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 "wound 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 "cut off" 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

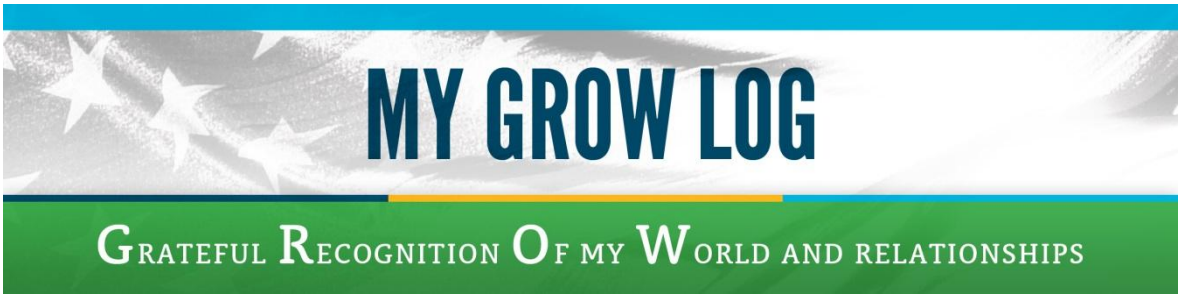
http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp

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.