Handouts:
- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- Wellness exercise worksheet
- CALM Technique

**Check-in Question:** “When the person you’re participating in REACH with is overwhelmed by stress, what do you do (or not do) to be supportive?”

I. **Review the concept of wellness and the importance of setting small goals.**

A. “In REACH we shared many specific suggestions about ways you can improve your “wellness” (remember the Wellness Exercise?). We encouraged you to consider making changes in different parts of your life, such as setting goals for physical health, emotional well-being, spiritual life, social life, etc.”

B. Distribute the Wellness exercise worksheet from Phase 2.

Discuss: “What progress have you made on your goals? How could the group support you today in making small progress (maybe even just 1 millimeter) on your goals? Do you need to change your goal and head in a new direction?”
II. Review the CALM technique.

A. In Phase 2, we also taught the Veterans a highly effective skill for managing stress called the CALM technique.

B. Discuss:
   - How have you used this skill?
   - In what situations?
   - What have you noticed regarding how it works?

C. “As with any skill, it’s extremely important to practice, so we’re going to go through this procedure today as a group. Support persons: we did not teach this to you in Phase 2, so you’re in for a special treat!”

D. Go through the CALM procedure as a class.

E. Distribute the CALM technique note cards.

III. Part 3: Group problem-solving (approximately 35 minutes).

Go back to list of this month’s problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who “own” the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 “REACH Program Problem Solving Worksheet” and “OPRAH” skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who “owns” the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening’s class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!

*Therapist Note: When you receive the Problem-Solving worksheet from the family, call them to discuss it. Celebrate what went well, and problem solve with them about challenges that arose and/or next steps.*
Stress is part of life! You can keep the stress level in your home lower by sticking to a regular schedule, keeping the house quiet, sharing in family rituals, doing fun activities (both by yourself and as a family), and exercising regularly.

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

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

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

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

** Important Points **
- This is how you view YOURSELF – not how others view you.
- This is a personal assessment. We will not ask you to share this with the class.
- Please rate honestly how you are NOW – not how you would “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</th>
<th>I am 100% happy with this part of my life</th>
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<tr>
<td>For Improvement</td>
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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:

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<tr>
<td>Specific</td>
<td>Measurable</td>
<td>Achievable</td>
<td>Realistic</td>
<td>Timely</td>
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</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.
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
Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- Weekly schedule handout (from Phase 2)
- Fun Activity Catalog (from Phase 2)

**Check-in Question:** “When the person you’re in REACH with is going through a sad/depressed time, what do you do to be supportive and helpful?”

I. **Review the importance of creating a schedule.**

Discuss: “Why is it important to have a routine/schedule/reason to get out of bed?”

A. To support participants in creating schedules and incorporating fun activities, distribute blank weekly schedules and the Fun Activities Catalog.

B. Encourage dyads to work on the schedules together, possibly planning fun activities for them to do together regularly.
II. Discuss the benefits of volunteering.

A. Discuss: “We also discussed the value of helping other people as a means of managing depression. Has anyone found an activity from the List of Volunteer Opportunities that interested him/her?”

B. Discuss how volunteering be helpful for your mood.

III. Brainstorm other helpful tools for managing depression.

Discuss: “In addition to sticking to a schedule and helping other people, what are some other things you have found to be helpful in dealing with depression?”

Sample answers may include:

- Physical exercise
- Setting small, realistic goals: For example, let's say your goal is to plant a garden, how might you break that down into workable steps? First step? Second? Third?
- Forcing yourself to be around other people, even if you don’t feel like it.
- Engaging in activities that you used to enjoy, even if they don’t sound like fun now
- Catching yourself when you think negatively. For example, when you are in the depths of major depression, you view the world through brown lenses. With those lenses on, the Grand Canyon, Pike's Peak and Niagara Falls look bleak, dismal, sad and mundane. Remember that it is the lenses, the negative thinking, that distorts the view. Remember that these lenses can be corrected!
- Letting your family and friends help you – the fact that you are here today with your support person says you've already figured that out!
IV. **Explore how support persons can be helpful.**

Discuss: “What have you found helpful for support persons to do – or not do – to help Veterans living with PTSD?”

Possible answers may include:

- Remaining hopeful and encouraging (but remember that, ultimately, the Veteran is responsible for his/her well-being; you cannot fix/cure him/her).
- Encouraging the Veteran to stick with treatment, and letting the doctor know if the treatment plan/medications need to be changed.
- Staying involved in the Veteran’s treatment (such as coming to REACH classes, the SAFE Program, etc.).
- Listening when the Veteran wants to share, and avoiding giving advice.
- Inviting him/her to do fun activities with you.

Summarize the group’s discussion. Provide the “How to Help Yourself When You are Depressed” handout and encourage the participants to read it.

V. **Part 3: Group problem-solving (approximately 35 minutes).**

Go back to list of this month’s problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who “own” the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 “REACH Program Problem Solving Worksheet” and “OPRAH” skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who “owns” the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening’s class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!
Depression is VERY common. Each person’s experience of depression is different, but common symptoms include changes in sleeping and eating patterns, low energy, difficulty concentrating, loss of interest in activities, and feeling sad or down. If anyone has serious thoughts of hurting him/herself or anyone else, call 911 or go to an emergency room immediately.

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

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

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

NIMH, In the Public Domain

“It affects the way you think. It affects the way you feel. It just simply invades every pore of your skin. It’s a blanket that covers everything. The act of pretending to be well was so exhausting. All I could do was shut down. At times you just say ‘It’s enough already.’”

-Steve Lappen, Writer (NIMH website)

Depressive disorders can make one feel exhausted, worthless, helpless, and hopeless. It is important to realize that these negative views are part of the depression and do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect. In the meantime:

1. Engage in mild exercise. Go to a movie or a ballgame or participate in religious, social, or other activities.
2. Set realistic goals and assume a reasonable amount of responsibility.
3. Break large tasks into small ones, set some priorities, and do what you can as you can.
4. Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
5. Participate in activities that may make you feel better.
6. Expect your mood to improve gradually, not immediately. Feeling better takes time. Often during treatment of depression, sleep and appetite will begin to improve before depressed mood lifts.
7. Postpone important decisions. Before deciding to make a significant transition – change jobs, get married or divorced – discuss it with others who know you well and have a more objective view of your situation.
8. Do not expect to “snap out of” a depression. But do expect to feel a little better day by day.
9. Remember, positive thinking will replace the negative thinking as your depression responds to treatment.
10. Let your family and friends help you.
PHASE 3, SESSION 6:

REVIEW OF PROBLEM SOLVING

Handouts:

- REACH Program Problem-Solving Worksheet
- Foot Stompers (from Phase 2)
- My Foundation

Check-in Question: “What is one community organization/group that has always interested you? Perhaps somewhere or something you’d like to join or participate in that would be a chance to meet new people?”

I. Discuss the human need to “belong.”

A. “We in REACH believe that all human beings have a need to ‘belong’ and be part of something. Many Veterans, for example, wear ball caps indicating their branch of service or unit. Human beings also want to feel safe—that someone ‘has their back.’ We want to feel that there’s someone we can count on.”

1. Explain how service members are placed in units to function as a team and to protect one another. Working together can promote unit cohesion and trust in one another.

2. Review how there is safety in numbers. It is much harder for the enemy to assault a unit when its members are strong and together than when members are isolated.
3. Ask: “What does this mean for Veterans and their families dealing with PTSD?”

Possible answers may include:

- “If you have someone you can call at 3am when the truck breaks down in a rural area, you and your family are safer.”
- “When you feel you belong, you tend to be less depressed.”

B. “As we’ve discussed in REACH, some people with PTSD avoid people and potentially upsetting situations. In so doing, they cut themselves off from friendships and support, and can become quite lonely and isolated. We understand how this can happen, but also realize that the quality of life for many of these Veterans and families is not good. Therefore, we’ve challenged you to stretch a little during the past 9 months, and want to continue that encouragement tonight in this final class.”

II. **Explore class members’ current sources of support.**

“To begin, let’s review what your connections are now. Who can you count on?”

1. For some people, we feel “connected” in our families.
   
   - “What roles do you play in your family?”
   - “Who can you count on in your family?”

   Assist the class to define the roles of: husband/wife/partner, brother/sister, parent, child, aunt/uncle, etc.

2. “Who do you feel connected to outside your family? What relationship is closest at this time?”

   Assist the class in identifying friends, acquaintances, etc.

3. Explore other possible community connections such as:

   - Churches/houses of worship
   - Veteran organizations
   - Book clubs
   - Athletic teams
   - Volunteer organizations
Assist the class in sharing information about groups they feel connected to and what they draw from these affiliations.

4. Discuss how and why these connections are important.

III. Discuss participants’ feelings about the ending of REACH.

“For the past 9 months, you have been part of the REACH family. As you know, you will have your graduation session with your Phase 1 therapist soon, at which time we’ll discuss your experience and other treatment options. As a REACH graduate, we’ll send you our annual newsletter and encourage you to attend our annual retreat, but you will not be attending classes regularly.”

1. “How do you feel about REACH ending tonight?”

2. Discuss how their completion of REACH is an accomplishment, but can also be experienced as a loss.

3. Validate the loss, but challenge class members by raising questions such as, “How can you help fill that void, drawing on the strength, skills and support you gained in REACH to continue these relationships and to forge new friendships?”

IV. Explore ways to broaden and deepen their connections in the community.

A. Discuss: “What might be a reasonable, small next step for you in broadening and deepening your connections?” Possible follow-up questions may include:

- What family relationship might you want to try to strengthen?
- Is there a military buddy, church friend, or neighbor you might want to reconnect with?
- What community organization might you want to become active with?
- Would you consider getting a pet?
- It can be helpful to have a range of kinds and levels of relationships. Would you consider joining an online social network like Facebook (but beware of possible challenges therein)

B. Explore how they can support each other as a dyad in stretching themselves along these lines.
C. Distribute the “My Foundation” handout. Invite the class to brainstorm “foundational stones” for their “house,” identifying people/activities/organizations that could give them strength and safety.

Remind participants that we’re talking about making SMALL changes at their own pace. Consider these two quotes:

“You can hurry your life’s process along, but that would be like yelling at a flower to grow faster. It grows at its own pace…as will you.” (Anonymous)

“And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom.” (Anaïs Nin)

V. Part 3: Group problem-solving (approximately 35 minutes)

Go back to list of this month's problems/challenges listed on the board and take a group vote on which problem they would like to work on this month. Be sure that both family members who “own” the problem are willing to allow us to help them with solving this problem.

Distribute copies of the handouts from Phase 2 “REACH Program Problem Solving Worksheet” and “OPRAH” skills. Then, proceed with problem solving using the standard format we presented in Phase II class 6. Have one member of the dyad who “owns” the problem complete the worksheet.

After completing problem solving, thank the students for participating in this evening’s class. Ask the family that owns the problem to send the worksheet back to the REACH office or drop it off for REACH staff. Given them a self-addressed stamped envelope.

Review the logistics and schedule for next Phase III class, and encourage them to attend. Encourage them to try out the problem-solving process with a problem at home!
My Foundation

―You can hurry your life’s process along, but that would be like yelling at a flower to grow faster. It grows at its own pace…as will you. ―(Anonymous)

“And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom.” (Anaïs Nin)

Who (or what) are your foundation stones now?

How could you strengthen your foundation?
All families face problems. You are not alone!

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

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

Remember the six steps:

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

Graduation Session Goals:

1. To celebrate the dyad’s completion of the program and thank them for their commitment
2. To assess their progress during REACH and provide referrals to other treatment programs if needed
3. To elicit their reactions to the program (what they liked and disliked) so we can improve REACH for future Veterans/families

I. Check-in and celebration (10-15 minutes).

A. Briefly check-in with the dyad about how they have been since last Phase 3 class, including any possible crises.

B. Compliment them on having completed the program, affirming their hard work.

C. Specifically compliment them on a quality they demonstrated in the REACH program, using concrete examples, such as:

- Dedication to the program (e.g., regular attendance)
- Taking risks to make changes
- Completion of the homework and using new skills
- Support of other group members
- Sense of humor

Therapist Note: In the dyad’s last Phase 3 class, bring some appointment times to offer them to schedule the graduation session. Inform them that this meeting will be a chance to discuss the dyad’s experience in REACH, as well as to address remaining needs for each of them.
II. Assess the progress they feel they made in REACH and their next steps (15 minutes).

A. Ask the Veteran and support person what they have gained from the REACH program. Lead-in questions may include:

- “What progress has each of you made in REACH?”

- “What skills will you retain and use?” You might need to mention a few of the skills taught in class, such as:
  - Time-out process
  - Daily gratitude journal (GROW log)
  - “I” messages
  - Wellness goal
  - CALM procedure
  - Weekly activity scheduling
  - Problem solving

- “What positive changes have you noticed as a result of REACH? In yourself? In each other? In the relationship?”

B. Solicit their thoughts about possible “next steps” in treatment if desired. Have pamphlets/flyers about various programs available, including contact information and schedule.

- For Veterans, they may be ready to engage in more intensive treatment of their PTSD symptoms, or want to take a class to bolster their skills in managing anger (etc). Explore clinical needs and offer relevant local treatment options. If they are working with a psychiatrist, encourage them to keep regular appointments.

- For support persons, assess needs and suggest VA/community treatment options, including the Support And Family Education (SAFE) program.

- If the dyad is in an intimate relationship and wants to address couple issues, consider a referral to couples therapy.
III. Elicit reactions to the REACH Program (10 minutes).

Emphasize our desire to learn what was helpful and how we can improve REACH for future Veterans/families. Ask for feedback on what they liked and disliked. Solicit topics they wish would have been addressed and recommendations for ways to improve the program.

- “When you meet other Veterans/families who ask about REACH, what positive aspects of REACH will you remember the clearest?”
- “What was most helpful about being in REACH?”
- “How could we improve the program for the future?”

Thank them for the important feedback, and assure them we discuss all suggestions carefully as a treatment team.

IV. Close (10 minutes).

A. Explain that we will mail them a REACH newsletter every year, updating them on the REACH Program. A sample newsletter is in the appendices to this manual.

B. Tell them about the annual REACH reunion when we gather annually to reconnect with REACH friends and providers. We host a 60-minute reunion in a large room at the medical center. Families bring their own lunch, and we provide dessert/cake and punch. We have some fun interactive activities and enjoy socializing together. We will send them an invitation shortly before the next event.

C. Encourage them to tell other Veterans/families about the program if they feel inclined to do so.

D. Give the Veteran and support person a small REACH graduation gift.

E. Thank the dyad for their dedication to this new program, noting that it has been an honor to serve them. Thank them for allowing you to share in their journey.

F. Ask them to complete a final anonymous satisfaction survey.
Program Satisfaction

Both Veterans and support persons independently complete an anonymous satisfaction form (see page 273) at the end of each phase of the REACH Program. Data from this feedback have been invaluable in shaping the REACH program to meet the needs of our Veterans and support persons. Data as of July 2011 of 1,093 Veterans/support persons about REACH include:

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

- 95% "Excellent" or "good"
- 54% "Excellent"
- 41% "Good"

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

- 98% "Yes, definitely" OR "Yes, I think so"
- 73% "Yes, definitely"
- 26% "Yes, I think so"

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

- 97% "Yes, it helped a great deal" or "Yes, it helped somewhat"
- 46% "Yes, it helped a great deal"
- 50% "Yes, it helped somewhat"

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

- 96% "Very satisfied" or "Mostly satisfied"
- 61% "Very satisfied"
- 35% "Mostly satisfied"

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

- 97% "Very satisfied" or "Mostly satisfied"
- 80% "Very satisfied"
- 17% "Mostly satisfied"
Satisfaction Form

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?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, definitely not</td>
<td>No, I don’t think so</td>
<td>Yes, I think so</td>
<td>Yes, definitely</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it helped a great deal</td>
<td>Yes, it helped somewhat</td>
<td>No, it really didn’t help</td>
<td>No, it seemed to make things worse</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>Mostly satisfied</td>
<td>Indifferent or mildly dissatisfied</td>
<td>Quite dissatisfied</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>Very satisfied</td>
<td>Mostly satisfied</td>
<td>Indifferent or mildly dissatisfied</td>
<td>Quite dissatisfied</td>
</tr>
</tbody>
</table>

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
Since the inception of the REACH Program in Oklahoma City (August, 2006), we have been performing a longitudinal evaluation of Veterans and support persons, evaluating them at the beginning of the program and the end of each phase. Veterans and support persons complete a packet of standardized questionnaires assessing a variety of domains, including problem-solving skills, communication skills, relationship satisfaction, family coping, empowerment, social support, knowledge about PTSD, and psychiatric symptoms. Analysis of these data is currently underway, and results will be submitted for publication soon. A reprint of this article will be included in future issues of this curriculum.
Publications and Presentations Regarding the REACH Program


Contact Us

We are invested in expanding our knowledge and use of family psychoeducation regarding PTSD. We sincerely welcome your reactions, comments, experiences, questions and ideas.

Michelle D. Sherman, Ph.D.
Director, Family Mental Health Program
Oklahoma City VA Medical Center
921 NE 13th Street (116A)
Oklahoma City, OK 73104
(405) 456-5183

Email: Michelle.Sherman@va.gov


Appendices

REACH Program flyer

Sample REACH Program annual newsletter

Two articles on the REACH Program:
