A Protocol for Occupational Therapists Working with Returning War Veterans

Suzanne Lunski
University of North Dakota

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A Protocol for Occupational Therapists Working with Returning War Veterans

by

Suzanne Lunski, MOTS

Advisor: Deb Byram, MA, OTR/L

A Scholarly Project Submitted to the Occupational Therapy Department of the University of North Dakota

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This Scholarly Project Paper, submitted by Suzanne Lunski in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Faculty Advisor

Date

5-5-05
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Title A Protocol for Occupational Therapists Working with Individuals Returning from War

Department Occupational Therapy

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CHAPTER I
INTRODUCTION

Post traumatic stress disorder (PTSD) is an anxiety disorder that can develop by experiencing a terrifying event or ordeal in which physical harm occurred or was threatened. Veterans returning from combat situations, as well as those who have experienced extreme trauma in combat situations, often exhibit symptoms of PTSD. Symptoms experienced with PTSD often cause difficulty in participating in daily occupations. It may cause severe problems or distress in personal life, work life, self cares or other important areas of daily living. Social isolation is also a common problem. (Choy, 1992)

Occupational therapy (OT) can provide resources to assist individuals in coping with this disorder. Occupational Therapists commonly provide services to those who have experienced trauma and abuse, but a model of service has not been developed specifically for the need of retuning war veterans. With the advent of the Iraqi war, and the general unrest in the Middle East, an increase in service demand is anticipated for individuals who experience PTSD.

An extensive literature was conducted on the specific topic of interest. From the literature it was found that veterans that have experienced extreme combat situations would benefit from a twelve session treatment program that addresses stigma, emotion regulation, homecoming stress, relationship stress, family involvement, community involvement, social functioning, personal functioning, and health lifestyle habits.
The Model of Human Occupation used in occupational therapy will provide a framework for a treatment protocol, which considers the holistic aspects of performance skills, routines, values, and interests of returning veterans. The treatment protocol was designed to promote function in areas of occupation for veterans with PTSD.

In conclusion, a re-entry program manual was created to provide occupational therapy professionals with a basis for implementing a program for the treatment of veterans returning from war with PTSD. A family education manual was also created to encourage family involvement in the therapy process in the home and community environments.

The following chapters include the review of the literature, methodology, product/results, and the summary. The review of the literature was based on scientific reading and research on PTSD and stress management techniques with individuals that have experienced and/or witnessed traumatic events or ordeals. Chapter three explains the process used to develop the treatment manual and family education packet. It provides an overview of the product and the relationship to the literature and knowledge base. It also describes the procedure used to develop the product. Chapter four contains the product, which was the treatment manual for occupational therapists to use to implement the re-entry program and a family education packet for family involvement in the therapy process. Chapter five summarizes the conclusions, limitations, and further recommendations on the specific topic. Applications of the resulting product to other populations is also considered.
CHAPTER II

LITERATURE REVIEW

Recent research suggests that deployment stressors and exposure to combat result in considerable risks of mental health problems, including PTSD, major depression, substance abuse, impairment in social functioning and in the ability to work, and the increased use of health care services. A study that was conducted just before the military operations in Iraq and Afghanistan began found that at least six percent of all U.S. military service members on active duty receive treatment for a mental disorder each year. Given the ongoing military operations in Iraq and Afghanistan, mental disorders are likely to remain an important health care concern among those serving there. Due to the fact that there is an increased risk for mental health disorders in returning war veterans, a program that increases skills needed to function upon return home is important. (Roge et al, 2004)

A review of the mental health experience of individuals who were involved in combat operations in Iraq and Afghanistan revealed that military personnel who were deployed to Iraq were involved with more combat experience than those who were deployed to Afghanistan. The percentage of study subjects whose responses met the screening criteria for major depression, generalized anxiety, or PTSD was significantly higher after duty in Iraq than after duty in Afghanistan or before deployment to Iraq the largest difference was in the rate of PTSD. Of those whose responses were positive for a
mental disorder, only 23 to 40 percent sought mental health care. Those responses were positive for a mental disorder were twice as likely as those whose responses were negative to report concern about possible stigmatization and other barriers to seeking mental health care. Findings indicate that among the study groups there was a significant risk of mental health problems and that the subjects reported important barriers to receiving mental health services, particularly the perception of stigma among those most in need of such care. (Hoge et al, 2004)

Studies of mortality and suicide among Vietnam veterans have identified combat exposure, post-military medical symptoms, psychological symptoms, primarily PTSD symptoms. Treatment for war veterans is crucial to increase functioning in daily life for returning war veterans with PTSD. (Johnson et al, 2004)

Post traumatic stress disorder (PTSD) is an anxiety disorder that can develop by experiencing a terrifying event or ordeal in which physical harm occurred or was threatened. Veterans returning from combat situations, as well as those who have experienced extreme trauma in combat situations, often exhibit symptoms of PTSD. Symptoms experienced with PTSD often cause difficulty in participating in daily occupations. It may cause severe problems or distress in personal life, work life, self cares or other important areas of daily living. Social isolation is also a common problem. (Choy, 1992)

An individual develops PTSD in response to an extreme trauma, a terrifying event or ordeal that a person has experienced, witnessed, or learned about, especially one that is life-threatening or causes physical harm. One can feel intense fear, horror or a sense of helplessness. Due to the traumatic event that can occur in combat situations, individuals
who are involved in combat situations have an increased risk for developing PTSD. (Blanchard, 1991)

Not everyone who experiences a traumatic event will develop PTSD, but many people do. It is estimated that almost 70 percent of adults in America have experienced a traumatic event at least once in their life and that up to 20 percent of them develop PTSD. An estimated 7.8 percent of Americans will experience PTSD at some point in their lives, with women twice as likely as men to develop PTSD. About 3.6 percent of U.S. adult aged 18-54 (5.2 million people) have PTSD during the course of a year. (Brom, 1992)

The development and course of combat-related PTSD varies with many contributing factors. Factors include rejection and blame attributions, lack of support, and shame associated with an unsuccessful war effort, which may have intensified the veterans’ avoidance, social withdrawal, anger, and inability to process their experience verbally, and increased likelihood of developing PTSD as well as other maladjustment’s. A program for returning war veterans that addresses social supports, emotions, and communication skills will be beneficial in order to decrease the development and course of combat-related PTSD.

Long-term persistence of PTSD can be affected by an individual’s life events, social support, and emotional state. Data from the National Vietnam Veterans Readjustment study and the Hawaii Vietnam Veterans Project suggests that after the development of PTSD, the risk factors for persistent PTSD are associated with variables relating to current time frame, current emotional state, current structural social support, and recent life events. In other words, PTSD may be reversible if clients can be helped to cope with stresses in their current life. There is a need for a program for returning war
veterans that addresses issues relating to emotions, social support, and variables relating to their current time frame. (Friedman, 2004)

Research and documentation of PTSD began in earnest after the Vietnam War. The National Vietnam Veterans Readjustment Study (1988) estimated that the prevalence of PTSD in that group was 15.2 percent at that time and that 30 percent had experienced the disorder at some point since returning from Vietnam and 60% among former prisoners of war. The Department of Veterans Affairs (VA) spends several hundred million dollars either compensating or medically treating almost 600,000 veterans with this condition. PTSD is the most common psychiatric condition for which veterans seek VA disability benefits. Since 1980, more than 20,000 veterans have applied for disability benefits on this basis. PTSD has been observed in all veteran populations that have been studied, including WWII, Korean, and Persian Gulf populations, and in United Nations peacekeeping forces deployed to other war zones around the world. (Murdoch, 2003)

The prevalence of PTSD of is significant among veterans; it also has a significant effect on the increased likelihood of co-occurring psychiatric disorders. Eighty-eight percent of males and 79 percent of females with PTSD met the criteria for another psychiatric disorder. The co-occurring disorders most prevalent for individuals with PTSD were alcohol abuse or dependence, major depressive episodes, conduct disorders, and drug abuse and dependence. The disorders most frequently co-morbid with PTSD among women were major depressive disorders, simple phobias, social phobias, and alcohol abuse/dependence. (Schnurr, 2000).

Co-occurring psychiatric disorders can exist after an individual has developed PTSD. It is thought that PTSD is developed from neurological changes within the brain.
Complex behavioral and neurological changes can follow a single, brief, stressful event, which contribute to the development of PTSD. Persistent intrusive thoughts and emotional stress following a traumatic incident can change the neural system, involving many areas throughout the brain. This may include failure to organize an adequate neural-chemical response to acute stress in the hypothalamic-pituitary-adrenal axis and the sympathoadrenal axis. (Lohman, 2002)

The hypothalamic-pituitary-adrenal axis is critical for understanding the theoretical causes of PTSD. The hypothalamus organizes endocrine and autonomic functions, such as sleep, circadian rhythms, and emotions. It integrates physiological signals with cognitive input from the cortex and subcortical areas. When the cortex identifies a traumatic event, it signals this message to the hypothalamus, which transmits enhanced corticotrophin-releasing factors to the anterior portion of the pituitary gland. In response, the pituitary releases adrenocorticotropic hormone and other hormones, which circulate in the blood to the adrenal cortex, where cortisol released. (Lohman, 2002).

Schnurr and Green (2004) also describe the significant alterations of neurobiological systems in PTSD. The locus coeruleus/norepinephrine-sympathetic (LC/NE) systems and the hypothalamic-pituitary-adrenal (HPA) systems are at the core of the two primary stress response systems. Individuals with PTSD have deregulation of the HPA axis, resulting in higher or lower levels of cortisol, increased number of glucocorticoid receptors, and increased receptor sensitivity. Individuals with PTSD also have elevated basal adrenergic levels and adrenergic reactivity. Alterations of the HPA and the LC/NE could affect the entire body including the immune, nervous, and
endocrine system. This finding indicates that biological correlates of PTSD are similar to the biological correlates of chronic stress.

Chronic stress in individuals with PTSD can cause an increase in cortisol production, which leads to a shutdown of additional cortisol production in other areas of the body. This altered responsiveness of the pituitary gland and the overall sensitization of the hypothalamic-pituitary-adrenal axis may explain the hyperresponsivity to environmental stress often seen in a person with PTSD. The individual may appear overly responsive to aspects of the environment, such as noise or other environmental triggers that were present during the time of injury. (Lohman, 2002).

Low cortisol levels can also be correlated with additional symptoms such as emotional withdrawal, evasion of activities related to the trauma, aloofness, decreased emotions, and depression. The individual may portray a bland affect as lack of motivation. Variations in cortisol levels also may be related to how memories are encoded at the time of the trauma, explaining fragmented or incomplete memory of the traumatic event. (Lohman, 2002).

Schurr and Green (2004) reported that PTSD can cause elevated levels of cortisol, which high or low levels depend on individual differences and phasic alterations. Findings suggest that HPA axis function in PTSD can be characterized in terms of both tonic and phasic abnormalities. Cortisol levels reflect the balance between undifferentiated emotional arousal, or "engagement" defense mechanism (associated with lower levels). Individuals with PTSD could appear to have high or low levels, depending on the balance.
The variable findings on the HPA axis in PTSD raise the question as to whether the health effects of HPA axis alterations in PTSD are those associated with high or low cortisol. Due to cortisols' immunosuppressive effects, the implications for the immune system are especially important. Low levels of cortisol in PTSD might lead to disorders associated with activation of immune-mediated inflammation (i.e., rheumatoid arthritis). In contrast, enhanced receptor sensitivity and high levels of cortisol in PTSD might lead to disorders involving decreased immune function (i.e., infectious disease, and suppression of immune-mediated inflammation). (Schurr & Green, 2004)

The sympathetic adrenal axis also influences PTSD. It is activated during incidents of extreme fright, fear, or pain. The sympathetic adrenal axis produces a heightened state of readiness frequently called the “fight or flight” reaction providing oxygen for energy and allowing the muscles to work harder. Disproportionate sympathetic arousal may result in behavioral disturbances such as rage, irritability, and intrusive thoughts connected with PTSD. (Lohman, 2002).

The limbic system regulates behavior and emotions. The amygdala, prefrontal cortex, and hippocampus are areas in the brain that have an influence on PTSD. The amygdala, known as the “fear processing center”, influences learning and memory and serves as a link between memory and emotions. The influence of the amygdala with PTSD may result in an extreme fear reaction to a neutral stimulus. This emotional response to a neutral stimulus results because the amygdala may encode emotional memories differently than other areas of the brain. (Lohman, 2002).

Emotional responses can arise from past traumatic events that occurred in one’s life and contribute to symptoms of PTSD. According to the DSM IV criteria, individual
with PTSD have been exposed to a traumatic event in which the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others or the person's response involved intense fear, helplessness, or horror. The individual with PTSD may persistently re-experience the traumatic event with recurrent and intrusive recollections of the event, which they may experience through images, thoughts, and perceptions. They may have recurrent upsetting dreams of the event and they may act or feel as if the traumatic event were recurring, which may include a sense of reliving the experience, illusions, hallucinations, and dissociative flashbacks, including those that occur when awake. (Choy, 1992)

An individual with PTSD may have intense psychological distress or reactivity at exposure to internal or external cues that resemble an aspect of the traumatic event. The individual may avoid situations that may be associated with the trauma and they may experience numbing of general responsiveness, which was not present before the trauma. Examples may include the avoidance of thoughts, feelings, and conversations associated with the trauma. (Kaplan & Sadock, 1996)

External cues may cause the individual to avoid activities, places, and people that provoke recollections of the trauma. They may experience the inability to recall an important aspect of the trauma, have diminished interests and participation in significant activities. They can experience feelings of detachment or separation from others. Their affect range may be restricted. They may not expect to have a career, marriage, children, or a normal life span. They may have persistent symptoms of increased arousal, which was not present before the trauma, which can cause increased sleep. Individuals may be
irritable or have outbursts of anger, have difficulty concentrating, and display an increased startle response. These symptoms can cause significant distress and impairment in social, occupational, and other important areas of functioning. (Kaplan & Sadock, 1996)

The impact of PTSD on psychosocial functioning has been considered for Vietnam veterans, who were found to have profound and pervasive problems in their daily lives. These included problems in family and other interpersonal relationships, problems with employment, and involvement with the criminal justice system. (Schnurr et al, 2000)

A decrease in psychosocial functioning from PTSD can have long-term effects on individuals. Dirkzwager (2001) reviewed the long-term persistence of PTSD symptoms overtime among aging veterans, who fought in WWII, the former Dutch East Indies, and Korea. Results of this study showed significant changes in PTSD symptoms between six years. In 1992, 27 percent of veterans with military disability pension met the criteria for PTSD diagnosis; in 1998 it was 29 percent. Results strongly support that there is a long-term persistence of PTSD symptoms among aging military veterans' overtime. Long-term persistence of symptoms can decreased with a program where veterans are taught coping skills that help them cope with combat-stress reactions and other chronic symptoms related to PTSD. (Dirkzwager, 2001)

Symptoms of PTSD can make it difficult for one to be able to manage life stressors. Negative stress results from the inability to solve a problem or reach a goal that is believed, or feared, to be unattainable. One feels out of control, and tension arises from attempts to figure out how to get back in control and reach our goal. This kind of
stress has effects on the perspective of the situation, and it has effects on our bodies. When one feels the anxiety of negative stress, he/she tends to misread the situation at hand, blow things out of proportion, take on unrealistic guilt or internalize and personalize thoughts that have little to do with him/her. Stress distorts one's ability to see the world as it truly is, and this distortion then increases stress, causing an escalation of anxiety. The greater the existing stress, the more likely the addition of more stress.

Stress from traumatic events can cause people to live day to day with the idea that something bad is going to happen. One can learn a world view that life is a hostile place and one must always be on guard. When individuals misperceive a situation, it is most often a result of the influence of a past experience. This misperception can be common for veterans who have been in combat situation. It may be difficult for them to feel safe and secure after experiencing such traumatic events. (Choy, 1992)

Stress from traumatic events can be so intense that one may feel hopeless, helpless, and that there is no way out. Freeman (2000) compared various features of chronic combat-related PTSD patients with and without a past history of suicide attempt. Results showed that 32 of the 109 subjects in the study shared a lifetime history of at least one suicide attempt. There were no significant differences in age, years of education, monthly income, or employment status between study groups although, patients with a history of suicide attempt produced higher IQ scores, they reported significantly more severe symptoms of depression, anxiety, and PTSD. Patients with a history of suicide attempts also related to lower levels of vitality and physical and mental health than their counterparts without a history of suicide attempts. Those patients with a history of suicide attempts did not differ from their counterparts in terms of combat
exposure, pain, dissociation, or histories of alcohol or other substance use, but had significantly elevated levels of self-reported PTSD symptoms and intelligence than patients without a history of suicide attempt. (Freeman, 2000)

It is important to teach veterans returning from war how to cope with stressors in their current life in order to reduce the risk of mental health problems. Treatment programs that focus on teaching veterans returning from war how to effectively cope with combat stress reactions and daily life stressors can reduce the risk of the development of PTSD and increase functioning in daily activities. (Friedman, 2004)

Treatment approaches from the past were looked at in order to determine treatment effectiveness. Johnson (2000) reviewed the impact of the length of treatment in two treatment programs for Vietnam veterans with PTSD. A brief treatment program and a long-term treatment program were compared in regard to the length of stay, and the emphasis on review of the traumatic experience in the long-term program versus stabilization in the brief program. The study measured changes in homecoming stress of veterans who completed two forms of inpatient treatment from admission to 3 years after discharge. Results indicate an overall stability in homecoming stress 3 years later in both samples. It was found that veterans, 3 years after treatment, still experienced significant residual shame and resentment, social avoidance, and negative social interaction regarding their experience in Vietnam. This study indicates that long-term treatment had a similar effect as the short-term treatment program for symptoms of combat-related PTSD. (Johnson et al, 2004)

The impact of a long-term treatment program compared to a short-term treatment program was also compared in an outcome study of six PTSD clinical teams across six
sites. Treatment interventions peaked at four months, with sustaining improvement across sites at the end of the twelfth month or the twenty-fourth month. Results indicate that the length of treatment peaks at about four months. This study demonstrated no treatment gains beyond the fourth month, suggesting that a treatment program is likely to reach its maximum benefit within a four month span. (Scurfield & Wilson, 2003)

Effectiveness of treatment interventions of trauma-focused group therapy versus present-centered therapy, which avoids the discussion of trauma was compared for Vietnam veterans with PTSD. The study intervention, which included methodology, compared 30 weeks of trauma-focused group psychotherapy versus a control intervention of present-centered comparison treatment. In the trauma focused therapy group, each participant received two sessions dedicated to their own trauma. The intervention additionally comprised psychoeducation, cognitive restructuring, relapse prevention and coping skills training. Present-centered therapy avoided trauma-focused therapy. Both intervention and control group sessions included education about posttraumatic stress disorder and coping skills. Result showed no significant difference between treatment groups severity of posttraumatic stress disorder symptoms at 12 months. However, symptoms improved from baseline in both treatment groups. This shows that trauma-focused group therapy is no more effective than present-centered group therapy for posttraumatic stress disorder in Vietnam veterans. (Schnurr & Friedman, 2003)

Present-centered therapy which employed skill-based mechanisms had been found to be particularly effective for returning veterans. A program that addressed skills geared to integrating the veteran into society, rather than having a substantial trauma-focus component was compared to programs that include a trauma-focus treatment with
veterans with PTSD. There was no significant difference in PTSD symptomatology between the two groups, which suggests that skills training program can be just as effective as trauma-focused treatment.

The Department of Veteran Affairs (DAV) has made efforts to reduce or eliminate the use of trauma-focused interventions and to encourage treatment efforts that are focused towards skill building and functional problem solving. These programs are known as “second generation PTSD programs” and they are being encouraged by the DAV. (Scurfield & Wilson, 2003)

Several models of skill-based programs for PTSD in the literature include a variety of interventions that address the symptoms that individuals with PTSD can experience. An inpatient treatment program that emphasized remediation of stress related symptoms and group-orientated activities emphasized treatment techniques for stress management and situational coping. Situational coping within this program included setting goals and managing activities of daily living, testing goals and perceptions against reality, perceiving and responding to change, problem solving, decision making, taking responsibility for actions, and interacting with others. Stress management consisted of five treatment groups including exercise, assertiveness training, occupational therapy task, relaxation training, and stress management. A complementary model of outpatient treatment continued to focus on techniques learned in the inpatient setting with the addition of individualized programming. The treatment techniques in both settings proved to be effective with improving individuals’ ability to deal with stress and develop adaptive coping skills. (Escobedo & Courtney, 1989)
Other treatments have focused on reducing personal and relationship stress and stress relaxation techniques, exercise, and a balance in ones lifestyle habits. The importance of reinforcing personal resilience in these areas as a way of developing self-confidence and ability to cope with stress is emphasized in these programs. Awareness of one’s physical and emotional reactions to a situation and modification one’s self-talk was stressed as critical to avoiding being drawn into the spiral of negative stress. Positive actions for coping with the stress and the beneficial effects of the release of stress were emphasized having participants describe conflicts in relationships, and explore mechanism for stress reductions including sharing difficult situations/problems with others in a supportive environment. (Cox, 1988)

Communication and support systems have been identified as important aspects of treatment because PTSD can have a chronic course involving periods of remission. A strong support system is considered important for outreach, especially during difficult times. (Cox, 1988) It is important for the returning veteran to learn how to manage the anxiety in order to continue functioning and to face, rather than avoid, situations that irrationally generate fear. The avoidance of fear-producing stimuli is an attempt at self-protection. Although the veteran needs to learn that it can be maladaptive when it interferes with the fulfillment of environmental and internal needs. (Cox, 1988)

It is particularly important for individual in the military culture to have the support of their peers. Studies have found that veterans returning from Operation Iraqi Freedom and Operation Enduring Freedom were resistant to seeking treatment for the fear of being stigmatized. It was reported that individuals with the greatest number or most severe symptoms were least likely to seek treatment for fear that it could harm their
careers, cause difficulties with their peers and with unit leadership, and become an embarrassment in that they would be weak. These findings are consistent with data that showed low use of mental health services among Navy and Marine Corps personnel. For example, of 28.5 percent of male civilians with psychiatric disorders only 19 percent of them sought treatment. Among military personnel with PTSD the rate of seeking treatment was only 4.1 percent, which is lower than that for other psychiatric disorders. This finding may indicate that within the military culture, PTSD is seen as a failure, a weakness, and as evidence of innate deficiency. Perception of stigmatization can, however be reduced by outreach and education for individuals in the community. (Friedman, 2004)

Occupational therapy is a health care discipline with much to offer to those with symptoms of PTSD. Occupational therapists are primarily concerned with the individuals’ ability to participate effectively in those occupations which are meaningful to them. Many areas of occupation can be considered including activities of daily living, instrumental activities of daily living, work, leisure, and social participation. When individuals have the readiness skills to participate in occupations and have environmental support for their participation, they are more likely to be satisfied with themselves and the resulting lifestyle. Several models within the profession of occupational therapy provide a framework for engaging individuals in occupations that are meaningful to them. The Model of Human Occupation, in particular, promotes a framework for occupational therapy intervention, which would be effective for veterans with PTSD.

MOHO addresses the person, task, and environment through three subsystems, which include the performance capacity, habituation, and volition subsystem.
Performance capacity addresses the objective and subjective factors that influence the individual's abilities. The habituation subsystem involves the particular habits or routines that support an individual’s roles. The volition system of an individual includes the individual’s values, interests, along with their perceptions of self efficacy, also known as personal causation. This treatment framework can be utilized to guide the PTSD treatment for returning war veterans, as its focus is on assisting clients to engage in occupational behavior that will enable them to fulfill their capacity and live out meaningful roles based on the client’s perspectives. (Bruce & Borg, 2002)

Performance capacity refers both to the underlying objective mental and physical abilities as well as the lived experience that shapes performance. It addresses the objective and subjective factors that influence an individual’s ability. When the environment supports an individual’s capacity it facilitates interest, attentiveness, and maximal performance in occupation. If the environmental demands are well below one’s capacity, boredom follows. When the environmental demands are well beyond capacity, anxiety is produced.

Anxiety is a subjective experience and individuals who experience PTSD tend to have high anxiety due to the combat experiences that they have been involved with. They may generalize the combat environment to the home environments, which can cause difficulties in their participation in occupations in certain environments. Each environmental situation will be different for each individual. This is an important factor when treating an individual with anxiety and PTSD.

Habituation refers to a process whereby doing is organized into patterns and routines. It is the process of learning new habits and taking on new roles within the
context of one’s growth and maturation through a life span. The habituation subsystem organizes occupational behavior into the recurrent patterns of behavior that make up much of one’s daily routines. Roles influence the occupational choice of an individual. A person forms habits and patterns of behavior related to role behavior; and he or she internalizes expectations that come from his/her family, work, and social groups as well as within one’s self.

When a habit or role is invalidated or terminated, a degree of disorientation and disorganization can follow. For example, if one changes jobs, then the familiar route to work, the pattern of relationships with others, the times when one gets up in the morning and when one returns home from work, and many other daily details may change. What was formerly familiar and comfortable becomes, at least temporarily, awkward and uneasy.

Habits are understood as tendencies to repeat behavior or routines learned from previous repetitions. They influence the patterns of what an individual routinely does. Habits guide automatic behavior such as, showering and dressing, and they allow people to do things without much energy expenditure because they don’t typically need conscious attention. In order to change a habit one often need to make a conscious effort to do so. Habits tend to have a purpose specific to a given environment, familiar environments help maintain one’s habits. When people change their environments, or habits, a certain habit learned in a specific environment may become ineffective. (Kramer et al, 2003)

Upon return from war, veteran’s roles can dramatically change from being in a solider, marine, air force, navy...etc. to being a spouse, friend, worker...etc. This can be
a stressful change. PTSD can have a great effect on one’s ability to adapt to their changed roles upon return from war. Habits and role behaviors can be resistant to change, and veterans can feel quite disoriented when habits are disrupted or when they become unexpectedly unable to carry out familiar roles. Habits of thinking patterns can have an impact on behavior roles. A veteran returning from war may still be in the thinking pattern of when he/she was still in combat. This thinking pattern may make it difficult for the individual to participate in occupational roles upon return from war. Veterans with PTSD may need guidance to acquire a balance of habituation to facilitate them to be stable and meet expectations and occupational demand, while being able to improvise and adapt to new situations. (Bruce & Borg, 2002)

The volition subsystem refers to the process by which persons are motivated toward and choose what they do. The core of volition is thoughts and feelings about doing things, such as enjoying, valuing, and feeling competent. These thoughts and feelings are shaped by previous experience, interpretation of that experience, and anticipation of the future. The process of anticipating, choosing, experiencing, and interpreting occupational behavior represents an ongoing cycle that can sustain or alter one’s motivation. Individuals who experience illness or trauma that alters their capacities significantly may have dramatically altered experiences and have to radically rethink what they can and want to do. (Kramer et al, 2003)

The thoughts and feelings about occupational performance influence an individual’s mastery, enjoyment, and valuation of what one has done. Values and interests can influence how effective one is in acting on the world, what one holds as
important, and what one finds enjoyable and satisfying. These three areas are referred to as personal causation, values, and interests. (Kramer et al, 2003)

Personal causation looks at the client’s view of their capacities and effectiveness and how it affects the choice, experience, interpretation, and anticipation of doing things. It includes a person’s awareness of present and potential abilities and a sense of efficacy. This can include an individual’s perception of control over their behavior, thoughts, and emotions, as well as a sense of control in achieving desired outcomes. (Bruce & Borg, 2002)

Values address the convictions and sense of obligation the client has and how they affect the choice, experience, interpretation, and anticipation of doing things. Personal convictions are beliefs about what matters in life. A sense of obligation is a strong emotional urge to behave in what is perceived as the correct way to behave. (Bruce & Borg, 2002)

Interests are the disposition to find pleasure and satisfaction in occupations and the self-knowledge of our enjoyment of occupations. Interests affect one’s choice, experience, interpretation, and anticipation of doing things. Having interests implies desirability to certain occupations and includes having preferred ways of performing occupations or activities. (Bruce & Borg, 2002)

The volitional subsystem can be affected in individuals returning from war. Combat experience and the development of PTSD can change a veteran’s personal convictions and their sense of obligation. Values shape one’s goals and if values change one’s goals also change. This could cause difficulties with certain beliefs with a spouse, parent, children...etc. It is important for veterans with PTSD to have support and
understanding from their social support network and an open communication system upon returning from war. Individuals who experience PTSD upon return from war can feel a loss of control over their thoughts and emotions. Their participation in occupations may decrease due to a loss of a sense of efficacy. Interests may also change in veterans with PTSD due to the extreme stress that they can experience in certain situations. A decrease in interests can decrease ones satisfaction in life.

Upon returning from war, veterans with PTSD may have a difficult time adjusting to their new life situations. It is crucial to provide treatment that addresses the holistic individual by looking at the person, environment, and occupation and how their habitation, performance capacity, and their volition subsystems are affected from their combat experiences and the development of PTSD.

The cognitive-behavioral approach can also be used to enhance occupational performance by teaching skills related to cognition and thinking patterns. This frame of reference stresses the importance of engaging the individual in experiential learning, and strives to change individuals’ beliefs about the self from incapable to capable. (Bruce & Borg, 2002)

Cognitive-behavioral therapies can be effective for treating individuals returning from war through the use of teaching active coping skills. Through active coping, individuals recognize and accept the impact of trauma on one’s life and learn to take direct coping action to improve things. When an individual takes direct action to cope with their stress reactions and trauma-related problems, they put themselves in a position of power and start to feel less helpless. This type of education is viewed as effective for individuals with PTSD as it puts them in control of their recovery process. (Davis, 1998)
Occupational Therapy can help individuals with PTSD through various strategies which involve individuals in learning and practicing skills that will help them be more effective in their environment. Through a combination of group therapy and the involvement of family and significant others, a program can be developed to reverse the impact of PTSD on the returning war veteran.

A manual of treatment activities has been developed, which provides structure for treatment for veterans returning from war. This manual addresses the person, environment, and occupations of returning veterans and provides a resource for the occupational therapists working with veterans with PTSD and their families.
CHAPTER III

METHOD & PRODUCT

A treatment manual for occupational therapists and a family education packet was developed based on the findings reviewed in the literature and an interview with an occupational therapist that developed a stress management program for the US Army. From the literature it was found that veterans with PTSD or those who are at risk for developing PTSD would benefit from a twelve session treatment program that promotes coping skills for anxiety, emotions regulation, stress management, communication skills, social functioning, and family involvement. (See Appendix A)

Friedmen (2004) found that barriers veterans seeking treatment for PTSD include stigmatization and that PTSD is seen as a failure and a weakness. The treatment manual addresses stigma in order to reduce this misperception of individuals with PTSD. Family members are encouraged to be present at the initial treatment session in order to increase their awareness of stigma and its effect for the war veteran.

Lohman (2002) explained the complex behavioral and neurological changes that can follow a single, brief, stressful event and that can contribute to the development of PTSD. Persistent intrusive thoughts and emotional stress following a traumatic incident can change the neural system, and impact the manner in which emotions are interpreted and expressed. The treatment manual includes ways to manage emotional stress following the return from war in order to increase individuals’ awareness of emotions,
and suggests methods for regulating one’s emotional state, and reacting to emotions within situational contexts.

Kaplan & Sadock (1996) describe symptoms of social withdrawal that individuals with PTSD can experience including feelings of detachment or separation from others which impair social participation. The proposed treatment manual therefore facilitates the social skills of veterans and suggests methods for improving social connections with others.

Schnurr et al (2000) also explained that PTSD can have a significant impact on psychosocial functioning. Vietnam veterans with PTSD were found to have profound and pervasive problems in their daily lives, which included problems in family and other interpersonal relationships. This treatment program therefore addresses relationship effectiveness, which increases veterans’ awareness of current interpersonal relationship effectiveness and ways to improve relationships with others.

Relationships effectiveness can also be affected by communication styles and one’s ability to effectively listen to others. PTSD can make it difficult for one to be able to manage relationship stress. When one feels the anxiety of negative stress that can arise in relationships, he/she tends to misread the situation at hand, blow things out of proportion, take on unrealistic guilt or internalize and personalize thoughts that have little to do with him/her. Stress can distort one’s ability to see the world as it truly is, this distortion then increases stress, causing an escalation of anxiety. Treatment sessions that address communication and listening skills can be are incorporated in the program to assist veterans in exploring the value of listening under stress.
Friedman (2000) suggested that after the development of PTSD, the risk factors for persistent PTSD are associated with current time frame, current emotional state, current social support, and recent life events. He/she suggests that PTSD may be reversible if veterans can be helped to cope with stresses in their current life which supports the importance of incorporating coping skills for stressors in the re-entry program for returning war veterans. Coping with combat stress reactions is also included in the program because Freeman (2000) found that stress from traumatic events can be so intense that one may feel hopeless, helpless, and that there is no way out and that they may be at a significant risk for attempting suicide. It was important to teach returning war veterans how to cope with stressors in their current life in order to reduce the risk of mental health problems.

Cox (1988) discussed the importance of reinforcing personal resilience as a way of developing self-confidence and ability to cope with stress. Awareness of one’s physical and emotional reactions to a situation and modification of one’s self-talk in order to decrease the effects of negative stress. The proposed program teaches veterans positive self-talk and teaches positive actions for coping with stress.

Because the literature suggests that social support is critical to successful re-entry, this program also includes a manual for family members and significant others to be involved in the treatment process in order to support their loved one upon their return from war. (See Appendix B)
CHAPTER V

SUMMARY

The literature indicated that veterans who have experienced extreme combat situations would benefit from a twelve session treatment program that addresses stigma, emotion regulation, homecoming stress, relationship stress, family involvement, community involvement, social functioning, personal functioning, and health lifestyle habits.

The Model of Human Occupation used in occupational therapy provided a framework for a treatment protocol, which considered the holistic aspects of performance skills, routines, values, and interests of returning veterans. The treatment protocol was designed to promote function in areas of occupation for veterans with PTSD.

A re-entry program manual was created to provide occupational therapy professionals with a basis for implementing a program for the treatment of veterans returning from war. A family education program manual was also created to encourage family involvement in the therapy process in the home and community environments.

Because of the restricted and minimal amount of information on the effectiveness of treatment programs for individuals returning from war with PTSD, this product was limited in scope of treatment mechanisms. There was also a limited amount of information on demographic research regarding the effects of combat stress on family members, which impacted the content and scope of the Family education Packet. Further
evaluation on the effectiveness of treatment programs for individuals returning from war with PTSD or those who are at risk for the development of PTSD are recommended, along with further demographic research regarding the effects of combat stress on family members.

The proposed treatment manual could also be utilized for populations other than returning war veterans. These populations could include individuals who have experienced or witnessed natural disasters; such as flooding, earthquakes, tornadoes...etc. Other potential consumers of this product could include individuals who have experienced extreme trauma such as domestic violence, terrorism, school shootings, transportation accidents, or any traumatic situation. Further research on populations of interest would be needed for product application.
Appendices
Appendix A
Product
Cover Letter

The manual focuses on improving or building the skills needed for independent functioning in the home environment and in the community in returning war veterans who are experiencing PTSD symptoms. From the literature it was found skills that assist the veteran to cope with combat-stress reactions, current life stressors, and current emotional states was beneficial (Friedman, 2004). The exercises presented in this manual address the necessary skills needed for the veteran to successfully reintegrate into the community. The model utilized was Model of Human Occupation (MOHO), which addresses the person, task, and environment through addressing an individual’s performance capacity, the particular habits or routines that support an individual’s roles and the individual’s values along with perceptions of self efficacy. This model was chosen because of its focus on assisting clients to engage in occupational behavior that will enable them to fulfill their capacity and live out meaningful roles.

The exercises in the manual are designed to be presented in a group discussion format. This allows for the participant to not only explore the specific life task skill, but is given the opportunity to develop interpersonal communication skills through the group involvement. A few homework activities are provided to facilitate improvement in the skills taught in the group session in the home environment and the community. The manual contains twelve sessions including:

- orientation and stigma
- emotion regulation
- social supports
- relationship effectiveness
- communication
- stress management
- coping with stress reactions
- positive self-talk
- healthy lifestyle habits
- discharge planning

Each group contains an overview, objective, suggested verbal presentation, and an activity. The group sessions will generally take about forty minutes. Therapists are encouraged to review presentation guidelines that are provided below, which provide an overview of the basic format utilized throughout the manual, regardless of the topic.

A family education packet is also included. This will allow for the family to be involved in the therapy process. The occupational therapist can explain this packet to the family during the first group session, the orientation group, which is for the veteran and his/her family.
Presentation guidelines:
1. State the goal to the group.
2. Indicate time involved (40 minutes).
3. Let the group know the format of the activity.
4. Define expectations (participation, confidentiality... etc).
5. Maintain group control; guide the group towards a defined goal.
6. Summarize and reiterate the main points discussed.
Outline for group sessions:

Session #1: **Orientation to the group/Stigma**
Objective
Increase awareness of the group process, goals, and expectations of group members. Educate family and loved ones about how they can be involved in the recovery process of returning war veterans with PTSD. Encourage the expression of feelings and concerns about stigma.

Session #2: **Emotional Regulation**
Objective
Increase awareness and provide information regarding regulation of emotional states.

Homework
Observing and describing emotions

Session #3: **Emotional Regulation**
Objective
Increase awareness of emotions and ability to react to emotions in certain situations.

Homework
Emotional diary.

Session #4: **Social Support**
Objective
Increase awareness of social supports and methods for improving social connections with others.

Session #5: **Relationship Effectiveness**
Objective
Increase awareness of current interpersonal relationship effectiveness and methods for improving relationships with others.

Homework
Setting goals and priorities in interpersonal situations.

Session #6: **Role Playing Communication Group**
Objective
Increase communication and listening skills. Explore the value of listening under stress.

Session #7: **Stress Management**
Objective
Increase understanding of stress, what causes it, and how to manage it.

Homework
Journal for stress management.
Session #8: **Stress Management (session 2)**
Objective
Increase awareness of personality traits that can help to overcome stress (i.e. optimism, taking action, and a sense of humor).

Session #9: **Coping with Combat Stress Reactions**
Objective
Increase ability to actively cope with combat stress reactions.

Session #10: **Positive Self-talk**
Objective
Learn to identify, challenge, and change negative messages to positive ones, in order to help reduce stress.

Session #11: **Health Lifestyle Habits**
Objective
Increase awareness of current lifestyle habits and methods for improving them.

Session #12: **Discharge Planning**
Objective
Provide an opportunity for the expression of feelings and concerns related to being discharged.
Session #1: Orientation to Group/Stigma

Overview
Group members and their family/loved one will be orientated to the program, goals and expectations of the program (confidentiality, role in therapy process...etc). The family education packet will be provided and explained during the orientation group session. Questions and concerns of the clients and their family/loved ones will be addressed. Stigma will also be covered in the orientation group session.

Objective
Increase awareness of the group process, goals, and expectations of group members. Family and loved ones will be educated as to how they can be involved in the recovery process of returning war veterans with PTSD. The expression of feelings and concerns about stigma will be encouraged.

Introduction
To help members feel comfortable, start by having everyone introduce and share something about themselves, such as where they are from, or what branch of the military that they are in. The topic of the group session on orientation and stigma will then be introduced by the group leader. The group leader can orientate the group first by providing an overview of what the next eleven sessions are about. The leader can explain that each group session will last about forty minutes and that each group contains an activity, which a discussion will follow each activity. The group leader will discuss expectations of the group. Expectations include confidentiality and that what is said in group, stays in the group. Group members are not to discuss with anyone what is said in the group. Participation is another expectation of the group members. It is expected that group members will participation in the group activities and complete homework when assigned. The family education packet can be handed out to the family. Homework assignments will be explained and the value will be explored and examples provided of the veteran and the family members working together in the home environment. The group leader can explain to the family that each homework session is described in the family education packet.

The group leader will then introduce the topic of stigma through an exercise which will address some of the possible responses to consider when you are confronted with this issue. Group members will be directed to provide a list of various relationships on a board or sheet of paper of which they might have contact with. Categories may include family members, co-workers, neighbors...etc. A variety of relationships will be considered, since it usually makes a difference as to who the confrontation is coming from. Once the list is made, group members will be directed to identify feelings, thoughts, and concerns on how they may react to each category that they identified.
Group Activity
Provide each group member with a worksheet that contains the following questions. Encourage everyone to answer each question as best as they can.
1. How do you react when you are confronted about having received psychiatric care when the confrontation is coming from your spouse, boyfriend or girlfriend, neighbor, co-worker...etc.?
2. How does this confrontation make you feel?
3. Does it make a difference as to who is placing the stigma on you?
4. What possible responses might you consider?
5. Have you ever experienced such confrontation? How did you react?
6. How do you feel about receiving services from someone who has or has not received psychiatric care?

Group Sharing and Processing Questions
Have each member share a couple questions that they answered. The group leader can facilitate the discussion with suggested questions;
- Where there any questions that you could relate to?
- What were they? Why?
- What are some possible ways to reduce stigma either with family members or in the community?
- How do you feel when someone close to you places stigma on you?"

Group Closure
After all categories of relationships have been considered, the group leader can then summarize the discussion,
“Today we have discussed the group process, goals, and expectations of group members. Family was encouraged to be involved in the recovery process and feelings and concerns regarding stigma was addressed”.
The group leader can close the group session by providing positive feedback for group participation.
Session #2: Emotions Regulation

Overview
During this session participants will focus on letting go of emotional suffering and increasing their awareness of current emotions. A handout on specific emotions will be provided to each group member. The group will share and discuss the experience of emotions and how they physically and emotionally react to emotions.

Objective
Increase participation’s awareness on regulating their emotional state. This will be done through the use of a handout on specific emotions. Group members will be encouraged to share their feelings that arise from specific emotions, situations where that emotion can arise, and reactions that they generally have to that emotion.

Introduction
The group leader will introduce the topic of regulating emotions, example introduction; “Regulating your emotional state can improve your ability to cope in stressful and anxiety producing situations. When you are aware of your emotions and what is causing your emotions, you are better able to regulate them.”

The group leader will write three emotions on the board, example emotions include anger, disappointment, and fear. The group leader will facilitate a discussion on each of the emotions that were written on the board. Example questions;

- In what situations do you feel angry?
- How does your body react when you feel the emotion of anger?
- How do you generally respond to the emotion of anger?

The group leader will discuss the idea that emotions can be difficult, and sometimes they feel as though they are out of our control. One way that one can control their emotions is to control their reaction to the emotion. Emotions are produce feelings that are sometimes uncomfortable and uneasy feeling, but they will pass with time. The leader can explain, “Experience emotion as a wave, coming and going. Do not block suppress, get rid or push it away, don’t keep it around, hold it in, or amplify it, just feel and observe it.”

Group Activity
Provide each member with a Emotions Reaction handout (example provided for the emotion of fear). With the group, discuss each area of the handout. The areas include fear words, prompting events for feeling fear, interpretations that prompt feelings of fear, experiencing the emotion of fear, experiencing and acting on fear. See sharing and processing section for suggested questions. Have the group members share areas that they can relate to from each of the categories on the handout.

Group Sharing and Processing
Have the group members process their thoughts and feelings that arise from the information on emotions. The group leader can facilitate the sharing and processing with questions from each category on the handout. Example, from the handout the leader can ask;
• What are some activities that facilitate the feeling of fear for you?
• Generally, how do you interpret that feeling?
• How do you experience the fear emotion in a particular situation?
• How do you generally act on the feeling of fear?

Group Closure
Following the group discussion, explain the homework activity of observing and describing emotions.
• What are other emotions that you have strong feelings toward in your daily life?
• How do you react towards those feelings?
• Is your reaction effective?
The leader can explain the homework activity,
“This week I want you to select an emotional reaction that you experienced and fill out as much of the worksheet as you can from your experience.”
The leader can go through the worksheet with the group members. The group leader can then close the group session, summarize the main points of the group session.
“Today we have discussed emotional reactions and how to observe, describe, and act on the experience of feelings. I hope this group session has helped you to increase awareness of your current emotions and I hope the homework assignment will help you to regulate your emotional state.”
The group leader can then provide positive feedback for group participation.
Emotion Reaction Handout

Fear words

<table>
<thead>
<tr>
<th>Fear</th>
<th>Horror</th>
<th>Hysteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Nervousness</td>
<td>Uneasiness</td>
</tr>
<tr>
<td>Distress</td>
<td>Overwhelmed</td>
<td>Tenseness</td>
</tr>
<tr>
<td>Dread</td>
<td>Panic</td>
<td>Worry</td>
</tr>
<tr>
<td>Fright</td>
<td>Shock</td>
<td>Terror</td>
</tr>
</tbody>
</table>

Prompting Events for Feeling Fear

Being in a new or unfamiliar situation.
Being alone.
Being in the dark.
Being in a situation where you have been threatened or got hurt in the past, or where painful things have happened.
Being in a situation somewhat like one where you were threatened or got hurt in the past, or where painful things have happened.
Being in a situation where you have seen other people be threatened, get hurt, or have something painful happen.
Other:________________________________________

Interpretations That Prompt Feelings of Fear

Believing that someone might reject you, criticize, dislike, or disapprove of you.
Believing that failure is possible; expecting to fail.
Believing that you will not get help you want or believe that you need.
Believing that you might lose help and assistance you already have.
Believing that you might lose someone or something you want.
Losing a sense of control; believing that you are helpless.
Losing a sense of mastery or competence.
Believing that you might be hurt or harmed, or that you might lose something valuable.
Believing that you might die, or that you are going to die.
Other:_____________________________________________________________________

__________________________________________________________________________
Experiencing the Emotion of Fear

Sweating or perspiring.
Feeling nervous, jittery, or jumpy.
Shaking, quivering, or trembling.
Darting eyes or quickly looking around.
Choking sensation, lump in throat.
Breathlessness, breathing fast.
Muscles tensing, cramping.
Diarrhea, vomiting.
Feeling of heaviness in stomach.
Getting cold.
Hair erect.
Other:

Experiencing and Acting on Fear

Engaging in nervous, fearful talk.
A shaky or trembling voice.
Crying or whimpering.
Screaming or yelling.
Pleading or crying for help.
Fleeing, running away.
Running or walking hurriedly.
Hiding from or avoiding what you fear.
Trying not to move.
Talking less or becoming speechless.
Frozen stare.
Other:

Other:
Homework

Observing and Describing Emotions Worksheet

Name ________________________ Week starting ________________

Select an emotional reaction that you experience in the following week and fill out as much of this sheet as you can. If the prompting event for the emotion you are working on is another emotion that occurred first (for example feeling afraid prompted getting angry at yourself), then fill out a second homework sheet for that emotion.

Emotion ________________________ Intensity (0-100) ________________

Prompting Event for my emotion: (who, what, where), what started the emotion?

Interpretations (beliefs, assumptions, appraisals) of the situation?

Body Changes and Sensing: What am I feeling in my body?

Body Language: What is my facial expression? Posture? Gestures?
Action Urges: What do I feel like doing? What do I want to say?

What I said or did in the situation: (Be specific)

What after effects does the emotion have on me (my state of mind, other emotions, behavior, thoughts, memory, body, etc.)?

Function of emotion

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Session #3: Emotions Regulation

Overview
The second emotional regulations group will facilitate participants to identify a variety of emotions and ways to change the intensity and reaction to their emotions. The activity for this group focuses on having participants identify at least three emotions and how they react when they feel that emotion.

Objective
Group members will become aware of their emotions and their reactions to their emotions. They will learn ways to cope in situations in which they feel emotionally out of control.

Introduction
Feelings and concerns with the homework activity from previous session should be addressed first. Example questions,

- How did the homework go for you?
- Did you have any difficulties with experiencing and reacting to your emotions?
- What was difficult?
- What was easy?
- Did you share the homework activity with spouse/family?

Encourage members to continue with identifying their emotions in different situations.

The group leader can then introduce sample emotions which include: anxiety/fear, guilt or shame, sadness or depression, and anger. With each emotion discuss the ability to change the emotions by acting opposite to the current emotion. The group leader can explain;

"A way to address your fears is to do what you are afraid of doing...over and over and over. It is also helpful to approach events, places, tasks, activities, and people that you are afraid of. Do things to give yourself a sense of control and mastery. When overwhelmed, make a list of small steps or tasks you can do. Do the first thing on the list."

The leader can explain the emotions of fear, guilt, sadness, and anger;

"Guilt or shame-repair the transgression (say your sorry, apologize). Accept the consequences of what happened, and then let it go. When you feel sadness or depressed, get active. Approach and don't avoid. Get involved in things that make you feel competent and self-confident."

The leader can continue with explaining the feeling of anger;

"When you feel anger-gently avoid a person that you are angry with rather than attacking. (Avoid thinking about him or her or a situation rather than ruminating.) Do something nice rather than mean or attacking. Imagine sympathy and empathy for other persons rather than blame."
**Group Activity**
The group leader will provide each member with an “Emotions Regulation” worksheet and explain the directions. First, participants will identify at least four emotions (examples will be provided on the handout) of their choosing. Encourage members to choose emotions that they experience difficulty with. Participants will identify a time in which they felt the emotions listed on the activity sheet and have them describe how they reacted at the time. Then, with a partner, have them share identify together alternative or successful ways of reacting to the emotion.

**Group Sharing and Processing**
Following the activity, the leader can facilitate the sharing and processing portion of the group session. Suggestion questions can include:
- What emotions have the most effect on you?
- How do you feel when you react to that emotion?
- How would you feel if you reacted differently to that emotion?

Have the group discuss and provide feedback for alternative ways to react to emotions.

**Group Closure**
The group leader present and explain the Emotional Diary homework activity. Explain the homework of recording emotions. Example presentation,

“This homework activity has you record your emotions throughout the following week. It can be either the strongest emotion of the day, the longest-lasting one, or the one that was the most painful or gave you the most trouble. Analyze that emotion by describing the emotions function in the right column of this worksheet.”

At the end of the group discussion, the group leader can summarize the main points from the group session. Example,

“Today we have discussed a variety of emotions and ways to change emotions by acting opposite to the current emotion. Can anyone give an example of how they could do this in a real life situation?”

At the end of the group the leader should provide positive reinforcement for group participation.
## Emotions Regulation Worksheet

<table>
<thead>
<tr>
<th>Emotion</th>
<th>How you currently react</th>
<th>Successful ways to react</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Homework

Emotional Diary

Name ________________________  Week Starting ________________

Record emotions (either the strongest emotion of the day, the longest-lasting one, or the one that was the most painful or gave you the most trouble). Analyze that emotion. Fill out an “Observing and Describing Emotions” homework sheet if necessary, plus this diary sheet.

<table>
<thead>
<tr>
<th>Day of Emotion</th>
<th>Event</th>
<th>Emotion’s Function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Session #4: Social Support

Overview
The group will be orientated on the power of social supports, and each member will have the opportunity to assess their current and potential social supports. Tips for strengthening social supports will be discussed and each member will set goals for increasing their social support networks.

Objective
Increase awareness of one’s social supports and methods for improving social connections with others. Identify current support systems and possible need for additional ones.

Introduction
Encourage group members to brainstorm possible support systems on chalkboard, include financial, emotional, social, spiritual, professional...etc. Ask group members to consider these when completing activity. Explain activity, “A worksheet with questions that assess your current support network will be provided. I would like everyone to complete the worksheet to the best of their ability. When everyone has completed the worksheet we will discuss the worksheet together as a group.”

Group Activity
The group leader will provide a “Social Support” worksheet to each member.

Group Sharing and Processing
Encourage group members to share their identified supports with entire group, seeking feedback regarding how/where to increase number needed. Have each participant share their top three answers that they felt were most relevant for them. Process benefits of support systems in regards to wellness. Example processing questions,

- How do you feel when you have supportive people in your life?
- How do you feel when people reach out to you for support?
- How do you feel about your current social support?

Group Closure
Group members should be reminded of the homework activity, which will be discussed in the following session. Encourage them to share their homework activity with a spouse or significant other. At the end of the group session, the leader should summarize the main points from the group session.

“Today we have discussed the importance of social supports. I would like everyone to share what they gained from what we discussed today and how they can use it in their daily life.”

The group leader can close the group by thanking the group for participating.
Social Support Worksheet

Answer each question below to the best of your ability.

1. What makes a person supportive for me?

2. What are the main sources of social support in my life? (choose from family, friends, work relationships, group support...etc.) How often do I meet with these people?

3. How satisfying are my personal relationships? Can I be my true self with the people with whom I associate? Are there people in whom I can confide?

4. Do I feel loved, valued, and appreciated by others? Do I have opportunities to express my love and caring to others?

5. Do I feel part of a community? Am I involved in a regular support group?

6. Do I do volunteer work or belong to a social organization?
7. How is my social life?

8. What are some things that I can do to attract new support into my life?

9. Do I have any blocks to my asking for and receiving support? If so, how might I deal with them?

Creating Goals for Social Support
Utilize the answers from the above questions, write down the social support you now have and the support that you would like to incorporate into your life.

Social support I now have:
1. 
2. 
3. 

Social support I would like to make part of my life:
1. 
2. 
3. 

Homework Assignment
Take one social support identified above that you would like to make a part of your life and make it a goal for the week.
Session #5: Relationship Effectiveness

Overview
Group members will explore a variety of aspects of effective interpersonal relations and barriers to successful interactions. The group leader will participate in a role playing activity in which group members practice effective communication with interpersonal relationships.

Objective
Increase group members’ awareness of their current interpersonal relationship effectiveness and ways to improve effective communication with others.

Introduction
The group leader should have each member share homework activity from previous session.

- Did you reach your goal that you set for increasing social supports? If not, how do you plan to reach it?
- Did you share your goal with your spouse or significant other? Was it helpful or not helpful?
- Do you plan to continue with increasing your support networks?

Next, the group leader will introduce the topic of interpersonal relationships. The leader can review basis guidelines for interpersonal effectiveness.

- Discuss the importance of describing the current situation, tell the person exactly what you are reacting to—stick to the facts.
- Express your feelings and opinions about the situation.
- Assert yourself by asking for what you want or saying no clearly, assume that others will not figure it out or do what you want unless you ask.
- Reinforce or reward the person ahead of time by explaining the consequences, tell the person the positive effects of getting what you need.
- Discuss the importance of focusing on the objectives. If another person attacks, threatens, or tries to change the subject, ignore the threats, comments, or attempts to divert you. Don’t respond to attacks, Ignore distractions. Just keep making your point.
- Negotiate, offer and ask for alternative solutions:
  - What do you think we should do?
  - I’m not able to say yes, and you seem to really want me to.
  - What can we do here?
  - How can we solve this problem?

Group Activity
The group leader can introduce the role playing activity. Example:

“For this activity we are going have you argue a topic with a partner. Suggested topic includes: pretend you are a republican and that you feel strongly about the upcoming election, argue your points for your candidate. Your partner will pretend that he is for the opposing party and he/she will argue their points for their candidate and
against the opposing point. During the activity utilize the guidelines for interpersonal effectiveness that were discussed.”

Other topics for role playing can be discussed with the group and written on an overhead board and the group members can choose the role playing topic of choice.

**Group Sharing and Processing**
The group leader can facilitate the sharing and processing section by having each group member share their top two or three individual factors that reduce interpersonal effectiveness. Example questions regarding emotion factors could include;
- What are example emotions that can interfere with interpersonal situations?
- How does the specific emotion make you feel?
- How do you initially react when you feel that emotion?
- What would help you react more effectively?

**Group Closure**
The group leader should then introduce the homework activity. The leader will explain and be prepared to answer questions about the homework activity. Example presentation, “In the next week I want you to identify an interpersonal situation where either your rights or wishes were not respected, where you want someone to change, or you want or need to say no, but it is difficult, or your are in a conflict with someone. Then based on that situation, and how you reacted, fill out the worksheet provided.”

Encourage group members to share the homework activity with their family members and remind them that the homework activity will be discussed during the next session/week. The group leader should summarize the main points of the group. “Today we have reviewed basis guidelines for interpersonal effectiveness by discussing the importance of describing the current situation, focus on the facts, express your feelings and opinions about the situation, asking for what you want and not assuming that others will know what you want unless you ask.”

The group leader can close the group by providing positive reinforcement for group participation.
Homework:

Goals and Priorities in Interpersonal Situations

Name: ___________________ Date ___________________

Utilize this sheet to figure out your goals and priorities in any situation that creates a problem for you such as ones where:

1. your rights or wishes are not being respected
2. you want someone to do or change something or give you something
3. you want or need to say no or resist pressure to do something
4. you want to get your position or point of view taken seriously
5. there is conflict with another person.

Observe and describe in writing as close in time to the situation as possible.

Prompting event for my problem: Who did what to whom? What led up to what? What is it about this situation that is a problem for me?

My wants and desires in this situation:

Objective: What specific results do I want? What changes do I want the person to make?

Relationship: How do I want the other person to feel about me after the interaction?

Self-respect: How do I want to feel about myself after the interaction?

My priorities in this situation: rate priorities 1 (most important), 2 (second most important), or 3 (least important).

____Objectives ______Relationship ______Self-Respect

Conflicts in priorities that make it hard to be effective in this situation?
Session #6: Role Playing Communication Group

Overview
Group members will be introduced to guidelines for effective listening and will then have the opportunity to practice the skills in a role playing activity.

Objective
The objective of this group session is to increase communication and listening skills and facilitate group members to explore the value of listening when under stress.

Introduction
Feelings and concerns with the homework activity from previous session should be addressed first. Example questions,
1. How did the homework go for you?
2. Did you have any difficulties with interpersonal situations?
   a. What was difficult?
   b. What was easy?
Encourage members to continue with utilizing interpersonal skills discussed in previous session.

After discussing homework the group leader can present the group on communication. The leader can introduce the stop, look, and listen dialogue instructions. Example verbal instructions start with having the group leader discuss that when one is under pressure it is difficult to listen, but the process of empathy involves active, care-full listening. Introduce the exercise of stop, look, and listen and explain that it is designed to help partners explore the value of listening when under stress.
   • Stop, take a deep breath, exhale, and get ready to pay attention.
   • Look, see your partner’s viewpoint rather than concentrating on your own.
   • Listen, tune into the meaning behind the words.

The group leader will then explain the role playing activity of partners engaging in a series of conversations, alternating roles as observer, sharer, and listener.
Follow the instructions and take turns as indicated. Both partners respond to each question before moving on. When it’s your turn to speak, respond to the questions at a level that you feel comfortable with. You may decline to answer any question.

When you are listening, be sure to practice all listening skills.
   Show interest: with eye contact, nods...etc.
   Reach out: to pick up on both the verbal and non-verbal messages.
   Focus on your partner: set aside your own agenda.
   Respond: summarize periodically, check your perceptions.

When you are observing, pay attention to the process and impact of listening. At the end of the hour you will have a chance to share your insights.
The group leader should check with the group members to make sure that everyone understands the guidelines described above.

**Group Activity**

In groups of three each member will have the opportunity to be a sharer, listener, and an observer. Have partners switch roles after each example. The sharer will describe a situation from the examples provided below. The group leader can provide the examples on a separate sheet of paper or write them on a display board that each group member can see. The listener will listen and respond empathically. The leader can facilitate listening;

- Show interest.
- Try to get inside your partner’s shoes and understand the situation from his/her perspective.
- Don’t give advice.
- Don’t make judgments—not even positive ones.
- Don’t ask questions that would throw your partner off.
- Don’t problem solve or reassure.
- Do reach out for the feelings and the meanings behind the words.
- Do summarize what you’ve heard and check out your perceptions.
- If they are inaccurate, try again until you’ve heard your partner fully.
- When listening, remember to suspend your judgment and biases.
- Stay open to hearing the other person’s perspective.

**Example #1**

*A stressful situation that I experienced today...*

*When I felt stress, my body felt...*

*I coped with that stress by...*

**Example #2**

*Tell your partner about an instance when someone listened to you empathically and whole-heartedly. What do you remember about how it felt?*

*When do you especially want to be listened to and heard?*

**Example #3**

*Situations where I find it hard to listen...*

*People I have trouble listening to...*

*Describe a recent situation when you had difficulty listening or didn’t want to listen...*

*What did you want to hear?*

*What did you hear at the time? What did the other person really want to communicate?*

The group leader can explain the final role-playing activity;

"In your groups, paraphrase techniques work well in conflict situations. Find a topic which you and your partner disagree on. i.e. politics, sports teams, religions..etc. Dialogue about your chosen topic for five minutes and utilize the paraphrasing rule throughout the discussion-each of you must restate your partner’s position to his/her satisfaction before you can express your own views."

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Group Sharing and Processing
Have everyone come together as a whole group to share and process the role-playing communication activity. Sample questions to ask the group include:

- When you were an observer, what did you notice about listening?
- When sharing, how did it feel to be heard?
- How accurately did your partner listen and understand?
- How difficult was it to listen? When?
- Was there any difference in empathy with a supportive versus a conflict situation?
- Were there any surprises?

Group Closure
At the end of the group discussion, the leader should summarize the main points of the session.

"Today we have discussed and practiced communication and listening skills. What skills that you practiced today would be beneficial for you when you are in an argument with either a significant other, family member, co-worker...etc?"

The group leader can close the group session by providing the group with positive reinforcement for participation.
Session #7: Stress Management Part I

Overview
The topic of stress and the idea of stress management will be introduced. The group members will identify their physical, emotional, and behavioral symptoms of stress. They will then identify some potential causes of symptoms due to stress.

Objective
The activity was designed to help group members understand stress, what causes it, and how to manage it.

Introduction
The group leader will introduce the topic of stress and what stress is. Ask group members, “What is Stress?”

Then explain, “Stress is the pressure and tension you feel when faced with a situation that’s new, unpleasant, or threatening. Some stress is actually helpful because it can spur you to meet life’s challenges. Without some stress, life would be boring. Too much stress can cause problems. It can affect your mental and physical health and damage relationships with friends and family.”

The group leader can have the members draw a diagram of what is “good stress” and what is “bad stress”. Together, group members will distinguish the difference between “good stress” and “bad stress”. The group leader can lead the discussion with example questions;
- What makes stress good?
- What makes stress bad?
- Why would you call it stress?

The leader can conclude the activity with a statement reinforcing that any kind of change or disruption will create stress and the importance of learning stress management techniques.

Group Activity
The leader can then introduce the activity of identifying symptoms of stress (physical, emotional, and behavioral). Each member should receive a handout on symptoms and potential stressors.

“Check off the physical, emotional, and behavioral symptoms that you can identify with.”

After completing the first activity worksheet, “Identifying Your Warning Signals” discuss possible causes of their stress.

“Some people don’t know they’re too busy and too stressed to stop and think about why they feel that way. By recognizing the sources of stress, called stressors, they may be able to make changes and reduce stress.”
Discuss with the group potential stressors. Provide second worksheet, “Identifying Your Stressors” to each group member.

**Group Sharing and Processing**

The group leader can then facilitate the sharing and processing portion of the group session. Each group member can share some of their symptoms and stressors that they marked on the worksheets. The leader can facilitate the processing portion by asking how they feel when they are experiencing a particular symptom or they are in a certain stressful situation.

**Group Closure**

The homework activity should be provided and described following the sharing and processing portion of the group. The group leader can introduce the homework of keeping a journal to help manage stress. The benefits of keeping a journal should be discussed.

"It is a tool to help you see what causes you stress and how it affects you. It can be an outlet for emotion and frustration. It can be a decision-making tool, allowing you to explore pros and cons of possible choices. It is helpful for confronting problems or a change in your life. It can be fun because you don’t have to follow any rules. It can also be insightful, because you may discover solutions to a problem or find ways to change stressful situations."

The leader can explain,

"Each day this week, write about something that made you feel stressed or that made you feel good. If you need help getting started, try answering some of these questions that are provided on the handout."

The group leader should encourage members to share the homework information with their spouse, significant other, or family. At the end of the session the leader can then summarize the main points at the end of the group.

"Through the activity that you did today, I hope that you are better able to understand stress, what causes it, and how you can better manage it. From today’s group, what information was most beneficial for you? How do you plan to utilize that information?"

The group leader can close the session by thanking the group for participation.
Identifying Your Warning Signals

Check the symptoms you frequently feel when you’re stressed. Add any symptoms you’ve experienced repeatedly that are not listed.

<table>
<thead>
<tr>
<th>Physical Symptoms:</th>
<th>Emotional Symptoms</th>
<th>Behavioral Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Anger</td>
<td>Increasing use of alcohol, tobacco or other drugs</td>
</tr>
<tr>
<td>Change in appetite</td>
<td>Anxiety</td>
<td>Neglecting appearance</td>
</tr>
<tr>
<td>Back pain</td>
<td>Denial of a problem</td>
<td>Arguing with friends or partner</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Depression</td>
<td>Avoiding tasks and responsibilities</td>
</tr>
<tr>
<td>Breathlessness</td>
<td>Difficulty making decisions</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Loneliness</td>
<td>Crying easily</td>
</tr>
<tr>
<td>Clammy hands</td>
<td>Nervousness</td>
<td>Being late to work</td>
</tr>
<tr>
<td>A cold</td>
<td>Feeling powerless</td>
<td>Overeating or undereating</td>
</tr>
<tr>
<td>Constipation or diarrhea</td>
<td>Feeling rejected</td>
<td>Snapping at people</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Feeling trapped</td>
<td>Watching more TV</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Feeling unhappy for no reason</td>
<td>Withdrawing from family</td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td>and friends</td>
</tr>
<tr>
<td>Racing heartbeat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle tension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nightmares</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomachaches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: __________________________

Other: __________________________

Other: __________________________

This activity adapted from: Stress Management A handbook for meeting life’s challenges self-care handbook. (1997)
Identifying Your Stressors

Check the stressors that contribute to your stress. Add any stressors you’ve experienced repeatedly that are not listed.

<table>
<thead>
<tr>
<th>Financial stressors:</th>
<th>Daily hassles:</th>
<th>Environmental stressors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bankruptcy</td>
<td>□ Car trouble</td>
<td>□ Crime</td>
</tr>
<tr>
<td>□ Child support</td>
<td>□ Child care</td>
<td>□ Noise</td>
</tr>
<tr>
<td>□ Growing debt</td>
<td>□ Household chores</td>
<td>□ Overcrowding</td>
</tr>
<tr>
<td>□ Fixed income</td>
<td>□ Forgetting or misplacing something</td>
<td>□ Pollution</td>
</tr>
<tr>
<td>□ Reduced income</td>
<td>□ Oversleeping</td>
<td>□ Traffic</td>
</tr>
<tr>
<td>□ Sudden financial gain</td>
<td>□ Traffic jams</td>
<td>□ Weather</td>
</tr>
<tr>
<td>□ Taxes</td>
<td>□ Waiting in lines</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family-related stressors:</th>
<th>Health-related stressors:</th>
<th>Work-related stressors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Marriage</td>
<td>□ Arthritis</td>
<td>□ A long commute</td>
</tr>
<tr>
<td>□ Parenting challenges</td>
<td>□ Poor eyesight</td>
<td>□ Being fired or laid-off</td>
</tr>
<tr>
<td>□ Sexual problems with partner</td>
<td>□ Poor hearing</td>
<td>□ A noisy or unpleasant work environment</td>
</tr>
<tr>
<td>□ Being single or alone</td>
<td>□ Headaches</td>
<td>□ Few Opportunities for advancement</td>
</tr>
<tr>
<td>□ Divorce or separation</td>
<td>□ Illness, injury, or disease</td>
<td>□ Little recognition or a lack of feedback</td>
</tr>
<tr>
<td>□ Poor communication</td>
<td>□ Loss of mobility</td>
<td>□ New responsibilities</td>
</tr>
<tr>
<td>between family members</td>
<td>□ Sleep disorders</td>
<td>□ Trouble with a boss or co-workers</td>
</tr>
<tr>
<td>□ Drinking or other drug problems (self or other)</td>
<td>Other:</td>
<td>Other:</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

This activity adapted from: Stress Management A handbook for meeting life's challenges self-care handbook. (1997)
Homework

Stress Record

Each day this week, write about something that made you feel stressed or that made you feel good. If you need help getting started, try answering some of these questions:

- How did you respond to a stressful situation today?
- Did you laugh today? At what?
- Are you facing any big decisions? Explain them.
- Are you feeling anxious or frustrated? Why?

Example:
Today’s date is___________________.

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Today’s date is___________________.

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

This activity adapted from: Stress Management A handbook for meeting life’s challenges self-care handbook. (1997)
Session #8: Stress Management Part II

Overview
Group members will identify stressors that bother them the most and will describe a situation they recently experienced that involve each of the three stressors. Group members will share how they reacted and will explore alternative reactions for the future.

Objective
Group members will become aware that they may be contributing to their own stress. They will become aware of personality traits that can help them overcome stress, such as optimism, a tendency to take action, and a sense of humor.

Introduction
The idea that each person can contribute to their own stress will be introduced. The idea of accepting what you cannot change and to be optimistic will discussed. Example:

"Many people worry about things they have no control over. To manage stress, you need to learn to accept things you cannot change and be optimistic about the outcome. Try thinking: “I’ll laugh about this someday. Maybe some good will come of this. What can I learn from this?”

Next, discuss the importance of exercising control over what they can change;
“Rather than feeling stressed by something that you can control, take action.

Lastly, cope with stress through humor.
“Laughter not only makes you feel good, but it can help you to relax. By taking things a little less seriously and adding laughter to your life, you can better control stress.”

Group members will write down three stressors. Have them put a star by the stressors that they can change and write down how they could change it, circle one that they have changed, and put a smiley face next to one that they have laughed at.

Group Activity
The group leader can provide each member with a worksheet handout and can present the activity;
“Think back to the previous group sessions and identify the three stressors that bother you the most. Write down the top three in the spaces provided on the worksheet. Then, describe a situation you recently experienced involving each of these three stressors. How did you react? How could you react to a similar situation in the future so you feel less stress? Write your answers in the spaces provided.”

Group Sharing and Processing
Following the activity, have each group member share a few of their stressors and how they reacted to those stressors. Also, have them share how they could react in a more positive way in the future. The group leader can facilitate the processing portion of the
group with questions that address feelings during the certain situations and how they would feel if they had reacted differently to the situation(s).

Group Closure
At the end of the group session the group leader should summarize the main point of the group;

"From this group, I hope you are aware of what contributes to your own stress and ways that you can overcome stress. When confronted with a stressor in the future, stop for a moment and think about how to react. Can you control this stressor? Think about how to react to it in a positive way that can put you in control."

The group leader can close the group by providing positive feedback for participation.
# Identifying Stress Reactions

Think back to the previous group sessions and identify the three stressors that bother you the most.

1. ___________  2. ___________  3. ___________

Describe a situation you recently experienced involving each of these three stressors. How did you react? How could you react to a similar situation in the future so you feel less stress?

<table>
<thead>
<tr>
<th>Situation</th>
<th>Initial Reaction</th>
<th>Possible Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>Felt overwhelmed</td>
<td>Explain the problem to your creditors, and ask for more time to pay. Set a budget, and stick to it.</td>
</tr>
<tr>
<td>Bills were piling up, and I didn’t have enough money to pay them all.</td>
<td>and stressed. Was convinced I’d never get out of debt.</td>
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</tbody>
</table>

Session #9: Coping with Combat Stress Reactions

Overview
Group members will identify some of their combat stress reactions and discuss ways to cope with these reactions. Feelings about individuals combat stress reactions will also be addressed.

Objective
Active coping behaviors will be provided to help group members cope with combat stress reactions.

Introduction
The group leader will introduce the topic of identifying and coping with combat stress reactions by having the group members write down their top three current stressors and top three stressors while in combat. Then, members should be directed to compare their reactions to patterns. The leader can discuss the importance of taking direct action with combat stress reactions to help them feel in control and to get in the habit of actively coping, example:

"Actively coping can make one feel less helpless and more in control. It is an attitude of habit and can strengthen you."

The leader can suggest that recovery is ongoing and that it is a daily and gradual process; there is no sudden cure. The leader can then present the handout of coping skills for combat stress reactions to the group members. The group can then discuss each section of the handout together.

Group Sharing and Processing
The sharing and processing portion of the group can be done while discussing each individual topic/section of the handout. Suggested questions for the first topic of unwanted distressing memories, images, or thoughts include:

- share a time when you have an unwanted distressing memories, images, or thought.
- how did you feel?
- what are some coping mechanisms that you think may be beneficial for this situation in the future?

The group leader will facilitate sharing and processing from each group member in each individual section of the handout.
Group Closure
Following the group discussion, the leader can summarize the main points of the session.
"From this group session, I hope that you are better able to cope with combat stress reactions."
The leader can ask group members;
"What was the most important aspect/concept that you learned from today's group? How will you use this information in the future?"

The leader will then provide positive feedback for group participation.
Coping with Combat Stress Reactions

Unwanted distressing memories, images, or thoughts
- Remind yourself that they are just that, memories
- It is natural to have memories of traumatic events
- Talk about memories with people that you trust
- Reminders and memories of trauma often decrease overtime

For sudden feelings of anxiety, panic, or feeling like you’re reliving the trauma.
- Slow down your breathing
- Keep your eyes open. Look around and notice where you are
- Do self-talk. Remind yourself where you are and that you are safe
- Get up and move around. Exercise helps. Tense, then relax your muscles. Get a drink of water.
- Call someone you trust and confide in them about what is happening. Tell your counselor or doctor.
- Remind yourself, “this is a common stress reaction”

For dreams and nightmares
- If you awake in the middle of the night panicking, remind yourself you are reacting to a dream. Think to yourself, “I am no longer in danger, I am safe”.
- Consider getting out of bed, regrouping, and orientating yourself
- Get out of bed if you haven’t fallen back to sleep within 20 minutes
- If possible, talk to someone
- Do something pleasant and calming: listen to music, read a book.

For difficulty falling or staying asleep
- Keep a regular sleep schedule
- Avoid exercise before going to bed
- Use sleep area only for sleep or sexual relations
- Don’t use tobacco, alcohol, or caffeine prior to going to bed
- Think about a place you enjoy and “vacation” until you feel relaxed. Do not lie in bed thinking or worrying
- Breathe deeply and relax tense muscles. Think about relaxing every muscle in your body sink into bed

For irritability, anger, rage
- Take a time out to think things over. Walk away until you are calm.
- Exercise to reduce tension and direct anger to a positive activity. This also helps relieve stress.
- Take an anger management class. Check out self-help anger books in the library.
For difficulty concentrating

- Slow down. Give yourself time to focus on what you need to do
- Write things down
- Break down tasks into smaller parts and think about only one portion of the task at a time
- Don’t overschedule yourself. Plan a realistic number of activities or tasks per day.
- Depression can cause trouble with concentration. Talk with your doctor.

(Information was adapted from the 88th Regional Readiness Command Stress Team)
Session #10: Positive Self-talk

Overview
Group members will become aware of everyday mental conversations, and how these affect behavior. They will learn strategies for changing negative self-talk to positive self-talk in everyday situations.

Objective
Participants will learn to identify, challenge, and change negative messages to positive ones, in order to reduce stress.

Introduction
The group leader can introduce the topic of positive self-talk. For example, the leader will have everyone in the group look at each other for thirty seconds. He/she could then ask the group, “What did you say to yourself just now?” After the group responds the group leader can explain, “Whether you’re conscious of it or not, you probably talk to yourself silently every day. This mental conversation is called self-talk.” The leader can suggest the idea of negative self-talk “tapes”. These tapes can be explained, “During our mental conversations we often criticize ourselves, and turn a minor fault into a big one. These “tapes” replay themselves in our heads, reinforcing negative (and incorrect) beliefs. They can also add to stress.”

Every time you hear a negative message play in your mind, erase it and record a new, positive one. Example: instead of saying; “I’ll never be able to ________,” try saying, “I’ll keep trying and do my best. No one expects me to be perfect.”

Group Activity
The group leader will provide each member with a “Positive Self-talk” handout and explain the following activity. Have members write down several stressful situations that they have recently faced. Ask them; “Did you hear a negative message? What positive message could you “play” when that situation in the future?”

The leader can provide an example for further explanation; “A situation might be that you were late for an event and you missed it. Negative message; “This bites, my whole day is ruined”. Positive message; “It happens, what can I do instead?”

Group Sharing and Processing
Following the activity, have the group members share a few of the situations that they wrote down. The leader can facilitate the processing portion of the group with questions such as;
• How do you feel when you tell yourself negative messages?
• How do you feel when you tell yourself positive messages?”
Group Closure
At the end of the group session, the leader should summarize the main points of the group:

“The next time you face a potentially stressful situation, stop and listen to the tape playing in your head. Does it have a negative message? Try to change the message to a positive one. Over time, your mind will automatically play the new, positive messages, making it easier for you to manage stress.”

The leader can end the group by thanking them for participating.
Positive Self-talk

Using the space below, write down several stressful situations you’ve recently faced. Did you hear a negative message? What positive message could you “play” when that situation in the future?

<table>
<thead>
<tr>
<th>Situation</th>
<th>Negative Message</th>
<th>Positive Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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</tr>
</tbody>
</table>

Session #11: Healthy Lifestyle Habits

Overview
Group participants will assess their lifestyle habits and identify ways to improve them.

Objective
To increase participant’s awareness of their current lifestyle habits and ways to improve them.

Introduction
The group leader will introduce the topic of lifestyle habits. Ask group members;
• What are some things that you participate in on a regular basis?
• What are some things that you would like to do on a regular basis that would improve your satisfaction with life?

Together, group members will create a list of 20 things that they do. When the list is complete, the group members will discuss the current things that they do on the list and things that they would like to do in the future.

Group activity
Have the group member assess their lifestyle habits by writing their responses following up with a group discussion. The group leader can present the “Healthy Lifestyle Habits” handout to each group member and explain;
"This worksheet is to get you thinking about your current lifestyle habits and ways that you can improve them. I would like everyone to answer each question to the best of their ability. The bottom portion of the handout refers to how you answer the questions. In this section I want you to write down your current lifestyle habits and the habits that you would like to incorporate into your life.”

The group leader will be prepared to answer any questions that may arise from the handout.

Group Sharing and Processing
After the group has finished answering the questions, the group leader can then facilitate the sharing and processing portion of the group session. Each group member can share how they answered the questions. The leader can facilitate the processing portion by asking how they feel when they have a balance of their lifestyle habits, or how they feel when they are participating in a certain activity. The group leader will encourage group members to share the positive lifestyle habits that they would like to make a part of their life with a spouse, significant other, or family member.
Group Closure
At the end of the session the leader can then summarize the main points of the group.
"From this activity, I hope that you are aware of your current lifestyle habits and can identify ways to improve them."

Each member can then identify what they learned from the group session. The group leader can close the group by providing positive feedback for participation.
Healthy Lifestyle Habits

1. How much structure and routine do I have daily? Too much, too little, or just the right amount?

2. Do I find time each week to connect with the natural world?

3. Am I taking any health risks? What is my daily intake of alcohol, tobacco, or other potentially harmful substances? If these habits exist, how are I trying to change them?

4. Do I take time to relax and just be? Do I take time for personal reflection? How do I renew myself?

5. What truly nurtures me? What brings me joy? What activities are pleasurable? Am I finding time for them in my life?

6. Do I have any creative outlets? If so, what are they?
7. What kind of music makes me feel better? Which music most relaxes me? Which music most energizes and inspires me?

8. Are there any colors that I am attracted to? What colors do I like to wear or have in my environment?

9. What makes me laugh? How often do I laugh? Am I around people who share my sense of humor?

10. Have I discovered my gift(s) to the world? Am I using them? Do I have the opportunity to express them in my work?

11. What would I do if I knew I couldn’t fail?
Creating Goals for Lifestyle Habits

Have the group members refer to how they answered the previous questions to write down their current lifestyle habits and the habits that they would like to incorporate into their life.

Positive lifestyle habits that I am already practicing:

1.
2.
3.

Positive lifestyle habits that I would like to make part of my life:

1.
2.
3.
Session #12: Discharge Planning

Overview
This session will address feelings and concerns related to being discharged and will provide an opportunity for group members to summarize the main points of the group.

Objective
To provide an opportunity for the expression of feelings and concerns related to being discharged and summarize the impact of group sessions on self.

Introduction
Leader will introduce the group discussion topic. Example:
"Discharge means different things to different people, some are anxious or afraid; others may be excited or have a sense of renewal."

Leader can then display cards that contain feelings related to being discharged. Have the group members select a card and, one at a time, read their card to the group. Each member will be given a chance to answer every question. The group can compile a list of all of their feelings and emotions related to discharge. When positive responses are discussed, information or resources could be provided to assure that such experiences can be continued post discharge.

Group Activity
Share value of the program, what was most meaningful? The group leader can compile a list on an overhead board or large piece of paper for group members to see. Group members can provide feedback to each other.

Group Sharing and Processing
The group leader can facilitate the sharing and processing section. Example questions include;
- When the group ends, what is something that you are looking forward to?
- What do you think you might miss about the hospital/treatment center after you are discharged?
- When thinking about discharge, what is something that worries you?
- What is something that you wish you did not have to deal with when you go home?
- What frightens you the most about being ending this group?
- What portions of your treatment do you feel you received the most benefits from?
- With regards to discharge, what is something you feel confident about?

Group Closure
The group leader will close the group session by reviewing the main points.
"Today we have had the opportunity to express thought, feeling, and concerns with being discharged."

Everyone in the group will share what they plan to do post discharge. The leader can close the group by providing positive feedback for group participation.
Appendix B
Family Education Packet
Family Cover Letter

This packet was designed for the family of returning war veterans with PTSD to encourage involvement in the therapy process. Research has shown the effectiveness of family support during treatment process for returning war veterans. Risk factors for persistent combat-related PTSD include a lack of social support and social isolation (Friedman, 2004). The importance of family involvement was stressed throughout various findings in the literature. The packet includes objectives of each group session and suggested tips for family members. This will help the family know what the group sessions are about and understand how to help the veteran in the home/community environment. The packet also includes tips to help children cope with the changing conditions of having a parent return from war.

It is recommended and strongly encouraged that the family attends the first group session. It is about a forty minute session that addresses what the program is all about and how they can be involved in the process of recovery. Homework assignments will be given periodically throughout the program. Tips on how to help with the homework are provided in the packet.

The program includes twelve sessions that address orientation and stigma, emotion regulation, social supports, relationship effectiveness, communication, stress management, coping with stress reactions, positive self-talk, healthy lifestyle habits, and discharge planning. This packet corresponds with the order that the program is designed. An outline is provided below for a quick overview.
Session 1 - Orientation/stigma
Session 2 - Emotion regulation
Session 3 - Emotion regulation
Session 4 - Social supports
Session 5 - Relationship effectiveness
Session 6 - Communication
Session 7 - Stress Management
Session 8 - Stress Management
Session 9 - Coping with combat stress reactions
Session 10 - Positive self-talk
Session 11 - Healthy lifestyle habits
Session 12 - Discharge planning
Session #1: Orientation to the group

Session Overview
This group session was designed to orientate you to the group, encourage family members to be involved in the treatment process, and to reduce the negative effects of stigma.

Family Involvement
Returning home can be both exciting and stressful. Some tips are provided to help have the best possible homecoming.

Veteran:
- Be prepared to make some adjustments
- Go slow to reestablish your place in the family
- Support the successes your family has achieved: limit criticism
- Talk to your spouse and children and listen
- Make individual time for your spouse and your children
- Romantic gestures/talk can improve your love life
- Limit the use of alcohol

Spouse:
- Don’t make a lot of sudden changes in current routine
- Take time for you and your spouse to be alone
- Remind them that they are still needed in the family
- Don’t get hung up in setting new house rules right away
- Initial sexual contact may be disappointing, it is important to rebuild trust, communication and closeness-slowly.
- Be patient and listen
- Recognize what may have changed
  - May feel they have been displaced
  - May have new priorities in their lives
  - May have achieved a new level of maturity
  - Children and friends have grown and changed
  - “Culture shock”
  - Veterans have been in combat-home life may seem dull by comparison
  - Interests may have changed

- Identify how they may feel
  - They may have little patience
  - Sense of humor may have changed
  - They may feel uncomfortable
  - They may feel unneeded or that they don’t belong
  - Lose the sense they had of being “heroes”
• Extend a welcome
  o Discuss changes with children, family members’ beforehand changes that they may notice or expect in the returning veteran.
  o Encourage family members to express their concerns
  o Offer a welcoming return
• Offer support
  o Check-in periodically. Ask, “How are you doing? How does it feel to be home?”
  o Be alert for signs of difficulty coping
    ▪ Withdrawal, isolating, or avoiding situations
    ▪ Angry or upset a lot of the time

Children:
• Remember your parent has changed in many ways
• You may want things to be like they were before, be patient
• You may feel bad because you are not excited, this is normal
• Take time to get to know your parent again
• Fill them in on all the news
• Let them know the great things you’ve been doing

Homework for session #1:
No homework was assigned for this session.
Session 2 & 3: Emotions Regulation

Session Overview
This group was designed to increase awareness of one’s emotional state and how to regulate it.

Family Involvement
Spouse/significant other:
- Become aware of the emotion(s) that they are experiencing difficulty with. Example emotions include anxiety, anger, fear, shame...etc.
- Keep an open communication network with your loved one. An open communication system with family is important, it will encourage the individual to seek support and feel encouraged to share difficulties that they are experiencing with emotions. This will help them to cope in situations that are “emotionally difficult/sensitive”.
- Understand and be patient with their ability to cope with emotional situations. It is important to be supportive so that they don’t feel that they are alone and isolate. Help them to understand that they have experienced a lot and what they are going through is common with such traumatic experiences.

Example discussion questions:
- “What emotions influence you on a day-to-day basis?”
- Ask specific questions that pertain to their selected emotions. For example, “how do you feel when you are ________________?”
- “What can I do to help you cope with emotions (be specific) that you experience in everyday situations?”
- “What can I do to help you when you are feeling_________?”

Children
Emotional cycle of children (children’s responses) who have parent(s) who are deployed and return from war can be affected. Emotions can be different for different ages and their responses to their emotions are individualized and age related. Sudden negative changes in a child’s behavior or mood are common and predictable responses to stress of having a parent deployed or return from war. Remedies and coping strategies may have to be adjusted based on each child. Know your child and the coping tips. Remedies may not be foolproof in resolving the problem.
How young children react to change:
- Babies younger than one may cry and turn away when held
- Toddlers may not recognize the returning parent at first so they become shy
- Preschoolers (3-5) may be scared to see the returning parent because they think they were naughty and caused you to go away
- School age kids (6-12) may demand the most quality time
- Teenagers may act moody and seem like they don’t care
- Some kids may be anxious to see the returning parent and fear your expectations of them weren’t met while you were gone
- Kids may be torn by loyalties to the person who took care of them in the parent’s absence whether spouse or other persons

Tips to help children cope:

**Infants & Toddlers**
- Possible remedies include loving contact and loving support from parents-gradually.
- Maintain daily routines to provide a sense of security.

**Preschool (3-6 years)**
- Provide loving contact; maintain established routines; consistent expectations and boundaries.
- Don’t make a big deal about mistakes.
- Use art or pretend games for preshooler to express fears that cannot be put into words.

**School Age**
- Use “I” statements like, “I don’t like it when you…” rather than “You’re making me unhappy.”
- Spend quality time together.
- Maintain routines, set limits, maintain accountability for behavior.
- Avoid getting angry: everyone should calm down before tackling an issue. Get them involved in additional activities if possible.
- Contact teachers and school counselor if your child is having difficulty in school or with friendships. Teachers and school counselors can provide additional support for the child.
Teenagers

- Talk with your teenager.
- Maintain established routines including regular family time.
- Have consistent expectations and boundaries, set limits.
- Maintain accountability for behavior.
- Don’t make a big deal about small mistakes, be patient.
- Model self-care techniques and teach them to your teen.
  - Techniques such as relaxation techniques, journaling, and positive self-talk can be beneficial for a teenaged kid.
- You may want to seek professional counseling, contact teachers/school counselor for assistance, which will provide the teen with additional support.

General rules for effective discipline (for all ages):

- Set clear standards—be specific, make sure the child knows what you want. Don’t set standards too high or expect a child to perform in a manner they aren’t mature enough for.
- Monitor behavior to insure the child is doing what you expect them to do.
- Apply reasonable, consistent consequences promptly.
- Disapprove of the action, not the child, “I’m not happy that you did not tell the truth about this”, instead of “You are a liar.”
- Communicate to the child that you believe they can do better. This is very important for esteem building. Remember, mistakes are made by everyone. Trust and faith in the child encourages the will to do the right thing.
- Plan ahead—decide with your spouse which limits and standards you will bother having for the children. Plan this out before a problem occurs so you are ready.

(His information was adapted from the 88th RRC Stress Control Team, July 2004, vol(5)).

Homework emotions session #2:

Description

The homework this week requires the veteran to observe and describe their emotions and their emotional state in a variety of situations. The homework involves having the veteran identify an emotion and the intensity of that particular emotion.

They will identify the prompting event for that specific emotion:

- What started the emotion (who, what, where)?
- Interpretations (beliefs, assumptions, appraisals) of the situation?
- Body changes and how their body physically feels?
- How they reacted to the emotion.

Family Support

Family can help by asking how they are feeling in stressful or difficult situations in daily activities.
Homework emotions session #3:

Description
The veteran will record his/her emotions throughout the following week. It can be either the strongest emotion of the day, the longest-lasting one, or the one that was the most painful or gave them the most trouble. They are going to analyze that emotion by describing the emotions function.

Family Support
Ask questions to further understand how your loved one reacts to their emotions.
Session #4: Social Support

Session Overview
The goal of this group session was to identify current support systems and possible need for additional ones and be aware of ways to improve social connections with others.

Social supports are important because:
- One of the key functions of a person's social network is to help cope with the problems of daily life.
- Social ties improve health and well-being
- It provides one with a sense of belonging, reassurance of worth, assistance with acquiring needed goods or services, guidance and advice in uncertain or adverse circumstances, and access to new and diverse information
- Provides support through caring exchanges so that individual's sense of belonging and worth are increased

Family Involvement
It is important for the family to provide support and encouragement to help increase social networks among individual returning from war. Ways that family members can assist with this is by encouraging work relationships, hobbies, church, community activities…etc. Assisting the veteran with getting involved in the community can help increase social networks.

Homework for session #4:
Description
Homework for the group session on social support: The veteran identified three social supports during the group that they would like to make part of their life. For homework they were instructed to take one of the social supports that they identified and make it a goal for the week.

Family Support
Family can support their social support outreach by encouraging them and assist them in reaching their goal by supporting their choice and helping them to follow through. You can provide support by going with them for their first time or tell them that you think that what they chose for support was a good choice.
Session #5: Relationship Effectiveness

Session Overview
The goal of this group was to increase awareness of current interpersonal relationship effectiveness and ways to increase the effectiveness of relationships with others.

Basic Guidelines provided for interpersonal effectiveness included:
- Describe the current situation
- Understand exactly what you are reacting to and stick to the facts.
- Express feelings and opinions about the situation.
- Assert yourself by asking for what you want or saying “no” clearly, assume that others will not figure it out or do what you want unless you ask.
- Reinforce or reward the person ahead of time by explaining the consequences, tell the person the positive effects of getting what you need.
- Discuss the importance of focusing on the objectives.
- If another person attacks, threatens, or tries to change the subject, ignore the threats, comments, or attempts to divert you. Don’t respond to attacks, Ignore distractions. Just keep making your point.
- Discuss the importance of negotiating.

Family Involvement
Tips for family to help with interpersonal effectiveness:
- Be patient; provide opportunities for the individual to practice their learned interpersonal skills.
- Avoid attacks, threats, or changing the subject when in a debate/argument
- Don’t bring up past situations/arguments, focus on what is currently being discussed.
- Learn and practice assertive communication yourself.

Homework for session #5:
Description
The homework that was assigned for the session on interpersonal effectiveness was to have the veteran identify a interpersonal situation where either his/her rights or wishes were not respected, they want someone to change, or they want or need to say no, but it is difficult, or they are in a conflict with someone. Then based on that situation, and how they reacted. A worksheet was provided for them to record their responses and reactions.

Family Support
Ask the veteran interpersonal relationships that they want to improve upon. Discuss with them their plan of action for improving the interpersonal relationships that they identified. Ask them what you can do to assist them.
Session #6: Communication and Listening Skills

Session Overview
Group members were introduced to guidelines for effective listening and then had the opportunity to practice the skills in a role playing activity. The goal of this group session was to increase communication and listening skills and to help group members explore the value of listening when under stress.

Some aspects of healthy communication reviewed in this session include:

- Eighty-four percent of communication is non-verbal.
- Good communication means receiving messages as well as expressing your own messages.
- Effective listening skills are needed for good communication; pay close attention, don’t interrupt, ask questions that show you understand.
- Focus on the problem and not the person.
- Good face to face communication includes being clear and precise, using appropriate eye contact, receptive body language and voice tone.
- Barriers to communication include “you” statements, lecturing, giving orders, giving too much advice, making fun of others and not listening.
- Good communication includes the use of “I” statements, identifying feelings being assertive (expressing your feelings and opinions honestly and openly behind the words, without attacking others when it is your time to speak).
- How to respond to someone who is angry: stay calm, talk in a quiet voice, acknowledge their feelings and stay on task (note: anger masks other, deeper feelings).
  - Participants had the opportunity to practice using the above principles in a number of situations. It is encouraged to practice these skills in the home environment.
- Be patient, take it slow and talk it through.

Family Involvement
Family can be involved and help the veteran with healthy communication by practicing the communication effectiveness skills listed above themselves.

Homework for session #6
No homework was provided for this session.
Session #7 & 8: Stress Management

Session Overview
Stress describes the physical, cognitive, and emotional feelings experienced when tension becomes unbearably high. The stress management groups focus on coping skills that can be utilized to decrease stress and skills for coping with stressful situations in every day life.

Examples of stress symptoms discussed include:
Mental:
- Anxiety
- Anger
- Loneliness
- Feeling unhappy for no reason
- Being easily upset
- Nervousness

Physical:
- Dizziness
- Fatigue
- Headaches
- Racing heartbeat
- Muscle tension
- Nightmares
- Rashes
- Restlessness
- Sleeping problems

Behavioral:
- Increasing use of alcohol, tobacco or other drugs
- Neglecting appearance
- Arguing with friends or partner
- Avoiding tasks and responsibilities
- Difficulty concentrating
- Crying easily
- Being late to work
- Overeating or undereating
- Snapping at people
- Watching more TV
- Withdrawing from family and friends
Family Involvement

- Be open so the individual feels comfortable and trust sharing their thoughts and feelings
- Help them to look for humor in situations
- Encourage them to keep active with regular exercise
- Encourage them to eat a balanced diet-avoid food high in processed sugar
- It is important for them to avoid tobacco, alcohol and illegal drugs which mask stress but don’t eliminate it.
- Encourage them to maintain a regular routine with uninterrupted sleep cycles
- Help them or practice relaxation techniques including breathing and muscle relaxation with them

Encourage participation in spiritual activities such as:
- Go for a walk outside
- Sit by stream, running water
- Play with kids

Homework for session #7:

Description

Homework for stress management was to keep a journal in order to help manage stress. The benefits of keeping a journal include: it is a tool to help the veteran see what causes their stress and how it affects them. It can be an outlet for emotion and frustration. It can be a decision-making tool, allowing the veteran to explore pros and cons of possible choices. It is helpful for confronting problems or a change in their life. It can be fun because they don’t have to follow any rules. It is also insightful, because they may discover solutions to a problem or find ways to change stressful situations. The veteran was instructed to write about something that made them feel stressed or that made them feel good each day this week. Questions that they were given include:
- How did you respond to a stressful situation today?
- Did you laugh today? At what?
- Are you facing any big decisions? Explain them.
- Are you feeling anxious or frustrated? Why?

Family Support

Talk with your loved one about stress and how the react to stress in their life. Family can ask specific questions regarding stress throughout the veteran’s day and how they reacted.
Session #9: Coping Skills for Combat Stress Reactions

Session Overview
Signs and symptoms of combat stress reactions discussed in this group session include: unwanted distressing memories, images, or thoughts, sudden feelings of anxiety, panic, or having the feeling of reliving the traumatic event. Vivid dreams and nightmares may be present. The individual may experience difficulty falling or staying asleep. Irritability, anger, rage and decreased ability to concentrate can also be symptoms that veterans experience.

Coping skills discussed in the group included:

Unwanted distressing memories, images, or thoughts
- Remind yourself that they are just that, memories
- It is natural to have memories of traumatic events
- Talk about memories with people that you trust
- Reminders and memories of trauma often decrease overtime

For sudden feelings of anxiety, panic, or feeling like you’re reliving the trauma.
- Slow down your breathing
- Keep your eyes open. Look around and notice where you are
- Do self-talk. Remind yourself where you are and that you are safe
- Get up and move around. Exercise helps. Tense, then relax your muscles. Get a drink of water.
- Call someone you trust and confide in them about what is happening. Tell your counselor or doctor.
- Remind yourself, “this is a common stress reaction”

For dreams and nightmares
- If you awake in the middle of the night panicking, remind yourself you are reacting to a dream. Think to yourself, “I am no longer in danger, I am safe”.
- Consider getting out of bed, regrouping, and orientating yourself
- Get out of bed if you haven’t fallen back to sleep within 20 minutes
- If possible, talk to someone
- Do something pleasant and calming: listen to music, read a book.

For difficulty falling or staying asleep
- Keep a regular sleep schedule
- Avoid exercise before going to bed
- Use sleep area only for sleep or sexual relations
- Don’t use tobacco, alcohol, or caffeine prior to going to bed
- Think about a place you enjoy and “vacation” until you feel relaxed. Do not lie in bed thinking or worrying
- Breathe deeply and relax tense muscles. Think about relaxing every muscle in your body sink into bed
For irritability, anger, rage
- Take a time out to think things over. Walk away until you are calm.
- Exercise to reduce tension and direct anger to a positive activity. This also helps relieve stress.
- Take an anger management class. Check out self-help anger books in the library.

For difficulty concentrating
- Slow down. Give yourself time to focus on what you need to do
- Write things down
- Break down tasks into smaller parts and think about only one portion of the task at a time
- Don’t overschedule yourself. Plan a realistic number of activities or tasks per day.
- Depression can cause trouble with concentration. Talk with your doctor.

(Information was adapted from the 88th Regional Readiness Command Stress Team)

Family Involvement
Family can help by knowing the different coping skills for various situations and help talk the veteran through a combat stress reaction.

Homework for session #9:
No homework was provided for this session.
Session #10: Positive Self-talk

Session Overview
The goal of this group session was to increase one's ability to identify, challenge, and change negative thoughts and beliefs to positive ones, in order to help reduce stress.

The group discussed the idea that everyone talks to themselves silently every day (mental conversations) whether they are conscious of it or not. The mental conversation was called self-talk. The idea of negative self-talk “tapes” was explained;

During our mental conversations we often criticize ourselves, and turn a minor fault into a big one. These “tapes” replay themselves in our heads, reinforcing negative (and incorrect) beliefs. They can also add to stress.

The group practiced changing the negative message that they tell themselves into positive messages. An example was: instead of saying; 
“I'll never be able to ______,” try saying, “I’ll keep trying and do my best. No one expects me to be perfect.”

A “Positive Self-talk” worksheet was completed by the veteran in which they wrote down several stressful situations that they have recently faced and assessed whether they hear a negative message, if so they identified and discussed positive messages that they could tell themselves in a future situation that may be similar.

Family Involvement
Tips for family members to encourage positive thinking:

• Remember, the individual is most likely struggling with mixed emotions such as shame, guilt, and anxiety therefore, it is important to encourage positive thoughts in him/her.

• Provide positive support and encouragement
  o Tell the individual how much you appreciate them and how hard they are working through a difficult situation.
  o Praise the positive achievements rather than focus on what has not been accomplished.
  o Promote good feelings within the individual. Things such as saying “I love you” on a daily basis or simply giving them a hug regularly.

Homework for session #10:
No homework was assigned for this session.
Session #11: Healthy Lifestyle Habits

Session Overview
The goal of this group session is to increase participant’s awareness of current lifestyle habits and ways to improve them. Lifestyle habits represent specific behaviors that one can incorporate into their daily life to enhance their mood.

Several mechanisms for improving and developing healthy lifestyle habits that were discussed include:

- Create structure and routine
  - Optimal amounts of structure decreases anxiety and helps stabilize emotions. This is especially important on the weekends, which can be the most challenging time because the lack of structure.

- Find employment and right livelihood
  - Employment is therapeutic for a variety of reasons: it draws us outside of ourselves, it brings us into contact with other people, and it gives us a sense of identity and independence.

- Find time to relax
  - As described above, work is therapeutic, but too much work and not enough play can put you out of balance. It is important to find the individual to find their own special activity and structure it into their day. Relaxing activities can include going to a movie, reading a book, talking with friends, listening or playing music, soaking in a warm bath...etc. It can be tempting to use alcohol to relax (or use caffeine to focus), this puts one at risk for developing a new problem, chemical dependency. If one feels stressed, there are a variety of tools that can be encouraged, such as deep breathing, exercise, massage, listening to relaxing music, positive self-talk can help one to relax. It is important for family members not to encourage the use of alcohol or other drugs.

- Take time to laugh
  - Laughter enhances respiration and circulation, oxygenates the blood, decreases stress hormones in the brain, and prevents hardening of attitudes. There are many ways one can build laughter into their daily environment, have a humorous poster in the home, read a favorite comic strip, tell jokes with friends, rent movies that are comedies.

- Practice time management
  - Time management is the key to having mood-enhancing habits and activities incorporated into one’s daily life. Taking the time to plan is the secret to creating a lifestyle that truly nurtures and supports you.

Family Involvement
Include the above in your family routines where ever possible. Discuss with you significant other opportunities to pursue any of the above.

Homework for session #11:
No homework was assigned for this session.
Session #12: Discharge Planning

Session Overview
The goal of this group session was to provide an opportunity for individuals to express feelings and concerns related to being discharged. Discharge feelings are different for everyone. Some individuals may feel excited to move on and some may feel anxious about losing the support of the group. The importance of having some sort of support ready at the time of discharge was discussed. This may include starting work, attending another support group in the community, getting involved in a regular leisure activity...etc. Continuing with another form of support offers daily structure and a sense of involvement and accomplishment. A support network can also prevent the veteran from isolating themselves and socially withdrawing.

Family Involvement
Discussion questions that family members could complete at home include:
What is something that you are looking forward to doing?
What do you think you might miss about treatment? How can I help with this?
Is there anything that worries or frightens you? If there is, how can I help?
What was most beneficial for you in treatment?
How can we continue to help you in the home environment?
What is something you feel confident about after treatment?
References


