



Session 1

PTSD and its Impact on the Family

Welcome to Phase 2 of the REACH Project!

A few guidelines...

As in Phase 1, confidentiality is key! We want everyone to feel comfortable here. What is said at REACH meetings, STAYS at REACH meetings. Remember that you always have the right to say “pass.”



Regular attendance is very important. The group comes to depend on you, so please make every effort to come every week. (Also, remember you'll get an attendance award!)

Every week you'll get a green handout of the “Foot Stompers” – the most important points for each session. We encourage you to review these handouts often.



Remember that you are here BOTH

to GIVE



AND to RECEIVE.



Some of the ideas and tools shared here will be helpful... they may open new windows!

...while others won't apply to your situation. Feel free to disregard them.

**We encourage you to have an open mind.
Welcome!**

PTSD and its Impact on the Family

The Diagnosis of PTSD (Post-traumatic Stress Disorder)

The diagnosis of PTSD is made only when very specific criteria are met. The specific traumatic experience and the impact on the person and his/her loved ones are unique to each family. The diagnosis can be made only by a trained mental health professional.

First, the individual experienced or witnessed an event that involved actual or threatened death or serious injury, and he/she felt very afraid or helpless.

- An individual may RE-EXPERIENCE the event in a variety of ways (such as distressing dreams).
- An individual may AVOID certain reminders of the event.
- An individual may report feeling NUMB.
- An individual may experience INCREASED AROUSAL (shown by symptoms such as anger, sleep problems).

Treatment Options for PTSD

Overall goals of therapy

- Examine and learn how to deal with strong feelings (such as anger, shame, depression, fear or guilt).
- Learn how to cope with memories, reminders, reactions, and feelings without becoming overwhelmed or emotionally numb. Trauma memories usually do not go away entirely as a result of therapy but become less frequent and less upsetting.
- Discover ways to relax (possibly including exercise).
- Increase pleasant activities.
- Reinvest energy in positive relationships with family and/or friends.
- Enhance sense of personal power and control in one's environment.

Components of treatment

- Psychiatric medications
- Education for the individual and family about PTSD
- Group therapy
- Cognitive/behavioral therapy (prolonged exposure, cognitive processing therapy)

Tips for Family Members and Friends on Relationships With Someone Who Has PTSD

1. Learn as much as you can about PTSD.

Good Books on PTSD

Courage After Fire: Coping Strategies for Returning Soldiers and Their Families. (2005). K. Armstrong, S. Best, & P. Domenici. Ulysses Press.

Once a Warrior--Always a Warrior: Navigating the Transition From Combat to Home--Including Combat Stress, PTSD, and mTBI. (2010). C. Hoge.

Trust after Trauma: A Guide to Relationships for Survivors and Those Who Love Them. (1988). A. Matsakis. Oakland, CA: New Harbinger.

Finding My Way: A Teen's Guide to Living With a Parent Who Has Experienced Trauma. (2005). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

My Story: Blogs by Four Military Teens. (2009). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

Relevant Web Sites

www.ncptsd.org (National Center for PTSD)

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

www.sidran.org (Sidran Traumatic Stress Foundation)

www.trauma-pages.com (David Baldwin's Trauma Information Pages)

www.patiencepress.com (site with examples of the "Post-Traumatic Gazette")

2. Do not push or force your loved one to talk about the details of his/her upsetting memories. Try to avoid feeling jealous if he/she shares more with other survivors of similar traumas or his/her therapist than with you. Rather, work to be pleased that he/she has someone to talk to about this difficult subject.
3. Do not pressure your loved one to talk about what he/she is working on in therapy. Also, avoid trying to be his/her therapist.



4. If your Veteran is willing, attempt to identify and anticipate some of his/her triggers (such as helicopters, war movies, thunderstorms, violence). Learn and anticipate anniversary dates. Knowing this information can help you to support the Veteran in uncomfortable situations and times.
5. Recognize that his/her social and/or emotional withdrawal may be due to his/her own issues, and be unrelated to you or your relationship.
6. Do not tolerate abuse of any kind – financial, emotional, physical, or sexual. Individuals with PTSD sometimes try to justify their behavior (angry outbursts, destroying property, lying) and “blame” their wrongdoing on having this psychiatric disorder. People may try to rationalize their behavior by stating that they were “not themselves” or “not in control” or “in another world.” However, people living with PTSD are still responsible for their behavior.
7. Pay attention to your own needs. Consider contacting the VA Caregiver Support Line (1-855-260-3274 or www.caregiver.va.gov) to learn about available resources/support in your area.
8. Take any comments that your loved one makes about suicide very seriously, and seek professional help immediately.
9. Do not tell your loved one to just “forget about the past” or just “get over it.”
10. Explore the available treatment options in your community, and encourage your loved one to seek professional help. However, respect that he/she knows if/when he/she is ready to take this courageous step, and do not pressure him/her excessively.



Parts adapted from *Trust After Trauma: A Guide for Relationships for Survivors and Those Who Love Them* by A. Matsakis (1998).

An Opportunity to Share...

Sharing your thoughts and feelings with one another is a risk and takes courage. But doing so provides a chance to learn about each other and to strengthen your relationship. Please take this opportunity to share honestly with each other:

1. I really admire you for (or I am proud of you for . . .):

2. PTSD/trauma has affected both of us and our relationship. Something I want you to know about living with you is:



What We'd Like Our Family Members and Friends To Know About Living with PTSD

Suggestions from Veterans Involved in Combat in the Vietnam War Oklahoma City VA Medical Center (Spring 2000)

(Printed and shared with permission of the Veterans in these groups)

1. GIVE ME SPACE when I need to be alone – don't overwhelm me with questions. I'll come and talk to you when I'm ready.
2. Get away from me if I am out of control, threatening or violent.
3. Be patient with me, especially when I'm irritable.
4. When I explode or get quiet, it's probably not because of you. Try not to take it personally.
5. Learn and rehearse a time-out process.
6. Don't talk down to me or tell me what to do. Treat me with respect and include me in conversations and decision making.
7. Don't pity me.
8. Don't say, "I understand," when there are some things that you cannot understand.
9. Realize that I have unpredictable highs and lows – good and bad days.
10. Anticipate my anniversary dates – recognize these could be tough times.
11. I'd like to share my traumatic experiences with you, but I fear overwhelming you and losing you.
12. I want to be close to you and share my feelings, but I'm afraid to ... and sometimes I don't know how to express my emotions.
13. I also fear your judgment.
14. Know that I still love and care about you, even if I act like a jerk sometimes.
15. Don't ask me to go to crowded or noisy places because I'm uncomfortable in those settings.

REACH Project Resource List - PTSD

Books for Adults

After the War Zone: A Practical Guide for Returning Troops and Their Families. (2008). L. Slone & M. Freidman.

Courage After Fire: Coping Strategies for Returning Soldiers and Their Families. (2005). K. Armstrong, S. Best, & P. Domenici. Ulysses Press.

Once a Warrior--Always a Warrior: Navigating the transition From Combat to Home--Including combat stress, PTSD, and mTBI. (2010). C. Hoge

Trust After Trauma: A Guide to Relationships for Survivors and Those Who Love Them. (1988). A. Matsakis. Oakland, CA: New Harbinger.

Vietnam Wives: Facing the Challenges of Life With Veterans Suffering From Post-traumatic Stress disorder. (2nd ed.) (1998). A. Matsakis. Sidran Press.

For Teenagers

Finding My Way: A Teen's Guide to Living With a Parent Who Has Experienced Trauma. (2005). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

I'm Not Alone: A Teen's Guide to Living With a Parent Who Has a Mental Illness. (2006). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

My Story: Blogs by Four Military Teens. (2009). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press. Available at www.seedsofhopebooks.com

For Children

Why Are You So Sad? A Child's Book About Parental Depression. (2002). B Andrews. Magination Press.

Tell Me a Story, Paint Me the Sun: When a Girl Feels Ignored by Her Father. (1991). R. Chaplan. New York: Magination Press. American Psychological Association. (illustrated book describing a young girl whose father is depressed).

Wishing Wellness: A Workbook for Children of Parents With Mental Illness. (2006). L.A. Clarke. New York: Magination Press.

Daddy, You're My Hero! // Mommy, You're My Hero! (2005). M. Ferguson-Cohen. Little Redhaired Girl Publishing.

Please Don't Cry, Mom. (1993). H. Denboer. Minneapolis, MN: Carolrhoda Books, Inc.. (illustrated book depicting young boy's experience of his mother's recurrent major depression).

Sad Days, Glad Days. (1995). D. Hamilton. Albert Whitman Publishers. (illustrated book telling of young girl's experience of her mother's recurrent depression).

Websites

www.ncptsd.org

(National Center for PTSD)

www.va.gov

(US Department of Veterans Affairs)

www.oefoif.va.gov

(VA site for OEF/OIF/OND Veterans and Families)

www.patiencepress.com

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

www.sidran.org

(Sidran Traumatic Stress Foundation)

www.trauma-pages.com

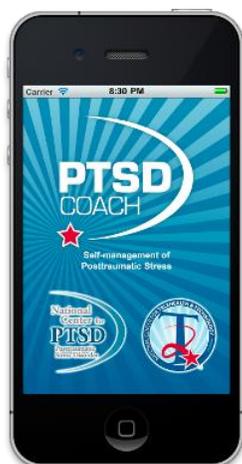
(David Baldwin's Trauma Information Pages)

www.adaa.org

(Anxiety Disorders Association of America)



FREE iPhone Apps (Applications):



PTSD Coach

Created by the National Center for Telehealth and Technology (T2) and the VA's [National Center for PTSD](http://t2health.org/content/ptsd-coach), PTSD Coach is a **free** iPhone application. <http://t2health.org/content/ptsd-coach>

Key features of the app include:

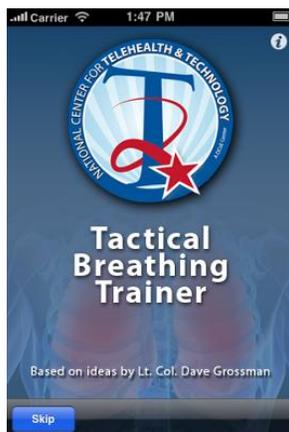
- Self-assessment of symptoms
- Assistance in managing symptoms
- Help in finding immediate support
- Education about PTSD



Breathe2Relax

A free iPhone application that teaches a diaphragmatic breathing exercise

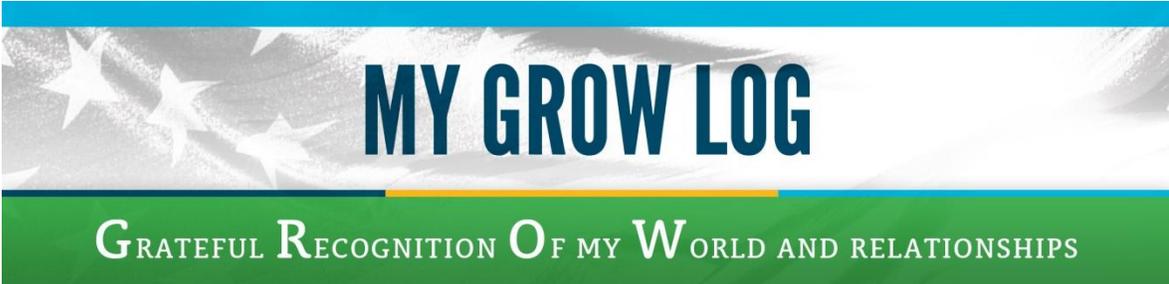
<http://t2health.org/apps/breathe2relax>



Tactical Breathing Trainer

A free iPhone application that helps one gain control over physiological and psychological responses to stress

<http://t2health.org/apps/tactical-breathing-trainer>



MY GROW LOG

GRATEFUL RECOGNITION OF MY WORLD AND RELATIONSHIPS

	Two Things I am Grateful or Thankful for Today		Check after you share these 2 things with your Veteran / REACH support person
<i>Example</i>	<i>I appreciated when you got me a cup of coffee.</i>	<i>I'm grateful for the warmer weather.</i>	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Find the good and praise it! — Alex Haley

Give thanks for a little, and you will find a lot. — The Hausa of Nigeria

Between-Session Assignments
Session 1:



- Complete and share
“An Opportunity to Share.”**
- Complete and share the GROW log.**
- Review the handouts, including
“PTSD and its Impact on the Family.”**
- Review the Foot Stompers.**



**THIS WEEK'S FOOT
STOMPERS**

PTSD

**Session 1:
PTSD and its Impact on the Family**



Many people who have experienced trauma go through a wide range of reactions, sometimes including re-experiencing the trauma, avoiding reminders, having strong emotional reactions (including anger) and being numb emotionally. These problems can have a major impact on relationships.



Many treatments are available for PTSD – and they can really help! Remember that treatment can be difficult. It takes a lot of courage and may take some time.



Veterans with PTSD can lead productive lives. Just as with managing diabetes, managing PTSD requires effort, and may involve medications, psychotherapy, classes, physical exercise, and family involvement. The Oklahoma City VA Medical Center has many excellent programs for Veterans who have experienced traumatic events.



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

A horizontal banner featuring a stylized American flag with stars and stripes. The text is overlaid on the flag.

Session 2
**Managing Anger and Conflict
Effectively**

Referrals for Domestic Violence

Hotlines:

National Domestic Violence Hotline: 1-800-799-SAFE (7233)
www.thehotline.org

- Crisis intervention
- Information about shelters
- Legal referrals
- Treatment options

Oklahoma Safeline 1-800-522-7233 (SAFE)
 Oklahoma City Sexual Assault Hotline: 943-RAPE
 Domestic Violence Hotline 917-9922
 Tulsa Domestic Violence Services (918) 585-3163

Shelters:

Oklahoma City Emergency Shelter: 949-1866
 917-9922

Counseling:

Oklahoma City YWCA 948-1770

Legal Aid:

Low-cost Legal Assistance:
 Oklahoma City: 521-1302
 Norman: 360-6631

Victims Protective Orders:

Victims Protective Order (VPO)
 Contact is: Jennifer Coulson: 297-1139 (phone)
 She is affiliated with the YWCA.

Batterers Intervention Programs

Cope 405-528-8686
 Drug Recovery Inc 405-232-2852
 Parent Assessment Center 405-232-8226

Catch, Challenge, Change

Dan Jones, Ph.D., Director, Oklahoma City VAMC PTS Recovery Program

GOAL: To help you feel more in control of your emotions by taking time to think through how you want to respond to an event, rather than just reacting quickly in rage. The goal is to learn to manage your anger in a healthy way - not to eliminate it! This approach empowers you to make different choices.

The skill is the 3Cs: Catch, Challenge, and Change.

Catch yourself when becoming angry as quickly as possible (this is sometimes the toughest step!)

Catch

It's important to catch yourself just before or just as you are heading into a situation. As you practice, you can recognize the anger earlier and earlier.

How can you **catch yourself at lowest level?**

- Be aware of the physical changes in your body, such as increased heart rate, raised blood pressure, sweaty palms, clenched fist, clenched jaw, churning stomach, feeling your face get hot and red, eyebrow twitches, and tight muscles.
- If you aren't aware of your own symptoms, ask people who know you well. They may know your anger signs better than you do!

Challenge the anger itself to get under control, and prevent yourself from doing something you will later regret.

Challenge

Ask yourself:

- Is this situation worth my getting so upset about?
- If I act out my anger, will it be helpful? Will I be proud of myself tomorrow?
- Is this the right thing to do?
- Is this the kind of man/woman/husband/wife/partner I want to be?
- What is the cost if I "let it rip?" Is this situation worth going to jail over?

Remember: if your "gut feeling" says that the behavior you're **immediately tempted to do** may not be a good decision...**YOU** take charge of yourself. Only you have the power to decide how to respond to the situation. You're in control!

Change

Change your behavior.

Now that you've "caught" yourself feeling angry and have "challenged" yourself to respond differently, you have the power to CHANGE your response.

You can change in several ways:

- **Change your behavior:** Instead of speeding up after the driver who cut you off in traffic, take a deep breath and remember that he/she is not worth ruining your day over!
- **Change by getting away:** Instead of yelling at the kids, go to the living room and sit down for a few minutes.
- **Change your mind/attitude:** Rather than criticizing your wife, decide to be the "bigger person," and don't say anything at all when you're really angry.
- **Change what you are doing:** If you find that you often get angry with the rude salespeople and big crowds at busy stores, choose to go elsewhere or pick a quieter time.

Helpful Tips on Using Catch, Challenge, Change

- The 3Cs are simple, but challenging. It takes practice to learn and use a new skill. As with trying to break other habits, changing how you deal with your anger takes time and effort, but you can do it.
- With practice, you will have freedom, more choices, and more control over yourself. You will also probably feel better about yourself and have fewer regrets/guilt. Others may also enjoy spending time with you more as you improve.
- However, no one can do this for you! You have to want to change and make a commitment to use the skill.

YOU are in Control of What You Say to Yourself!

You can try out new ways of thinking to help feel in control. Changing how you talk to yourself (your self-talk) can be very helpful in keeping your cool. Here are some examples of helpful self talk you can use in anger-provoking situations:

- Although I cannot change/control him/her, I am in control of my behavior. No one else can "push my buttons."
- I can decide what I will do before I get in a situation.
- While I am calm, I can think clearly.
- CATCH, CHALLENGE and CHANGE.
- I will not let him/her control my emotions; I will take charge of me.
- I will cooperate with him and be kind; I choose not to argue. I am going to "kill the enemy with kindness"; I am going to be the "bigger person."
- Stop, take a deep breath, and calm down; I can make reasonable decisions.
- I can walk away if I feel out of control.

Time-out Process

Why? The goal of a time-out is to prevent an argument from escalating/getting out of control to the point that either of you later regret your words/behavior. Use of the time-out procedure is good for each person, their relationship, and children/others in the home.

Who? Time-outs are helpful to use in relationships that you want to maintain. You would not use them with people with whom you have not already discussed the use of the procedure.

When? Either partner can call a time out **for him-/herself** if a discussion/argument is starting to feel out of control. You would never tell someone else to “go take a time out!”

Remember: Most people cannot think clearly when angry, so postponing the discussion until a time when both people are calmer is often helpful. As opposed to the old saying, it really IS ok to go to bed angry if you will be able to talk about the issue more effectively the next day!

VERY IMPORTANT: You need to discuss the time-out process with the other person at a calm time.

Key points to discuss:

1. Mutually agreed upon a signal for use to signal a time-out. It's best to have a verbal and nonverbal (hand signal) way of communicating that you need to take a time-out.
2. When someone calls a time-out, the discussion ends immediately. It is not helpful to persist in trying to get in the last word.
3. The person who called the time-out physically removes him/herself from the room. The partner will not follow the person who is taking the time-out.
4. Before leaving for your time-out, you need to tell the other person:
 - a. What you are going to do
 - b. Where you are going (e.g., next room, for a drive, to friend's house, etc.)
 - c. When you'll be back (certain number of minutes/hours)



While taking the time-out

It is not helpful to obsess about how angry you feel at the other person during this time...or to call someone else and vent about how “wronged” you have been.

Also, do not send text messages, call, or email the other person during the time-out. Posting unkind messages about the other person on Facebook or other social media is also strongly discouraged.

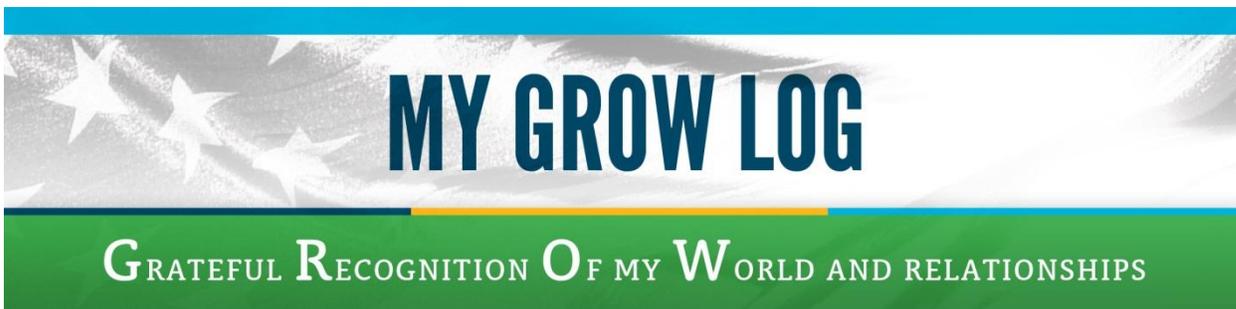
Rather, each person has two tasks during the time-out:

1. Do some activity that is calming for you.
2. Brainstorm possible solutions to the problem. Strive to consider the other’s perspective/feelings and what YOU can do to improve the situation.

Upon returning to discuss:

1. The person who called the time-out approaches his/her partner (preferably within a few hours – but definitely within 24 hours) with KINDNESS. You may choose to apologize, express affection (hug/kiss), or express hopefulness (“let’s try this again”...“we can do better this time’). Remember Dr. Gottman’s “softened start-up” research that shows how you START a conversation has a big impact on how it goes.
2. Each person presents his/her solution to the problem, and the other person listens without interrupting.
3. Both people focus on aspects of the solution that will work (rather than focusing on what won’t work).
4. Together, choose parts of both solutions that will make both parties happy.

Note: If tempers rise and another argument is brewing, take another time out!



MY GROW LOG

GRATEFUL RECOGNITION OF MY WORLD AND RELATIONSHIPS

	Two Things I am Grateful or Thankful for Today		Check after you share these 2 things with your Veteran / REACH support person
<i>Example</i>	<i>I appreciated when you got me a cup of coffee.</i>	<i>I'm grateful for the warmer weather.</i>	✓
Sunday			
Monday			
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Saturday			

We often take for granted the very things that most deserve our gratitude.

— Cynthia Ozick

When it comes to life, the critical thing is whether you take things for granted or take them with gratitude. — Gilbert K. Chesterton

Between-Session Assignments
Session 2:



- Try to “catch” your anger at a low level, challenge yourself, and change how you respond.**
- Post the “Time-out” process on your fridge and read daily.**
- Try to use the Time-out process when a low-level conflict arises.**
- Complete and share the GROW log.**
- Review the Foot Stompers.**



THIS WEEK'S FOOT STOMPERS

PTSD

**Session 2:
Managing Anger and Conflict Effectively**



You have control over HOW you choose to respond to the various challenges that come your way in life. No one “pushes your buttons.” You have ultimate control over your switches! What you say to yourself plays a big role in how you respond.



Anger, the emotion, is NOT bad or wrong. It's simply part of being human. However, anger, misdirected or used to harm others, can cause problems. People who are angry “all the time” are more likely to have problems communicating with other people, more physical health problems, worsened self-esteem, and more distant relationships.



Discuss (at a calm time) and practice anger-management techniques (see "Anger Management – Time-out Process"). Post the handout on your fridge. Practice, practice, practice!



Violence of any kind (emotional, physical, sexual, financial, etc.) is never OK. Even if someone has severe PTSD, that does NOT make it OK for him/her to hurt another person.



Assertive Communication is HARD

Passive

Assertive

Aggressive

Dishonest

Honest

Appropriate Inappropriate

Respectful Disrespectful

Indirect

Direct

Communication Tips for Families

DO's

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

DON'TS

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

PRACTICING "I" MESSAGES

I MESSAGE: - Expressing Appreciation

Insert a feeling or emotion word(s), such as mad, sad, glad, afraid, surprised, excited, disgusted, hopeful, worried, etc.

WHEN YOU _____ I FEEL _____.

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

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

I MESSAGE – Asking for Change

Insert a feeling or emotion word(s)

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

Be specific!

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

Softened Start-up

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

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

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

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

In-Laws

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

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

Your softened alternative: _____

Housework

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

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

Your softened alternative: _____



Parties

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

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

Your softened alternative: _____

Sex

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

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

Your softened alternative: _____

Finances

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

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

Your softened alternative: _____





MY GROW LOG

GRATEFUL RECOGNITION OF MY WORLD AND RELATIONSHIPS

	Two Things I am Grateful or Thankful for Today		Check after you share these two things with your Veteran/REACH support person
<i>Example</i>	<i>I appreciated when you picked up milk from the store your</i>	<i>I'm thankful that our grandkids stopped by for a visit tonight. They</i>	✓
Sunday			
Monday			
Tuesday			
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Saturday			

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

Gratitude helps you to grow and expand; gratitude brings joy and laughter into your life and into the lives of all those around you. — Eileen Caddy

Between-Session Assignments
Session 3:



- Finish the “I” message worksheet and discuss. Try it in a conversation, too!**

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

- Encourage each other!**

- Complete and share the GROW log.**

- Review the Foot Stompers.**



**THIS WEEK'S FOOT
STOMPERS**

PTSD

**Session 3:
Communication Skills**



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



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



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



Listening to another person totally—without judgment, interruption or sarcasm—is a real gift! The “speaker-listener” technique we practiced tonight can be very helpful – especially when discussing sensitive matters. Remember that listening requires **MUCH** more than simply hearing.

The background of the banner is a stylized American flag with stars and stripes. The text is overlaid on this background.

Session 4
**Creating a Low-Stress Environment
and Promoting Wellness**

Tips on Creating a Low-Stress Environment and Minimizing Crises

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



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

Pay attention to red flags

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

Individual red flags may include

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

Red flags seen in your relationship may include

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

Tips on HOW to approach your loved one

It's helpful for families to

- Express empathy, care and understanding for the Veteran.
- Approach the Veteran calmly. Tone of voice should be soft and gentle.
- Talking slowly and clearly maximizes the effectiveness of the communication.
- Listen quietly when the Veteran is sharing his/her concerns.
- Pay attention to nonverbal cues. For example, it's important to give the Veteran space (rather than hovering over him/her), minimize distractions (e.g., tv, radio, etc.), and maintain appropriate eye contact.
- Use a "softened start-up" (Gottman & Silver, 2000) including:

1. Expressing complaint directly
2. Using “I” statements
3. Describing the event rather than evaluating or judging it
4. Using polite language (please) and being appreciative

Managing Crises

A. Family members can prepare for potential crises in numerous ways.

1. A list of emergency phone numbers could be posted in the house, including:

- Case manager/doctor(s)
- Local sheriff/police
- Emergency room

2. A “hospital” pack could be created, including:

- Insurance card information
- List of current medications and dosages
- List of current medical problems
- List of mental health treatment history
- Clothes and personal belongings necessary for an admission



3. Caregivers may wish to talk to their own employers about their loved one’s illness. Families may wish to inform neighbors or friends of a potentially impending crisis, so that childcare and/or house sitting could be arranged during a possible admission.

B. If the Veteran is admitted to the hospital, it’s helpful for families to:

- Give him/her some space upon admission.
- Provide background information to the caseworker/social worker.
- Stay calm. When visiting your loved one, ignore the “small but annoying” behaviors, and focus on your hope for his/her recovery.
- Use this time to relax and recharge.



Tips on Getting the Most from Your Psychiatric Medications

Key Points

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

Memory Tips

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

Side-Effects

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

Drug Interactions

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

Final Hints

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



Ambulatory Mental Health Clinic (405) 456-5183
(Monday – Friday, 8am-4:30pm)

OKC VAMC Emergency Room (405) 456-1000
(24 hours/day)

CALM

- C - Chest and Shoulders Relaxed**
- A - Arms and Hands Relaxed**
- L - Legs and Feet Relaxed**
- M - Mouth and Jaw Relaxed**

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



<http://t2health.org/apps/breathe2relax>

Resource List for Dealing with Emergencies

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



Phone Contacts

(in the event of an emergency):

Life-threatening emergency: **911**

Local sheriff _____

Local emergency room

Name: _____

Phone number: _____

Case manager/doctor's office

Name: _____

Phone number: _____

Name of friend or relative you can call for support

Name: _____

Phone number: _____

Local 24-hour/day hotline _____

(Oklahoma City: 405-848-CARE)

Veterans Crisis Line: 1-800-273-TALK

Current Psychiatric Medications:

Name	Dosage	Doctor who prescribed medication
------	--------	----------------------------------

Current Mental Health Diagnosis(es):

Current Physical Health Problems:

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:

Lots of Room For Improvement										I am 100% happy with this part of my life
	1	2	3	4	5	6	7	8	9	10

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:



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.





MY GROW LOG

GRATEFUL RECOGNITION OF MY WORLD AND RELATIONSHIPS

	Two Things I am Grateful or Thankful for Today		Check after you share these two things with your Veteran/REACH support person
<i>Example</i>	<i>I appreciated when you left me a sweet note before you left for work.</i>	<i>Thank you for encouraging me on my exercise plan by going on</i>	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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

Gratitude is the fairest blossom which springs from the soul.

— Henry Ward Beecher

Between-Session Assignments

Session 4:

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

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

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

- Complete and share the GROW log.**

- Review the Foot Stompers.**



**THIS WEEK'S FOOT
STOMPERS**

PTSD

**Session 4:
Creating a Low-Stress
Environment and Promoting
Wellness**



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



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



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



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

A horizontal banner featuring a close-up, slightly blurred image of the American flag. The stars and stripes are visible, with the blue field of stars on the left and the red and white stripes on the right.

Session 5
**Depression and Its Impact
on the Family**

Weekly Activity Schedule

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
8 - 9							
9 - 10							
10 - 11							
11 -12							
12 -1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-10							

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



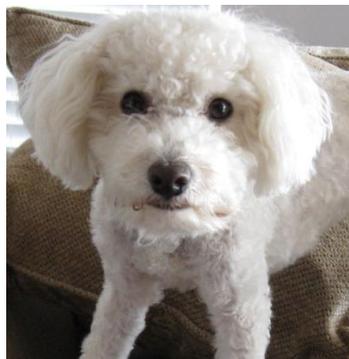
133. Playing volleyball

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	4 th 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

Integris Southwest Medical Center

- Contact Person: Darla Medaris / Julia Hunt
- Phone: 405-636-7000

OU Medical Center Children's Hospital

- Contact Person: Glenna Hoke
- Phone: 405-271-4870

Mercy Hospital (Edmond)

- Contact Person: Pat Scheer
- Phone: 405-752-3660

Deaconess Hospital

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

Midwest Regional Hospital

- Contact Person: Cathy Hardy
Phone: 405-610-8580

Norman Regional Hospital

- Contact Person: Jessica Carwile
- Phone: 405-307-1789

Integris Baptist Medical Center

- Contact Person: Kristi Medley
- Phone: 405-949-3183

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 Beasley)	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, repackaging 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 Miner
- 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**

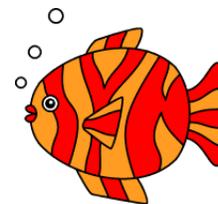
- Contact Person: Heidi Port
- Phone: 405-606-3762

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 2nd 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 physical 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:

The feeling good handbook. (1999). D. Burns. New York: Viking Penguin.

When someone you love is depressed. (1996). L. Rosen & X. Amador. New York: Free Press.

What to do when someone you love is depressed: A practical, compassionate, and helpful guide for caregivers. (1998). S. & M. Golant. Henry Holt & Co.

I'm not alone: A teen's guide to living with a parent who has a mental illness. (2006). M. D. Sherman & D.M. Sherman. Edina, MN: Beaver's Pond Press.

www.seedsofhopebooks.com

Wishing wellness: A workbook for children of parents with mental illness. (2006).

L.A. Clarke. New York: Magination Press.



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).



MY GROW LOG

GRATEFUL RECOGNITION OF MY WORLD AND RELATIONSHIPS

	2 Things I am Grateful or Thankful for Today		Check after you share these 2 things with your Veteran / REACH support person
<i>Example</i>	<i>I appreciated when you played with the kids tonight when I had a headache.</i>	<i>I'm happy for the good news I got at my doctor appointment today. What a relief!</i>	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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

Between-Session Assignments

Session 5:

- 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.**



**THIS WEEK'S FOOT
STOMPERS**

PTSD

**Session 5:
Depression and Its Impact
on the Family**



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?



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.



REACH Program Problem-Solving Worksheet

Veteran's first name: Support person's first name: Date:		
Step 1: Clear definition of problem (Who? What? When? Where? How?) Be sure to include the clear end-point: If this problem were solved, WHO would be doing WHAT differently?		
Step 2: Brainstorm possible solutions (list them in this column)	Step 3: Define Pros and Cons	
	PROs of this solution	CONs of this solution
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Step 4: Select a solution (or combination of solutions) to try.	Our solution:	
Step 5: Develop a specific plan on how to a). implement the solution and b) measure progress.	Veteran's steps to take:	Support person's steps to take
Step 6: Evaluate how the plan worked for you.	Veteran's thoughts:	Support Person's thoughts:
Overall, did your solution(s) move you forward by at least 1%?	YES NO (circle one)	
If not, did you try another solution?	YES NO (circle one)	
If so, what did you try and what happened?		

**Please mail this form back to the REACH Office (or give to a REACH Team member) 2 weeks after tonight.
 REACH Team, OKC VAMC, 921 NE 13th Street (183R), Oklahoma City, OK 73104
 Or, return it to the next REACH class. Thanks!**

Veteran's first name: John		Support person's first name: Betty	
Date: July 1, 2008			
<p>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."</p> <p>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.</p>			
Step 2: Brainstorm possible solutions		Step 3: Define Pros and Cons	
	PRO's of this solution	CON's of this solution	
1. Join the VFW.	There's a VFW ten miles away.	A lot of the guys in VFW drink too much.	
2. Join a church.	It would make her really happy.	Church is full of hypocrites!	
3. Let's get together after class for a cup of coffee and a slice of pie.	That would be easy!	I'm afraid folks in REACH may be getting sick of us!	
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.	There would be fewer people there late at night.	Whew! Last time I was in Wal-Mart it was SO loud and crowded – I nearly had a melt down.	

5. When socializing outside the home, always take two vehicles so that Veteran has a means of escape.	That sure would help me feel safe.	Gas costs money. I would feel like I deserted her. It would look funny.
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.	Just 45 minutes in a quiet room with the ball game on would really help get me get my head straight.	I can do this at home without feeling like an idiot. I am not sure this will work at my sister's place – my brother-in-law already thinks I'm crazy.
7. Use the four-count breath CALM procedure when getting cranked up.	Easy to do, quick, seems to help.	When I am up to 99% upset and angry, I'm not sure it will work.
8. Take small steps. Extend each outing by ten minutes, remembering Rome wasn't built in a day.	Yep, this is the best way for me to change.	Holy Cow! It could take forever – I am not known for my patience!
Step 4: Select a solution (or combination of solutions) to try.	Our solution: We will do the Wal-Mart plan starting this Friday at 1130 pm.	
Step 5: Develop a specific plan on how to a). implement the solution and b) measure progress.	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.	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.

Step 6: Evaluate how the plan worked for you.	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.	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.
Overall, did your solution(s) move you forward by at least 1%?	YES! NO (circle one)	
If not, did you try another solution?	YES NO (circle one)	
If so, what did you try and what happened?		

Please mail this form back to the REACH Office (or give to a REACH Team member) 2 weeks after tonight.

REACH Team, OKC VAMC, 921 NE 13th Street (183R), Oklahoma City, OK 73104

Or, return it to the next REACH class. 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*

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*

MY GROW LOG

GRATEFUL RECOGNITION OF MY WORLD AND RELATIONSHIPS

	Two Things I am Grateful or Thankful for Today		Check after you share these two things with your Veteran / REACH support person.
<i>Example</i>	<i>I appreciated when you went to the doctor with me when I was sick.</i>	<i>Thank you for making a great dinner!</i>	✓
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

All we have to decide is what to do with the time that is given us.

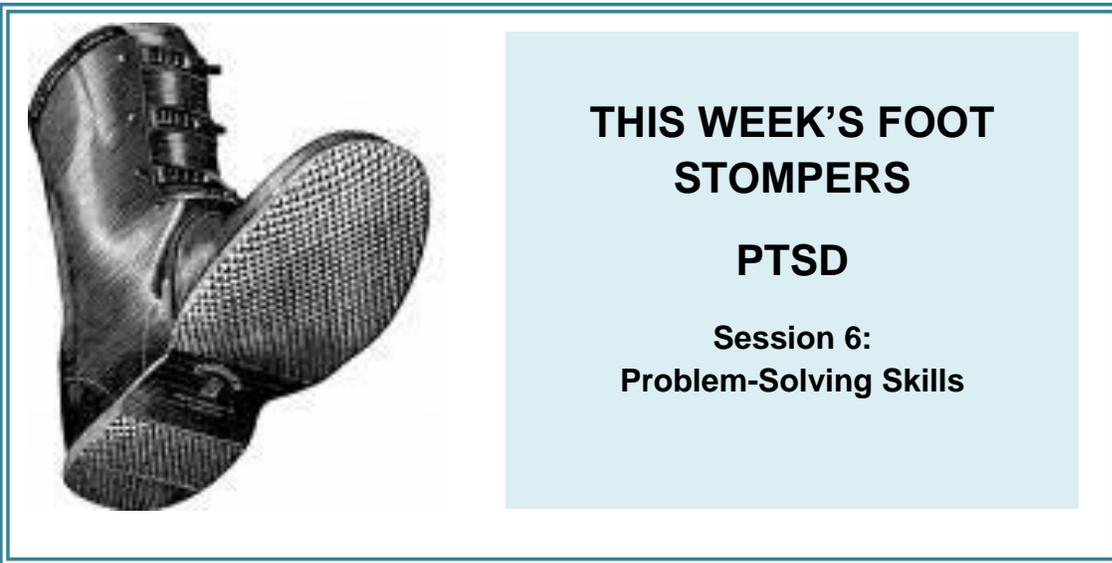
— J.R.R. Tolkien

**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

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

FOR STAFF USE ONLY

Date: _____

Completing REACH Phase

PH-I PH-II PH-III

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