMPERS

PTSD

Session 4:
Creating a Low-Stress Environment and Promoting Wellness

Stress is part of life! You can keep the stress level in your home lower by sticking to a regular schedule, keeping the house quiet, sharing in family rituals, doing fun activities (both by yourself and as a family), and exercising regularly.

Taking your mental health medications regularly is extremeely important. If you have side-effects or concerns that your medicine isn't working, contact your provider AS SOON AS POSSIBLE. Taking your medicine as the doctor ordered helps avoid many crises and headaches for the entire family.

It's important to practice several techniques to lower your stress level. Remember the four-count breath and the CALM procedure as tools during stressful times.

Fine-tune and then implement your wellness plan. Select one area of focus, and be sure to enlist your family member's support. Remember to make small, measurable goals!

Key Lessons	• Depression is common and many helpful treatments are available. • It's important to be aware of the warning signs of suicide and resources for dealing with emergencies. • Scheduling your time (including volunteer work) can be very helpful for creating structure and managing depression. • We challenge you to continue to be aware of each other's experience and how you can support each other.
In-Class Exercise	• ~~"W~~When I'm Feeling Sad"
Corresponding Pages in Workbook	• Weekly activity schedule • Fun Activities Catalog • OKC VAMC Therapeutic Recreation Activity List • Volunteer List • ~~"W~~When I'm Feeling Sad" • What Can I Do When My Family Member Is Depressed?" • Foot Stompers
Homework	• Share ~~"W~~When I'm Feeling Sad" with each other and discuss. • Work on activity scheduling and consider volunteering opportunities. • Review Foot Stompers. • Complete the GROW log.

PART 1: See ~~"S~~tructure of each class" (on page 60)

DISCUSS: ~~"W~~ould you like to have a small celebration next week? Bring finger food? Any food allergies to be aware of?"

Warm up

1. Ask each Veteran/support person to please state his/her name. ~~"H~~ow has the week been?"
2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class: Crisis plan, CALM technique, and wellness plan.
3. CHECK-IN QUESTION: ~~"W~~hen was the last time you volunteered or helped someone else – big or small? What did you do?"
4. Read today's Foot Stompers as a preview.

PART 2: Education for All

Discuss: Many Veterans living with PTSD also experience depression. What are some things you've found helpful to kick the level of depression down a notch or two?

I. Symptoms and course of depression

A. As we discussed in the first class of Phase 2, many Veterans living with PTSD also experience depression. Also, sometimes family members experience periods of depression. We know that depression can have a big impact on relationships.

B. Depression can manifest in many different ways. All human beings feel depressed or down at times; however, Major Depression is more than just feeling the "blues" every once in awhile.

Discuss:

- **What are some symptoms of depression?**
- **Which are most difficult for you to cope with?**
- **Feeling sad, blue, or down**
- **Losing interest in previously enjoyed activities**
- **Feeling guilty or worthless**

- **Having no energy, feeling tired and fatigued OR feeling restless**
- **Having trouble concentrating, thinking, or making decisions**
- **Experiencing changes in appetite or weight**
- **Experiencing psychomotor changes: moving slowly/talking slowly**
- **Experiencing changes in sleep patterns**
- **Having thoughts of death or suicide**

C. **Depression also tends to be <u>recurrent</u>, as about 80% of individuals with depression experience another episode within 1 year** (Coryell et al., 1994).

II. <u>Brief comments about suicide</u>

Therapist Note: Avoid spending too much time on the demographic issues. Spend the most time in this section on part "D"

A. Whenever we talk about depression, it's important to address the issue of suicide. Many people who experience depression think about ending their lives, and some take action to harm themselves.

B. Research has found that individuals with mental illness commit suicide at a rate that is 12 times higher than that of the general population.

C. It is very difficult to predict whether someone would harm him-/herself, but there are some red flags that are important to know. People are at higher risk for suicide if they:

- Have a specific plan for how they would kill themselves
- Have access to lethal means (such as weapons, pills, etc.)
- Feel hopeless and worthless
- Have previously attempted suicide
- Talk about killing themselves (e.g., —everyone would be better off without me")
- Increase their use of alcohol or other drugs.

D. **What should you do if your Veteran or family member is suicidal?** This can be a scary, difficult situation, so it's helpful to think about what to do during a calm, non-crisis time. You can help the person you care about by doing the following things:

1. **"TALK ABOUT IT! Asking about suicide will NOT put ideas in the Veteran's head and will not make the situation worse. Your family member may even feel relieved to be able to talk about it.**

   Discussing suicidal thinking can be very important, as over half of people who complete suicide communicate their intent in advance, usually to a family member.

2. Offer emotional support by:

   - LISTENING in a nonjudgmental, compassionate manner
   - Empathizing with the other's feelings (e.g., —it must be awful to feel that way")
   - Reminding him/her of recent accomplishments
   - Normalizing depression and thoughts of suicide
   - Expressing your concern, care and willingness to help

3. **Ask if he/she has a plan about how to kill him-/herself. If he/she describes a specific plan, then**

   - **Seek professional help immediately.**
   - **Try to get him/her to make an agreement with you that he/she will not act on these plans without first talking to you, a hotline, or a mental health professional.**
   - **Put away any objects that he/she may use to harm him-/herself (guns, knives, pills, razors, etc.).**

4. **Remember the walk-in policy of 8-4 pm, Monday-Friday, in our outpatient mental health clinic; after these hours, go to the ER. In an emergency, call 911. If you don't know what to do, call a professional (e.g., suicide hotline, mental health professional, police).**

   - **Veterans Crisis Line: 1-800-273-TALK (8255)**
   - **Suicide hotline in Oklahoma City: (405) 848-CARE**

Therapist Note: Distribute Veterans Crisis Line materials (e.g., stress balls, bumper stickers, pens, etc.) to all class members, noting that family members can call if concerned about their Veteran.

5. Know that sometimes suicide happens without warning and that nothing can prevent it from occurring. Even with warning signs, there still may be nothing you can do. Ultimately, it's the person's decision if he/she chooses to commit suicide.

II. **Review of local treatment options for individuals living with depression**

Therapist Note: In this section, review the treatment programs available at your clinic. Do so in a hopeful spirit, emphasizing the potential benefits for participants. You could ask whether any class members have participated in the programs in the past and informally solicit their reactions.

Example: Oklahoma City VA Medical Center

Depression Management Class: This eight-session class consists of three modules addressing issues of increasing pleasant activities, modifying dysfunctional thought patterns, and improving interpersonal skills.

Antidepressant Medications

- The Veteran's primary care provider can prescribe many antidepressant medications. In addition, psychiatrists in the mental health units have special training in prescribing and monitoring psychiatric medications.
- Antidepressant medications are not habit forming, so Veterans do not have to worry about becoming addicted.
- Antidepressants are quite effective. Most studies demonstrate at least a 50% decrease in symptoms for approximately 70% of patients (Tamminga et al., 2002).

PART 3: Breakout meetings

VETERANS

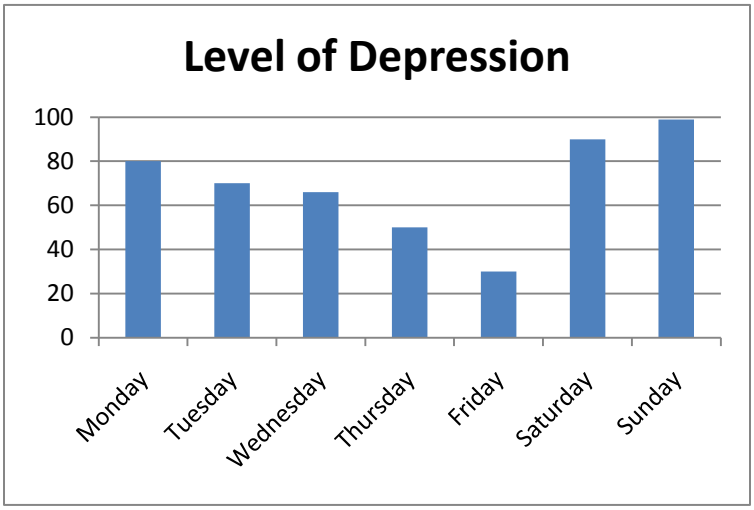
I. Share the following scenario

Consider Frank, a 20-year Air Force Veteran who now works as a civilian aircraft mechanic at a local Air Force base. During the week, Frank is very busy. For example, on a typical Monday at 8 am, his boss gives him a list of inspections he has to complete by noon. Then, at 1 pm, he has to meet with a group of colleagues regarding six aircraft that are coming in that afternoon that need their landing gear inspected. That inspection lasts all afternoon and the next day. The rest of the week continues with a very hectic pace.

On the weekends, Frank lies on the couch, eats potato chips, and watches television. His Sunday schedule is pretty much the same, but he may play some computer games.

Frank is referred to mental health due to depression. His doctor has him rate his overall daily depression each evening on a 0-100 scale, with 0=not depressed at all and 100=the worst depression ever. Frank generated the following scores:

Monday: 80
Tuesday: 70
Wednesday: 66
Thursday: 50
Friday: 30
Saturday: 90
Sunday: 99



Pretend you are Frank's therapist. What do you make of his daily scores? Possible answers:

- Frank's depression is much worse on the weekends, likely due to lack of structure, activity, schedule, and social contacts.
- Having a structure and regular activity are good when a person is depressed.

II. Discuss activity scheduling

A. "When you are depressed, if you ask yourself, „What do I want to do today?' what is the most common answer? "Nothing." "That's common!"

- **"The lack of interest or motivation to do anything perpetuates the depression; it can be a vicious cycle."**
- **"Therefore, it's important to make yourself do something, even if you don't feel like it."**

B. "We suggest that you work on an activity schedule each evening for the next day. Allow flexibility, but try to write in an activity for at least 6 hours of the day. The next day as you finish each activity, pat yourself on the back for having gotten it done."

C. Have Veterans turn to the page 53 in the workbook with the Weekly Schedule, and explain that we want them to work on writing out their schedule. They can begin by writing in things they already do (such as coming to REACH classes).

D. Support them in thinking about how to fill their times (schedules):

1. Review and discuss pages in the workbook:

- **Fun Activities Catalog (page 55)**
- **OKC VAMC Therapeutic Recreation Activity List (page 58)**
- **Volunteer Opportunities (page 60)**

2. Periodically review things you used to like to do. Even if you're not good at them, you may enjoy doing them anyway.

3. Emphasize the value/importance of physical exercise.

- **Research has found that regular exercise can be extremely helpful in relaxing and managing depression. Even low levels of physical activity can improve the mood of people living with mental illness/PTSD**. (McCormick et al., 2008).

- Regular exercise can also help prevent and treat physical health problems such as high blood pressure.

E. **Start small**. Anything that gets you off the couch and moving can be good!

F. **Get help/support** (e.g., exercise with a friend).

Therapist Note: Have Veterans begin to fill in the weekly schedule. Encourage them to continue working on this as homework.

III. Invite reflection on how their support person can be helpful when feeling depressed.

Therapist Note: Have participants turn to page 70 in the workbook, "When I'm Feeling Sad," and ask them to complete it. Emphasize that their family members cannot read their minds, and encourage them to be specific. Provide assistance as needed.

SUPPORT PERSONS

I. The impact of depression on relationships

Discuss:

- **How has your Veteran's depression affected your relationship?**
- **How has it affected your family life?**

A. Depression affects a person's behavior and style of communication (less eye contact, slower and softer speech, negative thinking, and reduced problem-solving abilities).
B. Depression is often accompanied by an increase in relationship tension and arguments.
C. Depressed people have greater difficulty interacting with others. Therefore, the social life of the family may be altered.
D. Family members often become frustrated with the depressed person's behavior, thinking the person should just "get over it" or "cheer up."
E. Depressed people often have decreased interest in physical intimacy and sexual activity. Partners often worry that the Veteran is no longer physically attracted to them, which can increase the tension in the relationship.

II. Coping strategies for the family

Have participants turn to page 71 in the workbook, "What Can I Do When My Family Member Is Depressed?" and discuss as time permits.

III. Invite reflection on how their Veteran can be helpful when feeling depressed.

Therapist Note: Have participants turn to the page 70 in the workbook, "When I'm Feeling Sad," and ask them to complete it. Emphasize that their Veterans cannot read their minds, and encourage them to be specific. Provide assistance as needed.

PART 4: Interactive activity and wrap up

A. Co-therapists role play the "When I'm Feeling Sad" with each other. Discuss class members' observations.

B. Break the group into Veteran-support person dyads, asking them to move back from the table and turn toward one another. Ask them to use the speaker-listener technique (taught last week) in sharing and listening to two questions:

- **When I'm feeling sad/depressed, it would really help me if you would please:**
- **It would help me if you would please avoid doing:**

C. Emphasize that you have shared with each other very precious information, namely, how you can support each other when you're hurting. Note that these are not ~~-d~~emands" or entitlements, but requests. Realize that doing what the person asks for will be showing that you love/care about him/her.

D. Encourage the class to try to use this new information this week by responding in the manner requested.

WRAP UP

A. Instill HOPE.

B. Review the importance of finding ways of managing depression and increasing pleasant activities in one's daily routine.

C. Reinforce regular attendance - remind them of the next meeting time.

D. Read the Foot Stompers.

E. Homework. Direct them to the Between-Session Assignment page in the workbook, and review each item.

Weekly Activity Schedule

	Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
8 - 9							
9 - 10							
10 - 11							
11 -12							
12 -1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-10							

Fun Activities Catalog

The following is a list of activities that might be fun and pleasurable for you. Feel free to add your own fun activities to the list.

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells)
4. Going for a holiday
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day's work
12. Recalling past parties
13. Buying household gadgets
14. Planning a career change
15. Going window shopping
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Hobbies (stamp collecting, model building, etc.)
21. Spending an evening with friends
22. Planning a day's activities
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Playing card and board games
27. Going to the gym, doing aerobics
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants

39. Buying, selling stocks and shares
40. Going swimming

41. Doodling
42. Exercising
43. Collecting old things
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Having sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying
58. Losing weight
59. Going to the beach
60. Thinking I'm an OK person
61. Having a day with nothing to do
62. Having class reunions
63. Going ice skating, roller skating/blading
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Doing something spontaneously
68. Doing embroidery, cross stitching
69. Sleeping
70. Driving
71. Entertaining
72. Going to clubs (garden, sewing)
73. Thinking about getting married
74. Going bird watching
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying CDs, tapes, records
81. Watching boxing, wrestling
82. Planning parties
83. Cooking, baking
84. Going hiking

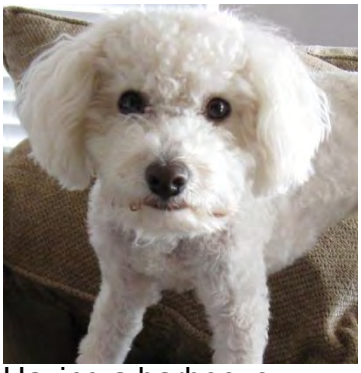
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Working
89. Going out to dinner
90. Discussing books
91. Sightseeing
92. Gardening

93. Going to the beauty salon
94. Early morning coffee and newspaper

95. Playing tennis
96. Kissing
97. Watching my children play
98. Going to plays and concerts
99. Daydreaming
100. Planning to go to school
101. Thinking about sex
102. Going for a drive
103. Listening to a stereo
104. Refurbishing furniture
105. Watching TV, videos
106. Making lists of tasks
107. Going bike riding
108. Walks on the riverfront/foreshore
109. Buying gifts
110. Travelling to national parks
111. Completing a task
112. Thinking about my achievements
113. Attending soccer or basketball game
114. Eating gooey, fattening foods
115. Exchanging emails, chatting on the internet
116. Taking photos
117. Going fishing
118. Thinking about pleasant events
119. Staying on a diet
120. Star gazing
121. Flying a plane
122. Reading fiction
123. Acting
124. Being alone
125. Writing diary/journal entries
126. Cleaning
127. Reading non-fiction
128. Taking children places
129. Dancing
130. Going on a picnic
131. Thinking —I did that pretty well" after doing something
132. Meditating

133. Playing volleyball
134. Having lunch with a friend
135. Going to the hills
136. Thinking about having a family

137. Thinking about happy moments in my childhood
138. Splurging
139. Playing cards
140. Solving riddles mentally
141. Having a political discussion
142. Playing cricket
143. Seeing and/or showing photos
144. Knitting/crocheting/quilting
145. Doing crossword puzzles
146. Shooting pool/Playing billiards
147. Dressing up and looking nice
148. Reflecting on how I've improved
149. Buying things for myself
150. Talking on the phone
151. Going to museums, art galleries
152. Thinking religious thoughts
153. Surfing the internet
154. Lighting candles
155. Listening to the radio
156. Going crabbing
157. Having coffee at a cafe
158. Listening to the radio
159. Getting/giving a massage
160. Saying —I love you"
161. Thinking about my good qualities
162. Buying books
163. Taking a sauna or a steam bath
164. Going skiing
165. Going canoeing or rafting
166. Going bowling
167. Doing woodworking
168. Fantasizing about the future
169. Doing ballet, jazz/tap dancing
170. Playing computer games
171. Having an aquarium
172. Enjoying erotica
173. Going horseback riding
174. Going rock climbing
175. Becoming active in the community
176. Doing something new
177. Making jigsaw puzzles
178. Thinking I'm a person who can cope
179. Playing with my pets



180. Having a barbecue
181. Rearranging the furniture in my house

Therapeutic Recreation Outpatient Programs

Arts/Crafts: Monday –Friday 8:00-10:00 a.m.: Therapist: Kristy Doyle, CTRS This program assists Veterans with learning new leisure skills to aid in the positive use of free time. There are ample opportunities for socialization and occasional community experiences.

Creative Writing: Monday 10:30 a.m.-noon: Jan Lynes-Cook, COTA; This program assists Veterans with self-expression and the written word.

Computer Classes: Therapist: April Reynolds, CTRS; This program focuses on teaching basic computer skills and how to access the internet as a tool for positive use of free time. (See TR staff to get on waiting list.)

Drumming: Wednesday 1:00-2:00 p.m. Therapist: Dawn Truby, LPC, ATR-BC; This program assists Veterans with rhythmic self-expression. Drums are provided. Veterans learn notes, basic rhythms and then put the rhythms together to make songs.

Help Hospitalized Veterans Craft Kit Program: Thursday 1:30-3:00 p.m. and Friday 1:30-2:30 p.m. Craft Care Specialist: Kathryn Caldwell; HHV provides a variety of crafts free of charge to Veterans to assist with learning enjoyable recreation activities. Crafts include leatherwork, paint by number kits, models, wood kits and a variety of other projects.

Jewelry Making: Monday 10:00 a.m.-noon: Therapist: Dawn Truby, LPC, ATR-BC; Participants will learn various techniques including glass fusing, beadwork, wire wrap, bead and wire work, enameling, and using materials such as paper, leather and fun foam.

Open Studio: Thursday 1:00-3:00 p.m. Therapist: Dawn Truby, LPC, ATR-BC Veterans with artistic interests have the opportunity to work and expand their talents using watercolor, acrylic, pastels, and mixed media. Materials are provided.

Pottery: Tuesday 1:00-3:00 p.m. Therapist: Dawn Truby, LPC, ATR-BC Learn basic hand building techniques and/or learn to throw on the wheel. Find out how creative you can be with clay and glazes.

Stick Making: Tuesday 8:00-10:00 a.m. and 1:00-3:00 p.m., Friday 8:00-10:00 a.m. Volunteer: Mike; Fee $5; Learn how to file, carve, wood burn, stain, and finish your own personalized walking stick.

Literacy Class: By appointment, Volunteer: For Veterans who would like to improve their reading skills.

***Therapeutic Exercise**: Monday-Thursday 7:30 a.m.-4:00 p.m., Friday 8:00 a.m.-noon. Therapist: Stephanie Welch, CPRP; Individualized therapeutic exercise plans are developed with your goals, and input from the primary care provider, in mind.

***Back Class** Monday, Wednesday, and Thursday 8:00-9:00 a.m., Therapist: Stephanie Welch, CPRP

***Arthritis Class** Monday, Wednesday, Friday 10:00-10:30 a.m., Therapist: Stephanie Welch, CPRP

***Tai Chi:** Friday 11:00 a.m.-noon Therapist: April Reynolds, CTRS; Learn the oriental art of exercise, relaxation and meditation.

***Women's Power Hour:** Thursday 1:00-2:00 Therapist: Stephanie Welch, CPRP; Women only hour of individualized therapeutic exercise.

***Prerequisite: before beginning these programs, you must have an order from your Primary Care Provider.**

Women for Women: Wednesday 1:00-2:00 Therapist: Stephanie Welch, CPRP and Kristy Doyle, CTRS; This program for women Veterans focuses on creating a healthy lifestyle. Discussions cover a wide range of physical and emotional health topics.

Women Veterans Program: Thursday 10:00 a.m.-noon Therapist: Kristy Doyle, CTRS; This program is for women Veterans and focuses on developing new leisure skills. The group also participates in a monthly community reorientation trip. This is a great opportunity to develop a support system for women Veterans.

Therapeutic Recreation Staff:

Kristy Doyle, CTRS, Chief	GR-115	456-3488
April Reynolds, CTRS	GR-106	456-3813
Maureen Harvey, LPC, ATR-BC	GR-111	456-5202
Stephanie Welch, CPRP	GR-114	456-3487
Dawn Truby, LPC, ATR-BC	GR-107	456-3443
Stephanie Bushnell, CTRS	GR-106	456-3949
Sarah Sands, CTRS	4th Floor	456-2603
Kathryn Caldwell, CCS	GR-116	456-3489

Veterans make great volunteers!

As a veteran, you have demonstrated your commitment and many talents by your service to our county. Thank you! You can continue to help your community by sharing your time and skills.

Why volunteer?

Research has demonstrated that volunteers experience many benefits:

- Make a difference in your community
- Meet new people
- Have fun
- Gain new experiences
- Feel appreciated
- Build self-confidence / esteem
- Add structure to life
- Learn new skills
- Create sense of belonging
- Have greater meaning in life
- Distract from own problems
- Have a chance to help others

BONUS: Dr. Kenneth Ferraro even found that adults who volunteer regularly have lower levels of depression, lower blood pressure levels, and better cardiovascular health!

Well … maybe I'd like to give this a try… now what?

1. Ask yourself these questions:
    - What do I like doing?
    - What skills do I have?
    - How much time do I have to volunteer?
    - Do I enjoy working alone or with others?
    - Do I like doing office work? Being with children or the elderly? Working outdoors?
2. Talk to people (your family, friends, provider, etc.) about what they think you might like. Look over the list for ideas.
3. Call the contact person for more information.
4. Invite a family member, friend or fellow veteran to join you.
5. Give it a try! Go for it!

Volunteers usually get more out of the experience than they give!

Volunteer Opportunities

Revised August 2010

Hospitals:

- **Possible Tasks: assist at information desk, distribute menus, help in waiting rooms, work in gift shop, deliver the coffee cart to patients, etc.**

Oklahoma City VA Medical Center

- Contact Person: Kimberly Walls
- Phone: 405-456-3490

OU Medical Center Children's Hospital

- Contact Person: Glena Hoke
- Phone: 405-271-4870

Deaconess Hospital

- Contact Person: Cheryl Bridges
- Phone: 405-604-6112

Integris Baptist Medical Center

- Contact Person: Kristi Medley
- Phone: 405-949-3183

St. Anthony's Hospital

- Contact Person: Joyce Stokes
- Phone: 405-272-6266

Integris Southwest Medical Center

- Contact Person: Darla Medaris / Julia Hunt
- Phone: 405-636-7000

Mercy Hospital (Edmond)

- Contact Person: Pat Scheer
- Phone: 405-752-3660

Midwest Regional Hospital

- Contact Person: Cathy Hardy
  Phone: 405-610-8580

Norman Regional Hospital

- Contact Person: Jessica Carwile
- Phone: 405-307-1789

Presbyterian Hospital

- Contact Person: Robert Hamm
- Phone: 405-271-5500

Veterans' Organizations:

Vet Centers

OKC: 1024 N.W. 47th St. Suite B Contact: Peter Sharp, MSW	405-456-5184
Lawton: 1016 SW C Avenue, Suite B, Lawton Contact: Joel B Hall	580-585-5880
Tulsa: 1408 S. Harvard Ave, Tulsa Contact: Stephen Craig	918-748-5105

DAV (Disabled American Veterans)

State Headquarters:	405-521-0758

PVA (Paralyzed Veterans of America):

405-721-7168

VFW (Veterans of Foreign Wars)

State Headquarters:	405-525-2680
Post # 9265: George Greer	405-604-0264

Nursing Homes:

Many nursing home residents are very isolated and lonely. A brief visit can make a major difference in their day. Contact a local care center to ask about its needs.

Veterans Centers:

Ardmore Veterans Center (Paula Hesley)	580-223-2266
Claremore Veterans Center (Bob Duckert)	918-342-5432
Clinton Veterans Center (Andrea Oldham)	580-331-2200
Norman Veterans Center (Teresa Beasly)	405-360-5600 ext. 268
Sulphur Veterans Center (Jenny Spicer)	580-622-2144
Talihina Veterans Center (Drew Cossey)	918-567-2251

Churches / Synagogues:

Many houses of worship rely on volunteers for teaching classes (e.g., Sunday School), providing office help (e.g., preparing newsletters), doing outreach ministry (etc). Contact your local house of worship for more information.

Oklahoma City VA Chaplain Service: 405-456-5516

Museums:

Edmond Historical Society Museum (431 S. Boulevard, Edmond)

- Once a month commitment (3 hour shifts)
- Contact Person: Christine Gibson
- Phone: 405-340-0078

National Cowboy and Western Heritage Museum (1700 NE 63rd St, OKC)

- Contact Person: Aaron Martin
- Phone: 405-478-2250 Ext. 279

Sam Noble Oklahoma Museum of Natural History (2401 Chautauqua Ave., Norman)

- Tasks: greeters, mailings, clerk at store, assist children in the Discovery Room
- Contact Person: Emily Reynolds
- Phone: 405-325-1652 or 405-325-8978

Outdoor / Nature Activities:

Martin Nature Park (5000 W. Memorial Rd., OKC)
- Tasks: clearing trails; assisting in museum / gift shop; leading programs
- Contact Person: Casey Lindo
- Phone: 405-755-0676

Myriad Botanical Gardens (100 Myriad Gardens, OKC)
- Tasks: tour guides, planting, pruning, office tasks
- Contact Person: Kenton Peters
- Phone: 405-297-3624

Oklahoma City Parks and Recreation Department (420 W. Main St, OKC)
- Tasks: assist with recreation activities, park maintenance
- Contact Person: Christopher Hamilton / Misty Bromlow
- Phone: 405-297-3999 or 405-297-2389

Oklahoma State Parks, Park Partners
- Tasks: plant tree seedlings, trailwork, build wildlife nesting
- Contact Person: Tom Creider
- Phone: 405-230-8382

Shelters / Food Banks:

City Rescue Mission (800 W. California, OKC)
- Tasks: prepare and serve meals, assist with general maintenance
- Phone: 405-232-2709

Grace Rescue Mission (2205 Exchange Ave., OKC)
- Tasks: sort clothing, serve meals, paint and repair facility
- Only accepts church groups (no individual volunteers)
- Phone: 405-232-5756

Jesus House (1335 W. Sheridan)
- Tasks: serving food, cleaning, sorting donations
- Phone: 405-232-7164 (call after 10 a.m.)

Mid-Del Food Pantry (322 N. Midwest Blvd., Midwest City)
- Tasks: assemble food baskets, repackage bulk food items
- Contact Person: Mike Anderson
- Phone: 405-732-3603 (call after 10 a.m.)

Regional Food Bank of Oklahoma (30 SE 17th St, OKC)
- Tasks: shop clerk, sort and box donated goods
- Contact Person: Liz Brannon (www.regionalfoodbank.org)
- Phone: 405-972-1111 option 4

Salvation Army Shelter (330 SW 11th St., OKC)
- Tasks: serving food, cleaning, sorting donations
- Contact Person: L'Tray Greer
- Phone: 405-270-7839

Skyline Urban Ministries (500 SE 15th St., OKC)
- Tasks: sort donations in food pantry
- Eye clinic and food: call 405-236-5212 Ext. 101
- Clothing: M-W-F from 9 a.m. to 12 noon
- Contact Person: Doralee Duncan
- Phone: 405-632-2644

Theaters:

Carpenter Square Theater (400 W. Sheridan, OKC)
- Contact Person: Vicky Zipf
- Phone: 405-232-6500

Lyric Theater (OCU Campus: 2501 N. Blackwelder, OKC)
- Tasks: usher, sell refreshments, fund raisers
- Contact Person: Debra Minerd
- Phone: 405-524-9310

Sooner Theater of Norman (101 E. Main, Norman)
- Tasks: usher, concession stands, office work
- Contact Person: Jennifer Markum
- Phone: 405-321-9600

Other:

American Red Cross – Central Oklahoma Chapter (601 NE 6th St., OKC)
- Tasks: assist in disaster relief efforts, driving, sewing, blood drives
- Contact Person: Annie Lucas
- Phone: 405-228-9500

Habitat for Humanity
- Tasks: assist in construction of homes, clerical support
- Contact Person: David Korvick
- Phone: 405-232-4828

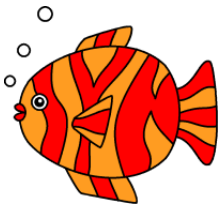
Knights of Columbus (2239 NW 39th St. #101, OKC)
- Oklahoma City Council: 405-429-7555

Meals on Wheels
- Tasks: assist in preparing and delivering meals for shut-ins
- Contact Person: Summer McGuire
- Phone: 405-321-7272 (Norman)

Metropolitan Library System
- Contact Person: Heidi Port
- Phone: 405-606-3762

National Alliance for Mental Illness (NAMI-Oklahoma) (1920 N. Drexel Blvd, OKC)
- Tasks: office and clerical help
- Contact Person: Wayne McGuire
- Phone: 405-230-1900

Oklahoma Aquarium (300 Aquarium Dr., Jenks, OK)
- Tasks: assist guests at the aquarium; special projects; office work
- Phone: 918-296-FISH (3474) pick option 4 then option 7
- Contact Person: Karen Dills
- Phone: 918-528-1515
- Email: volunteers@okaquarium.org



Oklahoma City Animal Shelter (2811 SE 29th St., OKC**)**
- Tasks: play with animals, provide foster care for animals, provide clerical support
- Contact Person: Jonathan Gary
- Phone: 405-297-3100 pick option 3 then option 4

Pets and People Humane Society (701 Inla, Yukon, OK)

- Tasks: walk dogs, assist in educational programs
- Hours: Noon to 5:30 p.m.
- Phone: 405-350-7387

Project READ (Edmond)

- Tasks: adult literacy; English as a 2nd language
- Contact Person: Mary / Eddie
- Phone: 405-348-7323 (9 a.m. to Noon)

RAIN (Regional AIDS Interfaith Network)

- Tasks: provide rides, visit with individuals with HIV/AIDS, etc.
- Contact Person: Shelley Reeves
- Phone: 405-947-3434

Salvation Army Clothing Room (Volunteer Center, Central Oklahoma Heartline)

- Tasks: sort and display clothing; assist individuals in selecting clothes
- Contact Person: Lois Green
- Phone: 405-246-1100

Special Olympics

- Tasks: support participants, keep score, hand out award ribbons (etc.) at sporting events for people living with mental and physically disabilities
- Contact Person: Dara Morris
- Phone: 405-366-5918 Tulsa 1-800-722-9004 or 918-481-1234

Children:

Schools:

Volunteers can provide a lot of help to our school systems, in activities involving the children directly or in office tasks. Contact your local school district to learn about opportunities.

Camp Fire Boys and Girls (3309 E Hefner Rd., OKC)

- Contact Person: Kim Watson
- Phone: 405-478-5646

Big Brother, Big Sister Program (4101 Perimeter Center Drive, Suite 235, OKC)

- Contact Person: Shannon
- Phone: 405-943-8075

Read and Seed Program of Oklahoma County (Volunteer Center for Oklahoma, Heartline)

- Tasks: seeks volunteers ages 55 and over to work with children grades 1-3
- Sponsored by the Retired Senior Volunteers Program (RSVP)
- Phone: 405-523-3581 (Volunteer Connection)

Boys Scouts of America Last Frontier Council (3031 NW 64th, OKC)

- Contact Person: Katie Trattner
- Phone: 405-840-1114

Girl Scouts Council (121 NE 50th, OKC)

- Contact Person: Jaimie Siegal
- Phone: 405-528-3535 or 702-7731

Citizens Caring for Children (730 W. Wilshire, Suite 111 and 112, OKC)

- Tasks: mentoring, sorting clothes, gifts, supplies for foster children, helping families with infants
- Phone :405-753-4099

Infant Crisis Center (4224 North Lincoln Blvd., OKC)

- Tasks: organizing supplies, clothing etc. for infants.
- Phone: 405-528-3663
- Email: info@infantcrisis.org

Crossings Community Clinic (2228 W. Hefner Rd. OKC)

- Tasks: Christian Health and after school clinic, mentor, cook, meet patients, organize supplies
- Phone: 405-749-0800 (www.crossingsokc.org)

Pershing Center (2400 Gerald Pershing Blvd. OKC)

- Tasks: Transitional living center, teach classes, help with grounds, etc.
- Phone: 405-609-2400

Organizations with listings of current volunteer needs:

Volunteer Connection Volunteer Center of Oklahoma, United Way

- Contact Person: Kitt Letcher
- Phone: 405-523-3581
- Email: volunteer@unitedwayokc.org
- Website: http://www.1-800-volunteer.org

Websites:

www.Helping.org

→ Enter your zip code in for local opportunities

www.AARP.org

→ American Association of Retired Persons

Compiled by Michelle Sherman, Ph.D. (8/10)

Oklahoma City

Caring for...AMERICA'S HEROES

www.oklahoma.va.gov

When I'm Feeling Sad . . . .

When I'm feeling **sad or depressed**, it would really help me if you would please:

_____

_____

It would help me if you would please avoid doing:_____

_____

_____

When I'm feeling **irritated, angry or frustrated**, it would really help me if you would please:

_____

_____

It would help me if you would please avoid doing:_____

_____

_____

REMEMBER:

- These are your requests, not demands.
- Say thank you!
- It may be difficult for your family member to do (not do) what you're requesting!
- Your family member cannot read your mind. It's your job to let him/her how he/she can support you, realizing this may change across time and situation.

What Can I Do When My Family Member Is Depressed?

Common Symptoms of Depression:

1. Feeling sad, blue or down
2. Losing interest in previously enjoyed activities
3. Change in appetite or weight
4. Change in sleep patterns
5. Feeling tired and slowed down OR feeling restless
6. Feeling worthless or guilty
7. Having trouble concentrating, thinking, or making decisions
8. Having thoughts of death or suicide

Common Causes of Depression

1. Major life events (e.g., death of loved one, retirement)
2. Genetic factors
3. Imbalance in the level of chemicals in the brain.
4. Medical illness
5. Use of certain medications (some anti-convulsants or thyroid hormones)
6. Excessive use of alcohol

Suicide Warning Signs: There are several red flags that you want to pay special attention to if a loved one is talking about suicide. One warning sign does NOT mean that the person is definitely going to harm him/herself; rather, these cues may prompt you to explore the issue further:

1. Changes in the level of depression (more depressed or happier than usual), especially if he/she:
    a. Has a specific plan for how they would kill themselves
    b. Begins to get their affairs in order (e.g., writes a will, gives things away, systematically contacts old friends or relatives)
    c. Feels worthless
    d. Talks about having done an unforgivable behavior
    e. Feels hopeless about the future
    f. Hears voices telling them to harm themselves

2. Talks about being indestructible or having supernatural powers during a manic or delusional state
3. Talks about killing him/herself (-everyone would be better off without me")
4. Makes suicidal gestures (takes too many pills, cuts wrists, etc.)
5. Increases use of alcohol or other drugs.
6. Has previously attempted suicide OR has a history of being impulsive

What to do if your family member is suicidal

1. TALK ABOUT IT! Asking about suicide will NOT put ideas in his/her head and will not make the situation worse. Ask – then listen. You may want to discuss coping strategies at a time when your loved one is not actively suicidal.
2. Offer emotional support by expressing your concern, care, and willingness to help.
3. Ask if he/she has a plan about how about how to killing him-/herself. If so, then:
   a. Seek professional help immediately
   b. Try to get the person to make an agreement with you that they will not act on these plans without first talking to you, a hotline, or mental health professional
   c. Put away any objects that he/she may use to harm him-herself (guns, knives, pills, razors, etc)
4. If the person is delusional, seek professional help.
5. If you don't know what to do, call a professional (e.g., suicide hotline, mental health professional, police)

Veterans Crisis Line: 1-800-273-TALK

Oklahoma City Suicide Hotline: (405) 848-CARE

Local Treatment Options for Veterans Struggling with Depression

1. Individual / Group Psychotherapy
2. Psychoeducational Classes
3. Anti-depressant Medications

Some Good Books on Depression:

The feeling good handbook. (1999). D. Burns. New York: Viking Penguin.

When someone you love is depressed. (1996). L. Rosen & X. Amador. New York: Free Press.

What to do when someone you love is depressed: A practical, compassionate, and helpful guide for caregivers. (1998). S. & M. Golant. Henry Holt & Co.

I'm not alone: A teen's guide to living with a parent who has a mental illness. (2006). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. www.seedsofhopebooks.com

Wishing wellness: A workbook for children of parents with mental illness. (2006). L.A. Clarke. New York: Magination Press.

Relevant Web Sites:

www.depression.com [resources about depression]

www.depressionfallout.com [supporting someone who is depressed]

www.familyaware.org [Families for Depression Awareness]

Coping Strategies for the Family

A. DO's

1. Acknowledge that depression is a legitimate illness – which is different from just having a —down" day.
2. Learn about the illness of depression:
3. Have realistic expectations…but maintain hope!
4. Be an active team member in the care of your loved one. Ask questions of doctors, nurses, psychologists, and other health care providers.
5. Offer emotional support, patience, and compassion. Encourage your loved one to exercise and do activities that he/she used to enjoy.
6. Stay in contact with your social support network.
7. Obtain professional help for yourself when needed. Consider contacting the VA Caregiver Support Services (1-855-260-3274 or www.caregiver.va.gov) to explore available resources in your community.
8. Maintain good sleep habits, both for you and your loved one.

9. Maintain a healthy diet; engage in regular exercise; avoid use of alcohol.

B. DON'Ts

1. Try not to take the depression personally – it's not your fault! You cannot cure depression with love any more than you can cure cancer with love.
2. Don't exclude the depressed person from family discussions or decisions.
3. Don't try to do everything for the depressed person.
4. Don't criticize the person for their depressed behavior.
5. Don't feel that you need to apologize for your loved one.

Parts adapted from When someone you love has a mental illness by R. Woolis (1992).

MY GROW LOG

GRATEFUL RECOGNITION OF MY WORLD AND RELATIONSHIPS

	2 Things I am Grateful or Thankful for Today		Check after you share these 2 things with your Veteran / REACH support person
Example	*I appreciated when you played with the kids tonight when I had a headache.*	*I'm happy for the good news I got at my doctor appointment today. What a relief!*	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Find the good and praise it! — Alex Haley

As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them.
— John Fitzgerald Kennedy

Between-Session Assignments
Session 5:

- ☐ **Work on Weekly Activity Schedule and discuss.**
- ☐ **Review the list of Volunteer opportunities. Consider contacting one organization that interests you.**
- ☐ **Complete and share "When I'm Feeling Sad" with each other.**
- ☐ **Complete and share the GROW log.**
- ☐ **Review the Foot Stompers.**

THIS WEEK'S FOOT STOMPERS

PTSD

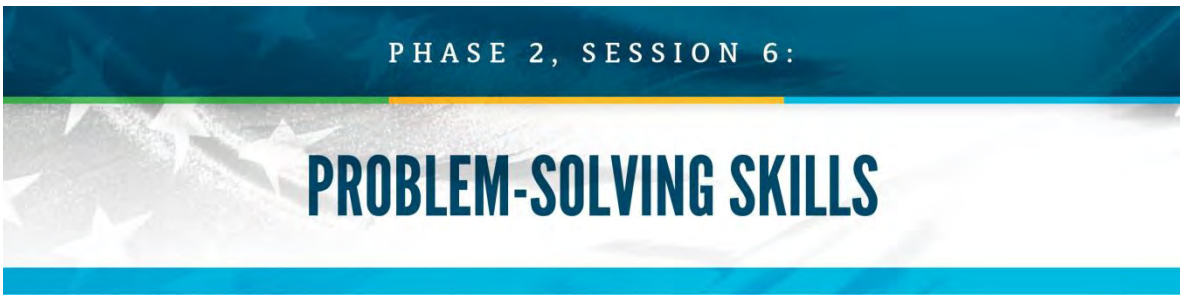
Session 5:
Depression and Its Impact on the Family

Depression is VERY common. Each person's experience of depression is different, but common symptoms include: changes in sleeping and eating patterns, low energy, difficulty concentrating, loss of interest in activities, and feeling sad or down. If anyone has serious thoughts of hurting him-/herself or anyone else, call 911 or go to an emergency room immediately.

There is a lot of help available to manage depression. Just as with managing diabetes, managing depression requires effort and may involve medications, psychotherapy, classes, physical exercise, and family involvement. The Oklahoma City VA Medical Center has many treatments for depression, including a Depression Management Skills class.

The bed is NOT your friend when you're depressed! It's very important to stick to a regular schedule to plan fun activities. GET BUSY! Get out of bed by using activity scheduling. Avoid isolating which usually only worsens depression. Consider the list of Volunteer Opportunities as a great way to lift your mood and to give back to your community.

It's important for Veterans and their families to talk regulary and openly about how they can support one another. Remember that everyone (depressed or not!) has challenges and struggles in life. We challenge you to look at the situation from the other person's perspective. How can you be there for him/her?



Key Lessons	• Approaching problems with a hopeful, optimistic, respectful attitude is very important. • Use of a specific 5-step procedure for solving problems is helpful for many families. • Phase 3 will be an important next step of your participation in REACH.
In-Class Exercise	• Problem-solving as a group
Corresponding Pages in Workbook	• OPRAH skills • REACH Program Problem-Solving Worksheet • Other treatment options for Veterans living with trauma • Anonymous satisfaction survey • Foot Stompers
Homework	• Problem-solving Skills for Families. • Review Foot Stompers. • Complete GROW log.

Therapist Note: Because of the need to practice problem solving in class, there is no part 3 (breakout session) in this class.

Begin by sharing food together, providing a pleasant, relaxed atmosphere of socializing and sharing treats.

PART 1: See —Structure of each class" (on page 60)

In this session, pass out the schedule for Phase 3 classes. Review the logistics and schedule for Phase 3. Explain that this phase will consist of monthly classes to support their gains. The Phase 3 class will include members from this particular class as well as graduates from previous cohorts of REACH. Encourage the class to put a reminder on their personal calendars.

Warm up

1. Ask each Veteran/support person to please state his/her name. —How has the week been?"
2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class: Activity Scheduling and —When I'm Feeling Sad"
3. CHECK-IN QUESTION: —What is something you do well? A skill you have mastered?"
4. Read today's Foot Stompers as a preview.

PART 2: Education for All

As the bumper sticker says, "Stuff happens." Problems are an inevitable part of life, and learning how to cope effectively with problems is important. Confronting problems can be challenging, especially if difficulties accumulate, involve numerous people, and/or involve a sense of helplessness. We often don't deal with problems effectively when we're overwhelmed by strong emotions.

Problem solving can be especially challenging for families coping with PTSD. Individuals with PTSD may face special challenges in coping with problems, such as heightened emotions (especially anger), difficulty communicating, impulsivity, and a tendency to avoid upsetting situations. Veterans may resent their perception (or the reality) that they have little or no input into important decisions.

This session will review strategies for effective problem solving and a specific process that can be helpful in addressing problems. The group will have an opportunity to practice the process with a real-life problem.

I. Tips for effective problem solving

Before outlining a specific strategy for solving problems, we will review a few general guidelines on increasing the likelihood of having a successful outcome (parts adapted from Mueser & Gingrich, 1994, Woolis, 1992). Remember **Oprah** Winfrey? The mnemonic device to help remember tips for effective problem solving spells OPRAH!

O for Optimism. Approach the problem with an upbeat, optimistic outlook:

- Research has found that a positive frame of mind fosters creativity and effective problem solving.
- A positive attitude can make family interactions about the problem go more smoothly.
- Timing is important. Select a time to address the problem when everyone in the family is feeling calm and able to focus well. You may choose to ask your loved one, —Is this a good time to talk?" Or, you may schedule a regular time (e.g., after dinner on Sundays) to discuss family issues.
- Rather than dwelling on how disruptive the problem has been historically, try to focus on how the problem can change for the future.

P for Patience. Be patient and flexible, especially when first learning these skills:

- Remember that there rarely are obvious —right" or —wrong" answers. You are striving to find a solution that might work well for this particular problem at this time.
- Reassure yourself by remembering that ALL families disagree about issues and have different opinions. Your challenge is to work together to deal with the problem. The process of confronting and solving problems as a team has the potential to bring your family closer together.

R for Respect. Respect each person's perspective:

- Try to consult everyone who is involved in the problem or situation.
- Try to see the problem from each person's point of view. Otherwise, you're likely to choose solutions that others do not feel good about and are therefore not willing to use to solve the problem.

A for Avoid. Avoid blaming:

- Often, people feel it necessary to determine the cause or reason for a problem, thinking that this is where the solution lies. Blaming becomes a frequent occurrence in conflicts about a problem. It is important to remember that searching for a cause is not the same as defining and implementing a solution.
- Blaming usually impedes problem solving because looking for a cause takes the focus away from looking for solutions.
- Blaming also tends to make people feel attacked, which can lead to a denial of the problem or refusal to help in solving it.

H for Halfway. Meet halfway and compromise:

- Be flexible when considering solutions. This ensures that many viewpoints are considered and all feel that their input is important.
- If everyone contributes at the solution-finding step, they will be much more likely to participate when it is time to implement the solution.

II. Specific steps in solving problems

We will outline a specific step-by-step method of solving problems. This approach can be used by individuals, groups, or families. It is often helpful to designate someone as the note-taker.

Therapist Note: Write on a dry erase board or poster board the problem and all solutions generated. Ask a class member to record the information on the worksheet.

A. Briefly review the steps in problem solving, as follows:

1. <u>Get the family together</u>.

It is essential to involve everyone in the problem- solving process. Meeting together ensures that everyone has a shared understanding of the problem and can contribute to the process. Families may choose to schedule a family meeting to discuss the problem.

2. <u>Decide on a definition of the problem.</u>

Family members often have different perceptions of the problem, or may have different information related to the problem. This important step involves discussing the problem from everyone's perspective and putting all the information together to define the problem clearly. Be as specific as possible, and talk about how the situation is a problem for everyone involved.

It's essential that families describe a behavioral —end point" to the problem. It should be clear WHO will be doing WHAT differently if/when this problem is solved.

This step also gives family members a sense of being valued and involved in discussions about the problem, which may lead to everyone being more actively involved in selecting and implementing a solution.

Several questions may help the family in defining the problem, such as: (McFarlane et al., 2002)

- When did you first notice the problem?
- When does it occur (time of day, situation, common triggers, etc.)?
- Is the problem related to biochemical factors (e.g., changes in medication or substance abuse)?
- How often does the problem occur?
- Is the problem getting worse? At what rate?
- Does the problem occur with certain people or under certain conditions?
- Who is affected by the problem, and how?
- What has been tried to alleviate the problem in the past? What was helpful?
- With what activities does the problem interfere?

Therapist Note: If participants struggle to identify problems (or are unwilling to disclose their own problem), you can suggest sample problems that other families have shared. Common problems that Veteran dyads dealing with PTSD find helpful to address in problem solving are listed at the end of this session outline.

Also, when recording the problem and solutions during class, use class members' exact words, and check in to ensure you understood their point.

3. **Brainstorm possible solutions.**

   Brainstorm as many possibilities as you can. It is important for everyone to voice at least one idea for the family to consider. All family members need to refrain from any criticism or evaluation of the suggestions during this step. Be creative and allow for extreme solutions, as these may introduce an element of humor and help the brainstorming process.

4. **Do a cost-benefit analysis of each possible solution.**

   Discuss each possibility identified in the previous step. Identify and list the benefits of each solution (putting —"+signs next to each idea), and the possible costs (financially, emotionally, time-wise, etc. – putting —— signs next to each idea). When providing negative feedback, be sure to criticize the idea – not the person who proposed the solution. Think about solutions tried in the past that did not work as sources of useful information. Consider that you may not have all the information necessary to select a good solution, or that the best solution might involve a combination of solutions identified in Step 3.

5. **Decide on the best solution.**

   As a group, select one solution to implement, based on its practicality, its potential impact on the problem, the necessary resources, etc. The family's agreement on the solution is essential to its effective implementation.

6. **<u>Develop a specific plan for how to implement the chosen solution.</u>**

   Problem solving is not over just because you've selected a solution! Break the solution down into small, manageable, specific tasks. Select someone to carry out each task. It might be a good idea to also define reasonable deadlines for each step.

7. **<u>Evaluate whether the solution was attempted, and whether or not it worked.</u>**

   After step 6, the family may select a timeline for re-evaluation of the solution. At that time, the family reconvenes to discuss the progress made to date, any challenges encountered, and whether the problem has been solved. If a problem remains (or a new problem has emerged), the family should discuss the additional steps that need to be taken or evaluate the need for a new solution. It may be necessary to repeat the problem-solving process if the new problem is not going to be easy to solve.

C. **Class Activity**

Guide the class to define a particular problem (possibly using an issue that is of concern to several of the members).

Therapist Note: If one member brings up a problem he/she would like to problem solve, be sure the other family member is willing for the group to work on the problem together.

Lead the class through each of the problem-solving stages (using the REACH Program Problem-Solving worksheet in workbook).

Discuss:

- How would this strategy work at home?
- What obstacles might you envision for using this approach?

Engage the participants in problem solving about how they can adopt this process at home.

WRAP UP

Ask participants to bring a family photograph to the first Phase 3 class. Let them know that you will invite them to share the photograph and talk a bit about their family at that time.

A. Instill HOPE.

B. It is important to find ways of solving problems effectively.

C. Remind the family who —owned" the problem to be prepared to share at the first Phase 3 class how the brainstormed solutions went.

D. Read the Foot Stompers.

E. Homework. Direct them to the Between-Session Assignment page in the workbook, and review each item.

END OF PHASE 2 ACTIVITIES:

1. Congratulate the students for completing Phase 2 of REACH. Give attendance awards.

2. Explain the SAFE Program as an ongoing source of support for the family members. Distribute flyers.

3. Briefly review page 88 in the workbook on —Other Treatment Options for Veterans Who Have Experienced Trauma."

4. **Distribute the REACH Phase 3 schedule and strongly encourage regular participation.**

5. Ask each participant to complete and submit the anonymous REACH Project Satisfaction Form.

Common Problems That Veteran Dyads Dealing with PTSD Find Helpful To Address in Problem Solving

Family Issues

- Communication problems
- Disagreements among family members
- Getting the Veteran to discuss feelings
- Setting limits between Veteran and support person
- Veteran always having to be —right"
- Setting limits with grown children
- Dealing with aging parents

Behavior Issues

- Medication compliance
- Veteran's withdrawing from family and friends
- Insomnia
- Irritability/low patience
- Problems/conflict at work
- Participating in family activities (e.g., including doing household chores, going to church)

Challenging Situations/Other Stressors

- Financial difficulties
- Taking on too much at one time
- Time management
- Coping with potentially stressful life events (e.g. family celebrations, moving, deaths)
- Coping with the mental health system (e.g. changes of provider, inpatient admissions, insurance)
- Veteran's desire to have ultra security around the home

Issues of Potential Dangerousness

- Drug and alcohol use/abuse
- Threats of dangerousness (e.g., suicidal comments/behavior; threats and/or acts of violence)

Sample Problem Descriptions

Use of class members' exact words in describing the problem is important. For example, they may describe problems as in the following examples:

Setting limits with grown children

My wife's son (from her first marriage) moved into our basement 2 years ago…and hasn't left! Since then he has stopped working. He sleeps almost all day and stays up all night watching TV, playing video games or messing on the computer. This kid is 22 years old – this can't be healthy – and he's eating us out of house and home!

Issues with Medication

Veteran: I don't see that the antidepressant medication has ever done a thing for me – why should I take it? I gave it a try for 2 whole weeks! All it did was give me a headache and make me feel like a zombie.

Wife: Maybe it was not the right medication; I sure wish you would talk to someone. My Doc put me on a medicine that really helped.

Financial troubles

We were doing OK until this recession. I work as a forklift operator for a building supply company, and no one is building right now. They cut my hours back to about 20 hours a week - I can't get by on that! We are going to lose one of the vehicles – I have to keep the truck. We are behind about 2 months on the credit card. Mary (wife) can't work because her feet and back hurt too much.

Living with adult children

We thought it would be a blessing to combine households. We could help watch the four grandkids. We could help with the electricity bill and groceries. And, we could maybe put a little money aside, since we would not have rent or a house payment. But our son and his wife argue from sun-up to sunset; and now that our other son has moved in, it is constant arguing. We are now paying for food, electricity and most of the house payment. The constant bickering is not good for my blood pressure or my PTSD!

Irritability / Lack of patience for irritations

Veteran: I don't know why, but it seems like everything makes me irritable.

Mom: I can say "I fixed pancakes," and he will go off on me because I was supposed to read his mind and know he was starting a diet and wanted only hard-boiled eggs! Everything turns into an argument…even coming here tonight. He got angry because I wore this dress. I like this dress – it's my favorite.

Alcohol

Wife: Why does he have to have two or three beers every night? The beer is not good for his diabetes, and it zaps his energy. Beer relaxes him alright – for the last week he's been falling asleep at 8 pm!

Veteran: I never get drunk – the beers help me relax.

Problem-Solving Skills for Families

Step 1: Clearly define the problem (Who? What? When? Where? How?).

Discuss the problem, being sure to include everyone's opinion. Write down the exact problem definition. Be sure to include the clear end-point: If this problem were solved, WHO would be doing WHAT differently?

Step 2: Brainstorm possible solutions.

Record all ideas (without censoring!). Be sure that every family member proposes at least one idea for discussion.

Step 3: Define pros and cons.

Review each item in the list, and discuss the pros and cons of each option.

Step 4: Select a solution (or combination of solutions) to try.

Specifically write out the chosen solution.

Step 5: Develop a specific plan for a). implementing the solution and b) measuring progress.

Discuss what the family will need to accomplish the task, and who will do each step. It's helpful to anticipate any potential challenges

Step 6: Evaluate how the plan worked for you.

Regardless of the outcome, praise each person's efforts! If needed, you may revise your solution and/or return to your list of options to select another strategy

Remember OPRAH

O – Be Optimistic.

P – Be Patient.

R – Respect each other.

A – Avoid Blame.

H – Meet Halfway.

REACH Program Problem-Solving Worksheet

Veteran's first name:

Support person's first name:

Date:

Step 1: Clear definition of problem (Who? What? When? Where? How?)

Be sure to include the clear end-point: If this problem were solved, WHO would be doing WHAT differently?

Step 2: Brainstorm possible solutions (list them in this column)	**Step 3: Define Pros and Cons**	
	PROs of this solution	**CONs of this solution**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Step 4: Select a solution (or combination of solutions) to try.	Our solution:	
Step 5: Develop a specific plan on how to a). implement the solution and b) measure progress.	Veteran's steps to take:	Support person's steps to take
Step 6: Evaluate how the plan worked for you.	Veteran's thoughts:	Support Person's thoughts:
Overall, did your solution(s) move you forward by at least 1%?	YES NO (circle one)	
If not, did you try another solution?	YES NO (circle one)	
If so, what did you try and what happened?		

Please mail this form back to the REACH Office (or give to a REACH Team member) 2 weeks after tonight.
REACH Team, OKC VAMC, 921 NE 13th Street (183R), Oklahoma City, OK 73104
Or, return it to the next REACH class. Thanks!

Veteran's first name: John Support person's first name: Betty

Date: July 1, 2008

Step 1: Clear definition of problem (Who? What? When? Where? How?) "Over the past 20 years John has "pulled in" more and more. We socialize very little -- mostly with two or three family members. We don't go shopping; we don't go to movies. We know REACH is not supposed to be about making friends, but the fact is, this is the most we've done socially in years. We both agree it has been good for us. When I (John) get out with others I feel myself getting tied in knots – it's just too much trying to watch my back, her back etc, etc…I just get frustrated and angry. It's just a lot easier to stay home."

Be sure to include the clear end-point: If this problem were solved, WHO would be doing WHAT differently? We would be getting out of the house together—as a couple—more like we did 20 years ago. At least once a week going out together as a couple.

Step 2: Brainstorm possible solutions	**Step 3: Define Pros and Cons**	
	PRO's of this solution	**CON's of this solution**
1. Join the VFW.	There's a VFW ten miles away.	A lot of the guys in VFW drink too much.
2. Join a church.	It would make her really happy.	Church is full of hypocrites!
3. Let's get together after class for a cup of coffee and a slice of pie.	That would be easy!	I'm afraid folks in REACH may be getting sick of us!
4. Start shopping at Wal-Mart at midnight and slowly back it up – with goal in mind of being able to start shopping at 830 pm.	There would be fewer people there late at night.	Whew! Last time I was in Wal-Mart it was SO loud and crowded – I nearly had a melt down.

5. When socializing outside the home, always take two vehicles so that Veteran has a means of escape.	That sure would help me feel safe.	Gas costs money. I would feel like I deserted her. It would look funny.
6. When we socialize at home or at friends/family's house, set up ahead of time a —safe room" – a place the Veteran can retreat to, close the door and read, watch TV, listen to radio, and regroup.	Just 45 minutes in a quiet room with the ball game on would really help get me get my head straight.	I can do this at home without feeling like an idiot. I am not sure this will work at my sister's place – my brother-in-law already thinks I'm crazy.
7. Use the four-count breath CALM procedure when getting cranked up.	Easy to do, quick, seems to help.	When I am up to 99% upset and angry, I'm not sure it will work.
8. Take small steps. Extend each outing by ten minutes, remembering Rome wasn't built in a day.	Yep, this is the best way for me to change.	Holy Cow! It could take forever – I am not known for my patience!

Step 4: Select a solution (or combination of solutions) to try.	Our solution: We will do the Wal-Mart plan starting this Friday at 1130 pm.	
Step 5: Develop a specific plan on how to a). implement the solution and b) measure progress.	Veteran's steps to take: 1. I will put it on our calendar, 2. I will set my watch alarm Friday at supper, 3. I will jot down a list of the fishing gear I want to look at and perhaps purchase and 4. I will think about what favorite snacks I want to purchase.	Support person's steps to take: 1. Take a nap Friday afternoon, 2. Fix us both a cup of coffee at 1045 pm, and 3. Make this a fun outing – we can do a bit of separate shopping and call each other on our cell phones when we want to meet together in the snack food area.

Step 6: Evaluate how the plan worked for you.	Veteran's thoughts: Not bad, I got a little edgy when we walked into Wal-Mart. I think Betty saw what was going on, so she went with me to the sporting goods department, and we did our shopping together.	Support Person's thoughts: Wow! I am tickled pink! This was the first time he's gone to Wal-Mart in years. I was a little a draggy by the time we got home at 1 AM, but it was worth it.
Overall, did your solution(s) move you forward by at least 1%?	YES! NO (circle one)	
If not, did you try another solution?	YES NO (circle one)	
If so, what did you try and what happened?		

Please mail this form back to the REACH Office (or give to a REACH Team member) 2 weeks after tonight.
REACH Team, OKC VAMC, 921 NE 13th Street (183R), Oklahoma City, OK 73104
Or, return it to the next REACH class. Thanks!

Additional Treatment Options for Veterans Who Have Experienced Trauma

REACH Project

MILITARY PTS RECOVERY PROGRAM

Outpatient PTSD Treatment Program. Veterans with persistent PTSD symptoms related to trauma experienced during military service can apply to attend outpatient programs for PTSD. These providers offer a wide range of treatment approaches to improve coping skills and reintegration. This program offers several individual and group-based services. *Contact: Cheryl Bay, LCSW or Dr. Dan Jones at 405-456-5369.*

OEF/OIF/OND PROGRAM

Evaluation and Readjustment Education. All OEF/OIF/OND Veterans are encouraged to meet with an OEF/OIF/OND Program Case Manager and Transition Patient Advocate for screening and assistance in getting needed medical care. OEF/OIF/OND Veterans may be referred to programs for specialized services as needed. *Contact: Edwina Luker, LCSW at 405-456-3214, Waco Blakley at 405-456-1410 or Michele Diesselhorst-Reese at 405-456-3215.*

OEF/OIF/OND Readjustment Class (1-day class). Some Veterans do not have PTSD, but still would benefit from education about coping with combat stress symptoms. Due to the many demands of work, school, and home, some Veterans have difficulty attending a traditional treatment program for combat stress. This 1-day program explains combat stress, how it affects a person, and how to cope with these symptoms so they do not have as much negative impact on a person's life. *Contact: 405-456-3295.*

Individual Counseling. Some Veterans will need one-on-one counseling with an OEF/OIF/OND team member to discuss their personal concerns. *Contact: 405-456-3295.*

SEXUAL TRAUMA TREATMENT PROGRAMS

Women of Courage/Men of Courage. Veterans with PTSD related to MST (military sexual trauma), other sexual assault, or childhood sexual abuse are encouraged to participate in the WOC or MOC treatment program to gain support and learn new coping skills. *Contact: Dr. Dana Foley at 405-456-5183 or 405-456-5539.*

VET CENTER

Veterans who prefer an informal setting may receive individual or group counseling at the Vet Center located at 1024 NW 47th Street, Suite B in OKC. Services also available in the evenings. *To schedule an appointment, drop by the center or call: 405-456-5184.*

Other Vet Centers in Oklahoma include: **Lawton** (501 Southeast Flower Mound Road, Lawton, OK, 580-351-6511) and **Tulsa** (1408 South Harvard Avenue, Tulsa, OK 74112; 918-748-5105)

Other Relevant Treatment Options for Trauma Survivors

REACH Project

Sleep Management Class (4 week class)

This class provides Veterans with information on how to increase sound sleep. Veterans learn about the different sleep disorders, the benefits of good sleep hygiene, and strategies to facilitate healthy sleep. *To enroll call: 405-456-5183 or 405-456-5539.*

Anger Management Class (6 week class)

This class discusses common causes of anger and the problems that can result if anger is not managed effectively. It can help you understand the causes/true sources of anger and its effect on health, relationships, and quality of life. You can learn to identify responses to angry feelings, recognize your own anger warning signs, identify triggers, and develop an anger management plan. The class helps you learn effective ways to control anger, practical techniques for cooling down, and how to express anger in a healthy manner. *To enroll call: Mr. Will Parker at 405-456-5367*

Anxiety/Stress Management Class (8 week class)

Veterans learn the common causes of anxiety and the effects of stress on health, relationships, and quality of life. Veterans learn how to challenge negative thinking that contributes to anxiety and to implement relaxation techniques to calm body and mind. Veterans learn cognitive-behavioral therapy (CBT) techniques and relaxation techniques to address problems with anxiety and stress. Veterans may begin the **first Monday of <u>any</u> month at 10:30 AM**. *To enroll call: 405-456-5183 or 405-456-5539.*

Adjustment to Traumatic Stress Class (4 week class)

This introductory class provides general coping tips for common problems that may occur after experiencing a traumatic event, including sleep difficulties, anger problems, substance misuse, family adjustment, and anxiety. Veterans will also learn about a range of more intensive treatment options provided at the VA for addressing these issues. Veterans may begin any **Friday at 9:30 AM**. *To enroll call: 405-456-5183 or 405-456-5539.*

Biofeedback

Biofeedback involves training to improve one's health by learning to control internal bodily processes that normally occur involuntarily, such as heart rate, blood pressure, muscle tension and skin temperature. Biofeedback is highly beneficial for stress reduction and people presenting with bodily symptoms of anxiety. This technique is helpful with anxiety, hypertension and chronic pain. *If interested, ask your mental health provider for a referral.*

Depression Management Class (8 week class)

This group is based on the Cognitive Behavioral Therapy model and teaches Veterans how thoughts and behaviors influence mood. Veterans learn how to challenge negative thinking that contributes to depression and how to make behavioral changes that decrease depressive symptoms. Veterans may begin the **first Monday of <u>any</u> month at 2:00 PM**. *To enroll call: 405-456-5183 or 405-456-5539.*

Support Group for Women: MAP Group

Female Veterans experiencing difficulty adjusting to common life experiences such as death of a loved one, divorce, relationship problems, parenting, unemployment, health issues, and other life stressors may benefit from this group therapy program to learn <u>M</u>anaging emotions, <u>A</u>ssertiveness, and <u>P</u>roblem solving skills. *For more information call: 405-456-5183 or 405-456-5539.*

Outpatient Substance Abuse Treatment Center (SATC).

Veterans with substance misuse (including alcohol, drugs, and prescription medications) will benefit from this treatment program. The program is located on the 3rd floor. *For more information call: 405-456-2858 ext. 3642 or 3278.*

Gambling Treatment.

Treatment is available for Veterans to address gambling addiction or problematic gambling behaviors. *For more information contact: Dr. Sean Ferrell at 405-456-3218.*

Stop Smoking Program.

Veterans can attend the Readiness Clinic (Orientation to Quitting) any Wednesday at 1pm in Building 3, room 201. Support groups are also offered on Tuesdays at 7:00am and Tuesdays at 1pm. *For more information, call: Dr. Peggy Hudson at 405-456-3369.*

Additional Family Services

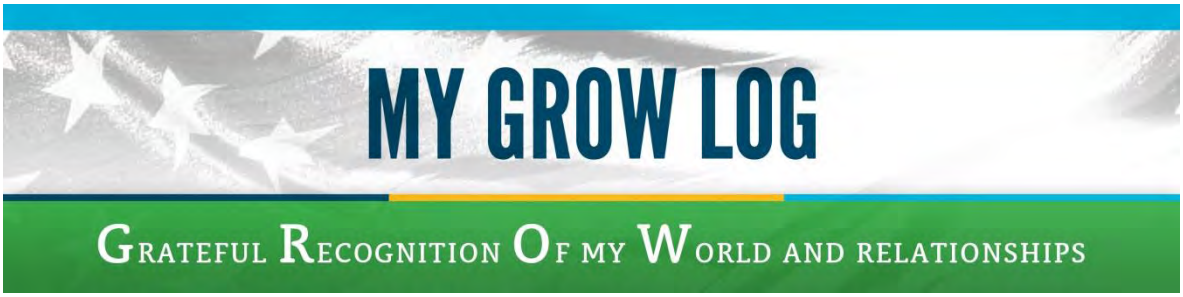
FAMILY MENTAL HEALTH PROGRAM

Couples/Marital/Family Therapy.

Veterans experiencing relationship problems may benefit from counseling with their spouse/significant other/parents/children. *For more information contact: Dr. Michelle Sherman at 405-456-5183 or 405-456-5539.*

SAFE Program (Support and Family Education).

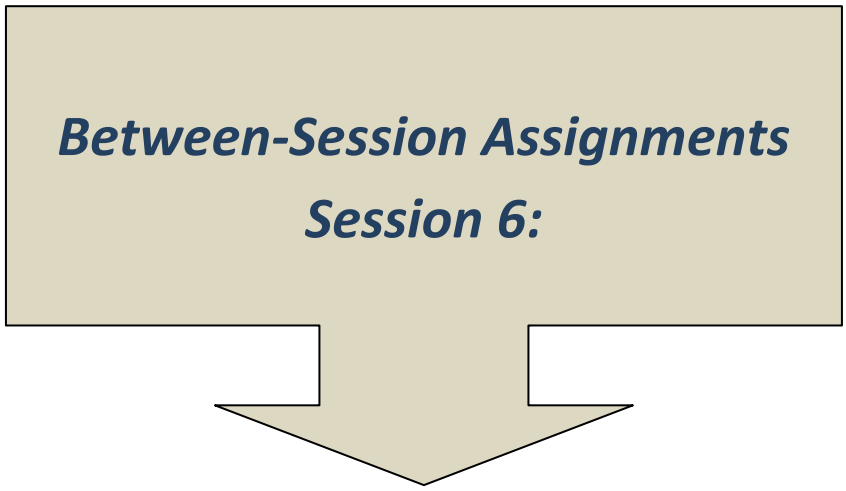
A 90-minute monthly educational/support class for family members ONLY. Held on the 2nd Monday of each month from 2:30-4pm in room GA-104. Sample topics include —PTSD and its impact on the family," "Communication tips for families" and "What can I do when my family member is depressed?" *For more information contact: Dr. Michelle Sherman at 405-456-5183 or 405-456-5539*



	Two Things I am Grateful or Thankful for Today		Check after you share these two things with your Veteran / REACH support person.
Example	*I appreciated when you went to the doctor with me when I was sick.*	*Thank you for making a great dinner!*	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

All we have to decide is what to do with the time that is given us.
— J.R.R. Tolkien

Gratitude is one of the least articulate of the emotions, especially when it is deep. — Felix Frankfurter



- ☐ **Try out the problem-solving process this week!**
- ☐ **Mark the Phase 3 class dates on your calendar.**
- ☐ **Complete and share the GROW log.**
- ☐ **Review the Foot Stompers.**

THIS WEEK'S FOOT STOMPERS

PTSD

Session 6:
Problem-Solving Skills

All families face problems. You are not alone!

Great problem solvers are made...not born! You can learn these skills to help navigate a variety of life challenges.

When facing a problem, remember OPRAH! (Be Optimistic, be Patient, Respect each other, Avoid blame, and meet your partner Halfway).

Remember the six steps:

1. Define the problem and the desired outcome.
2. Brainstorm possible solutions.
3. Discuss the —pros" and —cons" of each possible solution.
4. Select the idea(s) you wish to try.
5. Plan HOW your family will do the selected plan.
6. Come back later and review how it went.

Satisfaction Form

FOR STAFF USE ONLY

Date:_____

Completing REACH Phase

PH-I PH-II PH-III

I am a (please circle one): VETERAN FAMILY MEMBER

My therapist(s) were (please circle all that apply):

DOERMAN SHERMAN THRASH

1. How would you rate the quality of mental health care you received in the REACH Project?

1	2	3	4
Excellent	Good	Fair	Poor

2. If a friend were in need of similar help, would you recommend the REACH Project to him/her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

3. Has the REACH Project helped you to deal more effectively with your problems?

1	2	3	4
Yes, it helped a great deal	Yes, it helped somewhat	No, it really didn't help	No, it seemed to make things worse

4. In an overall, general sense, how satisfied are you with the services you have received in the REACH Project?

1	2	3	4
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

5. Overall, how satisfied are you with your therapist(s)?

1	2	3	4
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

6. Please comment on why you are satisfied or dissatisfied with your therapist(s).

_____

_____

_____

PLEASE TURN OVER

7. What did you like the MOST about the REACH Project?

_____
_____
_____
_____
_____
_____

8. What did you like the LEAST about the REACH Project?

_____
_____
_____
_____
_____
_____

9. Are there any specific topics that you wish we would have addressed in the REACH Project?

_____
_____
_____
_____
_____
_____

10. How can we improve the REACH Project for future Veterans and their families?

_____
_____
_____
_____

THANK YOU

Phase 3:

Six Monthly Psychoeducational Multifamily Group Classes

	Engagement Interview	Phase One (Joining)	Phase Two	Phase Three
WHO	Veteran (support person as well if present)	Single family: Veteran and support person (dyad)	Multifamily group (4-6 dyads)	Multifamily group (4-8 dyads)
FREQUENCY	Once	Weekly	Weekly	Monthly
NUMBER OF SESSIONS	1	4	6	6
SESSION LENGTH	20-40 minutes	50 minutes	90 minutes	90 minutes
PROVIDERS	One	One	Two (due to breakout sessions)	One
LOCATION	Referral source (e.g., outpatient clinic, inpatient unit)	Provider‘s private office	Group room that has a table and comfortably holds 18 people	Group room that has a table and comfortably holds 18 people

Structure of Each Phase 3 Class

Part 1: Welcome, socializing and check-in (~20 minutes)

Part 2: Review of topic from Phase 2 class (~25 minutes)

Part 3: Group problem-solving (~35 minutes)

Part 4: Informal socializing (~10 minutes)

REACH Project, Phase 3

The format for all Phase 3 sessions is:

Part 1: Welcome, socializing and check-in (~20 minutes)
Part 2: Review of topic from Phase 2 class (~25 minutes)
Part 3: Group problem-solving (~35 minutes)
Part 4: Informal socializing (~10 minutes)

The activities of Parts 1 and 3 in each Phase 3 session are constant, so the outlines for those sections will be provided first. The rest of this section includes the curriculum for Part 2 for each month.

Phase 3, Part 1: Welcome and check-in (approximately 10-15 minutes)

1. As participants are arriving, engage in informal discussions.

    a. Ask them to create name tags.
    b. Ask them to sign in on the attendance form.
    c. Provide light snacks (prepackaged cookies or cheese crackers).

2. Review group guidelines and confidentiality (and its limits).

3. Remind the class about emergency procedures, including calling 911, going to the emergency room after hours, etc.

4. Emphasize the importance of regular participation, especially with monthly classes.

5. Encourage them to call to cancel if unable to attend.

6. Check-in/introductions: (as with any activity in REACH, participants are welcome to ~~p~~ass" if they prefer not to share). Write on the board three questions, such as

    a. What is your name?
    b. What was the best part of the last month?
    c. What is a problem/challenge your family dealt with this month, such as
        1. Our 23-year-old son, his wife and baby moved in because he lost his job.
        2. Our old clunker, one of two cars we need for work, is on its last leg.
        3. I don't know why, but it seems like we have been arguing more this past month.

    Record these problems on the blackboard as you do the check-in.

7. Review the Foot Stompers (approximately 10 minutes).

8. Recommend an "around-the-room" reading, during which a participant reads a single Foot Stomper, and you lead a discussion. Be sensitive to the fact that some people are not comfortable reading aloud.

   Remember: In Phase 3, always go wider and deeper by highlighting similarities and connections among participants, and inviting them to reflect on their experiences with the new skills. You can do so by

   - Opening the floor to them: "How are you doing on this issue? What have you found useful? What has helped?"

   - Building in an exercise that has each family working some aspect of the topic of the month (e.g., discussing their weekly schedule; role playing a time-out process). Make it as "hands on" as possible.

Phase 3, Part 3: Group problem-solving (approximately 35 minutes)

Go back to the list of this month's problems/challenges listed on the board, and take a group vote on which problem they would like to work on this month. Be sure that both family members who "own" the problem are willing to allow us to help them solve this problem.

Distribute copies of the handouts from the Phase 2 "REACH Program Problem-Solving Worksheet" and OPRAH skills. Then proceed with problem solving, using the standard format we presented in Phase 2, class 6. Have one member of the dyad who "owns" the problem complete the worksheet.

After completing problem solving, thank the class for participating in this evening's discussion. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Give them a self-addressed, stamped envelope.

Review the logistics and schedule for the next Phase 3 class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home.

Therapist Note: When you receive the Problem-Solving worksheet from the family, call them to discuss it. Celebrate what went well, and problem solve with them about challenges that arose and/or next steps.

REACH Program Problem-Solving Worksheet

Veteran‘s first name:	Support person‘s first name:
Date:	

Step 1: Clear definition of problem (Who? What? When? Where? How?)

Be sure to include the clear end point: If this problem were solved, WHO would be doing WHAT differently?

Step 2: Brainstorm possible solutions	**Step 3: Define Pros and Cons**	
	PROs of this solution	**CONs of this solution**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Step 4: Select a solution (or combination of solutions) to try.	Our solution:	
Step 5: Develop a specific plan on how to a) implement the solution and b) measure progress.	Vet‘s steps to take:	Support person‘s steps to take
Step 6: Evaluate how the plan worked for you.	Veteran‘s thoughts:	Support Person‘s thoughts:
Overall, did your solution(s) move you forward by at least 1%?	YES	NO (circle one)
If not, did you try another solution?	YES	NO (circle one)
If so, what did you try and what happened?		

Please mail this form back to the REACH Office
(or give to a REACH Team member) 2 weeks after tonight.
REACH Team, OKC VAMC, 921 NE 13th Street (183R)
Oklahoma City, OK 73104
Or, return it to the next REACH class. Thanks!

PHASE 3, SESSION 1:

REVIEW OF PTSD AND ITS IMPACT ON THE FAMILY

Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- "Recommended Lifestyle Changes for People Living with PTSD" (National Center for PTSD handout)

Check-in Question: "What was the best experience/event/part of your month? What was the most difficult/challenging part of your month?"

I. Introduction: Theme of recovery as a process.

A. Ask: ~~"~~Do any of you bowl? Golf? Play tennis?"

Pick one of the students who answered affirmatively and ask, "Think way back to when you first began this sport…what were your very first steps?"

Answers may be
- I watched someone else bowl.
- I read about bowling.
- I saw it on TV.

Ask, ~~"~~What was your next step in learning to bowl?"

Answers may be
- I went to the bowling alley and watched others.
- I rented shoes and played a few frames with my brother (who is a great bowler).

Ask, ~~"~~And the second time you went bowling you bowled your first perfect score, a 300, right?"

An answer may be: "No, I was terrible at first, but got better each time I bowled."

Ask, ~~–~~Did you have help in the process?"

An answer may be: "I got my brother to give me pointers, and I took a couple of lessons at a Saturday morning bowling seminar."

B. Discuss: "What does this have to do with coping with PTSD?"

Answers may be

- Dealing with PTSD is a gradual, daily, ongoing process.
- There is no sudden cure or magical pill that makes all the symptoms disappear.
- Others can help you in dealing with PTSD; you don't have to do it alone.
- Recovery is slow and steady, step by step. You don't go from bowling in the 90s to 300 overnight. It takes time and practice.

II. Positive coping choices.

Discuss: ~~–~~What are some positive choices you both make (or have made) in dealing with the PTSD?"

Answers may be

- Participating in REACH
- Taking medications
- Opening up to my support person/minister/friend
- Doing the CALM procedure

Discuss and celebrate these positive choices and the positive outcomes.

III. Negative coping choices.

Discuss: ~~–~~Sometimes when we're hurting emotionally, we make choices to try to help ourselves feel better …but they actually have bad outcomes. What are some choices that you or others you know make that are unhealthy?"

Answers may be

- Using alcohol or street drugs
- Isolating from others
- Dropping out of mental health treatment

- Stopping taking my medications
- Using anger as a shield and way to keep others at a distance.

Discuss: ―What have been the outcomes of these choices?"

IV. Gaining perspective and compassion for others' experience.

A. Have dyads back up from the table, and turn toward one another. Write the following open-ended statement on the board:

Something I've learned about you in REACH is:

Knowing this, I try:

Examples:

[Family to Veteran]: I've learned that family get-togethers are really stressful for you. Knowing this, I try to limit how long we stay, and sometimes we take two cars.

[Veteran to family]: I've learned that you feel sad and lonely when I hibernate in the back bedroom. Knowing this, I try to let you know it's not about you and check in with you every once in a while.

B. As a large group, process this sharing and the importance of ongoing communication about your needs/feelings. Emphasize that we want to always be learning about those we care about, and that it is helpful to be ―gentle" with each other.

V. Summary.

Summarize the group's discussion, distribute the NCPTSD handout, ―Recommended Lifestyle Changes for People Living with PTSD," and invite them to read it over the next month.

VI. Part 3: Group problem-solving (approximately 35 minutes).

Go back to list of this month's problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who "own" the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 "REACH Program Problem-Solving Worksheet" and OPRAH" skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who "owns" the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening's class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!

Therapist Note: When you receive the Problem-Solving worksheet from the family, call them to discuss it. Celebrate what went well, and problem solve with them about challenges that arose and/or next steps.

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THIS WEEK'S FOOT STOMPERS

PTSD

Session 1:
PTSD and its Impact on the Family

Many people who have experienced trauma go through a wide range of reactions, sometimes including re-experiencing the trauma, avoiding reminders, having strong emotional reactions (including anger) and being numb emotionally. These problems can have a major impact on relationships.

Many treatments are available for PTSD – and they can really help! Remember that treatment can be difficult. It takes a lot of courage and may take some time.

Although there is no ~~c~~ure" for PTSD, Veterans can lead productive lives. Just as with managing diabetes, managing PTSD requires effort, and may involve medications, psychotherapy, classes, physical exercise, and family involvement. The Oklahoma City VA Medical Center has many excellent programs for Veterans who experienced traumatic events in combat.

It's important for Veterans and their families to talk regulary and openly about how they can support one another. Remember that everyone (PTSD or not) has challenges and struggles in life. We challenge you to look at the situation from the other person's perspective. How can you be there for him/her?

Lifestyle Changes Recommended for People Living with PTSD

Reprinted with the permission of the National Center for PTSD

People with PTSD need to take active steps to deal with their PTSD symptoms. Often these steps involve making thoughtful changes in your lifestyle. By making these changes, you can reduce your symptoms and improve your quality of life. Here are some positive changes you could make:

Have more contact with other trauma survivors.

Other trauma survivors are a good source of understanding and support. You could join a survivors' organization. For example, Veterans may want to join a Veterans' organization. By having contact with others who have had similar experiences, you will no longer be isolated. You will also begin to break down any distrust of others.

It may be hard to take the first step and join a PTSD treatment group or other peer-support group. You may have said to yourself, "What will happen there? Nobody can help me anyway." Many people with PTSD find it hard to meet new people. They have trouble trusting enough to open up to someone new. Yet it can also be a great relief to feel that you have taken positive action. You will learn that you are not the only one dealing with the types of feelings you have. In time you may also end up being friends with another survivor.

Start exercising.

Walking, jogging, swimming, weight lifting, and other forms of exercise often reduce physical tension. It is important to see a doctor before starting to exercise. If your doctor gives the OK, exercise in moderation can help those with PTSD. Exercise may give you a break from difficult emotions. It may distract you from painful memories or worries. Perhaps most importantly, exercise can improve self-esteem. It may create feelings of personal control.

Change neighborhoods.

Survivors with PTSD often think that the world is a very dangerous place. You may think it is likely that you will be harmed again. If you have PTSD, living in a high-crime area may confirm these beliefs and make you more fearful. If it is possible, move to a safer area. It may then be easier for you to rethink your beliefs about danger. You may be better able to trust that you will be safe.

Volunteer in the community.

Most people need to feel as though they can contribute to their community. You may not feel you have anything to offer others, especially if you are not working. One way survivors can reconnect with their communities is to volunteer. You can help with youth programs, health services, reading programs, sports activities, building housing, and in many other ways.

Stay away from drinking and drugs.

Sometimes trauma survivors turn to alcohol and drugs to help them cope with PTSD. While these substances may distract you from your painful feelings for a short time, relying on alcohol and drugs always makes things worse in the end. These substances get in the way of PTSD treatment and recovery. Rather than trying to beat an addiction by yourself, you may want to join a treatment program. It is often easier to deal with addictions if you can be around others who are working on the same kinds of issues.

Invest more in personal relationships.

Most trauma survivors have a son or daughter, wife or partner, or an old friend or work buddy. Make an effort to renew or increase contact with that person. This can help you reconnect with others, which in turn helps you cope with PTSD. It will increase the chances you have to feel good and have fun. Others can offer you emotional support as you change your habits and behaviors.

PHASE 3, SESSION 2:

REVIEW OF MANAGING ANGER EFFECTIVELY

Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- Catch, Challenge, Change handout (from Phase 2)
- Time-Out Process handout (from Phase 2)

Check-in Question: "Please describe a time when you handled a ~~hot~~" topic or issue well, perhaps a time when the discussion could have led to a bad argument, but you used good communication skills and resolved the issue well. What did you do that made it go well?"

I. Review the Catch, Challenge, Change skill taught in Phase 2, Class 2.

II. Ask the class to think about triggers/incidents that upset them over the past week.

A. Ask a volunteer to share a situation in which he/she handled a challenging situation well (he/she felt good about it).

1. Break the situation down in terms of how he/she Caught, Challenged and Changed the behavior.
2. Celebrate the good outcome!

B. Next, ask for a volunteer to share a situation that he/she felt badly about how he/she handled.

1. Break the situation down by talking about how he/she was not able to Catch, Challenge or Change the behavior.
2. Problem-solve as a group how the person could handle the situation differently in the future.

III. Review the Time-Out Process taught in Phase 2, Class 2, including the rationale and steps.

A. Solicit feedback from the class as to whether/how they have used this technique.

- What worked well? What challenges did they encounter?
- Problem solve as a class how to address obstacles that arose to using the skill.

B. Ask for a volunteer dyad to role-play the time-out process for the class. Ask them to be actors in this situation.

1. Coach them to start discussing a challenging issue, and then begin to escalate.
2. Take a ~~-b~~reak" in the action when you notice tensions rising. Ask each member of the dyad to identify what is occurring in their thinking, emotions, and body. Decide who will be the person to take the Time-Out.
3. Resume ~~-a~~ction" and have the dyad model the Time-Out Process, including returning later to discuss.
4. Thank the volunteers for the role play.
5. Discuss as a large group what you noticed, what challenges arose, and how they can remember to use this in their daily lives.

III. Summarize the group's discussion. Invite them to practice the 3C's and the Time-Out process this month.

IV. Part 3: Group problem-solving (approximately 35 minutes).

Go back to list of this month's problems/challenges listed on the board, and take a group vote on which problem they would like to work on this month. Be sure that both family members who "own" the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 "REACH Program Problem-Solving Worksheet" and OPRAH skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who "owns" the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening's class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!

Therapist Note: When you receive the Problem-Solving worksheet from the family, call them to discuss it. Celebrate what went well, and problem solve with them about challenges that arose and/or next steps.

THIS WEEK'S FOOT STOMPERS

PTSD

Session 2:
Managing Anger and Conflict Effectively

You have control over HOW you choose to respond to the various challenges that come your way in life. No one ~~p~~pushes your buttons." You have ultimate control over your switches. What you say to yourself plays a big role in how you respond.

Anger, the emotion, is NOT bad or wrong. It's simply part of being human. Anger, misdirected or used to harm others, can cause problems. People who are angry ~~a~~all the time" are more likely to have problems communicating with other people, more physical health problems, poor self-esteem, and distant relationships.

Discuss issues at a calm time and practice anger-management techniques (see handout, "Anger Management – Time-Out Process"). Post the handout on your fridge. Practice, practice, practice!

Violence of any kind (emotional, physical, sexual, financial, etc.) is never OK. Even if someone has severe PTSD, that does NOT make it OK for him/her to hurt another person.

Catch, Challenge, Change

Dan Jones, Ph.D., Director, Oklahoma City VAMC PTS Recovery Program

GOAL: To help you feel more in control of your emotions by taking time to think through how you want to respond to an event, rather than just reacting quickly in rage. The goal is to learn to manage your anger in a healthy way - not to eliminate it! This approach empowers you to make different choices.

The skill is the 3*C*s: Catch, Challenge, and Change.

Catch yourself when becoming angry as quickly as possible (this is sometimes the toughest step!)

It's important to catch yourself just before or just as you are heading into a situation. As you practice, you can recognize the anger earlier and earlier.

How can you **catch yourself at lowest level?**

- Be aware of the physical changes in your body, such as increased heart rate, raised blood pressure, sweaty palms, clinched fist, clenched jaw, churning stomach, feeling your face get hot and red, eyebrow twitches, and tight muscles.
- If you aren't aware of your own symptoms, ask people who know you well. They may know your anger signs better than you do!

Challenge the anger itself to get under control, and prevent yourself from doing something you will later regret.

Ask yourself:

- Is this situation worth my getting so upset about?
- If I act out my anger, will it be helpful? Will I be proud of myself tomorrow?
- Is this the right thing to do?
- Is this the kind of man/woman/husband/wife/partner I want to be?
- What is the cost if I ~~l~~et it rip?" Is this situation worth going to jail over?

Remember: if your ~~g~~ut feeling" says that the behavior you're immediately tempted to do may not be a good decision…YOU take charge of yourself.
Only you have the power to decide how to respond to the situation. You're in control!

Change your behavior. 

Now that you've ~~c~~aught" yourself feeling angry and have ~~c~~hallenged" yourself to respond differently, you have the power to CHANGE your response.

You can change in several ways:

- **Change your behavior**: Instead of speeding up after the driver who cut you off in traffic, take a deep breath and remember that he/she is not worth ruining your day over!
- **Change by getting away**: Instead of yelling at the kids, go to the living room and sit down for a few minutes.
- **Change your mind/attitude**: Rather than criticizing your wife, decide to be the ~~b~~igger person," and don't say anything at all when you're really angry.
- **Change what you are doing**: If you find that you often get angry with the rude salespeople and big crowds at busy stores, choose to go elsewhere or pick a quieter time.

Helpful Tips on Using Catch, Challenge, Change

- The 3*C*s are simple, but challenging. It takes practice to learn and use a new skill. As with trying to break other habits, changing how you deal with your anger takes time and effort, but you can do it.
- With practice, you will have freedom, more choices, and more control over yourself. You will also probably feel better about yourself and have fewer regrets/guilt. Others may also enjoy spending time with you more as you improve.
- However, no one can do this for you! You have to want to change and make a commitment to use the skill.

YOU are in Control of What You Say to Yourself!

You can try out new ways of thinking to help feel in control. Changing how you talk to yourself (your self-talk) can be very helpful in keeping your cool. Here are some examples of helpful self talk you can use in anger-provoking situations:

- Although I cannot change/control him/her, I am in control of my behavior. No one else can ~~p~~ush my buttons."
- I can decide what I will do before I get in a situation.
- While I am calm, I can think clearly.
- CATCH, CHALLENGE and CHANGE.
- I will not let him/her control my emotions; I will take charge of me.
- I will cooperate with him and be kind; I choose not to argue. I am going to ~~k~~ill the enemy with kindness"; I am going to be the bigger person."
- Stop, take a deep breath, and calm down; I can make reasonable decisions.
- I can walk away if I feel out of control.

Time-out Process

Why? The goal of a time-out is to prevent an argument from escalating/getting out of control to the point that either of you later regret your words/behavior. Use of the time-out procedure is good for each person, their relationship, and children/others in the home.

Who? Time-outs are helpful to use in relationships that you want to maintain. You would not use them with people with whom you have not already discussed the use of the procedure.

When? Either partner can call a time out **for him-/herself** if a discussion/argument is starting to feel out of control. You would never tell someone else to ~~go~~ take a time out!"

Remember: Most people cannot think clearly when angry, so postponing the discussion until a time when both people are calmer is often helpful. As opposed to the old saying, it really IS ok to go to bed angry if you will be able to talk about the issue more effectively the next day!

VERY IMPORTANT: You need to discuss the time-out process with the other person at a calm time.

Key points to discuss:

1. Mutually agreed upon a signal for use to signal a time-out. It's best to have a verbal and nonverbal (hand signal) way of communicating that you need to take a time-out.
2. When someone calls a time-out, the discussion ends immediately. It is not helpful to persist in trying to get in the last word.
3. The person who called the time-out physically removes him/herself from the room. The partner will not follow the person who is taking the time-out.
4. Before leaving for your time-out, you need to tell the other person:
    a. What you are going to do
    b. Where you are going (e.g., next room, for a drive, to friend's house, etc.)
    c. When you'll be back (certain number of minutes/hours)

While taking the time-out

It is not helpful to obsess about how angry you feel at the other person during this time…or to call someone else and vent about how ~~w~~ronged" you have been.

Also, do not send text messages, call, or email the other person during the time-out. Posting unkind messages about the other person on Facebook or other social media is also strongly discouraged.

Rather, each person has two tasks during the time-out:

1. Do some activity that is calming for you.
2. Brainstorm possible solutions to the problem. Strive to consider the other's perspective/feelings and what YOU can do to improve the situation.

Upon returning to discuss:

1. The person who called the time-out approaches his/her partner (preferably within a few hours – but definitely within 24 hours) with KINDNESS. You may choose to apologize, express affection (hug/kiss), or express hopefulness (~~l~~et's try this again"…"we can do better this time'). Remember Dr. Gottman's ~~s~~oftened start-up" research that shows how you START a conversation has a big impact on how it goes.
2. Each person presents his/her solution to the problem, and the other person listens without interrupting.
3. Both people focus on aspects of the solution that will work (rather than focusing on what won't work).
4. Together, choose parts of both solutions that will make both parties happy.

Note: If tempers rise and another argument is brewing, take another time out!

PHASE 3, SESSION 3:

REVIEW OF COMMUNICATION SKILLS

Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- "I" messages, Part 2

Check-in Question: Most families have some topics that are relatively easy to address, whereas others can be tough/stressful. What is a topic that you communicate well about? How does that go for you? And what is a topic that is challenging for you to discuss?"

I. Review the "I" message skill taught in Phase 2.

In Phase 2, we talked a lot about the importance of developing and using healthy communication skills. In particular, the "I" message skill can help an individual give feedback without criticizing the other person. As part of this, the speaker needs to identify his/her emotions about a situation and consider what he/she would like from the family member."

A. Write on the board:

When you_____ , I feel _____.

In the future, I would appreciate _____.

B. Discuss how they have been able to use this skill at home to communicate feelings, talk about problems, etc. Also emphasize the importance of approaching each other respectfully/kindly (softened startup).

C. Distribute the handout "I" Messages, Part 2.
Ask class members to answer a few of the questions in each section.

II. Review the speaker-listener technique

A. Engage the class in discussion of if/how they have used this technique. Do they still have the floor (~~c~~arpet") we provided, and do they use it?

B. Using the ~~I~~" message, Part 2 worksheet they just completed, have them practice this technique in class. Use the coaching procedure outlined in Phase 2.

C. Discuss as a large group how the practicing went, and how they can use this technique in their daily lives. Encourage them to set aside some time each week to use this technique.

III. Part 3: Group problem-solving (approximately 35 minutes).

Go back to list of this month's problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who ~~o~~wn" the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 ~~R~~EACH Program Problem Solving Worksheet" and ~~O~~PRAH" skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who ~~o~~wns" the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening's class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!

Therapist Note: When you receive the Problem-Solving worksheet from the family, call them to discuss it. Celebrate what went well, and problem solve with them about challenges that arose and/or next steps.

THIS WEEK'S FOOT STOMPERS

PTSD

Session 3:
Communication Skills

Effective communication in families is very important! When all family members minimize criticism and strong expressions of negative emotion, the relationship/house feels calmer and more peaceful for everyone!

How you approach your family member makes a big difference in how you are received. Remember and practice the ~~-~~I" messages – speak from your own experience! Also, remember Dr. Gottman's ~~-~~softened start up" approach...starting the conversation quietly and respectfully helps every time!

Strive to use ASSERTIVE (rather than aggressive or passive) communication. Remember that assertive communication is HARD (honest, appropriate, respectful and direct).

Listening to another person totally—without judgment, interruption or sarcasm—is a real gift! The ~~-~~speaker listener" technique we practiced tonight can be very helpful – especially when discussing sensitive matters. Remember that listening requires MUCH more than simply hearing.

"I" Messages, Part 2

I MESSAGE: **Expressing Appreciation**

WHEN YOU _____ I FEEL _____.

Example: When YOU *called me because you were running late*, I FELT *relieved.*

1. When you _____, I feel proud of you.
2. When you _____, I feel happy.
3. When you _____, I feel excited.
4. When you _____, I feel loved and close to you.
5. When you _____, I feel _____
6. When you _____, I feel _____

I MESSAGE: **Asking for Change**

Be specific!

WHEN YOU _____ I FEEL _____.

IN THE FUTURE, I WOULD APPRECIATE:_____

Example: When YOU *yelled at the waitress at the restaurant because your meal was cold*, I FELT *embarrassed.* In the future, I would appreciate *if you could be more respectful.*

1. When you _____, I feel hurt.
   In the future, I would appreciate_____
2. When you _____, I feel scared.
   In the future, I would appreciate_____
3. When you _____, I feel worried.
   In the future, I would appreciate_____
4. When you _____, I feel angry.
   In the future, I would appreciate_____
5. When you _____, I feel confused.
   In the future, I would appreciate_____
6. When you _____, I feel sad.
   In the future, I would appreciate_____
7. When you_____, I feel _____
   In the future, I would appreciate_____

PHASE 3, SESSION 4:

REVIEW OF CREATING A LOW-STRESS ENVIRONMENT AND PROMOTING WELLNESS

Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- Wellness exercise worksheet
- CALM Technique

Check-in Question: "When the person you're participating in REACH with is overwhelmed by stress, what do you do (or not do) to be supportive?"

I. Review the concept of wellness and the importance of setting small goals.

A. ~~"~~In REACH we shared many specific suggestions about ways you can improve your ~~"~~wellness" (remember the Wellness Exercise?).We encouraged you to consider making changes in different parts of your life, such as setting goals for physical health, emotional well-being, spiritual life, social life, etc."

B. Distribute the Wellness exercise worksheet from Phase 2.

Discuss: ~~"~~What progress have you made on your goals? How could the group support you today in making small progress (maybe even just 1 millimeter) on your goals? Do you need to change your goal and head in a new direction?"

II. Review the CALM technique.

A. In Phase 2, we also taught the Veterans a highly effective skill for managing stress called the CALM technique.

B. Discuss:
- How have you used this skill?
- In what situations?
- What have you noticed regarding how it works?

C. ~~"~~As with any skill, it's extremely important to practice, so we're going to go through this procedure today as a group. Support persons: we did not teach this to you in Phase 2, so you're in for a special treat!"

D. Go through the CALM procedure as a class.

E. Distribute the CALM technique note cards.

III. Part 3: Group problem-solving (approximately 35 minutes).

Go back to list of this month's problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who ~~"o~~wn" the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 ~~"R~~EACH Program Problem Solving Worksheet" and ~~"O~~PRAH" skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who ~~"o~~wns" the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening's class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!

Therapist Note: When you receive the Problem-Solving worksheet from the family, call them to discuss it. Celebrate what went well, and problem solve with them about challenges that arose and/or next steps.

THIS WEEK'S FOOT STOMPERS

PTSD

Session 4:
Creating a Low-Stress Environment and Promoting Wellness

Stress is part of life! You can keep the stress level in your home lower by sticking to a regular schedule, keeping the house quiet, sharing in family rituals, doing fun activities (both by yourself and as a family), and exercising regularly.

Taking your mental health medications regularly is extremely important. If you have side-effects or concerns that your medicine isn't working, contact your provider AS SOON AS POSSIBLE. Taking your medicine as the doctor orders helps avoid many crises and headaches for the entire family.

It's important to practice several techniques to lower your stress level. Remember the four-count breath and the CALM procedure as tools during stressful times.

Fine-tune and then implement your wellness plan. Select one area of focus, and be sure to enlist your family member's support. Remember to set small, measurable goals!

WELLNESS HANDOUT

STEP 1: Please take a minute and rate yourself on the following aspects of wellness over the past 3 months.

**** Important Points ****

- This is how you view YOURSELF – not how others view you.
- This is a personal assessment. We will not ask you to share this with the class.
- Please rate honestly how you are NOW – not how you would ~~li~~like to be" or think you ~~s~~should" be.
- There are no right or wrong answers!

Please use the following scale:

Lots of Room For Improvement									**I am 100% happy with this part of my life**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Emotional Well-being

1	2	3	4	5	6	7	8	9	10

Physical Health

1	2	3	4	5	6	7	8	9	10

Work/Career (If retired, rate how you spend your time)

1	2	3	4	5	6	7	8	9	10

Financial

1	2	3	4	5	6	7	8	9	10

Personal and Family Relationships

1	2	3	4	5	6	7	8	9	10

Social (relationships with people outside my home / family)

1	2	3	4	5	6	7	8	9	10

Spirituality

1	2	3	4	5	6	7	8	9	10

Are there other aspects of wellness important to you? If so write here:

_____

_____

1	2	3	4	5	6	7	8	9	10

STEP 2: Please go back to the questions (above) and circle in a GREEN pen/pencil where you would like to be on each aspect in 4 months.

STEP 3: Select one area of wellness that you would like to focus on.

The area I plan to focus on in the next 4 months is: _____

STEP 4: Create a specific plan as to how you are going to make forward progress toward your goal. Goals should be SMART:

S	**Specific**
M	**Measurable**
A	**Achievable**
R	**Realistic**
T	**Timely**

My plan:

STEP 5: Think about how your family member can help you with your goal. Write how he/she can assist you here:

STEP 6: Turn toward your family member and share what you wrote above. Ask if he/she would be willing to help you move toward your goal – and share SPECIFICALLY what he/she could do to be helpful.

Sample Goals

Emotional Well-being:

- Take the Depression-management class.
- Meet with the Therapeutic Recreation Department to find new hobbies.
- Join a gym/exercise facility and work out at least 2x/week

Spirituality

- Try out two new churches
- Call and schedule a meeting with a local clergy person to explore your spirituality.
- Get a book from the library on spirituality and read it.
- Go on a walk in nature once/week.

Social (relationships with people outside my home/family)

- Call two friends that you have lost contact with.
- Contact your local community center and sign up for a class.
- Review the volunteer handout we provided and sign up to volunteer.

C A L M

C - Chest and Shoulders Relaxed

A - Arms and Hands Relaxed

L - Legs and Feet Relaxed

M - Mouth and Jaw Relaxed

If you have an iPhone, you may also find this free Breathe2Relax app useful in practicing deep breathing:

http://t2health.org/apps/breathe2relax

PHASE 3, SESSION 5:

REVIEW OF DEPRESSION AND ITS IMPACT ON THE FAMILY

Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- Weekly schedule handout (from Phase 2)
- Fun Activity Catalog (from Phase 2)
- ~~"~~How to Help Yourself if You are Depressed" (NIMH handout) http://www.nimh.nih.gov/health/publications/men-and-depression/how-to-help-yourself-if-you-are-depressed.shtml

Check-in Question: "When the person you're in REACH with is going through a sad/depressed time, what do you do to be supportive and helpful?"

I. Review the importance of creating a schedule.

Discuss: ~~"~~Why is it important to have a routine/schedule/reason to get out of bed?"

~~"~~How many of you worked on creating a schedule? How did this work for you? What changes did you notice in your mood?"

A. To support participants in creating schedules and incorporating fun activities, distribute blank weekly schedules and the Fun Activities Catalog.

B. Encourage dyads to work on the schedules together, possibly planning fun activities for them to do together regularly.

II. Discuss the benefits of volunteering.

A. Discuss: ~~"~~We also discussed the value of helping other people as a means of managing depression. Has anyone found an activity from the List of Volunteer Opportunities that interested him/her?"

B. Discuss how volunteering be helpful for your mood.

III. Brainstorm other helpful tools for managing depression.

Discuss: ~~"~~In addition to sticking to a schedule and helping other people, what are some other things you have found to be helpful in dealing with depression?"

Sample answers may include:

- Physical exercise
- Setting small, realistic goals: For example, let's say your goal is to plant a garden, how might you break that down into workable steps? First step? Second? Third?
- Forcing yourself to be around other people, even if you don't feel like it.
- Engaging in activities that you used to enjoy, even if they don't sound like fun now
- Catching yourself when you think negatively. For example, when you are in the depths of major depression, you view the world through brown lenses. With those lenses on, the Grand Canyon, Pike's Peak and Niagara Falls look bleak, dismal, sad and mundane. Remember that it is the lenses, the negative thinking, that distorts the view. Remember that these lenses can be corrected!
- Letting your family and friends help you – the fact that you are here today with your support person says you've already figured that out!

IV. Explore how support persons can be helpful.

Discuss: "What have you found helpful for support persons to do – or not do – to help Veterans living with PTSD?"

Possible answers may include:

- Remaining hopeful and encouraging (but remember that, ultimately, the Veteran is responsible for his/her well-being; you cannot fix/cure him/her).
- Encouraging the Veteran to stick with treatment, and letting the doctor know if the treatment plan/medications need to be changed.
- Staying involved in the Veteran's treatment (such as coming to REACH classes, the SAFE Program, etc.).
- Listening when the Veteran wants to share, and avoiding giving advice.
- Inviting him/her to do fun activities with you.

Summarize the group's discussion. Provide the "How to Help Yourself When You are Depressed" handout and encourage the participants to read it.

V. Part 3: Group problem-solving (approximately 35 minutes).

Go back to list of this month's problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who "own" the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 "REACH Program Problem Solving Worksheet" and "OPRAH" skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who "owns" the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening's class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!

THIS WEEK'S FOOT STOMPERS

PTSD

Session 5:
Depression and its Impact on the Family

Depression is VERY common. Each person's experience of depression is different, but common symptoms include changes in sleeping and eating patterns, low energy, difficulty concentrating, loss of interest in activities, and feeling sad or down. If anyone has serious thoughts of hurting him-/herself or anyone else, call 911 or go to an emergency room immediately.

There is a lot of help available to manage depression. Just as with managing diabetes, managing depression requires effort and may involve medications, psychotherapy, classes, physical exercise, and family involvement. The Oklahoma City VA Medical Center has many treatments for depression, including a Depression Management Skills class.

The bed is NOT your friend when you're depressed! It's very important to stick to a regular schedule and to plan fun activities. GET BUSY! Get out of bed by using activity scheduling. Avoid isolating which usually only worsens depression. Consider the list of Volunteer Opportunities as a great way to lift your mood and to give back to your community.

It's important for Veterans and their families to talk regulary and openly about how they can support one another. Remember that everyone (depression or not!) has challenges and struggles in life. We challenge you to look at the situation from the other person's perspective. How can you be there for him/her?

Weekly Activity Schedule

	Monday	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
8 - 9							
9 - 10							
10 - 11							
11 -12							
12 -1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-10							

Fun Activities Catalog

The following is a list of activities that might be fun and pleasurable for you. Feel free to add your own fun activities to the list.

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells)
4. Going for a holiday
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day‘s work
12. Recalling past parties
13. Buying household gadgets
14. Planning a career change
15. Going window shopping
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Hobbies (stamp collecting, model building, etc.)
21. Spending an evening with friends
22. Planning a day‘s activities
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Playing card and board games
27. Going to the gym, doing aerobics
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants

39. Buying, selling stocks and shares
40. Going swimming

41. Doodling
42. Exercising
43. Collecting old things
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Having sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying
58. Losing weight
59. Going to the beach
60. Thinking I'm an OK person
61. Having a day with nothing to do
62. Having class reunions
63. Going ice skating, roller skating/blading
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Doing something spontaneously
68. Doing embroidery, cross stitching
69. Sleeping
70. Driving
71. Entertaining
72. Going to clubs (garden, sewing)
73. Thinking about getting married
74. Going bird watching
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying CDs, tapes, records
81. Watching boxing, wrestling
82. Planning parties
83. Cooking, baking
84. Going hiking

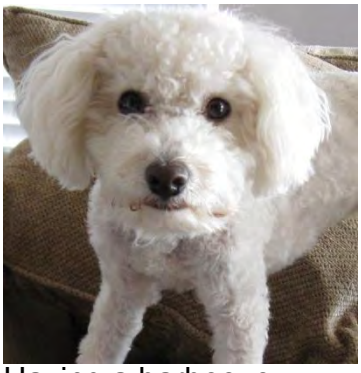
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Working
89. Going out to dinner
90. Discussing books
91. Sightseeing
92. Gardening

93. Going to the beauty salon
94. Early morning coffee and newspaper

95. Playing tennis
96. Kissing
97. Watching my children play
98. Going to plays and concerts
99. Daydreaming
100. Planning to go to school
101. Thinking about sex
102. Going for a drive
103. Listening to a stereo
104. Refurbishing furniture
105. Watching TV, videos
106. Making lists of tasks
107. Going bike riding
108. Walks on the riverfront/foreshore
109. Buying gifts
110. Travelling to national parks
111. Completing a task
112. Thinking about my achievements
113. Attending soccer or basketball game
114. Eating gooey, fattening foods
115. Exchanging emails, chatting on the internet
116. Taking photos
117. Going fishing
118. Thinking about pleasant events
119. Staying on a diet
120. Star gazing
121. Flying a plane
122. Reading fiction
123. Acting
124. Being alone
125. Writing diary/journal entries
126. Cleaning
127. Reading non-fiction
128. Taking children places
129. Dancing
130. Going on a picnic
131. Thinking ~~I~~did that pretty well" after doing something
132. Meditating

133. Playing volleyball
134. Having lunch with a friend
135. Going to the hills
136. Thinking about having a family

137. Thinking about happy moments in my childhood
138. Splurging
139. Playing cards
140. Solving riddles mentally
141. Having a political discussion
142. Playing cricket
143. Seeing and/or showing photos
144. Knitting/crocheting/quilting
145. Doing crossword puzzles
146. Shooting pool/Playing billiards
147. Dressing up and looking nice
148. Reflecting on how I've improved
149. Buying things for myself
150. Talking on the phone
151. Going to museums, art galleries
152. Thinking religious thoughts
153. Surfing the internet
154. Lighting candles
155. Listening to the radio
156. Going crabbing
157. Having coffee at a cafe
158. Listening to the radio
159. Getting/giving a massage
160. Saying ~~I~~love you"
161. Thinking about my good qualities
162. Buying books
163. Taking a sauna or a steam bath
164. Going skiing
165. Going canoeing or rafting
166. Going bowling
167. Doing woodworking
168. Fantasizing about the future
169. Doing ballet, jazz/tap dancing
170. Playing computer games
171. Having an aquarium
172. Enjoying erotica
173. Going horseback riding
174. Going rock climbing
175. Becoming active in the community
176. Doing something new
177. Making jigsaw puzzles
178. Thinking I'm a person who can cope
179. Playing with my pets



180. Having a barbecue
181. Rearranging the furniture in my house

How to Help Yourself if You Are Depressed

NIMH, In the Public Domain

"It affects the way you think. It affects the way you feel. It just simply invades every pore of your skin. It's a blanket that covers everything. The act of pretending to be well was so exhausting. All I could do was shut down. At times you just say 'It's enough already.'"

-Steve Lappen, Writer (NIMH website)

Depressive disorders can make one feel exhausted, worthless, helpless, and hopeless. It is important to realize that these negative views are part of the depression and do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect. In the meantime:

1. Engage in mild exercise. Go to a movie or a ballgame or participate in religious, social, or other activities.
2. Set realistic goals and assume a reasonable amount of responsibility.
3. Break large tasks into small ones, set some priorities, and do what you can as you can.
4. Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
5. Participate in activities that may make you feel better.
6. Expect your mood to improve gradually, not immediately. Feeling better takes time. Often during treatment of depression, sleep and appetite will begin to improve before depressed mood lifts.
7. Postpone important decisions. Before deciding to make a significant transition – change jobs, get married or divorced – discuss it with others who know you well and have a more objective view of your situation.
8. Do not expect to "snap out of" a depression. But do expect to feel a little better day by day.
9. Remember, positive thinking will replace the negative thinking as your depression responds to treatment.
10. Let your family and friends help you.

Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- My Foundation

Check-in Question: **"**What is one community organization/group that has always interested you? Perhaps somewhere or something you'd like to join or participate in that would be a chance to meet new people?"

I. Discuss the human need to ~~b~~belong."

A. ~~W~~We in REACH believe that all human beings have a need to ~~b~~belong' and be part of something. Many Veterans, for example, wear ball caps indicating their branch of service or unit. Human beings also want to feel safe—that someone ~~h~~has their back.' We want to feel that there's someone we can count on."

1. Explain how service members are placed in units to function as a team and to protect one another. Working together can promote unit cohesion and trust in one another.

2. Review how there is safety in numbers. It is much harder for the enemy to assault a unit when its members are strong and together than when members are isolated.

3. Ask: ~~"W~~What does this mean for Veterans and their families dealing with PTSD?"

   Possible answers may include:

   - ~~"I~~f you have someone you can call at 3am when the truck breaks down in a rural area, you and your family are safer."
   - ~~"W~~hen you feel you belong, you tend to be less depressed."

B. ~~"A~~s we've discussed in REACH, some people with PTSD avoid people and potentially upsetting situations. In so doing, they cut themselves off from friendships and support, and can become quite lonely and isolated. We understand how this can happen, but also realize that the quality of life for many of these Veterans and families is not good. Therefore, we've challenged you to stretch a little during the past 9 months, and want to continue that encouragement tonight in this final class."

II. Explore class members' current sources of support.

~~"T~~o begin, let's review what your connections are now. Who can you count on?"

1. For some people, we feel ~~"c~~onnected" in our families.

   - ~~"W~~hat roles do you play in your family?"
   - ~~"W~~ho can you count on in your family?"

   Assist the class to define the roles of: husband/wife/partner, brother/sister, parent, child, aunt/uncle, etc.

2. ~~"W~~ho do you feel connected to outside your family? What relationship is closest at this time?"

   Assist the class in identifying friends, acquaintances, etc.

3. Explore other possible community connections such as:

   - Churches/houses of worship
   - Veteran organizations
   - Book clubs
   - Athletic teams
   - Volunteer organizations

Assist the class in sharing information about groups they feel connected to and what they draw from these affiliations.

4. Discuss how and why these connections are important.

III. Discuss participants' feelings about the ending of REACH.

~~I~~For the past 9 months, you have been part of the REACH family. As you know, you will have your graduation session with your Phase 1 therapist soon, at which time we'll discuss your experience and other treatment options. As a REACH graduate, we'll send you our annual newsletter and encourage you to attend our annual retreat, but you will not be attending classes regularly."

1. ~~H~~How do you feel about REACH ending tonight?"

2. Discuss how their completion of REACH is an accomplishment, but can also be experienced as a loss.

3. Validate the loss, but challenge class members by raising questions such as, ~~H~~How can you help fill that void, drawing on the strength, skills and support you gained in REACH to continue these relationships and to forge new friendships?"

IV. Explore ways to broaden and deepen their connections in the community.

A. Discuss: ~~W~~What might be a reasonable, small next step for you in broadening and deepening your connections?" Possible follow-up questions may include:

- What family relationship might you want to try to strengthen?
- Is there a military buddy, church friend, or neighbor you might want to reconnect with?
- What community organization might you want to become active with?
- Would you consider getting a pet?
- It can be helpful to have a range of kinds and levels of relationships. Would you consider joining an online social network like Facebook (but beware of possible challenges therein)

B. Explore how they can support each other as a dyad in stretching themselves along these lines.

C. Distribute the ~~"M~~My Foundation" handout. Invite the class to brainstorm ~~"f~~foundational stones" for their ~~"h~~house," identifying people/activities/organizations that could give them strength and safety.

Remind participants that we're talking about making SMALL changes at their own pace. Consider these two quotes:

~~"Y~~You can hurry your life's process along, but that would be like yelling at a flower to grow faster. It grows at its own pace…as will you." (Anonymous)

~~"A~~And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom." (Anaïs Nin)

V. Part 3: Group problem-solving (approximately 35 minutes)

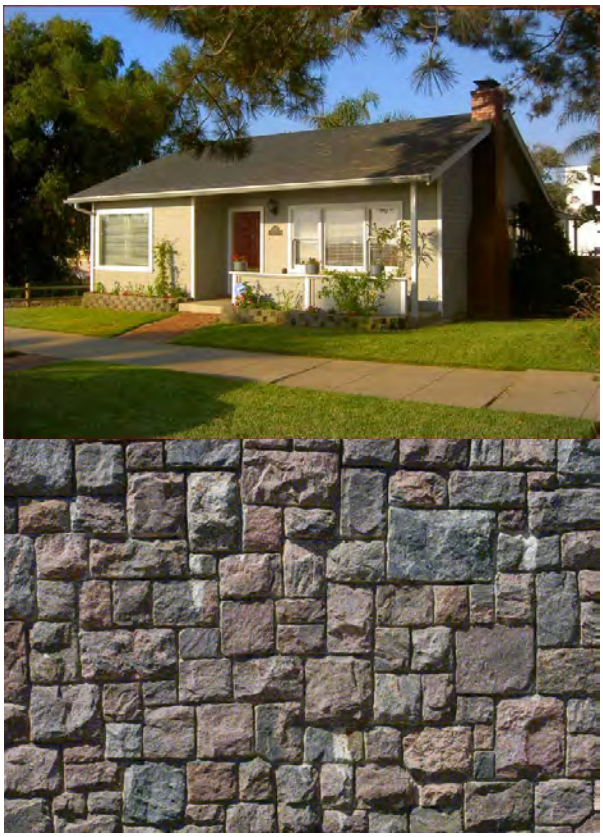
Go back to list of this month's problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who ~~"o~~wn" the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 ~~"R~~EACH Program Problem Solving Worksheet" and ~~"O~~PRAH" skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who ~~"o~~wns" the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening's class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!

My Foundation



Who (or what) are your foundation stones now?

How could you strengthen your foundation?

–You can hurry your life's process along, but that would be like yelling at a flower to grow faster. It grows at its own pace…as will you. –(Anonymous)

–And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom." (Anaïs Nin)

THIS WEEK'S FOOT STOMPERS

PTSD

Session 6:
Problem-Solving Skills

All families face problems. You are not alone!

Great problem solvers are made...not born! You can learn these skills to help navigate a variety of life challenges.

When facing a problem, remember OPRAH (Be Optimistic, be Patient, Respect each other, Avoid blame, and meet your partner Halfway).

Remember the six steps:

1. Define the problem and the desired outcome.
2. Brainstorm possible solutions.
3. Discuss the pros and cons of each possible solution.
4. Select the idea(s) you wish to try.
5. Plan how your family will do the selected plan.
6. Come back later and review how it went.

Graduation Session

Graduation Session Goals:

1. To celebrate the dyad's completion of the program and thank them for their commitment
2. To assess their progress during REACH and provide referrals to other treatment programs if needed
3. To elicit their reactions to the program (what they liked and disliked) so we can improve REACH for future Veterans/families

Therapist Note: In the dyad's last Phase 3 class, bring some appointment times to offer them to schedule the graduation session. Inform them that this meeting will be a chance to discuss the dyad's experience in REACH, as well as to address remaining needs for each of them.

I. Check-in and celebration (10-15 minutes).

A. Briefly check-in with the dyad about how they have been since last Phase 3 class, including any possible crises.

B. Compliment them on having completed the program, affirming their hard work.

C. Specifically compliment them on a quality they demonstrated in the REACH program, using concrete examples, such as:

- Dedication to the program (e.g., regular attendance)
- Taking risks to make changes
- Completion of the homework and using new skills
- Support of other group members
- Sense of humor

II. Assess the progress they feel they made in REACH and their next steps (15 minutes).

A. Ask the Veteran and support person what they have gained from the REACH program. Lead-in questions may include:

- ~~"~~What progress has each of you made in REACH?"

- ~~"~~What skills will you retain and use?" You might need to mention a few of the skills taught in class, such as:
  - Time-out process
  - Daily gratitude journal (GROW log)
  - ~~"~~I" messages
  - Wellness goal
  - CALM procedure
  - Weekly activity scheduling
  - Problem solving

- ~~"~~What positive changes have you noticed as a result of REACH? In yourself? In each other? In the relationship?"

B. Solicit their thoughts about possible ~~"~~next steps" in treatment if desired. Have pamphlets/flyers about various programs available, including contact information and schedule.

- For Veterans, they may be ready to engage in more intensive treatment of their PTSD symptoms, or want to take a class to bolster their skills in managing anger (etc). Explore clinical needs and offer relevant local treatment options. If they are working with a psychiatrist, encourage them to keep regular appointments.

- For support persons, assess needs and suggest VA/community treatment options, including the Support And Family Education (SAFE) program.

- If the dyad is in an intimate relationship and wants to address couple issues, consider a referral to couples therapy.

III. Elicit reactions to the REACH Program (10 minutes).

Emphasize our desire to learn what was helpful and how we can improve REACH for future Veterans/families. Ask for feedback on what they liked and disliked. Solicit topics they wish would have been addressed and recommendations for ways to improve the program.

- ~~"W~~When you meet other Veterans/families who ask about REACH, what positive aspects of REACH will you remember the clearest?"
- ~~"W~~What was most helpful about being in REACH?"
- ~~"H~~ow could we improve the program for the future?"

Thank them for the important feedback, and assure them we discuss all suggestions carefully as a treatment team.

IV. Close (10 minutes).

A. Explain that we will mail them a REACH newsletter every year, updating them on the REACH Program. A sample newsletter is in the appendices to this manual.

B. Tell them about the annual REACH reunion when we gather annually to reconnect with REACH friends and providers. We host a 60-minute reunion in a large room at the medical center. Families bring their own lunch, and we provide dessert/cake and punch. We have some fun interactive activities and enjoy socializing together. We will send them an invitation shortly before the next event.

C. Encourage them to tell other Veterans/families about the program if they feel inclined to do so.

D. Give the Veteran and support person a small REACH graduation gift.

E. Thank the dyad for their dedication to this new program, noting that it has been an honor to serve them. Thank them for allowing you to share in their journey.

F. Ask them to complete a final anonymous satisfaction survey.

Program Satisfaction

Both Veterans and support persons independently complete an anonymous satisfaction form (see page 273) at the end of each phase of the REACH Program. Data from this feedback have been invaluable in shaping the REACH program to meet the needs of our Veterans and support persons. Data as of July 2011 of 1,093 Veterans/support persons about REACH include:

How would you rate the quality of mental health care you received in the REACH Project?

95%	"Excellent" or "good"
54%	"Excellent"
41%	"Good"

If a friend were in need of similar help, would you recommend the REACH Project to him/her?

98%	"Yes, definitely" OR "Yes, I think so"
73%	"Yes, definitely"
26%	"Yes, I think so"

Has the REACH Project helped you to deal more effectively with your problems?

97%	"Yes, it helped a great deal" or "Yes, it helped somewhat"
46%	"Yes, it helped a great deal"
50%	"Yes, it helped somewhat"

In an overall, general sense, how satisfied are you with the services you have received in the REACH Project?

96%	"Very satisfied" or "Mostly satisfied"
61%	"Very satisfied"
35%	"Mostly satisfied"

Overall, how satisfied are you with your therapist(s)?

97%	"Very satisfied" or "Mostly satisfied"
80%	"Very satisfied"
17%	"Mostly satisfied"

Satisfaction Form

FOR STAFF USE ONLY

Date:_____

Completing REACH Phase

PH-I PH-II PH-III

I am a (please circle one): VETERAN FAMILY MEMBER

My therapist(s) were (please circle all that apply):

DOERMAN SHERMAN THRASH

1. How would you rate the quality of mental health care you received in the REACH Project?

1	2	3	4
Excellent	Good	Fair	Poor

2. If a friend were in need of similar help, would you recommend the REACH Project to him/her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

3. Has the REACH Project helped you to deal more effectively with your problems?

1	2	3	4
Yes, it helped a great deal	Yes, it helped somewhat	No, it really didn't help	No, it seemed to make things worse

4. In an overall, general sense, how satisfied are you with the services you have received in the REACH Project?

1	2	3	4
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

5. Overall, how satisfied are you with your therapist(s)?

1	2	3	4
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

6. Please comment on why you are satisfied or dissatisfied with your therapist(s).

_____
_____
_____

PLEASE TURN OVER

7. What did you like the MOST about the REACH Project?

_____
_____
_____
_____
_____
_____

8. What did you like the LEAST about the REACH Project?

_____
_____
_____
_____
_____
_____

9. Are there any specific topics that you wish we would have addressed in the REACH Project?

_____
_____
_____
_____
_____
_____

10. How can we improve the REACH Project for future Veterans and their families?

_____
_____
_____
_____

THANK YOU

Evaluation

Since the inception of the REACH Program in Oklahoma City (August, 2006), we have been performing a longitudinal evaluation of Veterans and support persons, evaluating them at the beginning of the program and the end of each phase. Veterans and support persons complete a packet of standardized questionnaires assessing a variety of domains, including problem-solving skills, communication skills, relationship satisfaction, family coping, empowerment, social support, knowledge about PTSD, and psychiatric symptoms. Analysis of these data is currently underway, and results will be submitted for publication soon. A reprint of this article will be included in future issues of this curriculum.

Publications and Presentations Regarding the REACH Program

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Sherman, M.D., Doerman, A.L., & Fischer, E. (2011, August). *The REACH Project: Family psychoeducation for Veterans living with PTSD and their families*. National VA Mental Health Conference. Baltimore, MD.

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Sherman, M.D., Fischer, E.F. Sorocco, K., & McFarlane, W. (2009). Adapting the multifamily group model to the Veterans Affairs system: The REACH program. *Professional Psychology: Research and Practice, 40*(6), 593-600.

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Contact Us

We are invested in expanding our knowledge and use of family psychoeducation regarding PTSD. We sincerely welcome your reactions, comments, experiences, questions and ideas.

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Appendices

REACH Program flyer

Sample REACH Program annual newsletter

Two articles on the REACH Program:

Sherman, M.D., Fischer, E.P., Bowling, U.B., Dixon, L.B., Ridener, L., & Harrison, D. (2009). A new engagement strategy in a VA-based family psychoeducation program. *Psychiatric Services, 60*, 254-257.

Sherman, M.D., Fischer, E.F. Sorocco, K., & McFarlane, W. (2009). Adapting the multifamily group model to the Veterans Affairs system: The REACH program. *Professional Psychology: Research and Practice, 40*(6), 593-600.

We hope to hear from you soon!

Michelle Sherman, Ph.D., Director
Alan Doerman, Psy.D., ABPP
Lee Thrash, Ph.D.

For more information,
please contact us at:
(405) 456-2392

Family Mental Health Program
405-456-2392

Main Hospital Number
405-456-1000

Patient Care
Local: 456-1000
Toll Free: 1-866-835-5273

Prescription Refills
Local: 456-1610
Toll Free: 1-800-694-8387 (Option 2)

Oklahoma City VA

Caring for...AMERICA'S HEROES
www.oklahoma.va.gov

921 NE 13th Street
Oklahoma City, OK 73104

Family Education

Reaching out to Educate and Assist Caring, Healthy families

REACH Project

Approved PHE: Revised: January 2011
Graphic support provided by OKC-VAMC Medical Media, March 2010

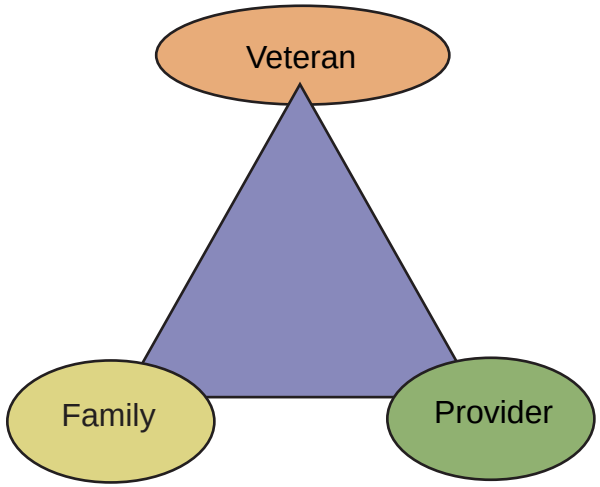
Family Mental Health Program

Living with emotional problems or PTSD can affect many parts of your life—your ability to hold down a job, to accomplish goals, to have fun, and to have good relationships with family members and friends. But, living with emotional problems does not have to control your life…we want YOU and your family to be "in the driver's seat." The OKC VA Hospital wants to help you feel good about yourself, have productive activities, and enjoy healthy relationships.

A very important way that we can help you meet these goals is to involve your family in your treatment. Just like your family member may learn about your diabetes, attend diabetes classes, and help you watch your diet, family members can be very helpful with your mental health.

Research has found that people living with emotional problems or PTSD do better when their family members and friends are on their "team." Also, family members do better when they have help!

The REACH program fosters the building or rebuilding of BRIDGES from veteran to family members to the OKC VA treatment team.
Veterans do best when all 3 members of this team communicate regularly and work together.



In the REACH program, "family" means people who share our lives and care about us. "Family" can be relatives, friends, neighbors, ministers, etc.

What is involved in the REACH Program?

The REACH Project is tailored to each veteran/family's needs and may involve: individual counseling with the veteran, family education, family therapy, and multiple family groups.

How could this help our family?

Veterans and families in the REACH Program have the chance to:

- Learn about emotional problems and PTSD (including the latest research on causes, treatment options, medications, etc.)
- Ask questions of doctors in a relaxed setting
- Get and give support from other veterans and their families
- Learn how to cope with the rough times
- Figure out how to solve problems effectively as a family
- Learn and practice good communication skills
- Find good ways of managing anger

REACH Project Newsletter

September 2010 - Issue #4

Oklahoma City Caring for. . . AMERICA'S HEROES

Reaching out to Educate and Assist Caring, Healthy families

Hello REACH Program Participants!

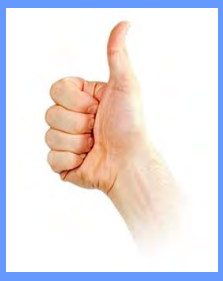
Welcome to the fourth REACH newsletter. THANK YOU for your participation in the REACH Program. We want to keep you informed and up to date regarding the REACH Program!

Know another veteran or family that you think might benefit from the REACH Program? Please help us to spread the word!

Feel free to direct any interested veterans/families to

Mrs. Shavon Toles

Phone: (405) 456-2392



SATISFACTION DATA

96% of participants said that the REACH Program "helped them deal more effectively with their problems."

And 98% said that they would "refer a friend" to REACH.

If you're in the evaluation part of REACH, please submit your survey packets to a REACH Team member at your earliest convenience.

Thanks!

"Happiness resides not in possessions and not in gold; the feeling of happiness dwells in the soul."

Democritus

REACH Project REUNION

A chance to catch up with your REACH buddies. Please mark your calendars:
November 4, 2010
Noon – 1PM
1st floor LRC
The REACH team will provide cake and beverages.

Please plan to attend!

Participation in REACH

Since August 2006, over **550** families have been involved in the REACH Program!

In addition, over **155** families have fully completed the 9 month program!

Brought to you by the REACH Team:

Dr. Doerman, Dr. Sherman, Dr. Thrash, Shavon & Brad

How can I help myself when depressed?

- Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed. Participate in religious, social or other activities.
- Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities and do what you can as you can.
- Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself, and let others help you.
- Expect your mood to improve gradually, not immediately. Do not expect to suddenly "snap out of" your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

Source—National Institute of Mental Health

Team Member Spotlight: Shavon

Favorite movies… Suspense and Horror

Favorite meal… Chinese, Mexican, Italian, Soul Food, Thai, etc.

Favorite book… The Color Purple

My thoughts in working on the REACH Project:
I have learned that there is no "perfect person" in the world. For every action there is a reaction; and every person holds the key their own destiny.

Favorite Quote: "It matters not how strait the gate, How charged with punishments the scroll. I am the master of my fate: I am the captain of my soul."
William Ernest Henley

Team Member Spotlight: Brad

Favorite movies… Ones that make you think on them later

Favorite meal… Thanksgiving dinner with my mother's stuffing

Favorite book… Animal Farm

My thoughts in working on the REACH Project:
Every person has trials and tribulations in their life; some experiences are more harsh than others. It is what one does to face these trials that defines them.

Favorite Quote: "Employ your time in improving yourself by other men's writings, so that you shall gain easily what others have labored hard for." - **Socrates**