

## GUIDE TO HANDLING DIFFICULT FEELINGS (ANXIETY)

### SNAPSHOT – UNIT DF-2 - ANXIETY

#### Anxiety and veterans

- Anxiety disorders are common, of course. Almost one-third of adults will have experienced an anxiety disorder at some point in their lifetime. Vets have these issues in greater numbers as PTSD has typically been considered an anxiety-related disorder.
- Military service: separation from family and loved ones and the trauma of war can be the cause of great anxiety and mental stress. It's common for veterans to report that they had feelings of fear, anger, sadness and worry after returning from a deployment. Adjusting can be difficult.
- The VA reports a 327% increase in reported anxiety disorders between 2000 and 2012.
- 20% of veterans of Iraq and Afghanistan will experience acute anxiety, stress and/or depression (VA).
- 1-in-5 military members who have returned from Iraq or Afghanistan report symptoms of PTSD or major depression (NAMI)
- One combat (deployment) issue is the critical requirement of vigilance. This can contribute to a continued pattern of vigilance (or even hyper-vigilance). Loud noises and similar triggers can be exceptionally troublesome. This can be especially a problem in dormitory-like situations. Veterans with this issue may benefit from being assigned to specific areas in the dorm which are designated as “quieter zones.”

The question below is included in the **Worksheet - Brief review anxiety** element in Lesson #10 in this unit:

How did the military experience contribute to feelings or symptoms of anxiety? Explain.

### KEY FOCUS OF THIS UNIT

The primary focus of these resources is awareness and self-management of symptoms relating to anxiety. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by Dialectical Behavior Therapy (DBT) mindfulness activities, distress tolerance skills, and tools designed to assist awareness and motivation for successful anxiety symptoms self-management.

- This unit teaches specific self-management skills.
- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

## OUTCOMES

- “Build a life worth living.” (Linehan)
- Participant functions successfully in daily living - and has the skills and motivation to maintain positive functioning.
- Envision and pursue positive life goals. Deal successfully with ordinary problems.

Improved general functioning through implementation of self-management skills and practices.

- increased awareness of issues relating to feelings and symptoms. Primary emphasis is anxiety.
- increased acceptance that these feelings may have influenced some of their past issues and choices
- increased acceptance that these feelings and symptoms may be influencing some of their current issues and choices
- development of selected options for dealing more effectively with the above
- In practice against internal and external high risk situations presented in scenarios provided, demonstrate repeated successful coping
- demonstrate competence at problem solving skills (versus specific situations).
- assessment of personal situational confidence in dealing with these specific areas.
- key outcome is that they have the motivation - and an actual action plan - to handle some of these issues more successfully going forward.

## ADDITIONAL GOALS

- documentation of increased importance, confidence, and readiness for key changes (as assessed by MI-instruments and behaviors).
- positive social integration and functioning now, and going forward.
- note specific steps they will take, and areas for further development
- preparation for effective community and social reintegration going forward.
- effective self-management continue to maintain positive and pro-active physical and mental health behaviors going forward.
- Through completion of behaviorally-stated objectives, demonstrate effective implementation and action plans for successful integration of key strengths and protective factors targeted by program. for successful integration of key strengths and protective factors targeted by program.

In more than 10,000 scientific studies, the advantages of taking time to pause in one's life, as is done with mindfulness and meditation, have proved to help people live happier, healthier lives.

## WORKBOOKS IN THIS UNIT (they appear in multiple parts)

Pre16c	Being locked up right now	Targeted to correctional populations. Addresses the potential for a negative outlook, and encourages participants to examine and challenge feelings of helplessness and hopelessness.
F3	Anxiety and Fear	Identifies client anxiety symptoms, issues, stressors, and triggers. Topics include fears, phobias, and unnecessary worries. Links anxiety to dependencies.
F4	Guilt	Identifies client symptoms and sources of guilt. Topics include forgiveness and change. Links guilt to dependencies.
F5	Shame	Identifies client shame issues, including symptoms and sources of shame, and links between shame and dependencies. Identifies steps to making changes.
TP6	Making a transition: How are you going to do?	This lesson identifies and summarizes key areas for problems in maintaining recovery - or in maintaining new life and lifestyle changes. It provides 25 areas for self-evaluation. Participants then summarize their top three areas of concern (where they feel least confident). They then are guided to develop action planning steps to increase their confidence in handling these situations successfully.

## SKILLS HOMEWORK

This unit teaches a variety of skills. These skills should take approximately 10 minutes to process.

In addition, Lesson 2 introduces the concept of Frequency, Intensity, and Duration tracking as homework. Take a few minutes to process their results in the lesson after you have assigned this homework. You may assign this homework as often as you like throughout the unit.

*NOTE: Participants may have encountered some of these skills before in other units. This is deliberate— the key to skill mastery is constant practice.*

## DISCUSSION ELEMENTS

In this lesson there are also number of targeted, short elements (Worksheets, Moment For Your Mind, What's The Best Way, etc.) meant to promote a robust discussion among the participants. It is recommended that you proceed as follows:

1. Review the goals and objectives for the Unit. It is important to keep the discussion focused on these outcomes.
2. Review each element before starting the group and note the ones that best fit the participants in your particular group. Familiarity with the materials is essential to your task of guiding the discussion and keeping it focused.
3. Begin with the elements that best fit your group in case you don't have time to get to every element in the lesson.

4. It is critical that you ensure the discussion is on target for the goals and objectives for this Unit. If a discussion sparked by one of the elements is being particularly productive, you may wish to allow the discussion to proceed even if it means not getting to every single element in the lesson. However, it is critical that you keep the group on track and not allow the discussion to veer too far away from the targeted goals and objectives.

5. Be careful not to interject your own thoughts and experiences into the discussions. The idea is to get the participants talking. Your role is to guide the discussion, and keep it focused on the goals and objectives of the Unit.

### **A NOTE ON TIMING**

- Total class time for each lesson is 60 minutes.
- Core Workbook elements should typically take 40-45 minutes.
- A Moment For Your Mind elements typically take 5-10 minutes.
- Some other elements in the TOC include a number indicating the length of time estimated to complete the task.
- Activities such as discussion elements (for example, What's The Best Way) should take approx. 10 minutes or so. However, if the discussion is proving fruitful and you have the time, please allow the discussion to continue.

**NOTE: Unit TOC follows on the next page**

## HANDLING DIFFICULT FEELINGS (ANXIETY) - UNIT DF-2

### KEY FOCUS OF THIS UNIT

The primary focus of these resources is awareness and self-management of symptoms relating to anxiety. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, coping and distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management, especially anxiety.

- This unit teaches specific self-management skills.
- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

1	Did you know? Anxiety and the veteran 5-10	Stress and health 45	Coping (Anxiety) Skills 5-10	
2	Mindfulness Moment 5		Worksheet - Anxiety and where you are now 45	Worksheet - Using the feelings rulers 10 assign FID homework (tracking)
3	Worksheet - Anxiety self- assessment 15	Anxiety (F3.1sl)* 40	Coping (Anxiety) Skills 10	
4	Worksheet - Anxiety vs Fear 15	Anxiety (F3.2sl) 40	Coping (Anxiety) Skills 10	
5	Mindfulness Moment 10	<b>Worksheet - I lose sleep over this 30</b>	Worksheet - Anxiety Scale 10	Coping (Anxiety) Skills 10
6	Mindfulness Moment 10	FFT Anticipation of change 10	Worksheet -Looking back - when anxiety or stress started 10  FFT Health and anxiety 15	Coping (Anxiety) Skills - and FID chart review (lesson 2)
7	Mindfulness Moment 10	Worksheet - Think of one time 10	Worksheet - Anxiety Triggers 15	Coping (Anxiety Skill) 10
8	Mindfulness Moment 10	Worksheet - Where do I go from here? - anxiety 15	Worksheet - Anxiety Triggers Summary Activity 20	CF3.3 Dealing with tough feelings #3 10  CF23.8 What's the best way #8
9	Anxiety Skills review 10	Worksheet - Situational confidence for anxiety 40	FFT Serenity 10	
10	FFT Ten troubles 10	Worksheet - Self- assessment summary - feelings and symptoms 30	Using the feelings rulers (repeat) - review of change over the whole ten-session unit 10	Worksheet Brief review - Anxiety and the veteran 5-10

Key summary elements:

Worksheet - Anxiety Triggers Summary Activity

Worksheet - Situational confidence for anxiety

Worksheet - Self-assessment summary - feelings and symptoms

## GUIDE TO HANDLING DIFFICULT FEELINGS (SADNESS, DEPRESSION)

### SNAPSHOT – UNIT DF-I - DEPRESSION

#### Depression, trauma (PTSD), and veterans

- Depression is a common problem that can occur following trauma. Results from a large national survey showed that depression is nearly 3 to 5 times more likely in those with PTSD than those without PTSD.
- Many symptoms of depression overlap with the symptoms of PTSD. For example, trouble sleeping, keeping their mind focused, not feeling pleasure or interest in things, isolation, and irritability.
- It is possible to have both depression and PTSD at the same time.
- Clinicians reported that the vast majority of Vietnam veterans they treated had serious issues with depression (sleep disturbances, feelings of worthlessness, difficulty in concentration).
- Depression may include feelings of helplessness (inability to make significant changes, lack of control over their present or future, etc.).
- Veterans may be at greater risk for becoming more isolated when they are depressed, Additionally, they may be at increased risk for self-medication and other substance abuse.

The questions below are asked as part of **WORKSHEET: BRIEF REVIEW - DEPRESSION AND SADNESS** element in Lesson #10 in this resource:

How did the military experience contribute to feelings or symptoms of depression? Explain.

What feelings and vulnerabilities for depression can be addressed here - and now?

### KEY FOCUS OF THIS UNIT

The primary focus of these resources is awareness and self-management of symptoms relating to sadness and depression. Additionally, the unit addresses grief, loss, loneliness, and boredom. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

- This unit teaches specific self-management skills.
- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

## OUTCOMES

- “Build a life worth living.” (Linehan)
- Participant functions successfully in daily living - and has the skills and motivation to maintain positive functioning.
- Envision and pursue positive life goals. Deal successfully with ordinary problems.

Improved general functioning through implementation of self-management skills and practices.

- increased awareness of issues relating to feelings and symptoms. Primary emphasis is sadness and/or depression.
- increased acceptance that these feelings may have influenced some of their past issues and choices
- increased acceptance that these feelings and symptoms may be influencing some of their current issues and choices
- development of selected options for dealing more effectively with the above
- In practice against internal and external high risk situations presented in scenarios provided, demonstrate repeated successful coping
- demonstrate competence at problem solving skills (versus specific situations).
- assessment of personal situational confidence in dealing with these specific areas.
- key outcome is that they have the motivation - and an actual action plan - to handle some of these issues more successfully going forward.

## ADDITIONAL GOALS

- documentation of increased importance, confidence, and readiness for key changes (as assessed by MI-instruments and behaviors).
- positive social integration and functioning now, and going forward.
- note specific steps they will take, and areas for further development
- preparation for effective community and social reintegration going forward.
- effective self-management continue to maintain positive and pro-active physical and mental health behaviors going forward.
- Through completion of behaviorally-stated objectives, demonstrate effective implementation and action plans for successful integration of key strengths and protective factors targeted by program.

In more than 10,000 scientific studies, the advantages of taking time to pause in one's life, as is done with mindfulness and meditation, have proved to help people live happier, healthier lives.



## WORKBOOKS IN THIS UNIT (they may appear in multiple parts)

F6	Sadness	Identifies client symptoms and sources of sadness. Links sadness to dependencies.
TP3	The new <u>reinvented</u> you	This lesson provides the opportunity to explore giving yourself a fresh start. It helps participants clarify new goals, assess their strengths and assets, briefly summarize their new external support system, and clarify their commitment to change. It summarizes with a brief action plan.
TP6	Making a transition: How are you going to do?	This lesson identifies and summarizes key areas for problems in maintaining recovery - or in maintaining new life and lifestyle changes. It provides 25 areas for self-evaluation. Participants then summarize their top three areas of concern (where they feel least confident). They then are guided to develop action planning steps to increase their confidence in handling these situations successfully.

## DISCUSSION ELEMENTS

In this lesson there are also number of targeted, short elements (Worksheets, FFTs, Moment for your Mind, Dealing with Tough Feelings, Handling Difficult Situations) meant to promote a robust discussion among the participants. It is recommended that you proceed as follows:

1. Review the goals and objectives for the Unit. It is important to keep the discussion focused on these outcomes.
2. Review each element before starting the group and note the ones that best fit the participants in your particular group. Familiarity with the materials is essential to your task of guiding the discussion and keeping it focused.
3. Begin with the elements that best fit your group in case you don't have time to get to every element in the lesson.
4. It is critical that you ensure the discussion is on target for the goals and objectives for this Unit. If a discussion sparked by one of the elements is being particularly productive, you may wish to allow the discussion to proceed even if it means not getting to every single element in the lesson. However, it is critical that you keep the group on track and not allow the discussion to veer too far away from the targeted goals and objectives.
5. Be careful not to interject your own thoughts and experiences into the discussions. The idea is to get the participants talking. Your role is to guide the discussion, and keep it focused on the goals and objectives of the Unit.

## A NOTE ON TIMING

- Total class time for each lesson is 60 minutes.
- Core Workbook elements should typically take 40-45 minutes.

- A Moment For Your Mind elements typically take 5-10 minutes.
- Some other elements in the TOC include a number indicating the length of time estimated to complete the task.
- Activities such as discussion elements (for example, What's The Best Way) should take approx. 10 minutes or so. However, if the discussion is proving fruitful and you have the time, please allow the discussion to continue.

**NOTE: Unit TOC follows on the next page**

# HANDLING DIFFICULT FEELINGS: SADNESS AND DEPRESSION

## Unit DF I

May5, 2018

The primary focus of these resources is awareness and self-management of symptoms relating to sadness and depression. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, coping and distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

- This unit teaches specific self-management skills.
- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

1	Mindfulness moment 5	FFT Masks 10	Pre8SL - Making a career out of it 20	Worksheet - Where do you stand? 15	Skills - Rob to provide (about 10 minutes)
2	Mindfulness moment 10	Worksheet - Aging and sadness 35-40			Skills - Rob to provide (about 10 minutes)
3	Mindfulness moment 10	F6.1 SL Sadness and depression 40			Skills - Rob to provide (about 10 minutes)
4	Mindfulness moment 10	F6.2 SL Sadness and depression 40	Worksheet - Past successes 10		
5	Mindfulness moment 10	Worksheet - Sadness and depression #3 - here and now 30-35	FFT - Chris' pain 10		Skills - Rob to provide (about 10 minutes)
6	Mindfulness moment 5-10	Worksheet - Situational Confidence for Depression, 30	CF3.3 Dealing with tough feelings, #3 15		Skills - Rob to provide (about 10 minutes)
7	Mindfulness moment 5-10	CF20.6c Activity - Handling difficult situations #6c SL 20	Worksheet - Planning for change - summary and action plan (difficult feelings) 20-25		
8		Worksheet -Brief self-check (sadness and depression scale) 5-10	F12SL Feelings Summary 45		Skills - Rob to provide (about 10 minutes)
9	Mindfulness moment 5	TP3 The new reinvented you 40		CF23.4 -What's the best way? #4 10	
10	Mindfulness moment 5	TP6SL - At this point 45	Skills/FID 5	Confidence self-efficacy assessment 5	

Key summary elements:

- Lesson #9: TP3 - The new reinvented you
- Lesson #10: TP6SL - At this point (major summary) - also included in Unit DF-2
- Lesson #10: FI2SL - Let's talk about feelings (feeling summary)

## GUIDE TO HANDLING DIFFICULT FEELINGS ( GRIEF and LOSS and SLEEP )

### SNAPSHOT - Dealing with sadness or grief after a loss

#### Veterans may have had exposure to different kinds of loss issues:

- military comrades who died in battle
- survivor guilt (a sense of remorse for having survived when others did not)
- delayed grief (the normal grieving process was not possible due to the circumstances of the combat environment)
- loss of closeness that was had with fellow service members
- loss of identity as a member of the armed forces
- loss of their life role, such as a career change (e.g., transitioning out of the military)
- loss of relationships due to divorce or separation (there is a high risk due to military deployments and assignments)
- difficulty in articulating the grief/loss experience to people who were not there (or did not experience similar circumstances)
- lack of resolution to certain issues
- feelings of helplessness or hopelessness
- loss of physical ability (e.g., disability acquired during service, traumatic brain injury, etc.)
- mental health (e.g., post-traumatic stress, PTSD, loss of sense of safety)

#### Specific issues which may affect veterans in this program:

- Alienation and avoidance of feelings. This may be related to dissociation (absence of feelings as a coping mechanism in the face of traumatic events and also subsequent losses). Some have described this as “emotional deadness.” Psychic numbing can help in immediate survival, but can become very unproductive if it continues past the period of trauma.
- Difficulty in feeling love, compassion, and caring for others. This can have various consequences in relationships, or even the absence of direction or purpose to life. Some may resist getting close for fear of the pain of future losses.
- Survivor guilt. “How or why did I survive when others did not?” Survivor guilt may be complicated by choices of decisions made at the time of the traumatic event (self-blame).
- Survivor questions: “What was I spared for? If I was spared for a purpose, should I do going forward?” “What do I live for now?”

## SNAPSHOT – UNIT DF-3, PART #2 - SLEEP DISTURBANCES

### Sleep problems in veterans with post-traumatic stress (or a PTSD diagnosis)

- Sleep problems, in particular **chronic insomnia** and **nightmares**, are frequently some of the most troubling aspects of PTS.
- Sleep problems can be actual symptoms of PTS/PTSD or independent problems that evolve over time.
- Sleep problems are listed among the key diagnostic criteria for PTSD in DSM-5:
  - (1) the presence of **insomnia** as a symptom of arousal and reactivity issues, and
  - (2) the presence of frequent **nightmares** - a symptom of intrusion.
- **Insomnia** is reported to occur in 90-100% of Vietnam era veterans with PTSD.
- **Insomnia** was also the most commonly reported PTSD symptom in a survey of Veterans from Afghanistan and Iraq (OEF/OIF).
- In the Millennium Cohort Study, 92% of active duty personnel with PTSD, compared to 28% of those without PTSD, reported clinically significant levels of insomnia.
- In the National Vietnam Veterans Readjustment Study, 52% of combat Veterans with PTSD reported significant nightmares.

### Issues often reported by veterans:

- staying awake as long as possible
- using/abusing alcohol, weed, or other drugs to help relax and get to sleep
- dreams about combat - or even deployment - situations
- sleeping fitfully, waking up often during the night

### Key questions for veterans in this program:

- 1 Do you currently have any issues with insomnia? (Explain)
- 2 Do you currently have any issues with nightmares? (Explain)

## KEY FOCUS OF THIS UNIT

This unit addresses two specific issues:

- Awareness and self-management of symptoms relating to grief and loss.
- Improved sleep hygiene, including mastery of key coping skills for self management as well as improved sleep.

Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, coping and distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

- This unit provided a CBT-based approach to grief and loss issues.
- This unit teaches specific self-management skills, including specific skills for sleep hygiene.
- This unit includes multiple Motivational Interviewing (MI) tools.

## OUTCOMES

- “Build a life worth living.” (Linehan)
- Participant functions successfully in daily living - and has the skills and motivation to maintain positive functioning.
- Envision and pursue positive life goals. Deal successfully with ordinary problems.

Improved general functioning through implementation of self-management skills and practices.

- increased awareness of issues relating to feelings and symptoms. Primary emphasis is grief and loss.
- a second major elements addresses sleep disturbances (including the key skills and practices in sleep hygiene).
- increased acceptance that these feelings may have influenced some of their past issues and choices
- increased acceptance that these feelings and symptoms may be influencing some of their current issues and choices
- development of selected options for dealing more effectively with the above
- In practice against internal and external high risk situations presented in scenarios provided, demonstrate repeated successful coping
- demonstrate competence at problem solving skills (versus specific situations).
- assessment of personal situational confidence in dealing with these specific areas.
- key outcome is that they have the motivation - and an actual action plan - to handle some of these issues more successfully going forward.

## ADDITIONAL GOALS

- documentation of increased importance, confidence, and readiness for key changes (as assessed

by MI-instruments and behaviors).

- positive social integration and functioning now, and going forward.
- note specific steps they will take, and areas for further development
- preparation for effective community and social reintegration going forward.
- effective self-management continue to maintain positive and pro-active physical and mental health behaviors going forward.
- Through completion of behaviorally-stated objectives, demonstrate effective implementation and action plans for successful integration of key strengths and protective factors targeted by program.

In more than 10,000 scientific studies, the advantages of taking time to pause in one's life, as is done with mindfulness and meditation, have proved to help people live happier, healthier lives.

### **WORKBOOKS IN THIS UNIT (they appear in multiple parts)**

SD4	Facing your grief	Identifies grief and loss issues and links individual losses with dependencies and other dysfunctional behaviors. Identifies helpful steps toward managing grief or loss.
	Sleep Disturbances	Addresses causes, sleep hygiene, and coping skills.

### **SKILLS HOMEWORK**

This unit teaches a variety of skills. These skills should take approximately 10 minutes to process.

In addition, each lesson features material related to sleep disturbances.

*NOTE: Participants may have encountered some of these skills before in other units. This is deliberate— the key to skill mastery is constant practice.*

### **DISCUSSION ELEMENTS**

In this lesson there are also number of targeted, short elements (Worksheets, Moment For Your Mind, Dealing With Tough Feelings, People Problems, etc.) meant to promote a robust discussion among the participants. It is recommended that you proceed as follows:

1. Review the goals and objectives for the Unit. It is important to keep the discussion focused on these outcomes.
2. Review each element before starting the group and note the ones that best fit the participants in your particular group. Familiarity with the materials is essential to your task of guiding the discussion and keeping it focused.
3. Begin with the elements that best fit your group in case you don't have time to get to every element



in the lesson.

4. It is critical that you ensure the discussion is on target for the goals and objectives for this Unit. If a discussion sparked by one of the elements is being particularly productive, you may wish to allow the discussion to proceed even if it means not getting to every single element in the lesson. However, it is critical that you keep the group on track and not allow the discussion to veer too far away from the targeted goals and objectives.

5. Be careful not to interject your own thoughts and experiences into the discussions. The idea is to get the participants talking. Your role is to guide the discussion, and keep it focused on the goals and objectives of the Unit.

### **A NOTE ON TIMING**

- Total class time for each lesson is 60 minutes.
- Core Workbook elements should typically take 40-45 minutes.
- A Moment For Your Mind elements typically take 5-10 minutes.
- Some other elements in the TOC include a number indicating the length of time estimated to complete the task.
- Activities such as discussion elements (for example, What's The Best Way) should take approx. 10 minutes or so. However, if the discussion is proving fruitful and you have the time, please allow the discussion to continue.

**NOTE: Unit TOC follows on the next page**

## HANDLING DIFFICULT FEELINGS: GRIEF and LOSS and SLEEP HYGIENE (Unit DF-3)

This unit addresses two specific issues:

- **Awareness and self-management of symptoms relating to grief and loss.**
- **Improved sleep hygiene, including mastery of key coping skills for self management as well as improved sleep.**

**Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, coping and distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.**

- This unit provides a CBT-based approach to grief and loss issues.
- This unit teaches specific self-management skills, including specific skills for sleep hygiene.
- This unit includes multiple Motivational Interviewing (MI) tools.

1	FFT Jamal's story (10)	FFT - Too far gone 10	Skills TS/TS 10	<b>Sleep Disturbances (30) p. 4-10</b>
2		SD4.1 - Grief/Loss #1 40		<b>Sleep Disturbances (20) p. 16-21</b>
3		SD4.2 - Grief/Loss #2 30	Worksheet- Family issues and losses (10)	<b>Sleep Disturbances (20) p. 23-27</b>
4	Brief review - veterans grief/loss issues 5-10	FFT - Closure 10	Skills DB 10+	<b>Sleep Disturbances (30+) p. 28-40</b>
5		SD4 - Grief/Loss #3 35-40	Skills Stretching 10	<b>Sleep Disturbances (20) p.41-46</b>
6	Brief review - veterans sleep issues 5-10	CF3-2 Dealing with tough feelings #2 10	Skills PMR 10-+	<b>Sleep Disturbances (30) p. 92-103</b>
7	FFT Institutional losses 10	Worksheet - Changes in relationships 15	CF2.3 - People problems #3 (family) 10	<b>Sleep Disturbances (25) p. 104-112</b>
8	FFT One thing you'd do 10	Worksheet - Family life scales (grief/loss issues) 15	Skills Combined 15	<b>Sleep Disturbances (15) p. 113-116</b>
9	Mindfulness moment 5-10	CF20.6 Activity - Handling difficult situations #6 15	<b>Skills FID 15</b>	<b>Sleep Disturbances (25) p. 117-125</b>
10	Mindfulness moment 10	CF3.5 Dealing with tough feelings #5 - Things can happen (loss issues) 10	FFT - Another loss 10	<b>Sleep Disturbances (30) p. 126-136</b>

Key summary elements:

- Final element in the Sleep Disturbances resource

### SNAPSHOT – TRAUMA

#### Is it PTSD - or just post-traumatic stress?

How does a diagnosis or a label (Anxiety, post-traumatic stress, or even PTSD) make a difference? In this setting it's probably not significant. While this is a rehabilitative environment, it's not a PTSD clinic. A PTSD diagnosis might be important, going forwards, for a disability claim and treatment from the VA, of course, but it's not a clinical distinction here.

**Veterans with PTSD and with “almost a PTSD diagnosis” were much more likely to be aggressive than those veterans without PTSD.** There appears to be a connection between the experience of PTSD symptoms and aggressive behavior among Iraq and Afghanistan War veterans.

A group of researchers looked at rates of PTSD and anger problems among Iraq and Afghanistan War veterans. Similar to other reports, the veterans they studied exhibited high rates of PTSD. In fact, about 40 percent had PTSD and ***an additional 18 percent almost had a PTSD diagnosis, or what is often referred to as “subthreshold PTSD.” They were struggling with some severe symptoms of PTSD but not quite enough symptoms to meet criteria for a full PTSD diagnosis.***

In addition, over half of the veterans with PTSD indicated that they had been aggressive in the past four months, such as threatening physical violence, destroying property and having a physical fight with someone. Veterans with ***“almost a PTSD diagnosis”*** reported just about the same amount of aggressive behavior as the veterans with PTSD.

Individuals with PTSD may have intense and unpredictable emotional experiences, and anger and aggressive behavior may be ways of establishing a sense of control. Anger may also be a way of trying to express or release tension connected to uncomfortable emotions often associated with PTSD, such as shame and guilt. For many, problems with anger may occur soon after returning from combat.

The goal of the trauma-focused resource in this setting is to help the veteran understand the potential impact of traumatic events. This impact can unclouded significant symptoms and can contribute to acting out behaviors, including substance abuse. The relationship between traumatic stress experienced in military service and problem behaviors is clear.

As the elements in this program identify the possible connection between certain traumatic events and their own behaviors, the veteran is encouraged to use this insight as motivation to develop tools for effective self-management of the symptoms. Finally, an action plan may be developed to guide continued recovery.

**Key program goal in this area:** resilience and self-efficacy. *See lessons #9 and 10 in the Trauma Unit.*

### KEY FOCUS OF THIS UNIT

The primary focus of these resources is awareness, insight, and more effective self-management of the impact of distressful life experiences, such as past traumatic events. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by distress tolerance, affect regulation, and coping skills, and tools designed to assist awareness and motivation for successful symptoms self-management and effective sleep hygiene.

**Please note:** While this unit is not designed as an intensive PTSD therapeutic resource, it does provide a broad helpful psycho-educational perspective. It should be assumed that nearly all participants have been exposed to traumatic events in their lives - including the universal experience of the trauma of incarceration. Some group members may have experienced the symptoms of post-traumatic stress, and certain others may qualify for a PTSD diagnosis. As with any program, the guidelines of trauma-informed care should rule. First: do no harm and seek to avoid making things worse.

- This unit includes multiple Motivational Interviewing (MI) tools.

### **Key questions for participants:**

- How do certain kinds of life experiences affect who you are today?
- How could certain kinds of life experiences affect what you choose to do going forward?

### **OUTCOMES**

- “Build a life worth living.” (Linehan)
- Participant functions successfully in daily living - and has the skills and motivation to maintain positive functioning.
- Envision and pursue positive life goals. Deal successfully with ordinary problems.

Improved general functioning through implementation of long-term personal mental health and self-care plan, including dealing with trauma issues.

- increased awareness - and insight - of issues relating to feelings and symptoms. Primary emphasis is anxiety relating to past trauma.
- increased acceptance that these feelings may have influenced some of their past issues and choices
- increased acceptance that these feelings and symptoms may be influencing some of their current issues and choices
- development of selected options for dealing more effectively with the above
- In practice against internal and external high risk situations presented in scenarios provided, demonstrate repeated successful coping
- assessment of personal situational confidence in dealing with these specific areas.
- key outcome is that they have the motivation - and an actual action plan - to handle some of these issues more successfully going forward.

### **ADDITIONAL GOALS**

- documentation of increased importance, confidence, and readiness for key changes (as assessed by MI-instruments and behaviors).
- positive social integration and functioning now, and going forward.
- note specific steps they will take, and areas for further development
- preparation for effective community and social reintegration going forward.

- effective self-management continue to maintain positive and pro-active physical and mental health behaviors going forward.
- Through completion of behaviorally-stated objectives, demonstrate effective implementation and action plans for successful integration of key strengths and protective factors targeted by program.

### **WORKBOOKS IN THIS UNIT (they appear in multiple parts)**

SD3	Dealing with stress and trauma in your life	Introductory trauma-informed care resource appropriate for most populations. Links client trauma and dependencies and identifies basic steps toward cognitive change. <i>(Available in adult and juvenile versions)</i>
TP8	Developing resilience	Resilience in the face of difficulties can be a critical quality. It's basic: people with this quality do better in life, and it can be especially helpful in making changes to support recovery.  This lesson addresses both external and internal elements in resilience. On the external side, it helps clarify currently available supports and options for expanding this safety net. Then participants evaluate themselves on 20 characteristics of internal supports for resilience - as basic assessment of their own capacity for resilience. The resource then guides participants in developing a specific action plan to increase their support system.

### **DISCUSSION ELEMENTS**

In this lesson there are also number of targeted, short elements (Worksheets, FFTs, etc.) meant to promote a robust discussion among the participants. It is recommended that you proceed as follows:

1. Review the goals and objectives for the Unit. It is important to keep the discussion focused on these outcomes.
2. Review each element before starting the group and note the ones that best fit the participants in your particular group. Familiarity with the materials is essential to your task of guiding the discussion and keeping it focused.
3. Begin with the elements that best fit your group in case you don't have time to get to every element in the lesson.
4. It is critical that you ensure the discussion is on target for the goals and objectives for this Unit. If a discussion sparked by one of the elements is being particularly productive, you may wish to allow the discussion to proceed even if it means not getting to every single element in the lesson. However, it is critical that you keep the group on track and not allow the discussion to veer too far away from the targeted goals and objectives.
5. Be careful not to interject your own thoughts and experiences into the discussions. The idea is to get the participants talking. Your role is to guide the discussion, and keep it focused on the goals and objectives of the Unit.

## **A NOTE ON TIMING**

- Total class time for each lesson is 60 minutes.
- Core Workbook elements should typically take 40-45 minutes.
- Some other elements in the TOC include a number indicating the length of time estimated to complete the task.

**NOTE: Unit TOC follows on the next page**

**KEY FOCUS OF THIS UNIT**

The primary focus of these resources is awareness, insight, and more effective self-management of the impact of distressful life experiences, such as past traumatic events. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by distress tolerance, affect regulation, and coping skills, and tools designed to assist awareness and motivation for successful symptoms self-management and effective sleep hygiene.

**Please note:** While this unit is not designed as an intensive PTSD therapeutic resource, it does provide a broad helpful psycho-educational perspective. It should be assumed that nearly all participants have been exposed to traumatic events in their lives - including the universal experience of the trauma of incarceration. Some group members may have experienced the symptoms of post-traumatic stress, and certain others may qualify for a PTSD diagnosis. As with any program, the guidelines of trauma-informed care should rule. First: do no harm and seek to avoid making things worse.

- This unit includes multiple Motivational Interviewing (MI) tools.

**Key questions for participants:**

- How do certain kinds of life experiences affect who you are today?
- How could certain kinds of life experiences affect what you choose to do going forward?

1	FFT Tom's Experience 15	M11.1 Strategies for having a great life 25	Worksheet TC How do certain kinds of life experiences 10-15	FFT Carlos 10
2	FFT Trauma - and life 15	SD3.1: Getting stronger with M11 element 25	Worksheet TB How can certain life experiences knock 10+	FFT Walter 10
3	FFT Marco 10	SD3.2: Getting stronger 30	Worksheet TJ Where you are 25	
4	FFT Edgar 10 (survivor guilt)	SD3.3: Getting stronger (survivor guilt) 20-25	Worksheet TH What can I do now? 20+	FFT Danny 10
5	FFT Afterwards 10+	SD3.4: Getting stronger 35	Worksheet TD2 Self awareness review 15	
6	FFT I don't feel... 15	SD3.5: Getting stronger (self-destructive) 25	Worksheet - What is the connection 15	
7	FFT PTSD 10+	SD3.6 and 3.7: Getting stronger 35	FFT Survival 15	
8	FFT Withdrawing 10	Di.7,1 - Isolation 35	Worksheet TA Life experiences and resilience 15	



9	TP8.1 Developing Resilience 35+	Worksheet TK Your own exposure 15	Worksheet - How are you dealing with these issues (decision matrix) 10	
10	TP8.2 Resilience 35	Worksheet Trauma self-efficacy scales 25		

Key summary elements:

- Lesson # 9: Worksheet - How are you dealing with these issues (decision matrix)
- Lesson #10: Worksheet - Trauma self-efficacy scales