### Key Lessons

- Depression is common and many helpful treatments are available.
- It's important to be aware of the warning signs of suicide and resources for dealing with emergencies.
- Scheduling your time (including volunteer work) can be very helpful for creating structure and managing depression.
- We challenge you to continue to be aware of each other’s experience and how you can support each other.

### In-Class Exercise

- “When I’m Feeling Sad”

### Corresponding Pages in Workbook

- Weekly activity schedule
- Fun Activities Catalog
- OKC VAMC Therapeutic Recreation Activity List
- Volunteer List
- “When I’m Feeling Sad”
- What Can I Do When My Family Member Is Depressed?”
- Foot Stompers

### Homework

- Share “When I’m Feeling Sad” with each other and discuss.
- Work on activity scheduling and consider volunteering opportunities.
- Review Foot Stompers.
- Complete the GROW log.
PART 1: See “Structure of each class” (on page 60)

DISCUSS: “Would you like to have a small celebration next week? Bring finger food? Any food allergies to be aware of?”

Warm up

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

2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class: Crisis plan, CALM technique, and wellness plan.

3. CHECK-IN QUESTION: “When was the last time you volunteered or helped someone else – big or small? What did you do?”

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

PART 2: Education for All

Discuss: Many Veterans living with PTSD also experience depression. What are some things you’ve found helpful to kick the level of depression down a notch or two?

I. Symptoms and course of depression

A. As we discussed in the first class of Phase 2, many Veterans living with PTSD also experience depression. Also, sometimes family members experience periods of depression. We know that depression can have a big impact on relationships.

B. Depression can manifest in many different ways. All human beings feel depressed or down at times; however, Major Depression is more than just feeling the “blues” every once in awhile.

Discuss:

- What are some symptoms of depression?
- Which are most difficult for you to cope with?
- Feeling sad, blue, or down
- Losing interest in previously enjoyed activities
- Feeling guilty or worthless
- Having no energy, feeling tired and fatigued OR feeling restless
- Having trouble concentrating, thinking, or making decisions
- Experiencing changes in appetite or weight
- Experiencing psychomotor changes: moving slowly/talking slowly
- Experiencing changes in sleep patterns
- Having thoughts of death or suicide

C. Depression also tends to be **recurrent**, as about 80% of individuals with depression experience another episode within 1 year (Coryell et al., 1994).

II. **Brief comments about suicide**

*Therapist Note: Avoid spending too much time on the demographic issues. Spend the most time in this section on part “D”*

A. Whenever we talk about depression, it’s important to address the issue of suicide. Many people who experience depression think about ending their lives, and some take action to harm themselves.

B. Research has found that individuals with mental illness commit suicide at a rate that is 12 times higher than that of the general population.

C. It is very difficult to predict whether someone would harm him-/herself, but there are some red flags that are important to know. People are at higher risk for suicide if they:

- Have a specific plan for how they would kill themselves
- Have access to lethal means (such as weapons, pills, etc.)
- Feel hopeless and worthless
- Have previously attempted suicide
- Talk about killing themselves (e.g., “everyone would be better off without me”)
- Increase their use of alcohol or other drugs.

D. **What should you do if your Veteran or family member is suicidal?** This can be a scary, difficult situation, so it’s helpful to think about what to do during a calm, non-crisis time. You can help the person you care about by doing the following things:
1. “TALK ABOUT IT! Asking about suicide will NOT put ideas in the Veteran’s head and will not make the situation worse. Your family member may even feel relieved to be able to talk about it.

Discussing suicidal thinking can be very important, as over half of people who complete suicide communicate their intent in advance, usually to a family member.

2. Offer emotional support by:
   - LISTENING in a nonjudgmental, compassionate manner
   - Empathizing with the other’s feelings (e.g., “it must be awful to feel that way”)
   - Reminding him/her of recent accomplishments
   - Normalizing depression and thoughts of suicide
   - Expressing your concern, care and willingness to help

3. Ask if he/she has a plan about how to kill him-/herself. If he/she describes a specific plan, then
   - Seek professional help immediately.
   - Try to get him/her to make an agreement with you that he/she will not act on these plans without first talking to you, a hotline, or a mental health professional.
   - Put away any objects that he/she may use to harm him-/herself (guns, knives, pills, razors, etc.).

4. Remember the walk-in policy of 8-4 pm, Monday-Friday, in our outpatient mental health clinic; after these hours, go to the ER. In an emergency, call 911. If you don’t know what to do, call a professional (e.g., suicide hotline, mental health professional, police).
   - Veterans Crisis Line: 1-800-273-TALK (8255)
   - Suicide hotline in Oklahoma City: (405) 848-CARE

*Therapist Note: Distribute Veterans Crisis Line materials (e.g., stress balls, bumper stickers, pens, etc.) to all class members, noting that family members can call if concerned about their Veteran.*

5. Know that sometimes suicide happens without warning and that nothing can prevent it from occurring. Even with warning signs, there still may be nothing you can do. Ultimately, it’s the person’s decision if he/she chooses to commit suicide.
II. **Review of local treatment options for individuals living with depression**

*Therapist Note: In this section, review the treatment programs available at your clinic. Do so in a hopeful spirit, emphasizing the potential benefits for participants. You could ask whether any class members have participated in the programs in the past and informally solicit their reactions.*

Example: Oklahoma City VA Medical Center

Depression Management Class: This eight-session class consists of three modules addressing issues of increasing pleasant activities, modifying dysfunctional thought patterns, and improving interpersonal skills.

Antidepressant Medications

- The Veteran’s primary care provider can prescribe many antidepressant medications. In addition, psychiatrists in the mental health units have special training in prescribing and monitoring psychiatric medications.

- Antidepressant medications are **not habit forming**, so Veterans do not have to worry about becoming addicted.

- Antidepressants are quite effective. Most studies demonstrate at least a 50% decrease in symptoms for approximately 70% of patients (Tamminga et al., 2002).

**PART 3: Breakout meetings**

**VETERANS**

I. **Share the following scenario**

Consider Frank, a 20-year Air Force Veteran who now works as a civilian aircraft mechanic at a local Air Force base. During the week, Frank is very busy. For example, on a typical Monday at 8 am, his boss gives him a list of inspections he has to complete by noon. Then, at 1 pm, he has to meet with a group of colleagues regarding six aircraft that are coming in that afternoon that need their landing gear inspected. That inspection lasts all afternoon and the next day. The rest of the week continues with a very hectic pace.

On the weekends, Frank lies on the couch, eats potato chips, and watches television. His Sunday schedule is pretty much the same, but he may play some computer games.
Frank is referred to mental health due to depression. His doctor has him rate his overall daily depression each evening on a 0-100 scale, with 0=not depressed at all and 100=the worst depression ever. Frank generated the following scores:

- Monday: 80
- Tuesday: 70
- Wednesday: 66
- Thursday: 50
- Friday: 30
- Saturday: 90
- Sunday: 99

Pretend you are Frank's therapist. What do you make of his daily scores? Possible answers:

- Frank’s depression is much worse on the weekends, likely due to lack of structure, activity, schedule, and social contacts.
- Having a structure and regular activity are good when a person is depressed.

II. **Discuss activity scheduling**

A. “When you are depressed, if you ask yourself, ‘What do I want to do today?’ what is the most common answer? “Nothing.” “That’s common!”

   - “The lack of interest or motivation to do anything perpetuates the depression; it can be a vicious cycle.”
   - “Therefore, it’s important to make yourself do something, even if you don’t feel like it.”

B. “We suggest that you work on an activity schedule each evening for the next day. Allow flexibility, but try to write in an activity for at least 6 hours of the day. The next day as you finish each activity, pat yourself on the back for having gotten it done.”

C. Have Veterans turn to the page 53 in the workbook with the Weekly Schedule, and explain that we want them to work on writing out their schedule. They can begin by writing in things they already do (such as coming to REACH classes).
D. Support them in thinking about how to fill their times (schedules):

1. Review and discuss pages in the workbook:
   - Fun Activities Catalog (page 55)
   - OKC VAMC Therapeutic Recreation Activity List (page 58)
   - Volunteer Opportunities (page 60)

2. Periodically review things you used to like to do. Even if you’re not good at them, you may enjoy doing them anyway.

3. Emphasize the value/importance of physical exercise.
   - Research has found that regular exercise can be extremely helpful in relaxing and managing depression. Even low levels of physical activity can improve the mood of people living with mental illness/PTSD. (McCormick et al., 2008).
   - Regular exercise can also help prevent and treat physical health problems such as high blood pressure.

E. Start small. Anything that gets you off the couch and moving can be good!

F. Get help/support (e.g., exercise with a friend).

Therapist Note: Have Veterans begin to fill in the weekly schedule. Encourage them to continue working on this as homework.

III. Invite reflection on how their support person can be helpful when feeling depressed.

Therapist Note: Have participants turn to page 70 in the workbook, “When I’m Feeling Sad,” and ask them to complete it. Emphasize that their family members cannot read their minds, and encourage them to be specific. Provide assistance as needed.
SUPPORT PERSONS

I. The impact of depression on relationships

Discuss:
• How has your Veteran’s depression affected your relationship?
• How has it affected your family life?

A. Depression affects a person’s behavior and style of communication (less eye contact, slower and softer speech, negative thinking, and reduced problem-solving abilities).
B. Depression is often accompanied by an increase in relationship tension and arguments.
C. Depressed people have greater difficulty interacting with others. Therefore, the social life of the family may be altered.
D. Family members often become frustrated with the depressed person’s behavior, thinking the person should just “get over it” or “cheer up.”
E. Depressed people often have decreased interest in physical intimacy and sexual activity. Partners often worry that the Veteran is no longer physically attracted to them, which can increase the tension in the relationship.

II. Coping strategies for the family

Have participants turn to page 71 in the workbook, “What Can I Do When My Family Member Is Depressed?” and discuss as time permits.

III. Invite reflection on how their Veteran can be helpful when feeling depressed.

Therapist Note: Have participants turn to the page 70 in the workbook, “When I’m Feeling Sad,” and ask them to complete it. Emphasize that their Veterans cannot read their minds, and encourage them to be specific. Provide assistance as needed.
PART 4: Interactive activity and wrap up

A. Co-therapists role play the “When I’m Feeling Sad” with each other. Discuss class members’ observations.

B. Break the group into Veteran-support person dyads, asking them to move back from the table and turn toward one another. Ask them to use the speaker-listener technique (taught last week) in sharing and listening to two questions:

- When I’m feeling sad/depressed, it would really help me if you would please:

- It would help me if you would please avoid doing:

C. Emphasize that you have shared with each other very precious information, namely, how you can support each other when you’re hurting. Note that these are not “demands” or entitlements, but requests. Realize that doing what the person asks for will be showing that you love/care about him/her.

D. Encourage the class to try to use this new information this week by responding in the manner requested.

WRAP UP

A. Instill HOPE.

B. Review the importance of finding ways of managing depression and increasing pleasant activities in one’s daily routine.

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

D. Read the Foot Stompers.

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

The following is a list of activities that might be fun and pleasurable for you. Feel free to add your own fun activities to the list.

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells)
4. Going for a holiday
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day’s work
12. Recalling past parties
13. Buying household gadgets
14. Planning a career change
15. Going window shopping
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Hobbies (stamp collecting, model building, etc.)
21. Spending an evening with friends
22. Planning a day’s activities
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Playing card and board games
27. Going to the gym, doing aerobics
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants
39. Buying, selling stocks and shares
40. Going swimming
41. Doodling
42. Exercising
43. Collecting old things
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Having sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying
58. Losing weight
59. Going to the beach
60. Thinking I’m an OK person
61. Having a day with nothing to do
62. Having class reunions
63. Going ice skating, roller skating/blading
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Doing something spontaneously
68. Doing embroidery, cross stitching
69. Sleeping
70. Driving
71. Entertaining
72. Going to clubs (garden, sewing)
73. Thinking about getting married
74. Going bird watching
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying CDs, tapes, records
81. Watching boxing, wrestling
82. Planning parties
83. Cooking, baking
84. Going hiking
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Working
89. Going out to dinner
90. Discussing books
91. Sightseeing
92. Gardening
93. Going to the beauty salon
94. Early morning coffee and newspaper

95. Playing tennis
96. Kissing
97. Watching my children play
98. Going to plays and concerts
99. Daydreaming
100. Planning to go to school
101. Thinking about sex
102. Going for a drive
103. Listening to a stereo
104. Refurbishing furniture
105. Watching TV, videos
106. Making lists of tasks
107. Going bike riding
108. Walks on the riverfront/foreshore
109. Buying gifts
110. Travelling to national parks
111. Completing a task
112. Thinking about my achievements
113. Attending soccer or basketball game
114. Eating gooey, fattening foods
115. Exchanging emails, chatting on the internet
116. Taking photos
117. Going fishing
118. Thinking about pleasant events
119. Staying on a diet
120. Star gazing
121. Flying a plane
122. Reading fiction
123. Acting
124. Being alone
125. Writing diary/journal entries
126. Cleaning
127. Reading non-fiction
128. Taking children places
129. Dancing
130. Going on a picnic
131. Thinking "I did that pretty well" after doing something
132. Meditating
133. Playing volleyball
134. Having lunch with a friend
135. Going to the hills
136. Thinking about having a family
137. Thinking about happy moments in my childhood
138. Splurging
139. Playing cards
140. Solving riddles mentally
141. Having a political discussion
142. Playing cricket
143. Seeing and/or showing photos
144. Knitting/crocheting/quilting
145. Doing crossword puzzles
146. Shooting pool/Playing billiards
147. Dressing up and looking nice
148. Reflecting on how I’ve improved
149. Buying things for myself
150. Talking on the phone
151. Going to museums, art galleries
152. Thinking religious thoughts
153. Surfing the internet
154. Lighting candles
155. Listening to the radio
156. Going crabbing
157. Having coffee at a cafe
158. Listening to the radio
159. Getting/giving a massage
160. Saying “I love you”
161. Thinking about my good qualities
162. Buying books
163. Taking a sauna or a steam bath
164. Going skiing
165. Going canoeing or rafting
166. Going bowling
167. Doing woodworking
168. Fantasizing about the future
169. Doing ballet, jazz/tap dancing
170. Playing computer games
171. Having an aquarium
172. Enjoying erotica
173. Going horseback riding
174. Going rock climbing
175. Becoming active in the community
176. Doing something new
177. Making jigsaw puzzles
178. Thinking I'm a person who can cope
179. Playing with my pets
180. Having a barbecue
181. Rearranging the furniture in my house
**Therapeutic Recreation Outpatient Programs**

**Arts/Crafts**: Monday –Friday 8:00-10:00 a.m.: Therapist: Kristy Doyle, CTRS
This program assists Veterans with learning new leisure skills to aid in the positive use of free time. There are ample opportunities for socialization and occasional community experiences.

**Creative Writing**: Monday 10:30 a.m.-noon: Jan Lynes-Cook, COTA; This program assists Veterans with self-expression and the written word.

**Computer Classes**: Therapist: April Reynolds, CTRS; This program focuses on teaching basic computer skills and how to access the internet as a tool for positive use of free time. (See TR staff to get on waiting list.)

**Drumming**: Wednesday 1:00-2:00 p.m. Therapist: Dawn Truby, LPC, ATR-BC; This program assists Veterans with rhythmic self-expression. Drums are provided. Veterans learn notes, basic rhythms and then put the rhythms together to make songs.

**Help Hospitalized Veterans Craft Kit Program**: Thursday 1:30-3:00 p.m. and Friday 1:30-2:30 p.m. Craft Care Specialist: Kathryn Caldwell; HHV provides a variety of crafts free of charge to Veterans to assist with learning enjoyable recreation activities. Crafts include leatherwork, paint by number kits, models, wood kits and a variety of other projects.

**Jewelry Making**: Monday 10:00 a.m.-noon: Therapist: Dawn Truby, LPC, ATR-BC; Participants will learn various techniques including glass fusing, beadwork, wire wrap, bead and wire work, enameling, and using materials such as paper, leather and fun foam.

**Open Studio**: Thursday 1:00-3:00 p.m. Therapist: Dawn Truby, LPC, ATR-BC Veterans with artistic interests have the opportunity to work and expand their talents using watercolor, acrylic, pastels, and mixed media. Materials are provided.

**Pottery**: Tuesday 1:00-3:00 p.m. Therapist: Dawn Truby, LPC, ATR-BC Learn basic hand building techniques and/or learn to throw on the wheel. Find out how creative you can be with clay and glazes.

**Stick Making**: Tuesday 8:00-10:00 a.m. and 1:00-3:00 p.m., Friday 8:00-10:00 a.m. Volunteer: Mike; Fee $5; Learn how to file, carve, wood burn, stain, and finish your own personalized walking stick.

**Literacy Class**: By appointment, Volunteer: For Veterans who would like to improve their reading skills.
*Therapeutic Exercise:* Monday-Thursday 7:30 a.m.-4:00 p.m., Friday 8:00 a.m.-noon. Therapist: Stephanie Welch, CPRP; Individualized therapeutic exercise plans are developed with your goals, and input from the primary care provider, in mind.

*Back Class* Monday, Wednesday, and Thursday 8:00-9:00 a.m., Therapist: Stephanie Welch, CPRP

*Arthritis Class* Monday, Wednesday, Friday 10:00-10:30 a.m., Therapist: Stephanie Welch, CPRP

*Tai Chi:* Friday 11:00 a.m.-noon Therapist: April Reynolds, CTRS; Learn the oriental art of exercise, relaxation and meditation.

*Women's Power Hour:* Thursday 1:00-2:00 Therapist: Stephanie Welch, CPRP; Women only hour of individualized therapeutic exercise.

*Prerequisite: before beginning these programs, you must have an order from your Primary Care Provider.*

**Women for Women:** Wednesday 1:00-2:00 Therapist: Stephanie Welch, CPRP and Kristy Doyle, CTRS; This program for women Veterans focuses on creating a healthy lifestyle. Discussions cover a wide range of physical and emotional health topics.

**Women Veterans Program:** Thursday 10:00 a.m.-noon Therapist: Kristy Doyle, CTRS; This program is for women Veterans and focuses on developing new leisure skills. The group also participates in a monthly community reorientation trip. This is a great opportunity to develop a support system for women Veterans.

**Therapeutic Recreation Staff:**
Kristy Doyle, CTRS, Chief GR-115 456-3488
April Reynolds, CTRS GR-106 456-3813
Maureen Harvey, LPC, ATR-BC GR-111 456-5202
Stephanie Welch, CPRP GR-114 456-3487
Dawn Truby, LPC, ATR-BC GR-107 456-3443
Stephanie Bushnell, CTRS GR-106 456-3949
Sarah Sands, CTRS 4th Floor 456-2603
Kathryn Caldwell, CCS GR-116 456-3489
Veterans make great volunteers!

As a veteran, you have demonstrated your commitment and many talents by your service to our county. Thank you! You can continue to help your community by sharing your time and skills.

Why volunteer?

Research has demonstrated that volunteers experience many benefits:

- Make a difference in your community
- Meet new people
- Have fun
- Gain new experiences
- Feel appreciated
- Build self-confidence / esteem
- Add structure to life
- Learn new skills
- Create sense of belonging
- Have greater meaning in life
- Distract from own problems
- Have a chance to help others

BONUS: Dr. Kenneth Ferraro even found that adults who volunteer regularly have lower levels of depression, lower blood pressure levels, and better cardiovascular health!

Well ... maybe I'd like to give this a try... now what?

1. Ask yourself these questions:
   - What do I like doing?
   - What skills do I have?
   - How much time do I have to volunteer?
   - Do I enjoy working alone or with others?
   - Do I like doing office work? Being with children or the elderly? Working outdoors?

2. Talk to people (your family, friends, provider, etc.) about what they think you might like. Look over the list for ideas.
3. Call the contact person for more information.
4. Invite a family member, friend or fellow veteran to join you.
5. Give it a try! Go for it!

Volunteers usually get more out of the experience than they give!
Volunteer Opportunities
Revised August 2010

Hospitals:

- Possible Tasks: assist at information desk, distribute menus, help in waiting rooms, work in gift shop, deliver the coffee cart to patients, etc.

Oklahoma City VA Medical Center
- Contact Person: Kimberly Walls
- Phone: 405-456-3490

OU Medical Center Children’s Hospital
- Contact Person: Glena Hoke
- Phone: 405-271-4870

Deaconess Hospital
- Contact Person: Cheryl Bridges
- Phone: 405-604-6112

Integris Baptist Medical Center
- Contact Person: Kristi Medley
- Phone: 405-949-3183

Integris Southwest Medical Center
- Contact Person: Darla Medaris / Julia Hunt
- Phone: 405-636-7000

Mercy Hospital (Edmond)
- Contact Person: Pat Scheer
- Phone: 405-752-3660

Midwest Regional Hospital
- Contact Person: Cathy Hardy
- Phone: 405-610-8580

Norman Regional Hospital
- Contact Person: Jessica Carwile
- Phone: 405-307-1789

Presbyterian Hospital
- Contact Person: Robert Hamm
- Phone: 405-271-5500

St. Anthony’s Hospital
- Contact Person: Joyce Stokes
- Phone: 405-272-6266
Veterans' Organizations:

Vet Centers

OKC: 1024 N.W. 47th St. Suite B  
Contact: Peter Sharp, MSW  405-456-5184

Lawton: 1016 SW C Avenue, Suite B, Lawton  
Contact: Joel B Hall  580-585-5880

Tulsa: 1408 S. Harvard Ave, Tulsa  
Contact: Stephen Craig  918-748-5105

DAV (Disabled American Veterans)

State Headquarters:  405-521-0758

PVA (Paralyzed Veterans of America):

  405-721-7168

VFW (Veterans of Foreign Wars)

State Headquarters:  405-525-2680

Post # 9265: George Greer  405-604-0264

Nursing Homes:

Many nursing home residents are very isolated and lonely. A brief visit can make a major difference in their day. Contact a local care center to ask about its needs.
Veterans Centers:

Ardmore Veterans Center (Paula Hesley) 580-223-2266
Claremore Veterans Center (Bob Duckert) 918-342-5432
Clinton Veterans Center (Andrea Oldham) 580-331-2200
Norman Veterans Center (Teresa Beasly) 405-360-5600 ext. 268
Sulphur Veterans Center (Jenny Spicer) 580-622-2144
Talihina Veterans Center (Drew Cossey) 918-567-2251

Churches / Synagogues:

Many houses of worship rely on volunteers for teaching classes (e.g., Sunday School), providing office help (e.g., preparing newsletters), doing outreach ministry (etc). Contact your local house of worship for more information.

Oklahoma City VA Chaplain Service: 405-456-5516

Museums:

Edmond Historical Society Museum (431 S. Boulevard, Edmond)
- Once a month commitment (3 hour shifts)
- Contact Person: Christine Gibson
- Phone: 405-340-0078

National Cowboy and Western Heritage Museum (1700 NE 63rd St, OKC)
- Contact Person: Aaron Martin
- Phone: 405-478-2250 Ext. 279

Sam Noble Oklahoma Museum of Natural History (2401 Chautauqua Ave., Norman)
- Tasks: greeters, mailings, clerk at store, assist children in the Discovery Room
- Contact Person: Emily Reynolds
- Phone: 405-325-1652 or 405-325-8978
Outdoor / Nature Activities:

**Martin Nature Park** (5000 W. Memorial Rd., OKC)
- Tasks: clearing trails; assisting in museum / gift shop; leading programs
- Contact Person: Casey Lindo
- Phone: 405-755-0676

**Myriad Botanical Gardens** (100 Myriad Gardens, OKC)
- Tasks: tour guides, planting, pruning, office tasks
- Contact Person: Kenton Peters
- Phone: 405-297-3624

**Oklahoma City Parks and Recreation Department** (420 W. Main St, OKC)
- Tasks: assist with recreation activities, park maintenance
- Contact Person: Christopher Hamilton / Misty Bromlow
- Phone: 405-297-3999 or 405-297-2389

**Oklahoma State Parks, Park Partners**
- Tasks: plant tree seedlings, trailwork, build wildlife nesting
- Contact Person: Tom Creider
- Phone: 405-230-8382

Shelters / Food Banks:

**City Rescue Mission** (800 W. California, OKC)
- Tasks: prepare and serve meals, assist with general maintenance
- Phone: 405-232-2709

**Grace Rescue Mission** (2205 Exchange Ave., OKC)
- Tasks: sort clothing, serve meals, paint and repair facility
- Only accepts church groups (no individual volunteers)
- Phone: 405-232-5756

**Jesus House** (1335 W. Sheridan)
- Tasks: serving food, cleaning, sorting donations
- Phone: 405-232-7164 (call after 10 a.m.)
Mid-Del Food Pantry (322 N. Midwest Blvd., Midwest City)
- Tasks: assemble food baskets, repackage bulk food items
- Contact Person: Mike Anderson
- Phone: 405-732-3603 (call after 10 a.m.)

Regional Food Bank of Oklahoma (30 SE 17th St, OKC)
- Tasks: shop clerk, sort and box donated goods
- Contact Person: Liz Brannon (www.regionalfoodbank.org)
- Phone: 405-972-1111 option 4

Salvation Army Shelter (330 SW 11th St., OKC)
- Tasks: serving food, cleaning, sorting donations
- Contact Person: L’Tray Greer
- Phone: 405-270-7839

Skyline Urban Ministries (500 SE 15th St., OKC)
- Tasks: sort donations in food pantry
- Eye clinic and food: call 405-236-5212 Ext. 101
- Clothing: M-W-F from 9 a.m. to 12 noon
- Contact Person: Doralee Duncan
- Phone: 405-632-2644

Theaters:

Carpenter Square Theater (400 W. Sheridan, OKC)
- Contact Person: Vicky Zipf
- Phone: 405-232-6500

Lyric Theater (OCU Campus: 2501 N. Blackwelder, OKC)
- Tasks: usher, sell refreshments, fund raisers
- Contact Person: Debra Minerd
- Phone: 405-524-9310

Sooner Theater of Norman (101 E. Main, Norman)
- Tasks: usher, concession stands, office work
- Contact Person: Jennifer Markum
- Phone: 405-321-9600
Other:

**American Red Cross – Central Oklahoma Chapter** (601 NE 6th St., OKC)
- Tasks: assist in disaster relief efforts, driving, sewing, blood drives
- Contact Person: Annie Lucas
- Phone: 405-228-9500

**Habitat for Humanity**
- Tasks: assist in construction of homes, clerical support
- Contact Person: David Korvick
- Phone: 405-232-4828

**Knights of Columbus** (2239 NW 39th St. #101, OKC)
- Oklahoma City Council: 405-429-7555

**Meals on Wheels**
- Tasks: assist in preparing and delivering meals for shut-ins
- Contact Person: Summer McGuire
- Phone: 405-321-7272 (Norman)

**Metropolitan Library System**
- Contact Person: Heidi Port
- Phone: 405-606-3762

**National Alliance for Mental Illness (NAMI-Oklahoma)** (1920 N. Drexel Blvd, OKC)
- Tasks: office and clerical help
- Contact Person: Wayne McGuire
- Phone: 405-230-1900

**Oklahoma Aquarium** (300 Aquarium Dr., Jenks, OK)
- Tasks: assist guests at the aquarium; special projects; office work
- Phone: 918-296-FISH (3474) pick option 4 then option 7
- Contact Person: Karen Dills
- Phone: 918-528-1515
- Email: volunteers@okaquarium.org

**Oklahoma City Animal Shelter** (2811 SE 29th St., OKC)
- Tasks: play with animals, provide foster care for animals, provide clerical support
- Contact Person: Jonathan Gary
- Phone: 405-297-3100 pick option 3 then option 4
Pets and People Humane Society (701 Inla, Yukon, OK)
- Tasks: walk dogs, assist in educational programs
- Hours: Noon to 5:30 p.m.
- Phone: 405-350-7387

Project READ (Edmond)
- Tasks: adult literacy; English as a 2\textsuperscript{nd} language
- Contact Person: Mary / Eddie
- Phone: 405-348-7323 (9 a.m. to Noon)

RAIN (Regional AIDS Interfaith Network)
- Tasks: provide rides, visit with individuals with HIV/AIDS, etc.
- Contact Person: Shelley Reeves
- Phone: 405-947-3434

Salvation Army Clothing Room (Volunteer Center, Central Oklahoma Heartline)
- Tasks: sort and display clothing; assist individuals in selecting clothes
- Contact Person: Lois Green
- Phone: 405-246-1100

Special Olympics
- Tasks: support participants, keep score, hand out award ribbons (etc.) at sporting events for people living with mental and physically disabilities
- Contact Person: Dara Morris
- Phone: 405-366-5918  Tulsa 1-800-722-9004 or 918-481-1234

Children:

Schools:

Volunteers can provide a lot of help to our school systems, in activities involving the children directly or in office tasks. Contact your local school district to learn about opportunities.

Camp Fire Boys and Girls (3309 E Hefner Rd., OKC)
- Contact Person: Kim Watson
- Phone: 405-478-5646

Big Brother, Big Sister Program (4101 Perimeter Center Drive, Suite 235, OKC)
- Contact Person: Shannon
- Phone: 405-943-8075
Read and Seed Program of Oklahoma County (Volunteer Center for Oklahoma, Heartline)
  - Tasks: seeks volunteers ages 55 and over to work with children grades 1-3
  - Sponsored by the Retired Senior Volunteers Program (RSVP)
  - Phone: 405-523-3581 (Volunteer Connection)

Boys Scouts of America Last Frontier Council (3031 NW 64th, OKC)
  - Contact Person: Katie Trattner
  - Phone: 405-840-1114

Girl Scouts Council (121 NE 50th, OKC)
  - Contact Person: Jaimie Siegal
  - Phone: 405-528-3535 or 702-7731

Citizens Caring for Children (730 W. Wilshire, Suite 111 and 112, OKC)
  - Tasks: mentoring, sorting clothes, gifts, supplies for foster children, helping families with infants
  - Phone: 405-753-4099

Infant Crisis Center (4224 North Lincoln Blvd., OKC)
  - Tasks: organizing supplies, clothing etc. for infants.
  - Phone: 405-528-3663
  - Email: info@infantcrisis.org

Crossings Community Clinic (2228 W. Hefner Rd. OKC)
  - Tasks: Christian Health and after school clinic, mentor, cook, meet patients, organize supplies
  - Phone: 405-749-0800 (www.crossingsokc.org)

Pershing Center (2400 Gerald Pershing Blvd. OKC)
  - Tasks: Transitional living center, teach classes, help with grounds, etc.
  - Phone: 405-609-2400
Organizations with listings of current volunteer needs:

Volunteer Connection Volunteer Center of Oklahoma, United Way
- Contact Person: Kitt Letcher
- Phone: 405-523-3581
- Email: volunteer@unitedwayokc.org
- Website: http://www.1-800-volunteer.org

Websites:
www.Helping.org
  ➔ Enter your zip code in for local opportunities

www.AARP.org
  ➔ American Association of Retired Persons

Compiled by Michelle Sherman, Ph.D. (8/10)
When I’m Feeling Sad . . .

When I’m feeling **sad or depressed**, it would really help me if you would please:

____________________________________________________________________________________

____________________________________________________________________________________

It would help me if you would please avoid doing: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

When I’m feeling **irritated, angry or frustrated**, it would really help me if you would please:

____________________________________________________________________________________

____________________________________________________________________________________

It would help me if you would please avoid doing: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

**REMEMBER:**

- These are your requests, not demands.
- Say thank you!
- It may be difficult for your family member to do (not do) what you’re requesting!
- Your family member cannot read your mind. It’s your job to let him/her how he/she can support you, realizing this may change across time and situation.
What Can I Do When My Family Member Is Depressed?

**Common Symptoms of Depression:**

1. Feeling sad, blue or down
2. Losing interest in previously enjoyed activities
3. Change in appetite or weight
4. Change in sleep patterns
5. Feeling tired and slowed down OR feeling restless
6. Feeling worthless or guilty
7. Having trouble concentrating, thinking, or making decisions
8. Having thoughts of death or suicide

**Common Causes of Depression**

1. Major life events (e.g., death of loved one, retirement)
2. Genetic factors
3. Imbalance in the level of chemicals in the brain.
4. Medical illness
5. Use of certain medications (some anti-convulsants or thyroid hormones)
6. Excessive use of alcohol

**Suicide Warning Signs:** There are several red flags that you want to pay special attention to if a loved one is talking about suicide. One warning sign does NOT mean that the person is definitely going to harm him/herself; rather, these cues may prompt you to explore the issue further:

1. Changes in the level of depression (more depressed or happier than usual), especially if he/she:
   a. Has a specific plan for how they would kill themselves
   b. Begins to get their affairs in order (e.g., writes a will, gives things away, systematically contacts old friends or relatives)
   c. Feels worthless
   d. Talks about having done an unforgivable behavior
   e. Feels hopeless about the future
   f. Hears voices telling them to harm themselves
2. Talks about being indestructible or having supernatural powers during a manic or delusional state
3. Talks about killing him/herself (“everyone would be better off without me”)
4. Makes suicidal gestures (takes too many pills, cuts wrists, etc.)
5. Increases use of alcohol or other drugs.
6. Has previously attempted suicide OR has a history of being impulsive

What to do if your family member is suicidal

1. TALK ABOUT IT! Asking about suicide will NOT put ideas in his/her head and will not make the situation worse. Ask – then listen. You may want to discuss coping strategies at a time when your loved one is not actively suicidal.
2. Offer emotional support by expressing your concern, care, and willingness to help.
3. Ask if he/she has a plan about how about how to killing him-/herself. If so, then:
   a. Seek professional help immediately
   b. Try to get the person to make an agreement with you that they will not act on these plans without first talking to you, a hotline, or mental health professional
   c. Put away any objects that he/she may use to harm him-herself (guns, knives, pills, razors, etc)
4. If the person is delusional, seek professional help.
5. If you don’t know what to do, call a professional (e.g., suicide hotline, mental health professional, police)

Veterans Crisis Line: 1-800-273-TALK

Oklahoma City Suicide Hotline: (405) 848-CARE

Local Treatment Options for Veterans Struggling with Depression
1. Individual / Group Psychotherapy
2. Psychoeducational Classes
3. Anti-depressant Medications
Some Good Books on Depression:


Relevant Web Sites:

www.depression.com [resources about depression]

www.depressionfallout.com [supporting someone who is depressed]

www.familyaware.org [Families for Depression Awareness]

Coping Strategies for the Family

A. DO’s

1. Acknowledge that depression is a legitimate illness – which is different from just having a “down” day.
2. Learn about the illness of depression:
3. Have realistic expectations…but maintain hope!
4. Be an active team member in the care of your loved one. Ask questions of doctors, nurses, psychologists, and other health care providers.
5. Offer emotional support, patience, and compassion. Encourage your loved one to exercise and do activities that he/she used to enjoy.
6. Stay in contact with your social support network.
7. Obtain professional help for yourself when needed. Consider contacting the VA Caregiver Support Services (1-855-260-3274 or www.caregiver.va.gov) to explore available resources in your community.
8. Maintain good sleep habits, both for you and your loved one.
9. Maintain a healthy diet; engage in regular exercise; avoid use of alcohol.

B. DON’Ts

1. Try not to take the depression personally – it's not your fault! You cannot cure depression with love any more than you can cure cancer with love.
2. Don’t exclude the depressed person from family discussions or decisions.
3. Don’t try to do everything for the depressed person.
4. Don’t criticize the person for their depressed behavior.
5. Don’t feel that you need to apologize for your loved one.

Parts adapted from When someone you love has a mental illness by R. Woolis (1992).
2 Things I am Grateful or Thankful for Today

<table>
<thead>
<tr>
<th>Day</th>
<th>Example</th>
<th>Check after you share these 2 things with your Veteran / REACH support person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>I appreciated when you played with the kids tonight when I had a headache.</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>I'm happy for the good news I got at my doctor appointment today. What a relief!</td>
<td>✓</td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<td>Wednesday</td>
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<td>Friday</td>
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</tr>
<tr>
<td>Saturday</td>
<td></td>
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</tbody>
</table>

Find the good and praise it! — Alex Haley

As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them.
— John Fitzgerald Kennedy
Work on Weekly Activity Schedule and discuss.

Review the list of Volunteer opportunities. Consider contacting one organization that interests you.

Complete and share “When I’m Feeling Sad” with each other.

Complete and share the GROW log.

Review the Foot Stompers.
Depression is VERY common. Each person's experience of depression is different, but common symptoms include: changes in sleeping and eating patterns, low energy, difficulty concentrating, loss of interest in activities, and feeling sad or down. If anyone has serious thoughts of hurting him-/herself or anyone else, call 911 or go to an emergency room immediately.

There is a lot of help available to manage depression. Just as with managing diabetes, managing depression requires effort and may involve medications, psychotherapy, classes, physical exercise, and family involvement. The Oklahoma City VA Medical Center has many treatments for depression, including a Depression Management Skills class.

The bed is NOT your friend when you're depressed! It's very important to stick to a regular schedule to plan fun activities. GET BUSY! Get out of bed by using activity scheduling. Avoid isolating which usually only worsens depression. Consider the list of Volunteer Opportunities as a great way to lift your mood and to give back to your community.

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

- Approaching problems with a hopeful, optimistic, respectful attitude is very important.
- Use of a specific 5-step procedure for solving problems is helpful for many families.
- Phase 3 will be an important next step of your participation in REACH.

<table>
<thead>
<tr>
<th>In-Class Exercise</th>
<th>Problem-solving as a group</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Corresponding Pages in Workbook</th>
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</thead>
<tbody>
<tr>
<td>OPRAH skills</td>
</tr>
<tr>
<td>REACH Program Problem-Solving Worksheet</td>
</tr>
<tr>
<td>Other treatment options for Veterans living with trauma</td>
</tr>
<tr>
<td>Anonymous satisfaction survey</td>
</tr>
<tr>
<td>Foot Stompers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homework</th>
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<tbody>
<tr>
<td>Problem-solving Skills for Families.</td>
</tr>
<tr>
<td>Review Foot Stompers.</td>
</tr>
<tr>
<td>Complete GROW log.</td>
</tr>
</tbody>
</table>

*Therapist Note: Because of the need to practice problem solving in class, there is no part 3 (breakout session) in this class.*

*Begin by sharing food together, providing a pleasant, relaxed atmosphere of socializing and sharing treats.*
PART 1: See “Structure of each class” (on page 60)

In this session, pass out the schedule for Phase 3 classes. Review the logistics and schedule for Phase 3. Explain that this phase will consist of monthly classes to support their gains. The Phase 3 class will include members from this particular class as well as graduates from previous cohorts of REACH. Encourage the class to put a reminder on their personal calendars.

Warm up

1. Ask each Veteran/support person to please state his/her name. “How has the week been?”
2. HOMEWORK Follow-up: Check in on how the week was and on homework from the last class: Activity Scheduling and “When I’m Feeling Sad”
3. CHECK-IN QUESTION: “What is something you do well? A skill you have mastered?”
4. Read today’s Foot Stompers as a preview.

PART 2: Education for All

As the bumper sticker says, “Stuff happens.” Problems are an inevitable part of life, and learning how to cope effectively with problems is important. Confronting problems can be challenging, especially if difficulties accumulate, involve numerous people, and/or involve a sense of helplessness. We often don’t deal with problems effectively when we’re overwhelmed by strong emotions.

Problem solving can be especially challenging for families coping with PTSD. Individuals with PTSD may face special challenges in coping with problems, such as heightened emotions (especially anger), difficulty communicating, impulsivity, and a tendency to avoid upsetting situations. Veterans may resent their perception (or the reality) that they have little or no input into important decisions.

This session will review strategies for effective problem solving and a specific process that can be helpful in addressing problems. The group will have an opportunity to practice the process with a real-life problem.
I.  **Tips for effective problem solving**

Before outlining a specific strategy for solving problems, we will review a few general guidelines on increasing the likelihood of having a successful **outcome** (parts adapted from Mueser & Gingrich, 1994, Woolis, 1992). Remember Oprah Winfrey? The mnemonic device to help remember tips for effective problem solving spells OPRAH!

**O for Optimism.** Approach the problem with an upbeat, optimistic outlook:

- Research has found that a positive frame of mind fosters creativity and effective problem solving.
- A positive attitude can make family interactions about the problem go more smoothly.
- Timing is important. Select a time to address the problem when everyone in the family is feeling calm and able to focus well. You may choose to ask your loved one, “Is this a good time to talk?” Or, you may schedule a regular time (e.g., after dinner on Sundays) to discuss family issues.
- Rather than dwelling on how disruptive the problem has been historically, try to focus on how the problem can change for the future.

**P for Patience.** Be patient and flexible, especially when first learning these skills:

- Remember that there rarely are obvious “right” or “wrong” answers. You are striving to find a solution that might work well for this particular problem at this time.
- Reassure yourself by remembering that ALL families disagree about issues and have different opinions. Your challenge is to work together to deal with the problem. The process of confronting and solving problems as a team has the potential to bring your family closer together.
R for Respect. Respect each person’s perspective:

- Try to consult everyone who is involved in the problem or situation.
- Try to see the problem from each person's point of view. Otherwise, you’re likely to choose solutions that others do not feel good about and are therefore not willing to use to solve the problem.

A for Avoid. Avoid blaming:

- Often, people feel it necessary to determine the cause or reason for a problem, thinking that this is where the solution lies. Blaming becomes a frequent occurrence in conflicts about a problem. It is important to remember that searching for a cause is not the same as defining and implementing a solution.
- Blaming usually impedes problem solving because looking for a cause takes the focus away from looking for solutions.
- Blaming also tends to make people feel attacked, which can lead to a denial of the problem or refusal to help in solving it.

H for Halfway. Meet halfway and compromise:

- Be flexible when considering solutions. This ensures that many viewpoints are considered and all feel that their input is important.
- If everyone contributes at the solution-finding step, they will be much more likely to participate when it is time to implement the solution.

II. Specific steps in solving problems

We will outline a specific step-by-step method of solving problems. This approach can be used by individuals, groups, or families. It is often helpful to designate someone as the note-taker.

Therapist Note: Write on a dry erase board or poster board the problem and all solutions generated. Ask a class member to record the information on the worksheet.
A. Briefly review the steps in problem solving, as follows:

1. **Get the family together.**

   It is essential to involve everyone in the problem-solving process. Meeting together ensures that everyone has a shared understanding of the problem and can contribute to the process. Families may choose to schedule a family meeting to discuss the problem.

2. **Decide on a definition of the problem.**

   Family members often have different perceptions of the problem, or may have different information related to the problem. This important step involves discussing the problem from everyone’s perspective and putting all the information together to define the problem clearly. Be as specific as possible, and talk about how the situation is a problem for everyone involved.

   It’s essential that families describe a behavioral “end point” to the problem. It should be clear WHO will be doing WHAT differently if/when this problem is solved.

   This step also gives family members a sense of being valued and involved in discussions about the problem, which may lead to everyone being more actively involved in selecting and implementing a solution.

   Several questions may help the family in defining the problem, such as: (McFarlane et al., 2002)

   - When did you first notice the problem?
   - When does it occur (time of day, situation, common triggers, etc.)?
   - Is the problem related to biochemical factors (e.g., changes in medication or substance abuse)?
   - How often does the problem occur?
   - Is the problem getting worse? At what rate?
   - Does the problem occur with certain people or under certain conditions?
   - Who is affected by the problem, and how?
   - What has been tried to alleviate the problem in the past? What was helpful?
   - With what activities does the problem interfere?
Therapist Note: If participants struggle to identify problems (or are unwilling to disclose their own problem), you can suggest sample problems that other families have shared. Common problems that Veteran dyads dealing with PTSD find helpful to address in problem solving are listed at the end of this session outline.

Also, when recording the problem and solutions during class, use class members’ exact words, and check in to ensure you understood their point.

3. **Brainstorm possible solutions.**

   Brainstorm as many possibilities as you can. It is important for everyone to voice at least one idea for the family to consider. All family members need to refrain from any criticism or evaluation of the suggestions during this step. Be creative and allow for extreme solutions, as these may introduce an element of humor and help the brainstorming process.

4. **Do a cost-benefit analysis of each possible solution.**

   Discuss each possibility identified in the previous step. Identify and list the benefits of each solution (putting “+” signs next to each idea), and the possible costs (financially, emotionally, time-wise, etc. – putting “−” signs next to each idea). When providing negative feedback, be sure to criticize the idea – not the person who proposed the solution. Think about solutions tried in the past that did not work as sources of useful information. Consider that you may not have all the information necessary to select a good solution, or that the best solution might involve a combination of solutions identified in Step 3.

5. **Decide on the best solution.**

   As a group, select one solution to implement, based on its practicality, its potential impact on the problem, the necessary resources, etc. The family’s agreement on the solution is essential to its effective implementation.
6. **Develop a specific plan for how to implement the chosen solution.**

   Problem solving is not over just because you’ve selected a solution! Break the solution down into small, manageable, specific tasks. Select someone to carry out each task. It might be a good idea to also define reasonable deadlines for each step.

7. **Evaluate whether the solution was attempted, and whether or not it worked.**

   After step 6, the family may select a timeline for re-evaluation of the solution. At that time, the family reconvenes to discuss the progress made to date, any challenges encountered, and whether the problem has been solved. If a problem remains (or a new problem has emerged), the family should discuss the additional steps that need to be taken or evaluate the need for a new solution. It may be necessary to repeat the problem-solving process if the new problem is not going to be easy to solve.

**C. Class Activity**

   Guide the class to define a particular problem (possibly using an issue that is of concern to several of the members).

   *Therapist Note: If one member brings up a problem he/she would like to problem solve, be sure the other family member is willing for the group to work on the problem together.*

   Lead the class through each of the problem-solving stages (using the REACH Program Problem-Solving worksheet in workbook).

**Discuss:**

- How would this strategy work at home?
- What obstacles might you envision for using this approach?

   Engage the participants in problem solving about how they can adopt this process at home.
WRAP UP

Ask participants to bring a family photograph to the first Phase 3 class. Let them know that you will invite them to share the photograph and talk a bit about their family at that time.

A. Instill HOPE.

B. It is important to find ways of solving problems effectively.

C. Remind the family who “owned” the problem to be prepared to share at the first Phase 3 class how the brainstormed solutions went.

D. Read the Foot Stompers.

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

END OF PHASE 2 ACTIVITIES:

1. Congratulate the students for completing Phase 2 of REACH. Give attendance awards.

2. Explain the SAFE Program as an ongoing source of support for the family members. Distribute flyers.

3. Briefly review page 88 in the workbook on “Other Treatment Options for Veterans Who Have Experienced Trauma.”

4. Distribute the REACH Phase 3 schedule and strongly encourage regular participation.

5. Ask each participant to complete and submit the anonymous REACH Project Satisfaction Form.
Common Problems That Veteran Dyads Dealing with PTSD Find Helpful To Address in Problem Solving

Family Issues

- Communication problems
- Disagreements among family members
- Getting the Veteran to discuss feelings
- Setting limits between Veteran and support person
- Veteran always having to be “right”
- Setting limits with grown children
- Dealing with aging parents

Behavior Issues

- Medication compliance
- Veteran’s withdrawing from family and friends
- Insomnia
- Irritability/low patience
- Problems/conflict at work
- Participating in family activities (e.g., including doing household chores, going to church)

Challenging Situations/Other Stressors

- Financial difficulties
- Taking on too much at one time
- Time management
- Coping with potentially stressful life events (e.g. family celebrations, moving, deaths)
- Coping with the mental health system (e.g. changes of provider, inpatient admissions, insurance)
- Veteran’s desire to have ultra security around the home
Issues of Potential Dangerousness

- Drug and alcohol use/abuse
- Threats of dangerousness (e.g., suicidal comments/behavior; threats and/or acts of violence)

Sample Problem Descriptions

Use of class members’ exact words in describing the problem is important. For example, they may describe problems as in the following examples:

**Setting limits with grown children**

My wife’s son (from her first marriage) moved into our basement 2 years ago…and hasn’t left! Since then he has stopped working. He sleeps almost all day and stays up all night watching TV, playing video games or messing on the computer. This kid is 22 years old – this can’t be healthy – and he’s eating us out of house and home!

**Issues with Medication**

Veteran: I don’t see that the antidepressant medication has ever done a thing for me – why should I take it? I gave it a try for 2 whole weeks! All it did was give me a headache and make me feel like a zombie.

Wife: Maybe it was not the right medication; I sure wish you would talk to someone. My Doc put me on a medicine that really helped.

**Financial troubles**

We were doing OK until this recession. I work as a forklift operator for a building supply company, and no one is building right now. They cut my hours back to about 20 hours a week - I can’t get by on that! We are going to lose one of the vehicles – I have to keep the truck. We are behind about 2 months on the credit card. Mary (wife) can’t work because her feet and back hurt too much.
Living with adult children

We thought it would be a blessing to combine households. We could help watch the four grandkids. We could help with the electricity bill and groceries. And, we could maybe put a little money aside, since we would not have rent or a house payment. But our son and his wife argue from sun-up to sunset; and now that our other son has moved in, it is constant arguing. We are now paying for food, electricity and most of the house payment. The constant bickering is not good for my blood pressure or my PTSD!

Irritability / Lack of patience for irritations

Veteran: I don’t know why, but it seems like everything makes me irritable.

Mom: I can say “I fixed pancakes,” and he will go off on me because I was supposed to read his mind and know he was starting a diet and wanted only hard-boiled eggs! Everything turns into an argument…even coming here tonight. He got angry because I wore this dress. I like this dress – it’s my favorite.

Alcohol

Wife: Why does he have to have two or three beers every night? The beer is not good for his diabetes, and it zaps his energy. Beer relaxes him alright – for the last week he’s been falling asleep at 8 pm!

Veteran: I never get drunk – the beers help me relax.
Problem-Solving Skills for Families

Step 1: Clearly define the problem (Who? What? When? Where? How?).

Discuss the problem, being sure to include everyone’s opinion. Write down the exact problem definition. Be sure to include the clear end-point: If this problem were solved, WHO would be doing WHAT differently?

Step 2: Brainstorm possible solutions.

Record all ideas (without censoring!). Be sure that every family member proposes at least one idea for discussion.

Step 3: Define pros and cons.

Review each item in the list, and discuss the pros and cons of each option.

Step 4: Select a solution (or combination of solutions) to try.

Specifically write out the chosen solution.

Step 5: Develop a specific plan for a). implementing the solution and b) measuring progress.

Discuss what the family will need to accomplish the task, and who will do each step. It’s helpful to anticipate any potential challenges.

Step 6: Evaluate how the plan worked for you.

Regardless of the outcome, praise each person’s efforts! If needed, you may revise your solution and/or return to your list of options to select another strategy.
Remember OPRAH

O – Be Optimistic.
P – Be Patient.
R – Respect each other.
A – Avoid Blame.
H – Meet Halfway.

[Image of Oprah Winfrey]
# REACH Program Problem-Solving Worksheet

**Veteran’s first name:**

**Support person’s first name:**

**Date:**


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

### Step 2: Brainstorm possible solutions (list them in this column)

<table>
<thead>
<tr>
<th>Step 2: Brainstorm possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(list them in this column)</td>
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</table>

### Step 3: Define Pros and Cons

<table>
<thead>
<tr>
<th>PROs of this solution</th>
<th>CONs of this solution</th>
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</tbody>
</table>

<p>| 1.                     |                        |
| 2.                     |                        |
| 3.                     |                        |
| 4.                     |                        |
| 5.                     |                        |
| 6.                     |                        |
| 7.                     |                        |
| 8.                     |                        |</p>
<table>
<thead>
<tr>
<th>Step 4: Select a solution (or combination of solutions) to try.</th>
<th>Our solution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 5: Develop a specific plan on how to a). implement the solution and b) measure progress.</td>
<td>Veteran’s steps to take:</td>
</tr>
<tr>
<td>Step 6: Evaluate how the plan worked for you.</td>
<td>Veteran’s thoughts:</td>
</tr>
<tr>
<td>Overall, did your solution(s) move you forward by at least 1%?</td>
<td>YES</td>
</tr>
<tr>
<td>If not, did you try another solution?</td>
<td>YES</td>
</tr>
<tr>
<td>If so, what did you try and what happened?</td>
<td></td>
</tr>
</tbody>
</table>

Please mail this form back to the REACH Office (or give to a REACH Team member) 2 weeks after tonight. REACH Team, OKC VAMC, 921 NE 13th Street (183R), Oklahoma City, OK 73104 Or, return it to the next REACH class. Thanks!
Veteran’s first name: John  
Support person’s first name: Betty  
Date: July 1, 2008

**Step 1: Clear definition of problem (Who? What? When? Where? How?)** “Over the past 20 years John has "pulled in" more and more. We socialize very little -- mostly with two or three family members. We don't go shopping; we don't go to movies. We know REACH is not supposed to be about making friends, but the fact is, this is the most we've done socially in years. We both agree it has been good for us. When I (John) get out with others I feel myself getting tied in knots – it's just too much trying to watch my back, her back etc, etc…I just get frustrated and angry. It's just a lot easier to stay home."

Be sure to include the clear end-point: If this problem were solved, WHO would be doing WHAT differently? We would be getting out of the house together—as a couple—more like we did 20 years ago. At least once a week going out together as a couple.

<table>
<thead>
<tr>
<th>Step 2: Brainstorm possible solutions</th>
<th>Step 3: Define Pros and Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRO's of this solution</strong></td>
<td><strong>CON's of this solution</strong></td>
</tr>
<tr>
<td>1. Join the VFW.</td>
<td>There's a VFW ten miles away.</td>
</tr>
<tr>
<td>2. Join a church.</td>
<td>It would make her really happy.</td>
</tr>
<tr>
<td>3. Let’s get together after class for a cup of coffee and a slice of pie.</td>
<td>That would be easy!</td>
</tr>
<tr>
<td>4. Start shopping at Wal-Mart at midnight and slowly back it up – with goal in mind of being able to start shopping at 830 pm.</td>
<td>There would be fewer people there late at night.</td>
</tr>
<tr>
<td>Step 4: Select a solution (or combination of solutions) to try.</td>
<td>Our solution: We will do the Wal-Mart plan starting this Friday at 1130 pm.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>5. When socializing outside the home, always take two vehicles so that Veteran has a means of escape.</td>
<td>That sure would help me feel safe.</td>
</tr>
<tr>
<td>6. When we socialize at home or at friends/family's house, set up ahead of time a “safe room” – a place the Veteran can retreat to, close the door and read, watch TV, listen to radio, and regroup.</td>
<td>Just 45 minutes in a quiet room with the ball game on would really help get me get my head straight.</td>
</tr>
<tr>
<td>7. Use the four-count breath CALM procedure when getting cranked up.</td>
<td>Easy to do, quick, seems to help.</td>
</tr>
<tr>
<td>8. Take small steps. Extend each outing by ten minutes, remembering Rome wasn't built in a day.</td>
<td>Yep, this is the best way for me to change.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5: Develop a specific plan on how to a). implement the solution and b) measure progress.</th>
<th>Support person’s steps to take: 1. Take a nap Friday afternoon, 2. Fix us both a cup of coffee at 1045 pm, and 3. Make this a fun outing – we can do a bit of separate shopping and call each other on our cell phones when we want to meet together in the snack food area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran’s steps to take: 1. I will put it on our calendar, 2. I will set my watch alarm Friday at supper, 3. I will jot down a list of the fishing gear I want to look at and perhaps purchase and 4. I will think about what favorite snacks I want to purchase.</td>
<td></td>
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</tbody>
</table>
### Step 6: Evaluate how the plan worked for you.

<table>
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<tr>
<th></th>
<th>Veteran’s thoughts: Not bad, I got a little edgy when we walked into Wal-Mart. I think Betty saw what was going on, so she went with me to the sporting goods department, and we did our shopping together.</th>
<th>Support Person’s thoughts: Wow! I am tickled pink! This was the first time he's gone to Wal-Mart in years. I was a little a draggy by the time we got home at 1 AM, but it was worth it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, did your solution(s) move you forward by at least 1%?</td>
<td><strong>YES!</strong></td>
<td><strong>NO</strong> (circle one)</td>
</tr>
<tr>
<td>If not, did you try another solution?</td>
<td><strong>YES</strong></td>
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</tr>
<tr>
<td>If so, what did you try and what happened?</td>
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REACH Team, OKC VAMC, 921 NE 13th Street (183R), Oklahoma City, OK 73104

Or, return it to the next REACH class. Thanks!
Additional Treatment Options for Veterans Who Have Experienced Trauma

REACH Project

MILITARY PTS RECOVERY PROGRAM

Outpatient PTSD Treatment Program. Veterans with persistent PTSD symptoms related to trauma experienced during military service can apply to attend outpatient programs for PTSD. These providers offer a wide range of treatment approaches to improve coping skills and reintegration. This program offers several individual and group-based services. Contact: Cheryl Bay, LCSW or Dr. Dan Jones at 405-456-5369.

OEF/OIF/OND PROGRAM

Evaluation and Readjustment Education. All OEF/OIF/OND Veterans are encouraged to meet with an OEF/OIF/OND Program Case Manager and Transition Patient Advocate for screening and assistance in getting needed medical care. OEF/OIF/OND Veterans may be referred to programs for specialized services as needed. Contact: Edwina Luker, LCSW at 405-456-3214, Waco Blakley at 405-456-1410 or Michele Diesselhorst-Reese at 405-456-3215.

OEF/OIF/OND Readjustment Class (1-day class). Some Veterans do not have PTSD, but still would benefit from education about coping with combat stress symptoms. Due to the many demands of work, school, and home, some Veterans have difficulty attending a traditional treatment program for combat stress. This 1-day program explains combat stress, how it affects a person, and how to cope with these symptoms so they do not have as much negative impact on a person’s life. Contact: 405-456-3295.

Individual Counseling. Some Veterans will need one-on-one counseling with an OEF/OIF/OND team member to discuss their personal concerns. Contact: 405-456-3295.
SEXUAL TRAUMA TREATMENT PROGRAMS

Women of Courage/Men of Courage. Veterans with PTSD related to MST (military sexual trauma), other sexual assault, or childhood sexual abuse are encouraged to participate in the WOC or MOC treatment program to gain support and learn new coping skills. Contact: Dr. Dana Foley at 405-456-5183 or 405-456-5539.

VET CENTER

Veterans who prefer an informal setting may receive individual or group counseling at the Vet Center located at 1024 NW 47th Street, Suite B in OKC. Services also available in the evenings. To schedule an appointment, drop by the center or call: 405-456-5184.

Other Vet Centers in Oklahoma include: Lawton (501 Southeast Flower Mound Road, Lawton, OK, 580-351-6511) and Tulsa (1408 South Harvard Avenue, Tulsa, OK 74112; 918-748-5105)
Other Relevant Treatment Options for Trauma Survivors

REACH Project

Sleep Management Class (4 week class)

This class provides Veterans with information on how to increase sound sleep. Veterans learn about the different sleep disorders, the benefits of good sleep hygiene, and strategies to facilitate healthy sleep. To enroll call: 405-456-5183 or 405-456-5539.

Anger Management Class (6 week class)

This class discusses common causes of anger and the problems that can result if anger is not managed effectively. It can help you understand the causes/true sources of anger and its effect on health, relationships, and quality of life. You can learn to identify responses to angry feelings, recognize your own anger warning signs, identify triggers, and develop an anger management plan. The class helps you learn effective ways to control anger, practical techniques for cooling down, and how to express anger in a healthy manner. To enroll call: Mr. Will Parker at 405-456-5367

Anxiety/Stress Management Class (8 week class)

Veterans learn the common causes of anxiety and the effects of stress on health, relationships, and quality of life. Veterans learn how to challenge negative thinking that contributes to anxiety and to implement relaxation techniques to calm body and mind. Veterans learn cognitive-behavioral therapy (CBT) techniques and relaxation techniques to address problems with anxiety and stress. Veterans may begin the first Monday of any month at 10:30 AM. To enroll call: 405-456-5183 or 405-456-5539.

Adjustment to Traumatic Stress Class (4 week class)

This introductory class provides general coping tips for common problems that may occur after experiencing a traumatic event, including sleep difficulties, anger problems, substance misuse, family adjustment, and anxiety. Veterans will also learn about a range of more intensive treatment options provided at the VA for addressing these issues. Veterans may begin any Friday at 9:30 AM. To enroll call: 405-456-5183 or 405-456-5539.
Biofeedback

Biofeedback involves training to improve one’s health by learning to control internal bodily processes that normally occur involuntarily, such as heart rate, blood pressure, muscle tension and skin temperature. Biofeedback is highly beneficial for stress reduction and people presenting with bodily symptoms of anxiety. This technique is helpful with anxiety, hypertension and chronic pain. If interested, ask your mental health provider for a referral.

Depression Management Class (8 week class)

This group is based on the Cognitive Behavioral Therapy model and teaches Veterans how thoughts and behaviors influence mood. Veterans learn how to challenge negative thinking that contributes to depression and how to make behavioral changes that decrease depressive symptoms. Veterans may begin the first Monday of any month at 2:00 PM. To enroll call: 405-456-5183 or 405-456-5539.

Support Group for Women: MAP Group

Female Veterans experiencing difficulty adjusting to common life experiences such as death of a loved one, divorce, relationship problems, parenting, unemployment, health issues, and other life stressors may benefit from this group therapy program to learn Managing emotions, Assertiveness, and Problem solving skills. For more information call: 405-456-5183 or 405-456-5539.

Outpatient Substance Abuse Treatment Center (SATC).

Veterans with substance misuse (including alcohol, drugs, and prescription medications) will benefit from this treatment program. The program is located on the 3rd floor. For more information call: 405-456-2858 ext. 3642 or 3278.
Gambling Treatment.

Treatment is available for Veterans to address gambling addiction or problematic gambling behaviors. For more information contact: Dr. Sean Ferrell at 405-456-3218.

Stop Smoking Program.

Veterans can attend the Readiness Clinic (Orientation to Quitting) any Wednesday at 1pm in Building 3, room 201. Support groups are also offered on Tuesdays at 7:00am and Tuesdays at 1pm. For more information, call: Dr. Peggy Hudson at 405-456-3369.

Additional Family Services

FAMILY MENTAL HEALTH PROGRAM

Couples/Marital/Family Therapy.

Veterans experiencing relationship problems may benefit from counseling with their spouse/significant other/parents/children. For more information contact: Dr. Michelle Sherman at 405-456-5183 or 405-456-5539.

SAFE Program (Support and Family Education).

A 90-minute monthly educational/support class for family members ONLY. Held on the 2nd Monday of each month from 2:30-4pm in room GA-104. Sample topics include “PTSD and its impact on the family,” “Communication tips for families” and “What can I do when my family member is depressed?” For more information contact: Dr. Michelle Sherman at 405-456-5183 or 405-456-5539.
Two Things I am Grateful or Thankful for Today

<table>
<thead>
<tr>
<th>Example</th>
<th>I appreciated when you went to the doctor with me when I was sick.</th>
<th>Thank you for making a great dinner!</th>
<th>✓</th>
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<tbody>
<tr>
<td>Sunday</td>
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<tr>
<td>Saturday</td>
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</table>

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

All we have to decide is what to do with the time that is given us.  
— J.R.R. Tolkien

Gratitude is one of the least articulate of the emotions, especially when it is deep. — Felix Frankfurter
**Between-Session Assignments**

**Session 6:**

- Try out the problem-solving process this week!
- Mark the Phase 3 class dates on your calendar.
- Complete and share the GROW log.
- Review the Foot Stompers.
All families face problems. You are not alone!

Great problem solvers are made...not born! You can learn these skills to help navigate a variety of life challenges.

When facing a problem, remember OPRAH! (Be Optimistic, be Patient, Respect each other, Avoid blame, and meet your partner Halfway).

Remember the six steps:

1. Define the problem and the desired outcome.
2. Brainstorm possible solutions.
3. Discuss the “pros” and “cons” of each possible solution.
4. Select the idea(s) you wish to try.
5. Plan HOW your family will do the selected plan.
6. Come back later and review how it went.
Satisfaction Form

I am a (please circle one):  VETERAN  FAMILY MEMBER

My therapist(s) were (please circle all that apply):

DOERMAN  SHERMAN  THRASH

1. How would you rate the quality of mental health care you received in the REACH Project?

1  2  3  4
Excellent  Good  Fair  Poor

2. If a friend were in need of similar help, would you recommend the REACH Project to him/her?

1  2  3  4
No, definitely not  No, I don’t think so  Yes, I think so  Yes, definitely not

3. Has the REACH Project helped you to deal more effectively with your problems?

1  2  3  4
Yes, it helped a great deal  Yes, it helped somewhat  No, it really didn’t help  No, it seemed to make things worse

4. In an overall, general sense, how satisfied are you with the services you have received in the REACH Project?

1  2  3  4
Very satisfied  Mostly satisfied  Indifferent or mildly dissatisfied  Quite dissatisfied

5. Overall, how satisfied are you with your therapist(s)?

1  2  3  4
Very satisfied  Mostly satisfied  Indifferent or mildly dissatisfied  Quite dissatisfied

6. Please comment on why you are satisfied or dissatisfied with your therapist(s).

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

PLEASE TURN OVER
7. What did you like the MOST about the REACH Project?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

8. What did you like the LEAST about the REACH Project?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

9. Are there any specific topics that you wish we would have addressed in the REACH Project?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

10. How can we improve the REACH Project for future Veterans and their families?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

THANK YOU