## Key Lessons
- How you approach your family member makes a big difference.
- “I” messages are important.
- Use a softened start-up.

## In-Class Exercise
- ‘I’ message
- “Speaker-listener technique”

## Corresponding Pages in Workbook
- Assertive communication
- Communication tips for families
- Practicing ‘I’ Messages
- Softened Start-up
- Foot Stompers

## Homework
- Finish ‘I’ message worksheet. Share with each other.
- Practice the speaker-listener technique.
- Encourage each other.
- Review Foot Stompers.
- Complete the GROW log.
PART 1: See “Structure of each class” (on page 60)

Warm up

1. Ask each Veteran/support person to please state his/her name. “How has the week been?”

2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class (sharing “Time-out process” and GROW log).

3. CHECK-IN QUESTION: “What is something you appreciate/admire in your Veteran/family member? A personal strength/quality?”

4. Read today’s Foot Stompers as a preview.

PART 2: Education for all

I. Reasons communication skills are important to discuss

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

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

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

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

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

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

Vectors the class may suggest include:

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

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

Select one of the vectors we discussed, and make an effort to make positive changes in your communication this week.
III. Four key elements of healthy communication: NEO-U

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

1. **Negotiate:** This means “Your idea + my idea yields entirely new idea.”
   - When people are using good communication skills, they are open to ideas other than their own. Neither party is insistent on sticking to her/her way; rather, both are open to working together to create new, even better solutions.

2. **Take the time to Encourage.**
   - Ask the class members to think about their last positive/special accomplishment; it could be finishing a project in the garage, passing a test, or getting a raise. Invite them to think about whom they shared this news with? Did someone with whom you shared the news express happiness? Pride? Positive feelings? Can you remember how “sweet” that felt?
   - Now ask class members to think about a time that they shared a sadness/painful experience with someone else; it could be the loss of a loved one, losing a job, or breaking up with a partner/significant other. Invite them to think about whom they shared this news with. Can you remember someone who expressed encouragement when you shared this news? What was that like?
   - “In this journey of life, we’re all going to have joys and sorrows. Supportive relationships provide a safe place to celebrate the joys and provide support for the painful times.”
   - Ask yourself: “How good am I at encouraging the person I come to REACH with? If there’s room for improvement, what small steps could I take to be more encouraging? Remember that it’s important to notice and support even the small, daily events—not just the major life events.”
3. **Share Opinions without fear of rejection.**

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

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

4. **Seek to Understand.**

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

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

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

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

**PART 3: Breakout meetings**

**VETERANS**

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

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

- **Assertive**
- **Honest**
- **Appropriate** (Right time and place)
- **Respectful** (No name calling or profanity)
- **Direct** (Eye to eye with person)
To better understand the nature of assertive communication, let’s look at what it is not. Assertive communication is not passive, which is dishonest and indirect.

On the left side, write the passive column:

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Nor is it aggressive, which is inappropriate and disrespectful.

On the right, side, write the aggressive column:

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

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

- A week later Tom almost lost it when he walked into their shared room and found Mark sitting on his bed. Again he said nothing, but did complain to his wife.
A month later, Tom came home to find Mark lying in his bed talking on the phone to his girlfriend. Tom said nothing, but when Mark left to study in the library, he stripped his bed, took the bedding to the laundry room and washed it. Again, he complained to his wife.

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

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

C. There are several ways to increase assertive behavior:

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

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

D. “Let’s discuss some pretend situations, and you determine if the response is assertive, passive or aggressive.”

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

Discuss. Assertive? Passive? Or Aggressive?

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

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

Discuss: Assertive? Passive? Or Aggressive?

E. “Now, let’s make this a bit trickier. I’ll describe a situation, and let’s brainstorm various responses.”

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

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

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

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

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

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

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

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

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

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

**Situation:**

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

**Sample role play:**

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

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

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

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

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

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

Volunteer: “Hey, brother, I would really like to take the vette around the block.”
Therapist: “*I don’t loan the vette to anyone because my insurance covers only me.*”
How might the brother respond?
Volunteer: “Not to worry my friend, I have USAA total coverage, I am insured no matter what vehicle I am driving. You are covered; now may I have the keys?”

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

**SUPPORT PERSONS**

**Discuss:**

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

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

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

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

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

   **Tip:** The Veteran may feel more comfortable having only one or a few visitors at a time. The length and/or frequency of large group activities may also be limited. Also, taking separate cars to events can be helpful, allowing the Veteran to leave early if desired.
C. **Issue #3**: Individuals with PTSD may have an impaired ability to express emotions. Consequently, they may appear detached, cold or emotionally aloof.

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

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

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

Encourage families to read the workbook page 28, “Communication Tips for Families,” and discuss with Veterans during the week.

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**PART 4**: Interactive activity and wrap up

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

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

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

**Write on Board:**

```
When you__________, I feel ________________________.

In the future, I would appreciate ____________________.
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C. The “I” statement can be used in a variety of situations, such as:

- To make a request – “When you stare at the television when I’m talking to you, I feel…and I would like....”

- To give praise – “When you give me a hug, I feel....and I would like....”

- To express negative feelings – “When you threaten me, I feel... and I would like....”

- To ask the individual to change his/her behavior
  - “When you burst into my room without knocking, I feel... and I would like....”
  - “When you sleep all day, I feel... and I would like....”

D. The “I” statement has many advantages, including:

- These messages get the listener's attention. Individuals often become overly self-involved and may be unaware of the other person’s feelings.

- These messages are non-blaming, so they minimize defensiveness.

- These messages force the speaker to identify, express, and take responsibility for his/her own feelings.

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

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

  rather than

  - “No wonder you’ve been acting so crazy these past few days. I looked through your pillbox and saw that you stopped taking your medication again. You’ll never learn!”
- Using polite language (please) and being appreciative
  
  o "I feel so happy when you pitch in with household chores. Thanks a lot for doing the laundry. Would you please put the white load in the dryer?"
  
  rather than
  
  o "Didn't you hear the washing machine buzzer? Put the clothes in the dryer."

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

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

1. Activity: Ask participants to turn in their workbooks to the page 29: “Practicing ‘I’ Messages.” Have them complete the first few items on the worksheet.

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

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

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

WRAP UP

A. Instill HOPE.

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

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

D. Read the Foot Stompers.

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

DO's

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

DON'TS

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

I MESSAGE - Expressing Appreciation

WHEN YOU ______ I FEEL ____________________________.

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

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

I MESSAGE – Asking for Change

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

1. When you don’t come home on time, I feel ____________________________
   In the future, I would appreciate ____________________________
2. When you are rude to me in front of your friends, I feel ____________________________
   In the future, I would appreciate ____________________________
3. When you clam up and won’t talk, I feel ____________________________
   In the future, I would appreciate ____________________________
4. When I’m talking to you and you turn on the TV, I feel ____________________________
   In the future, I would appreciate ____________________________
5. When you yell at me, I feel ____________________________
   In the future, I would appreciate ____________________________
6. When you criticize me, I feel ____________________________
   In the future, I would appreciate ____________________________
Softened Start-up

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

The general rules for a softened start-up are the following:

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

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

**In-Laws**

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

**Hard start-up:** “Your brother is a lazy, free-loading hog.”

**Your softened alternative:** __________________________________________________________

**Housework**

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

**Hard start-up:** “You are an unappreciative slob who expects me to be your mother! Ain’t happening!”

**Your softened alternative:** __________________________

_____________________________________________
Parties

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

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

*Your softened alternative:* ____________________________________________________________

________________________________________________________

Sex

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

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

*Your softened alternative:* ____________________________________________________________

________________________________________________________

Finances

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

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

*Your softened alternative:* ____________________________________________________________

________________________________________________________
### Two Things I am Grateful or Thankful for Today

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<tr>
<th>Day</th>
<th>Example</th>
<th>Confirmation</th>
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<td>Sunday</td>
<td>I appreciated when you picked up milk from the store your</td>
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Check after you share these two things with your Veteran/REACH support person.

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

Gratitude helps you to grow and expand: gratitude brings joy and laughter into your life and into the lives of all those around you. — Eileen Caddy
Finish the “I” message worksheet and discuss. Try it in a conversation, too!

Complete the “Softened Start-Up” worksheet, and work to approach each other calmly, respectfully, and kindly.

Encourage each other!

Complete and share the GROW log.

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

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

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

Listening to another person totally—without judgment, interruption or sarcasm—is a real gift! The “speaker-listener” technique we practiced tonight can be very helpful – especially when discussing sensitive matters. Remember that listening requires MUCH more than simply hearing.
### Key Lessons
- There are specific small changes you can make to create a low-stress home.
- Medication compliance can help keep stress low.
- It’s helpful to identify (during a calm time) red flags to watch for and steps to take when a crisis arises.
- Improving wellness can lead to a more balanced life.

### In-Class Exercise
- Crisis plan with family members
- CALM procedure with Veterans
- Work on wellness plan (define goal)

### Corresponding Pages in Workbook
- Tips on Creating a Low-Stress Environment and Minimizing Crises
- Tips on Getting the Most from your Psychiatric Medications
- CALM Procedure
- Resource List for Dealing with Emergencies
- Wellness plan
- Foot Stompers

### Homework
- Finish and post crisis plan.
- Practice CALM procedure.
- Work on wellness plan.
- Review Foot Stompers.
- Complete the GROW log.
PART 1: See “Structure of each class” (on page 60)

Warm up

1. Ask each Veteran/support person to please state his/her name. “How has the week been?”

2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class (“I” statements and softened start-up).

3. CHECK-IN QUESTION: “What activity or thoughts have you found helpful in reducing your personal stress level?”

4. Read today’s Foot Stompers as a preview.

PART 2: Education for all

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

I. Importance of minimizing stress in the family

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

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

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

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

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

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

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

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

E Exercise (if possible as a family)
M Meetings of family once a week or so
S Schedule that is predictable
B Breaks, mini-vacations
A Atmosphere that is calm
R Rituals (e.g., “best thing about your day” dinner table ritual)
N Networks (e.g., friends, church, Veteran groups, community organizations)
EXERCISE

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

MEETINGS

- Families work well when they have a regularly scheduled time to discuss issues or problems. Selecting a time that can be adhered to weekly is important (e.g., after dinner on Sundays).
- Families may also use this time to plan family activities for the next week.

SCHEDULE

- Stress in a family is minimized when there is a predictable routine and schedule. For example, the family typically eats together at about 6 pm, goes to church on Sunday mornings, goes on walks on Saturday afternoons, etc. Individuals with PTSD often struggle with changes (even small changes) in routine, so maintaining predictable routines is especially important.
- When a change in plans or departure from schedule can be anticipated, it’s helpful to discuss the shifts in advance so no one is surprised.

BREAKS

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

ATMOSPHERE THAT IS CALM

- Turn the TV and radio off! Avoid excessive stimulation, such as having frequent company, loud music, violent television programming or videogames, etc.
- You and your loved one may discover and practice calming activities (e.g., playing quiet music, lighting candles).
- Ignore the “annoying but unimportant” things. The concept of “picking your battles” can be very helpful, as some issues just aren’t worth arguing about!
Define clear and consistent expectations for every family member. For example, delegation of household chores should be made explicit and reviewed periodically. This will help avoid conflicts about the daily responsibilities.

RITUALS

- Some families share religious/spiritual practices, such as church attendance, shared prayer, etc.
- Families may spend time together in nature.
- Families may create regular routines for shared fun activities, such as having popcorn for dinner and watching a funny movie on Sunday evenings as a family.

NETWORKS

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

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

III. Medication compliance

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

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

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

2. “Some medications for depression have sexual side-effects, sometimes decreasing desire and/or interfering with performance. Obviously, sexual problems can worsen your mood and the functioning of your intimate relationship. If you’re having this difficulty, talk to your psychiatrist/provider, who may be able to change the dose/medication to reduce/eliminate this side-effect.”
Discuss: “How many of you have and use a pill box? How are they helpful?”

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

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

PART 3: Breakout meetings

VETERANS

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

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

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

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

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

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

2. Hold for a second and slowly exhale to a count of four through your mouth. Inhale to a count of four, and exhale to a count of four.
“Once you learn what it feels like to breathe abdominally, you don’t need to put your hands on your chest and stomach. We recommend that you practice this way of breathing once or twice every day so you can draw on it in stressful times.”

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

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

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

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

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

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

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

7. “The fourth letter of the word **CALM** is **M**, and that stands for the muscles of your mouth and jaw. Shift your awareness now, and focus on the muscles of your mouth and jaw. See if you can allow those muscles to relax, totally relax, calm, quiet, relaxed. As you release that
tension, let your teeth separate and allow your lips to part just slightly. 
All the tension fades away. Calm and quiet.” (pause)

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

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

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

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

SUPPORT PERSONS

I. Paying attention to red flags

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

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

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

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

Red flags seen in your relationship with your Veteran:

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

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

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

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

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

   - “When communicating with busy providers, being brief and focused in your concerns can be very helpful.”
2. Encouraging the Veteran to follow the treatment plan, including medications and therapies.

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

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

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

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

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

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

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

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

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

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

II. Making a crisis plan

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

1. Have participants turn to the page 43 in the workbook, “Resource List for Dealing with Emergencies” and begin to fill the form out together in session, discussing why and when they might contact each person listed. A list of telephone numbers of emergency resources could be posted in the house, including:
a. Case manager/doctor(s)  
b. Local sheriff / police  
c. Emergency room

2. Family members may wish to talk to their employers about their loved one’s illness, so that the boss can be supportive and lenient if the family has an emergency. The support person might want to ask his/her Human Resources department about the Family Medical Leave Act, which entitles family members to protections if they complete the required paperwork and have to miss work to care for a family member.

3. Families may wish to inform neighbors or friends of a potentially impending crisis, so that childcare and/or house sitting can be arranged during a possible admission.

Encourage the support persons to complete this crisis plan and place it in a safe place in their home where it is readily available.

**PART 4: Interactive Section**

**Fostering Wellness**

A. “Although we spend a lot of time in REACH focusing on areas that are difficult for you and your relationship, we want to spend some time tonight looking to the future. As we’ve said many times in REACH, this class is about learning about yourself, evaluating your current wellness, and making small, positive changes...both for Veterans and family members. Therefore, we are going to give you an opportunity to challenge yourself and consider how your family member can help you move forward in your wellness.”

B. “An important point to remember is that taking care of yourself can lead to a more balanced life. It is easier to help your loved one if you are taking good care of yourself.”

**Discuss:** “Let’s start off by asking ourselves...what is wellness? What does it mean to you?” (Solicit thoughts from the class.)

Wellness includes many aspects of our lives.

*Therapist Note: Have the class turn to page 44 in the workbook and work through each step together. Explain the scale. Review the “Important Points” listed below.*

**STEP 1:** “Please take a minute and rate yourself on the following aspects of wellness, using the scale provided.”
Lots of Room For Improvement

I am 100% happy with this part of my life

1  2  3  4  5  6  7  8  9  10

** Important Points **

This is how you view YOURSELF – not how others view you.

This is a personal assessment. We will not ask you to share this with the class.

Please rate honestly how you are NOW – not how you would “like to be” or think you “should” be.

There are no right or wrong answers! For this first step, use a checkmark.

*Therapist Note: If you are giving hypothetical numbers as a demonstration, select relatively low numbers to allow for areas of growth.*

STEP 2: “Please go back to the questions (above), and circle where you would like to be on each aspect in 4 months.”

STEP 3: “Select one area of wellness that you would like to focus on.”

The area I plan to focus on in the next 4 months is: ________________________________

STEP 4: “Create a specific plan as to HOW you are going to make forward progress toward your goal. Goals should be SMART.”

S  Specific
M  Measurable
A  Achievable
R  Realistic
T  Timely
My plan:

*Therapist Note: Walk around and help each participant create a behavioral goal.*

**STEP 5:** “Think about how your family member can help you with your goal (e.g., go on walks with you; try out a new church together; take a class together). Write how he/she can assist you here.”

**STEP 6:** “Turn toward your family member, and share what you wrote above. Ask if he/she would be willing to help you move toward your goal – and share specifically what he/she could do to be helpful.”

*Therapist Note: Encourage the participants to make 1 millimeter of progress this week on their goal, reminding them of the power of making small changes to improve their quality of life. Let them know we will check in next session on their progress.*

**WRAP UP**

A. Instill HOPE.

B. Emphasize the importance of finding healthy ways of managing stress and making positive changes in life.

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

D. Read the Foot Stompers.

E. Homework. Direct them to the Between-Session Assignment page in workbook, and review each item.
Tips on Creating a Low-Stress Environment and Minimizing Crises

Some of you may recognize this barn from “The Wizard of Oz.” This barn is Auntie Em’s barn. Just like Dorothy you don’t want to get swept up in a tornado of stress like Em’s barn. So….

E Exercise (if possible as a family)
M Meetings of family once a week or so
S Schedule that is predictable
B Breaks, mini-vacations
A Atmosphere that is calm
R Rituals (e.g., “best thing about your day” dinner table ritual)
N Networks (e.g., friends, church, Veteran groups, community organizations)
Pay attention to red flags

** If you see these warning signs, encourage the Veteran to contact his/her provider. If the Veteran refuses and a crisis is present (e.g., violent threats/behavior, psychotic symptoms), call 911 or the doctor.

Individual red flags may include

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

Red flags seen in your relationship may include

- Decrease in communication
- Increased conflict or fighting
- Change in sex life
- Violence or threats of violence
- Jealousy

Tips on HOW to approach your loved one

It’s helpful for families to

- Express empathy, care and understanding for the Veteran.
- Approach the Veteran calmly. Tone of voice should be soft and gentle.
- Talking slowly and clearly maximizes the effectiveness of the communication.
- Listen quietly when the Veteran is sharing his/her concerns.
- Pay attention to nonverbal cues. For example, it's important to give the Veteran space (rather than hovering over him/her), minimize distractions (e.g., tv, radio, etc.), and maintain appropriate eye contact.
- Use a “softened start-up” (Gottman & Silver, 2000) including:
1. Expressing complaint directly
2. Using “I” statements
3. Describing the event rather than evaluating or judging it
4. Using polite language (please) and being appreciative

Managing Crises

A. Family members can prepare for potential crises in numerous ways.
   1. A list of emergency phone numbers could be posted in the house, including:
      - Case manager/doctor(s)
      - Local sheriff/police
      - Emergency room
   2. A "hospital" pack could be created, including:
      - Insurance card information
      - List of current medications and dosages
      - List of current medical problems
      - List of mental health treatment history
      - Clothes and personal belongings necessary for an admission
   3. Caregivers may wish to talk to their own employers about their loved one’s illness. Families may wish to inform neighbors or friends of a potentially impending crisis, so that childcare and/or house sitting could be arranged during a possible admission.

B. If the Veteran is admitted to the hospital, it’s helpful for families to:
   - Give him/her some space upon admission.
   - Provide background information to the caseworker/social worker.
   - Stay calm. When visiting your loved one, ignore the “small but annoying” behaviors, and focus on your hope for his/her recovery.
   - Use this time to relax and recharge.
Tips on Getting the Most from Your Psychiatric Medications

Key Points

- *Take the medication every day.*
- *Be patient!* Many medications take 3-8 weeks to work, so it’s very important to continue taking the medication (even if you don’t feel better right away). Some disorders may take longer to respond, so ask your provider if you have concerns about your specific medication.
- *Do not stop taking the medications when you feel better.* Suddenly discontinuing some drugs can be dangerous and can cause your distressing symptoms to return. Rather, talk with your provider about your desire to safely decrease or change your medications.
- *Do not share medications.* Do not give other people your medications or use anyone else’s medications.

Memory Tips

- Using a pillbox can be helpful.
- Take medication at the same time every day. It might help to take it when you do something else every day (such as every morning when you brush your teeth).

Side-Effects

- If you ever feel you are experiencing a life-threatening reaction, call 911 or go to the emergency room immediately. If you believe you are a danger to yourself and/or others (thinking seriously about suicide or harming someone else), call 911 or go to the emergency room.
- Many side-effects improve the longer you take the medication.
- Write down side-effects caused by your medication, and talk to your provider about them. There may be a different drug with fewer and/or more tolerable side-effects that can work for you.
- If your provider/pharmacist has told you to take the medication with food, be sure to eat at least a few crackers to avoid an upset stomach.
Drug Interactions

- Do not drink alcohol or use street drugs. Do not take over-the-counter medications without asking your provider or pharmacist first. Using these substances can be dangerous and prevent your medications from working.
- Whenever you receive a prescription for a new medication, inform your provider or pharmacist of your current medications and other things you may take (such as vitamins, food supplements, natural products, etc.).

Final Hints

- Ask your provider about the availability of therapies and/or classes that may be helpful. Research has shown that a combination of medication and therapies provides the quickest and most lasting treatment for many conditions. Participating in therapy can require extra time and effort on your part, but the benefits are often great.
- Finding a medication that's right for you requires patience and teamwork between you and your provider. Sometimes the first medication you try may not be the best match for your symptoms. So, open and regular communication with your provider is very important!
- A website that provides helpful information about medications is: www.safemedication.com
C - Chest and Shoulders Relaxed
A - Arms and Hands Relaxed
L - Legs and Feet Relaxed
M - Mouth and Jaw Relaxed

If you have an iPhone, you may also find this free Breathe2Relax app useful in practicing deep breathing:

http://t2health.org/apps/breathe2relax
Resource List for Dealing with Emergencies

It's helpful to create this list BEFORE an emergency arises, so that you are prepared.

Phone Contacts

*(in the event of an emergency):*

- Life-threatening emergency: **911**
- Local sheriff: ____________________________
- Local emergency room
  - Name: ____________________________
  - Phone number: ____________________________
- Case manager/doctor’s office
  - Name: ____________________________
  - Phone number: ____________________________
- Name of friend or relative you can call for support
  - Name: ____________________________
  - Phone number: ____________________________
- Local 24-hour/day hotline ____________________________
  (Oklahoma City: 405-848-CARE)

**Veterans Crisis Line:** 1-800-273-TALK

Current Psychiatric Medications:

<table>
<thead>
<tr>
<th>Name</th>
<th>Dosage</th>
<th>Doctor who prescribed medication</th>
</tr>
</thead>
</table>

Current Mental Health Diagnosis(es):

Current Physical Health Problems:
STEP 1: Please take a minute and rate yourself on the following aspects of wellness over the past 3 months.

**Important Points**
- This is how you view YOURSELF – not how others view you.
- This is a personal assessment. We will not ask you to share this with the class.
- Please rate honestly how you are NOW – not how you would “like to be” or think you “should” be.
- There are no right or wrong answers!

Please use the following scale:

<table>
<thead>
<tr>
<th>Lots of Room For Improvement</th>
<th>I am 100% happy with this part of my life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5  6  7  8  9  10</td>
<td></td>
</tr>
</tbody>
</table>

Emotional Well-being
1  2  3  4  5  6  7  8  9  10

Physical Health
1  2  3  4  5  6  7  8  9  10

Work/Career (If retired, rate how you spend your time)
1  2  3  4  5  6  7  8  9  10

Financial
1  2  3  4  5  6  7  8  9  10

Personal and Family Relationships
1  2  3  4  5  6  7  8  9  10

Social (relationships with people outside my home / family)
1  2  3  4  5  6  7  8  9  10

Spirituality
1  2  3  4  5  6  7  8  9  10

Are there other aspects of wellness important to you? If so write here:

______________________________________________________________

1  2  3  4  5  6  7  8  9  10
**STEP 2:** Please go back to the questions (above) and circle in a GREEN pen/pencil where you would like to be on each aspect in 4 months.

**STEP 3:** Select one area of wellness that you would like to focus on.

The area I plan to focus on in the next 4 months is: ______________________

**STEP 4:** Create a specific plan as to how you are going to make forward progress toward your goal. Goals should be SMART:

<table>
<thead>
<tr>
<th>S</th>
<th>Specific</th>
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<tbody>
<tr>
<td>M</td>
<td>Measurable</td>
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<td>A</td>
<td>Achievable</td>
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<tr>
<td>R</td>
<td>Realistic</td>
</tr>
<tr>
<td>T</td>
<td>Timely</td>
</tr>
</tbody>
</table>

My plan:

**STEP 5:** Think about how your family member can help you with your goal. Write how he/she can assist you here:

**STEP 6:** Turn toward your family member and share what you wrote above. Ask if he/she would be willing to help you move toward your goal – and share SPECIFICALLY what he/she could do to be helpful.
Sample Goals

Emotional Well-being:

- Take the Depression-management class.
- Meet with the Therapeutic Recreation Department to find new hobbies.
- Join a gym/exercise facility and work out at least 2x/week

Spirituality

- Try out two new churches
- Call and schedule a meeting with a local clergy person to explore your spirituality.
- Get a book from the library on spirituality and read it.
- Go on a walk in nature once/week.

Social (relationships with people outside my home/family)

- Call two friends that you have lost contact with.
- Contact your local community center and sign up for a class.
- Review the volunteer handout we provided and sign up to volunteer.
Two Things I am Grateful or Thankful for Today

**Example**

I appreciated when you left me a sweet note before you left for work.

Thank you for encouraging me on my exercise plan by going on walks with me.

Check after you share these two things with your Veteran/REACH support person.

<table>
<thead>
<tr>
<th>Day</th>
<th>Gratitude 1</th>
<th>Gratitude 2</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>Sunday</td>
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<td>Saturday</td>
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</table>

*We can only be said to be alive in those moments when our hearts are conscious of our treasures.* — Thornton Wilder

*Gratitude is the fairest blossom which springs from the soul.*

— Henry Ward Beecher
Between-Session Assignments
Session 4:

☐ Take a small step (1 millimeter) toward your wellness goal.

☐ Veterans: Practice the CALM technique and teach your family member. If you have an iPhone, check out the Breathe2Relax free app and practice deep breathing with it.

☐ Family members: Complete the Resource list/crisis plan and discuss with the Veteran. Please put it somewhere safe in your home.

☐ Complete and share the GROW log.

☐ Review the Foot Stompers.
Stress is part of life! You can keep the stress level in your home lower by sticking to a regular schedule, keeping the house quiet, sharing in family rituals, doing fun activities (both by yourself and as a family), and exercising regularly.

Taking your mental health medications regularly is extremely important. If you have side-effects or concerns that your medicine isn't working, contact your provider AS SOON AS POSSIBLE. Taking your medicine as the doctor ordered helps avoid many crises and headaches for the entire family.

It's important to practice several techniques to lower your stress level. Remember the four-count breath and the CALM procedure as tools during stressful times.

Fine-tune and then implement your wellness plan. Select one area of focus, and be sure to enlist your family member's support. Remember to make small, measurable goals!