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)

	REACH Project
Dear	REACT



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.

PHASE 2, SESSION 1:

PTSD AND ITS IMPACT ON THE FAMILY

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.

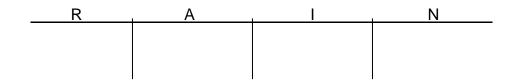
I. Review of the diagnosis of PTSD.

- 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. <u>Background information on PTSD.</u>

- 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.
 - 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 (<u>DSM-IV</u>), **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:
 - 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.
- 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 "re-tell" 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

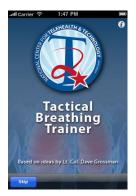
- Self-assessment of symptoms
- Assistance in managing symptoms
- Help in finding immediate support
- Education about PTSD



Breathe2Relax

A free iPhone application that teaches a diaphragmatic breathing exercise

http://t2health.org/apps/breathe2relax



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).





- 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)

<u>Tips for Family Members and Friends on Relationships With Someone Who</u> <u>Has PTSD</u>

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

<u>www.ncptsd.org</u> (National Center for PTSD)

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

www.sidran.org (Sidran Traumatic Stress Foundation)

<u>www.trauma-pages.com</u> (David Baldwin's Trauma Information Pages)

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):		
 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)

www.patiencepress.com

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

www.sidran.org

(Sidran Traumatic Stress Foundation)

www.trauma-pages.com

(David Baldwin's Trauma Information Pages)

www.adaa.org

(Anxiety Disorders Association of America)



FREE iPhone Apps (Applications):



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:

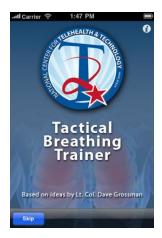
- Self-assessment of symptoms
- Assistance in managing symptoms
- Help in finding immediate support
- Education about PTSD



Breathe2Relax

A free iPhone application that teaches a diaphragmatic breathing exercise

http://t2health.org/apps/breathe2relax



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

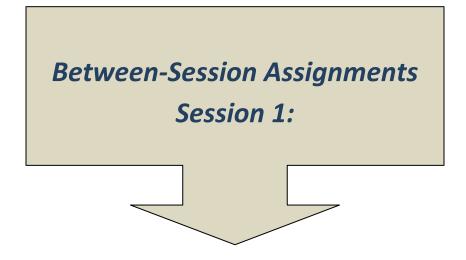
MY GROW LOG

G_{RATEFUL} Recognition O_{F} my W_{ORLD} and relationships

			Check after
			you share
	Two Things I a	am Grateful or	these 2 things
			with your
	Thankful	for Today	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



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?

PHASE 2, SESSION 2:

MANAGING ANGER AND CONFLICT EFFECTIVELY

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 "getout-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. Effects of chronic anger



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. <u>Importance of managing your responses to triggers.</u>
 - 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. <u>The 3Cs: Catch, Challenge and Change</u> (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 "forgotten" to mow the yard for 2 weeks in a row.
- Someone cuts in front of the line at travel pay.





"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 "20%" rather than "99%" 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 <u>want</u> 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 timeout) 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 challenge 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

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 3Cs 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 <u>want</u> 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

<u>Why?</u> 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.

<u>Who</u>? 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.

<u>When</u>? 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!"

<u>Remember</u>: 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:

- 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 <u>not</u> 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 startup" 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!

MY GROW LOG

G_{RATEFUL} Recognition O_{F} my W_{ORLD} and relationships

	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 love challenge yourself, and change by you respond.	
Post the "Time-out" process on y fridge and read daily.	your
Try to use the Time-out process low-level conflict arises.	when a
Complete and share the GROW I	og.
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!



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.