

TOOLKIT

Reclaiming Your Path (RYP)

Website: <https://reclaimingyourpath.org/>

Facebook Group: <https://www.facebook.com/groups/1349241752257328>

Facebook Page: <https://www.facebook.com/ReclaimingYourPath>

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I. Introduction

- **Why we needed to do outreach on PTSD evidence-based therapies.** While there are effective treatments for veterans with PTSD, many veterans do not seek or receive effective treatment.^{25,26,27} This is due to significant failure rates at every step of the process from recognition that there is a mental health problem to receiving an adequate dose of EBT for PTSD. First, many veterans with PTSD are not recognized, particularly if they do not receive care in VA, where PTSD screening is a routine intake procedure. Once recognized, many veterans do not receive or do not follow up on referrals for mental health care.²⁸ In a 2004 study of OEF/OIF veterans returning from

deployment, fewer than half of those who acknowledged having a problem were interested in receiving treatment; an even smaller proportion saw any healthcare professional, which was not a mental health provider in up to a third of cases.³ Even among OEF/OIF Veterans who have received a PTSD diagnosis within the VHA healthcare system, while 80% had at least one VA mental health visit during the year following diagnosis, fewer than a third attended 9 or more sessions—the minimum number of evidence-based psychotherapy sessions considered effective for PTSD—during that year.²⁹ Among those who have an initial referral for MH, most do not receive either (CPT or PE) of the EBTs that have been identified as most effective by VA.³⁰ This may reflect healthcare providers concerns that comorbid conditions such as substance abuse argue against use of these therapies, or that the patient is not ready to commit to these therapies.³¹ Finally, many Veterans who initiate one of these EBT do not complete therapy – one review of the results in 20 studies estimated the dropout rate at 36% but noted that rates were higher, approximately 43%, when the study examined routine clinical care rather than a clinical trial.³²

- **The problem.** The Veteran members of our project team, as well as the literature, identify several factors that stem from the cultural norms of the Veteran peer group appear to be powerful influencers of the decision to pursue therapy.³⁷⁻⁴¹ For example, the stigma of seeking mental health services has been noted in multiple studies as a barrier to initiating therapy, both because this suggests one is “crazy” and because it is a sign of weakness. In part due to peer influences, and in part due to internet literature that often begins with the presumption that existing therapies are inadequate before advocating for alternative treatments, many Veterans believe that psychotherapy is ineffective.⁴¹ Among Veterans with longstanding symptoms, it is not uncommon that they have accepted symptoms of PTSD as simply their personality – preferring to be alone – or as rational behaviors – paying careful attention to their surroundings, given the prevalence of crime and

criminals. Other veterans report reluctance to seek care for PTSD due to lack of trust in the healthcare system, perceived ineffectiveness of treatment, or the stigma of seeking mental health care. These barriers can be overcome by interactions with supportive peers, but reluctance to disclose mental health issues—or failure to recognize that difficulties with civilian reintegration are due to a medical condition—may prevent them from accessing appropriate social support.²⁶

- **Why peers.** Our reliance on Veteran peers will enhance our chance of success: The impact of peer support has been demonstrated in observational data when provided to individuals who are undergoing evidence-based psychotherapies (EBPT).⁴⁵ This supports a large volume of research suggesting that peer influence has an important impact on changing health behaviors.⁶⁰ Veteran peers with whom one has no social relationship have been shown to be helpful in improving diabetes self-management.⁶¹ It is thus vital that the dominant peer influence regarding PTSD management includes messaging that supports use of EBT. We will use multiple methods to make it clear that there is widespread support for EBT among Veterans who have experienced it, as well as among primary care clinicians, mental health providers, and guideline developers. Because Veterans who might benefit from EBT are widely dispersed in the community, it is important to create widespread familiarity with these therapies. There is no readily identified barrier that is present that will enhance the ability and willingness of peers to deliver tailored messages about the benefits of evidence-based therapies (EBT). There is substantial evidence that peer delivered messaging is synergistic with messages delivered by health authorities. A long line of research has shown that trained peer educators can help patients with a number of chronic diseases make significant behavior changes with important health benefits.^{62,63} Thus, we believe that peer delivered educational messages are an important adjunct to the healthcare that Veterans with PTSD receive for their chronic disease.

- **LESSONS LEARNED.** Project is not research – we lost time submitting it as a research protocol instead of a quality improvement (QI) project.

II. How to Recruit

- **Networking.** The core team (3 faculty, 1 staff, and 2 Veteran leads) reached out to personal and professional contacts from:
 - Veteran service organizations – American Legion, Vietnam Veterans of America
 - Other Veteran-focused projects (past and current) – Warriors Path, Captain John D. Mason
 - Clement J. Zablocki VA Medical Center – health care providers, clinicians, leadership
 - Medical College of Wisconsin
 - Social media
- **Position descriptions.** Shared via email or as a printed copy. We recruited for two positions, Peer Mentors (paid) and Veteran Volunteers (unpaid). See [Appendix A-1](#).
- **Candidate interviews.** Scheduled brief, 30-minute virtual interviews with one faculty member and one Veteran serving as interviewers. We drafted and used an Interview Guide. See [Appendix A-2](#).
- **LESSONS LEARNED.** Recruitment was more challenging than anticipated. It was especially hard finding someone with personal (and positive) EBT experience who was willing to take on the role. Identifying those with EBT experience presented privacy concerns. Many recruits were unable/unwilling to accept payment (may affect benefits/taxes, prefer to volunteer). Interviews ended up being more casual/less structured than what was laid out in the interview guide.

III. How to Train

- **Curriculum development.** We established weekly meetings for the core team to discuss the training plan, draft session agendas, and create slides and handouts.
- **Training cadence and setting.** Meet once a month in a Veteran-friendly setting. We used the hall of a local American Legion post. We avoided institutional/campus settings (VA and MCW), which tend to be intimidating and affect power dynamics within the group.
- **Training materials.** Agendas, slides, and handouts. Small group discussions and role playing. Key deliverables:
 - EBT Education Sessions ([Appendix B-1](#))
 - EBT Handouts (Talk Therapies): Broad Level ([Appendix B-2A](#)) and Pitch Levels ([Appendix B-2B](#))
- **LESSONS LEARNED.** Consistency is key for learning and relationship building (time, location, attendees). Collaborative design process (logo, color palette, etc.) consumed a lot of time at the outset.

IV. How to Do Outreach

- **Overview.** How to do outreach... events, presentations/messaging (peer to peer, peer to provider, email blasts, organizational newsletters. Presentations and Messaging: Peer to Peer
- **Long-term goal of this project.** Increase the number of Veterans who begin and complete EBT for their PTSD. Our specific aims to support this goal included:
 - Work with Veterans and Veteran-facing organizations to understand barriers to EBT use and identify key facts that are likely to spur action.
 - Translate this information into culturally relevant messaging.
 - Identify Veteran peers who have benefited from EBT and train them in ways to share their experience with other Veterans. Engage primary care providers to support their patients' decision to use EBT.

- Disseminate messages regarding EBT use and its likely benefits to Veterans through trusted traditional and nontraditional media. messaging, peer to peer communications and primary care providers.
- **Social events.** Speaker introduction and talking points for events. See [Appendix C-1](#). Example: Music festival on the plaza with information table.
- **Formal presentations.** Create a slide deck and handouts/leave-behinds.
 - Presentations – PowerPoint Slides
 - SLIDES – Program Overview + Peer Mentorship + Contact Information ([Appendix C-2.1](#)).
 - SLIDES – Program Overview + Signs & Symptom + EBT for PTSD ([Appendix C-2.2](#)).
 - SLIDES – Peer Mentor Stories ([Appendix C-2.3](#)).
 - Presentations – Retrospective pre/post evaluation ([Appendix C-3](#)).
 - How to design a brief lived experience peer story slide deck:
 - Audience engagement questions:
 - Have you ever been in a situation where...
 - What worked or did not work in those situations....
- **Informal interactions.** Typically, one-to-one interactions, including call to action and connecting to resources. **4x6 cards for:**
 - PTSD Symptoms (how to ask about them) ([Appendix C-4A](#))
 - Talk Therapies ([Appendix C-4B](#))
 - Medications ([Appendix C-4C](#))
- **LESSONS LEARNED.** 1) After multiple meetings with our Veteran peers, it became clear that the long-term goal the project team identified did not align with what our Veterans felt was the most critical objective: Getting veterans into treatment. To this end, some of our outreach materials were focused on general PTSD education and awareness. Veteran peers often felt that providing their experience as an example of success and letting the Veteran in need come to their own conclusion, was more effective than recommending or pushing them into treatment. We further pivoted our

approach to focus outreach presentations on Veteran peers' own personal stories of supporting Veterans with PTSD, how they went about talking to other Veterans about PTSD, and guidance for others on how to begin these difficult conversations. These stories were both success stories and stories of failures. Our Veteran peers shared these experiences alongside project team clinicians who spoke specifically to the details and rationale of EBT for PTSD. These presentations were made at local State branches of the American Legion and Vietnam Veterans of America, Veteran social events and Veteran resource centers at local colleges and universities. 2) Need to have regular administrative support for contacting people, scheduling presentations, general coordination, etc.

V. How to Evaluate

- Baseline and follow up surveys. For veterans and providers: See [Appendix D-1](#) and [Appendix D-2](#).
- Uptake and completion of EBT by VA patients. Assessed using data from the VA Corporate Data Warehouse (CDW). Content from application.
- **LESSONS LEARNED.** Process measures, such as pre-post evaluations for presentations, were difficult to collect routinely and ultimately dropped. Detecting impact on knowledge of PTSD and uptake of EBT is difficult without a formal study component, e.g., with data collected at baseline and follow up from an identified group of people on whom we would intervene.

VI. Conclusion

- Concluding thoughts, links to resources. See [Appendix E](#). (e.g., AHRQ, PCORI, VA resources (training with EBT videos))

VII. References

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APPENDIX A-1

Position Descriptions

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POSITION DESCRIPTION – PEER MENTOR

We are looking to recruit **six (6) peer mentors** to assist our team with an **educational intervention**. The goal of this intervention is to **improve Veteran awareness of talk therapies and medications** that studies show work well for symptoms of **post-traumatic stress disorder (PTSD)**. We refer to these as **evidence-based therapies (EBT)**.

Eligible candidates will be:

- 1) **Veterans** who have had a **positive personal experience with EBT for PTSD** and are doing well with their own PTSD symptoms OR someone who has a very close relationship to a Veteran who has done so

Desired qualifications:

- 1) Enjoy **engaging with others** in small groups and one-on-one
- 2) Comfortable **speaking publicly** to diverse audiences
- 3) Have transportation to outreach events
- 4) Able to **provide thoughtful feedback** on written copy, artistic design, and video
- 5) Able to devote about **80 hours over one year** to the project
- 6) **Flexible schedule** – mostly Mon-Fri, some evenings and weekends
- 7) Proficient with **email and virtual meetings** (e.g., Zoom, Webex, Teams)

Description of role:

- 1) Attend **meetings and training sessions** with team (Veterans, doctors, and staff)
- 2) With team assistance, prepare and deliver **presentations to groups** of Veterans and clinicians
- 3) **Talk one-on-one** with individual Veterans who want peer input into clinical decisions
- 4) Provide **feedback on copy and artwork** for print items, social media, and websites
- 5) Assist team with making **short videos** about PTSD, EBT for PTSD, and personal stories
- 6) Help team write/edit **talking points** for Veteran and clinician audiences

Payment and duration:

\$2,000 for about 80 hours of work (\$25 per hour) over the course of 1 year. To be paid, candidate will need to submit a 1099 tax form, sign an independent contractor agreement and submit invoices of work hours. Team members will assist with this process.

Interested candidates should email **[contact person]** and provide a brief introduction. We will then schedule an informal interview with a Veteran from our team and a faculty member.

POSITION DESCRIPTION – VETERAN VOLUNTEER

We are looking for several **Veteran volunteers** to assist our team on an **as-needed** basis with an **educational intervention** for Veterans. The goal of this intervention is to improve Veteran awareness of talk therapies and medications that studies show work well for symptoms of **post-traumatic stress disorder** (PTSD). We refer to these as evidence-based therapies (EBT).

This casual, **unpaid position** is **open to Veterans from all walks of life** who have an **interest in Veteran mental health**.

Volunteers will need some **basic skills in computers** (email, virtual meetings) and **reading** (English), and a stable **internet connection**. We will ask them (usually via email) to **look at various documents** or files (e.g., draft surveys, flyers, artwork, presentations) and **comment** on them. Sometimes we may meet with a **small group** to discuss things (virtually or in person).

Ideally, we would like volunteers to **work with us for the duration of the project**, but this is not required. We anticipate that some will leave. For this reason, we are looking for **as many volunteers as possible**. All volunteers will be invited to a **thank you gathering** at the end of the project.

Interested candidates should email **[contact person]** and provide a brief introduction.

APPENDIX A-2

Interview Guide

APPENDIX A-2

INTERVIEW GUIDE – PEER MENTOR CANDIDATES

- Interviewees should receive a copy of the role description beforehand.
- Interviews to be done virtually via Zoom.
- Interviews to be more of a casual conversation. Estimated duration of 30 minutes.
- Primary goal is to determine personality fit – ideal candidate will be outgoing and proactive, interconnected within the Veteran community, interested in reaching out (and speaking out), and able to communicate well with all generations of Veterans, but especially younger Veterans.

Background:

- In what branch of the military did you serve?
- What was your job (or jobs) while you were in the military?
- If you're willing to share, have you experienced trauma in your life? (military or non-military)
- Where are you at in your journey to healing? What's helped and hindered you along the way?
- What experience have you had with the VA? (Encourage them to speak freely, even if their experience has been negative)

Role-Specific:

- What attracted you to this position? Variation: Is there a particular reason you are interested in this position?
- What connections do you have within the Veteran community?
- How comfortable are you speaking with people one-on-one? What about speaking to (or within) groups?

APPENDIX B-1
EBT Education Sessions



Evidence-Based Therapy for PTSD

Education Sessions

EDUCATION SESSIONS

CHALLENGES: Names and acronyms for PTSD therapies are plentiful, similar, and confusing. It is often unclear to the Veteran what therapy they are receiving (or have received in the past). They may know what the therapy involves, but not know its name. The same drug has many different names.



GOALS

- ❖ Provide the names & acronyms of all evidence-based **TALK THERAPIES** for PTSD, arranged by strength of evidence, with deep dives into each (Session #1)
- ❖ Provide the brand & generic names of all evidence-based **DRUG THERAPIES** for PTSD, arranged by strength of evidence, with deep dives into each (Session #2)
- ❖ Provide links to **online resources** for PTSD

EDUCATION SESSION #1

TALK THERAPIES

With high to moderate strength
of effectiveness for PTSD

High strength of evidence:

1. Prolonged Exposure (PE)*

Moderate strength of evidence:

2. Cognitive Processing Therapy (CPT)*
3. Eye Movement Desensitization
Reprocessing (EMDR)
4. Narrative/Written Exposure Therapy
(NET or WET)*

* NOTE: These are *specific types/aspects* of a
therapeutic approach called Cognitive Behavioral
Therapy (CBT).

Prolonged Exposure

PTSD Therapy That Works

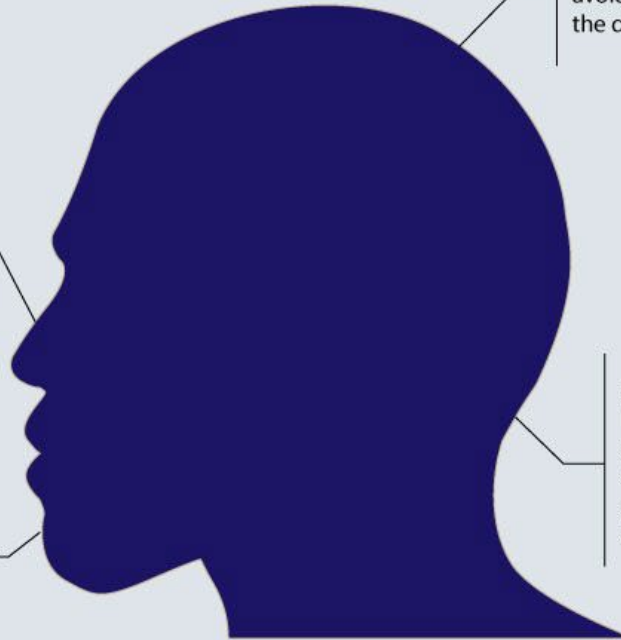
Therapy begins with education on PE, its goals, and what to expect at each treatment stage

Learning to maintain even **BREATHING** when dealing with traumatic memories can aid treatment immensely. Deep breaths can reduce distress and anxiety.

TALKING about traumatic memories repeatedly with a therapist can help make sense of what happened and help control emotions and thoughts linked to that trauma. A therapist might advise easing into traumatic memories by first discussing less troubling ones.

Repeated voluntary **EXPOSURE** to real-world situations that might be avoided due to trauma can lessen the distress they cause.

Repetitive **RECALL** of memories linked to trauma can help change reactions to traumatic memories when done in a safe place. This can help to cope with distressing memories.





Prolonged Exposure Therapy (PE)

RATIONALE

The traumatic event that prompted anxiety/panic/PTSD response when it happened can make an individual fearful of any similar situation in the present or future. It is common for people to feel that a similar event could happen again.

Civilian Example: A person in a serious car crash may avoid the intersection where the crash occurred.

Military Example: A soldier may avoid discussing anything about the war they were in with those close to them to avoid triggering their own memories.

MECHANISMS OF ACTION

Prolonged Exposure is based on Emotional Processing Theory. This theory suggests that PTSD can be overcome when the fears created by the traumatic event are activated and the new information about those fears – like that it is unlikely that a similar situation will result in the same outcome – are encountered.

PE also focuses on negative trauma-related thoughts like “I’m a coward” or “the world is an extremely dangerous place” because these thoughts also encourage the individual to continue to avoid reminders of the trauma.

The major issue PE addresses is **avoidance**.

People avoid dealing with trauma reminders in two ways: 1) pushing away memories, thoughts, and feelings about the trauma; 2) escaping situations, places, people, and objects that cause fear or distress.

PE encourages the Veteran to emotionally engage with the fear and in a structured way to learn that encountering the feared things does not result in additional exposure to trauma

Note: Use of benzodiazepines is not recommended while receiving PE because it can inhibit the fear response.

DURATION

Recommended 8–15 weeks, with weekly or twice weekly 90-minute sessions and homework in between.

DROPOUT RATE

No different than CPT for PTSD.

EVIDENCE SUMMARY

Probably one of the most well researched therapies, which show substantive improvement, and some studies show ongoing gradual improvement after termination.

DEEP DIVE

Initial Sessions:

- Trauma interview
- Review the Veteran’s range of traumas
- Target the main trauma that is causing the most stress
- Identify support system
- Discuss mood changes since trauma
- Suicide assessment
- History of treatment
- History of drug/alcohol usage
- Breathing retraining
 - Slowing breathing
 - Prevention of hyperventilation, which can create a cycle of increasing fear response
 - Controlled breathing helps the Veteran to get through the exposure long enough to realize that they will be OK
- Recording device is used to record the Veteran’s description of the trauma
- Overview of the program of treatment
- Go over common reactions to trauma
- Talk about what in vivo (“real life”) exposure will look like
- Introduce the idea of Subjective Units of Discomfort (SUDS)
- Create in vivo exposure hierarchy
- **Homework:**
 - Listen to the recording of the session
 - Read the rationale for PE for better understanding

- Do something that is anxiety provoking, but not so difficult that it can't be accomplished

Middle Sessions:

- Imaginal exposure: Revisiting the trauma in imagery, or visualizing what happened
- Talk through emotions and thoughts about the trauma memory
- Therapist will encourage the Veteran to explore the details of the event and ask the Veteran what their SUDS level is as they describe the event and associated thoughts/feelings
- Response prevention: The therapist will note places during the imaginal exposure where the Veteran tries to avoid thoughts or emotions and gradually get the Veteran to explore without using safety behaviors
- The therapist will focus increasingly on "hot spots" – not so much what about the trauma caused initial distress, but what about the trauma is causing current distress
- Use of breathing strategies to reduce distress and regain a sense of calm before the session ends
- **Homework:**
 - Listen to the imaginal exposure sessions daily between visits
 - Record SUDS levels while listening to the sessions
 - Continue doing in vivo homework

Ending Sessions:

- Review progress and what the Veteran has learned in PE
- Discuss how to handle symptoms after therapy has ended
- Termination



PROLONGED EXPOSURE (PE): Helps people challenge their fears by slowly introducing and working through traumatic experiences.

OPENER

Traumatic memories keep us from taking part in everyday life. Our first reaction is to avoid anything related to that memory. This avoidance may help us cope in the moment but in the long run, avoidance makes the fear worse. Prolonged Exposure (PE) focuses on expanding our life activities by addressing our fears. The situations that cause fear are slowly introduced, starting with the small things. Through gradually "exposing" ourselves and sitting with these fears, we become more comfortable with them.

It's kind of like watching a scary movie: The first time is scary, the third time not as much, the fifth time hardly at all, and by the tenth time we remember what happened and we aren't fearful at all.

PE might be called *remembering therapy* because you continue to remember an event until it no longer triggers you. There are two types of "exposure" activities in PE:

TYPE 1: USES A MEMORY

The first technique focuses on a memory of a specific traumatic event. The event is described in detail as if it is happening in the moment. Then the feelings that come up are discussed in session with the therapist. Your story is audio recorded and outside the session you listen to this daily to start getting comfortable with the traumatic memory. You start small, and gradually address more difficult traumatic memories.

Type 2: USES A PHYSICAL PLACE OR SITUATION

The second technique focuses on situations that are connected to your traumatic fear (like a crowded store or a highway). This occurs outside of the therapist's office. You start slowly, and work with the therapist to create a plan to begin to confront these situations in between sessions.

Typically, PE lasts 3 months, and involves weekly sessions. The sessions are from 1-2 hours each with homework between sessions.

AVAILABILITY IN THE VA

Most providers

Cognitive Processing Therapy (CPT)

- ❖ Introduction/Overview
- ❖ CPT is a type of Cognitive Behavioral Therapy (CBT)
- ❖ Learning Goal: Demystify the process and ensure consent to treatment is fully informed
- ❖ Share CPT Information Sheets – Brief and Detailed

<p>CPT Week 1</p>	<p>Monthly PCL-S (PTSD Check List – Specific)</p> <p>Describe PTSD symptoms</p> <p>Describe flight or fight response</p> <p>Cognitive theory overview</p> <p>Just World Fallacy – bad things happened to me, so I must not be good enough</p> <p>Brief review of most traumatic event</p> <p>Introduce the idea of stuck points</p> <p>Recognition that avoidance is going to happen and encourage Veteran to stick with homework</p>
<p>CPT Week 2</p>	<p>Review impact statement (Note: Don't have to talk about the event itself if the Veteran doesn't want to)</p> <p>How the impact of the events resulted in stuck points</p> <p>Review of types of emotions</p>
<p>CPT Week 3</p>	<p>Identification of thoughts and feelings</p> <p>Labeling thoughts versus emotions</p> <p>Discuss writing out the trauma as an option</p> <p>Reducing fear about writing out the trauma</p> <p>The trauma account is then read daily</p> <p>Okay to set aside a safe time, space to fully experience the emotions associated with this</p>

CPT
Week 4

Read trauma account to therapist
Asked about thoughts and feelings
Asked about things that weren't discussed
Veteran uses what they've learned about over-accommodation of beliefs to re-write out the trauma event

CPT
Week 5

Read newest version of the trauma to the therapist
Discuss new additions or deletions to the trauma account
Challenging questions worksheet

CPT
Week 6

Review challenging questions worksheet
Assist patient to confront stuck points

CPT Week 7	Rate strengths of beliefs Rate strength of emotion Use Challenging questions and Problematic Thinking worksheets Generate new, more balanced views of the trauma event - often we start to see self-blame lessen at this point More realistic assessments of how much of the event was in the Veteran's control emerge
CPT Week 8	Safety Rebuilding trust in self Rebuilding trust in others Rebuilding social support system
CPT Week 9	Continue Week 8 activities

CPT
Week 10
Addressing things as being outside of the power of the Veteran
Or where the Veteran tries to assert too much power to gain control
Working on anger and aggression toward others
Anger toward self

CPT
Week 11
Rebuilding self-esteem
Addressing feelings of permanent brokenness
Intimacy with others introduced as a topic

CPT
Week 12
Veteran reads new impact statement from the trauma event
Therapist reads original impact statement and the two are compared
Positive and negative strategies in self-soothing
Addressing withdrawal from others
Sexual intimacy issues



Cognitive Processing Therapy (CPT)

RATIONALE

Veterans may experience several “stuck points” or thoughts that pop in their head, which prevent them from taking part in important life tasks. These thoughts often result from service-related exposure to traumatic events. Thoughts that prevent a Veteran from engaging might be “I can’t go to a family gathering because I don’t want to be around loud noises.” CPT helps a Veteran 1) better understand the impact that the trauma has had on their life, 2) recognize automatic thoughts that result from those events, and 3) how these thoughts shape their beliefs about what they can and cannot do in the world.

MECHANISMS OF ACTION

The Veteran writes out an “impact statement” about the effects the trauma has had on them. Importantly, if the Veteran does not want to discuss the traumatic event itself, they do not have to do so. Working closely with the therapist, the Veteran reads the impact statement repeatedly to try to understand all the emotions, thoughts, and beliefs that have come up because of the traumatic event. Through discussions with the therapist, Veterans often begin to see the trauma event in a different light and can shift how they think about activities they can engage in as a result. For example, if the Veteran blamed themselves for what happened, they might come to recognize that the responsibility for the event rested with others.

DURATION

12 weeks.

DROPOUT RATE

About 40% of Veterans drop out of CPT, most likely because it requires re-reading the trauma impact statement many times, and the thoughts and emotions associated with this can be intense and uncomfortable.

EVIDENCE SUMMARY

More than half of Veterans receiving CPT report meaningful symptom reduction, and CPT is viewed as one of the most effective talk therapies for PTSD, suggesting that the discomfort associated with multiple re-readings of the trauma impact statement can be important – despite the discomfort.

DEEP DIVE

CPT Week 1	Monthly PCL-S (PTSD Check List – Specific) Describe PTSD symptoms Describe flight or fight response Cognitive theory overview Just world fallacy – bad things happened to me, so I must not be good enough Brief review of most traumatic event Introduce the idea of stuck points Recognition that avoidance is going to happen and encourage Veteran to stick with homework
CPT Week 2	Review impact statement (Note: Don’t have to talk about the event itself if the Veteran doesn’t want to) How the impact of the events resulted in stuck points Review of types of emotions
CPT Week 3	Identification of thoughts and feelings Labeling thoughts versus emotions Discuss writing out the trauma as an option Reducing fear about writing out the trauma The trauma account is then read daily Okay to set aside a safe time, space to fully experience the emotions associated with this
CPT Week 4	Read trauma account to therapist Asked about thoughts and feelings Asked about things that weren’t discussed Veteran uses what they’ve learned about over-accommodation of beliefs to re-write out the trauma event
CPT Week 5	Read newest version of the trauma to the therapist Discuss new additions or deletions to the trauma account Challenging questions worksheet
CPT Week 6	Review challenging questions worksheet Assist patient to confront stuck points
CPT Week 7	Rate strength of beliefs Rate strength of emotions Use challenging questions and problematic thinking worksheets Generate new, more balanced views of the trauma event

(Note: Often, we start to see self-blame lessen at this point)
 More realistic assessments of how much of the event was in the Veteran's control emerge

CPT Week 8	Safety Rebuilding trust in self Rebuilding trust in others Rebuilding social support system
CPT Week 9	Continue Week 8 activities
CPT Week 10	Addressing things as being outside of the power of the Veteran OR where the Veteran tries to assert too much power to gain control Working on anger and aggression toward others Anger toward self
CPT Week 11	Rebuilding self-esteem Addressing feelings of permanent brokenness Intimacy with others introduced as a topic
CPT Week 12	Veteran reads new impact statement from the trauma event Therapist reads original impact statement and the two are compared Positive and negative strategies in self-soothing Addressing withdrawal from others Sexual intimacy issues



COGNITIVE PROCESSING THERAPY (CPT): Teaches you to be aware of and challenge the thoughts that keep you “stuck” in your trauma.

OPENER

Sometimes negative thoughts keep coming back and disrupting a Veteran's life. CPT helps a Veteran identify these thoughts, see the damage they cause, and learn how to change them.

CPT is based on the idea that a traumatic event can make you question your core beliefs. For example, a belief that most people are basically good might seem naive or even stupid after a traumatic event. This might make it hard to participate in activities, even when they seem safe and rewarding, or to trust people you have good reasons to trust, such as longtime close friends or family members.

TECHNIQUE

In CPT the focus is on your *thoughts* and how they affect you – you don't have to share details of the trauma for it to work. It does require that you talk about how your trauma has *affected* you, things like self-esteem, intimacy, control, safety, and trust.

CPT has four phases:

1. Education: First you will learn about PTSD symptoms, how CPT works, and identify your goals for treatment.
2. Awareness and understanding: You will learn to become more aware of your thoughts and how you may be stuck in them.
3. New skills: You will learn how to question and challenge your thoughts.
4. Belief reshaping: You will learn to balance how you saw the world before and after your trauma.

CPT involves about 12 one-hour weekly sessions, plus homework. You may write a statement about how your thoughts and beliefs since the trauma impact your everyday activities, or complete worksheets that help you to challenge unhelpful thoughts. CPT can be completed in a group or individual setting.

AVAILABILITY IN THE VA

Most providers

EMDR THERAPY FOR VETERANS AND SERVICE MEMBERS

WHAT IS EMDR THERAPY?

EMDR stands for Eye Movement Desensitization and Reprocessing. It is a form of therapy that helps people heal from trauma or other distressing life experiences.



HOW EMDR HELPS

Our brains have a natural way to recover from traumatic memories and events. This process involves communication between the amygdala (the alarm signal for stressful events), the hippocampus (which assists with learning, including memories about safety and danger), and the prefrontal cortex (which analyzes and controls behavior and emotion). While many times traumatic experiences can be managed and resolved spontaneously, they may not be processed without help. Stress responses are part of our natural fight, flight, or freeze instincts. When distress from a disturbing event remains, the upsetting images, thoughts, and emotions may create feelings of overwhelm, of being back in that moment, or of being frozen in time. EMDR therapy helps the brain process these memories and allows normal healing to resume. The experience is still remembered, but the fight, flight, or freeze response from the original event is resolved, and the memory feels farther away.



RECOGNITION

EMDR therapy has been extensively researched and is recognized as an effective treatment for PTSD by the U.S. Department of Veterans Affairs /Department of Defense.

Other organizations that recognize EMDR therapy as effective are the American Psychiatric Association, Australian National Medical Health and Research Council, International Society for Traumatic Stress Studies, U.K. National Institute for Health and Care Excellence, the U.S. Substance Abuse and Mental Health Services Administration, and the World Health Organization among other national and international organizations.



WHAT EMDR IS LIKE

After you and your therapist agree that EMDR therapy is a good fit, and begin to work together, you will be asked to focus on a specific event. Attention will be given to a negative image, belief, and body feeling related to this event, and then to a positive belief that would indicate the issue was resolved. While you bring up the upsetting event, the therapist will begin sets of side-to-side eye movements, sounds, or taps. You will then be asked to notice what comes to mind after each set. You may experience shifts of insight or changes in images, feelings, or beliefs regarding the event. The sets of eye movements, sounds, or taps are repeated until the event becomes less disturbing. Your job during EMDR is to simply pay attention to what is happening 'on the inside' and tell the therapist. You are in control of the treatment process.



EMDR THERAPY FOR VETERANS AND SERVICE MEMBERS

Half of U.S. adults report exposure to at least one lifetime traumatic event, so trauma is not unusual. The nature of military work (e.g. combat operations, peace keeping missions, high-risk situations, etc.) creates a greater chance of exposure to witnessing or experiencing a traumatic event for service members. With greater exposure comes increased risk for traumatic signs and symptoms which may cause ongoing distress and require treatment. EMDR is a simple and efficient therapy that addresses the underlying cause of distress and helps the brain process and heal troubling memories for veterans and service members.

TRAUMA SYMPTOMS

- Depression, sadness, isolation
- Avoiding situations that are reminders of the event(s)
- Difficulty functioning in daily life
- Exaggerated startle response, feeling on edge
- Flashbacks/nightmares that relive the traumatic event(s)
- Anger/Difficulty controlling aggressive impulses
- Sense of numbness of feelings in life
- Shame, guilt, intense worry/anxiety
- Addictive behaviors
- Difficulty being in public places/crowds
- Involvement in high-risk behaviors
- Avoiding community activities
- Marital/Family issues
- High desire to control or protect
- Survivor's guilt
- Chronic pain, headaches, medically unexplained symptoms
- Thoughts of 'I don't deserve to get help'

"I DIDN'T KNOW IT COULD BE LIKE THIS. IT'S LIKE I'VE GOT ON A DIFFERENT PAIR OF GLASSES. STRANGE. SO FRESH. I'M SO SURPRISED. YOU HELPED ME SEE. I FEEL LIGHTER."

-IRAQ WAR VETERAN WITH PTSD TREATED WITH EMDR THERAPY [1]

1. Case example retrieved from: <https://www.apa.org/ptsd-guideline/resources/eye-movement-reprocessing-example>



<https://www.emdria.org/>



Eye Movement Desensitization and Reprocessing (EMDR)

OBJECTIVE

Teaches the Veteran to recall a traumatic memory without getting emotionally upset and overwhelmed. EMDR works on past, present, and future distressing memories to de-intensify them and reduce the stress of daily triggers.

ENDPOINT

- To be able to recall a traumatic memory and not have the Veteran's mind be invaded with negative emotions.
- Reduce the physical and emotional reactions to distressing memories.

WHAT HAPPENS

- The Veteran focuses on a distressing memory while the therapist uses bilateral (left-right) stimulation through eye-movement, tones or tapping (like watching ping pong or playing drums on your lap).
- This right-left stimulation, while the Veteran is remembering something distressing, makes the memories less intense. Over time this reduces the emotional reaction to the memory.
- Sessions are usually weekly, 90 minutes each, for 12 sessions.

HOW IT WORKS

- Practitioners believe it changes how the brain stores traumatic memory, as opposed to how one consciously changes the feelings or thoughts about that memory. It makes memories less "real."
- This allows the Veteran to talk more comfortably with a counselor about trauma memories and speed up therapy.
- It also allows the Veteran to introduce positive beliefs.



EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR): Teaches you to recall a traumatic memory without getting emotionally upset and overwhelmed.

OPENER

It is impossible to control trauma memories. They invade your mind when you least expect it, and it is difficult to control your emotional reaction to them without getting emotionally upset and overwhelmed.

TECHNIQUE, PART 1

EMDR uses techniques to blunt those memories so when they pop up you are not disabled with negative emotions. EMDR does this through right-left stimulation of the brain, while you consciously bring up bad memories. The right-left stimulation is done through eye movement and is like watching ping pong or playing drums on your computer. It can also be done with tapping so you can use this technique when you need it.

TECHNIQUE, PART 2

EMDR does not teach you how to change your thoughts and feelings about a memory, instead we think it changes your "memory storage" by making those memories less intense. As a result, you are less emotionally overwhelmed. Then you can introduce more positive thinking. EMDR is used with talk therapy and makes it more comfortable to talk about trauma. Research suggests that EMDR can speed up the progress of talk therapy.

AVAILABILITY IN THE VA

Most providers



Narrative Exposure Therapy (NET)

RATIONALE

Individuals with multiple traumas (complex trauma) over their lifetime may need to make sense of these events in the context of their life story. This therapy approach may be helpful for people who have experienced feelings of shame or guilt associated with complex trauma.

Civilian Example: A refugee who experienced a series of attacks, sexual trauma, and the aftermath of a civil war.

Military Example: A soldier who has been part of multiple combat actions resulting in loss of comrades in arms, witnessing atrocities against civilians, and being a victim of a robbery on return to civilian life.

MECHANISMS OF ACTION

Collaboratively with a therapist, the Veteran creates a timeline of their life, representing good moments and traumatic events. The therapist works with the Veteran to understand each major event along the timeline, gradually filling in details, clarifying events, and helping the Veteran to better understand their own experiences.

This process gradually helps the Veteran turn very powerful memories of the traumatic moments that can intrude on present day life into a set of memories about the past. Throughout the process, the therapist documents the details of these moments along a timeline, and this is turned into a written autobiography. At the end of the therapy process, the autobiography is read, or the timeline is re-created a final time, and the Veteran can see the events of their life as a more comprehensive whole. This can help provide meaning and distance from past negative events. This process can also help the Veteran consider a future in which the past is not as intrusive.

DURATION

Continues until the whole timeline is complete, with weekly or twice weekly 90-minute sessions. There is no homework.

DROPOUT RATE

Appears to be low, but evidence is not complete.

EVIDENCE SUMMARY

Narrative Exposure Therapy is a newer approach; thus, the evidence base for it is not complete. However, based on symptom improvement seen in initial studies, NET has been conditionally recommended for PTSD treatment by the American Psychological Association.

DEEP DIVE

Initial Sessions:

- Psychoeducation about trauma reactions.
- Develop initial life timeline, using drawings or objects to symbolize good moments and traumatic events across the lifespan.

Middle Sessions:

- Therapist works with the Veteran to gradually get a better understanding of each traumatic event across the life span.
- The therapist helps the Veteran identify key details of the trauma, while keeping a grounding in the present moment.
- The therapist gradually constructs an autobiography document.
- In each session, the events contained in the autobiography document are read.

Ending Sessions:

- The completed autobiography document, now containing an account of all major positive and traumatic moments in the Veteran's life, is presented to the Veteran.
- If desired, the symbolic representation of the timeline may be recreated and gone over verbally as a way of appreciating the distance the Veteran has gained from past events.
- This is often helpful in gaining perspective, achieving a deeper sense of meaning from what can feel like a chaotic past, and considering a future that is not as governed by past events.

NET

NOTE!
May be called
Written
Exposure
Therapy (WET)
by some
providers.

NET

NOTE!
May be called
Written
Exposure
Therapy (WET)
by some
providers.



NET for PTSD

Information Sheet

NARRATIVE EXPOSURE THERAPY (NET): Helps people with multiple traumas make sense of them as parts of their bigger life story.

OPENER

When **multiple** different kinds of traumas are part of our past, it can make trauma the center of our lives. In Narrative Exposure Therapy (NET), you tell your story, from memories in your past to present moments, including both the negative and the positive, to create a timeline of events. The traumas are placed within the context of your entire life. In this way, you make meaning of them by placing the traumas alongside a timeline of all your memories, positive and negative.

TECHNIQUE

By mapping out your timeline and talking through your different traumas, you and the therapist slowly put together all the details you may have difficulties remembering. By putting together all the pieces of your story, you gain some distance from the trauma, and they become less triggering.

In each session you go through your timeline with the therapist. You are encouraged to explore, describe, and control your responses to the traumatic parts in different ways. As a result, what was once a triggering event can now be experienced as a past memory, a memory that is in *the past* and part of your life story, but not the center of it.

NET allows you to reflect on your whole story. This helps to reclaim your life and put you in the present moment. NET is especially good to work through guilt and shame associated with traumatic experiences.

NET takes as long as needed to create your timeline. You meet once or twice a week with a therapist. The sessions are 60-90 minutes long.

NET is a shorter-term therapy, with no homework and can also be done in groups. At the end of the therapy, you will be given your timeline for reference.

AVAILABILITY IN THE VA

VA calls this therapy Written Exposure Therapy (WET). It is relatively new and not widely available yet.

Reclaiming Your Path

EDUCATION SESSION #2

DRUG THERAPIES

With moderate to low strength
of effectiveness for PTSD


Moderate strength of evidence:

1. Fluoxetine (Prozac®)
2. Paroxetine (Paxil®)
3. Venlafaxine (Effexor®, Effexor XR®)

Low strength of evidence:

4. Sertraline
5. Topiramate

Selective Serotonin Reuptake Inhibitors (SSRI)

- Prozac, Paxil, Celexa, Zoloft, Lexapro, Luvox
 - Immediately increases serotonin action
 - Later, changes receptors, increases related neurochemicals
 - Used for depression and anxiety disorders
 - Evidence for genetic susceptibility – metabolism, sensitivity
 - Generally similar in effectiveness for depression
- 
- The background of the slide features a blurred photograph of various pharmaceutical supplies. In the foreground, there are several orange and white plastic pill bottles of different sizes. Some bottles have labels with text like 'Jane Taylor', 'SUCCINATE XL 200 MG TABLET', and 'Take 1 tablet by mouth every day'. There are also several blue plastic pill organizers and a few loose pills (one red, one white) scattered on the white surface in front of the bottles.

SSRI Positives

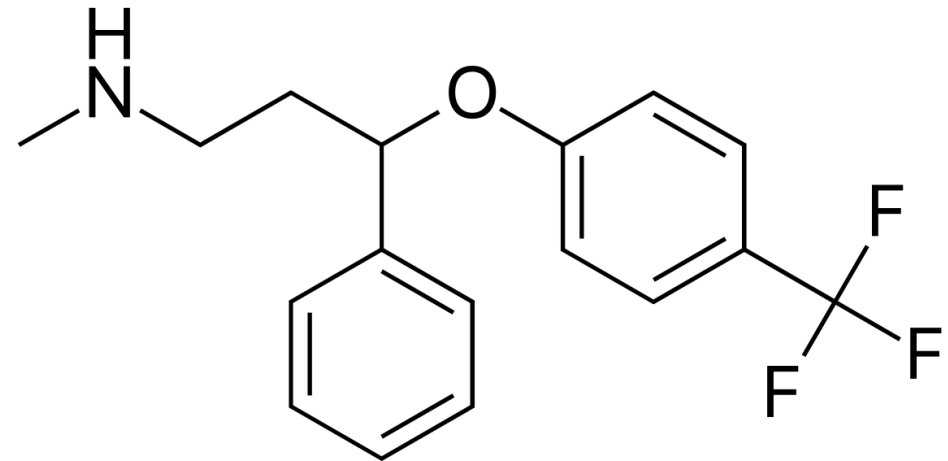
- Treats depressive symptoms – more initiative
- Treats anxiety symptoms – less hypervigilance, more sleep
- Lengthens fuse and reduces re-experiencing
- These changes can improve role functioning and happiness
- Can improve mood enough that one is willing to go through talk therapy, which has a bigger and broader effect on symptoms
- Even general medicine doctors use these a lot so it is something that they can do without a psychiatrist

SSRI Negatives

- Sexual dysfunction – desire, arousal (ED in men), orgasm
- Sensation one is “on something”
- Sedation/agitation/insomnia
- Stomach upset early, weight gain late
- QTc prolongation
- Serotonin Syndrome
- Increases or decreases activity of other drugs

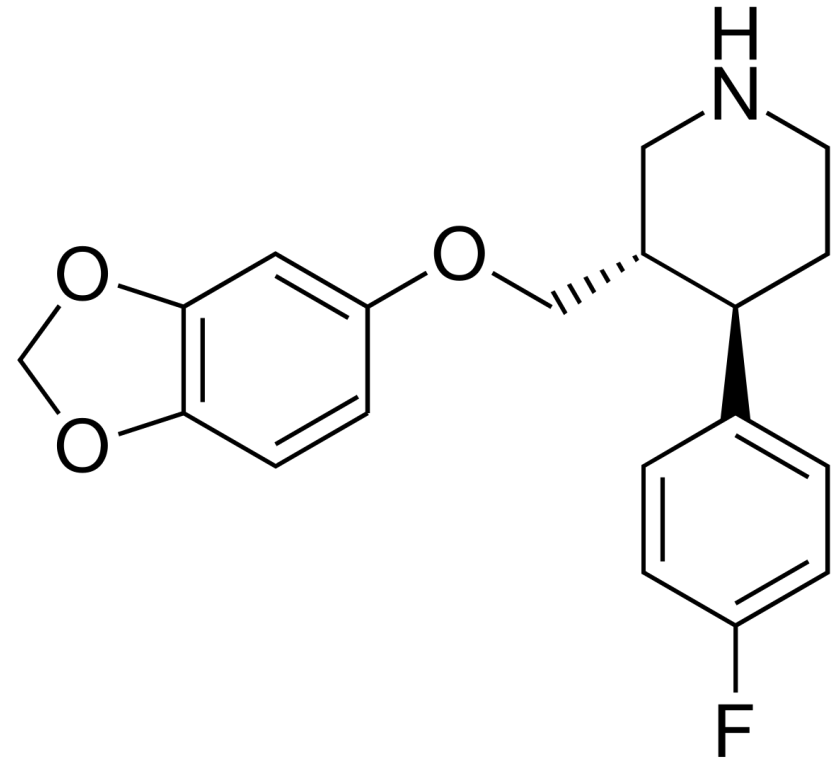
Fluoxetine (Prozac®)

- Side effects relative to other SSRI drugs:
 - Least sedating – most take in morning; can cause insomnia, agitation
 - Least likely to cause weight gain
- Primary care providers are familiar with this drug
- Generic
- Lasts a long time in the body – missed pills less of a problem
- More drug interactions



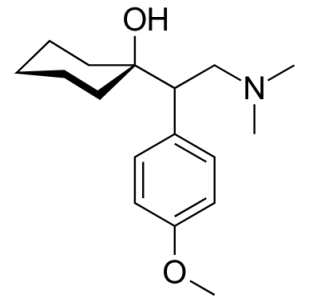
Paroxetine (Paxil®)

- Side effects relative to other SSRI drugs:
 - Most sedating – take at bedtime
 - Most likely to cause weight gain
 - Can cause lightheadedness with standing
- Primary care doctors use this
- It is available as generic
- Fewer drug interactions



Venlafaxine (Effexor®), Effexor XR®)

- Is a serotonin-norepinephrine reuptake inhibitor (SNRI). Side effects relative to the SSRIs:
 - Less likely to cause sexual side effects in men than Paxil (paroxetine)
 - Nausea a little more likely than with Paxil (paroxetine) and Prozac (fluoxetine)
 - Insomnia more likely than w/Paxil (paroxetine) but less sedating
 - Requires blood pressure monitoring every few months
- Like the SSRIs:
 - Becomes more effective over time: Should take at least 6 months; but unclear when it is best to stop (most say 12 months).
 - Need to raise the dose slowly: You can generally get to an effective dose in 4-6 weeks by increasing the dose every week or two.



Online PTSD Resources

Creator	Product Type	Name	Link
Patient-Centered Outcomes Research Institute (PCORI)	Evidence Update for Healthcare Consumers <ul style="list-style-type: none"> ▪ Downloadable pdf ▪ Size: 8.5"x11" ▪ Length: 2 pages 	Posttraumatic Stress Disorder (PTSD): Treatments That Can Help You	https://www.pcori.org/evidence-updates/traumatic-stress-disorder-ptsd-treatments-to-help-consumers
Patient-Centered Outcomes Research Institute (PCORI)	Evidence Update for Clinicians <ul style="list-style-type: none"> ▪ Downloadable pdf ▪ Size: 8.5"x11" ▪ Length: 2 pages 	Treatment Options for People with Posttraumatic Stress Disorder (PTSD)	https://www.pcori.org/evidence-updates/traumatic-stress-disorder-ptsd-clinician-treatment-options
U.S. Department of Veterans Affairs	Interactive Website	PTSD Treatment Decision Aid: The Choice is Yours	https://www.ptsd.va.gov/apps/decisionaid/
U.S. Department of Veterans Affairs	Interactive Website	Make the Connection	https://www.maketheconnection.net/
U.S. Department of Veterans Affairs	Interactive Website	About Face	https://www.ptsd.va.gov/apps/aboutface/
U.S. Department of Veterans Affairs	Interactive Website	PTSD: National Center for PTSD	https://www.ptsd.va.gov/index.asp

APPENDIX B-2A

Talk Therapies – Broad Level

Broad Level

Cognitive Processing Therapy (CPT)

RATIONALE

Veterans may experience several “stuck points” or thoughts that pop in their head, which prevent them from taking part in important life tasks. These thoughts often result from service-related exposure to traumatic events. Thoughts that prevent a Veteran from engaging might be “I can’t go to a family gathering because I don’t want to be around loud noises.” CPT helps a Veteran 1) better understand the impact that the trauma has had on their life, 2) recognize automatic thoughts that result from those events, and 3) how these thoughts shape their beliefs about what they can and cannot do in the world.

MECHANISMS OF ACTION

The Veteran writes out an “impact statement” about the effects the trauma has had on them. Importantly, if the Veteran does not want to discuss the traumatic event itself, they do not have to do so. Working closely with the therapist, the Veteran reads the impact statement repeatedly to try to understand all the emotions, thoughts, and beliefs that have come up because of the traumatic event. Through discussions with the therapist, Veterans often begin to see the trauma event in a different light and can shift how they think about activities they can engage in as a result. For example, if the Veteran blamed themselves for what happened, they might come to recognize that the responsibility for the event rested with others.

DURATION

12 weeks.

DROPOUT RATE

About 40% of Veterans drop out of CPT, most likely because it requires re-reading the trauma impact statement many times, and the thoughts and emotions associated with this can be intense and uncomfortable.

EVIDENCE SUMMARY

More than half of Veterans receiving CPT report meaningful symptom reduction, and CPT is viewed as one of the most effective talk therapies for PTSD, suggesting that the discomfort associated with multiple re-readings of the trauma impact statement can be important – despite the discomfort.

DEEP DIVE

CPT Week 1	<p>Monthly PCL-S (PTSD Check List – Specific)</p> <p>Describe PTSD symptoms</p> <p>Describe flight or fight response</p> <p>Cognitive theory overview</p> <p>Just world fallacy – bad things happened to me, so I must not be good enough</p> <p>Brief review of most traumatic event</p> <p>Introduce the idea of stuck points</p> <p>Recognition that avoidance is going to happen and encourage Veteran to stick with homework</p>
CPT Week 2	<p>Review impact statement (Note: Don't have to talk about the event itself if the Veteran doesn't want to)</p> <p>How the impact of the events resulted in stuck points</p> <p>Review of types of emotions</p>
CPT Week 3	<p>Identification of thoughts and feelings</p> <p>Labeling thoughts versus emotions</p> <p>Discuss writing out the trauma as an option</p> <p>Reducing fear about writing out the trauma</p> <p>The trauma account is then read daily</p> <p>Okay to set aside a safe time, space to fully experience the emotions associated with this</p>
CPT Week 4	<p>Read trauma account to therapist</p> <p>Asked about thoughts and feelings</p> <p>Asked about things that weren't discussed</p> <p>Veteran uses what they've learned about over-accommodation of beliefs to re-write out the trauma event</p>
CPT Week 5	<p>Read newest version of the trauma to the therapist</p> <p>Discuss new additions or deletions to the trauma account</p> <p>Challenging questions worksheet</p>
CPT Week 6	<p>Review challenging questions worksheet</p> <p>Assist patient to confront stuck points</p>
CPT Week 7	<p>Rate strength of beliefs</p> <p>Rate strength of emotions</p> <p>Use challenging questions and problematic thinking worksheets</p> <p>Generate new, more balanced views of the trauma event</p>

(Note: Often, we start to see self-blame lessen at this point)
 More realistic assessments of how much of the event was in the
 Veteran's control emerge

CPT Week 8	<p>Safety</p> <p>Rebuilding trust in self</p> <p>Rebuilding trust in others</p> <p>Rebuilding social support system</p>
CPT Week 9	<p>Continue Week 8 activities</p>
CPT Week 10	<p>Addressing things as being outside of the power of the Veteran OR where the Veteran tries to assert too much power to gain control</p> <p>Working on anger and aggression toward others</p> <p>Anger toward self</p>
CPT Week 11	<p>Rebuilding self-esteem</p> <p>Addressing feelings of permanent brokenness</p> <p>Intimacy with others introduced as a topic</p>
CPT Week 12	<p>Veteran reads new impact statement from the trauma event</p> <p>Therapist reads original impact statement and the two are compared</p> <p>Positive and negative strategies in self-soothing</p> <p>Addressing withdrawal from others</p> <p>Sexual intimacy issues</p>

Broad Level

Eye Movement Desensitization and Reprocessing (EMDR)

OBJECTIVE

Teaches the Veteran to recall a traumatic memory without getting emotionally upset and overwhelmed. EMDR works on past, present, and future distressing memories to de-intensify them and reduce the stress of daily triggers.

ENDPOINT

- To be able to recall a traumatic memory and not have the Veteran's mind be invaded with negative emotions.
- Reduce the physical and emotional reactions to distressing memories.

WHAT HAPPENS

- The Veteran focuses on a distressing memory while the therapist uses bilateral (left-right) stimulation through eye-movement, tones or tapping (like watching ping pong or playing drums on your lap).
- This right-left stimulation, while the Veteran is remembering something distressing, makes the memories less intense. Over time this reduces the emotional reaction to the memory.
- Sessions are usually weekly, 90 minutes each, for 12 sessions.

HOW IT WORKS

- Practitioners believe it changes how the brain stores traumatic memory, as opposed to how one consciously changes the feelings or thoughts about that memory. It makes memories less "real."
- This allows the Veteran to talk more comfortably with a counselor about trauma memories and speed up therapy.
- It also allows the Veteran to introduce positive beliefs.

Broad Level

Narrative Exposure Therapy (NET)

RATIONALE

Individuals with multiple traumas (complex trauma) over their lifetime may need to make sense of these events in the context of their life story. This therapy approach may be helpful for people who have experienced feelings of shame or guilt associated with complex trauma.

Civilian Example: A refugee who experienced a series of attacks, sexual trauma, and the aftermath of a civil war.

Military Example: A soldier who has been part of multiple combat actions resulting in loss of comrades in arms, witnessing atrocities against civilians, and being a victim of a robbery on return to civilian life.

MECHANISMS OF ACTION

Collaboratively with a therapist, the Veteran creates a timeline of their life, representing good moments and traumatic events. The therapist works with the Veteran to understand each major event along the timeline, gradually filling in details, clarifying events, and helping the Veteran to better understand their own experiences.

This process gradually helps the Veteran turn very powerful memories of the traumatic moments that can intrude on present day life into a set of memories about the past. Throughout the process, the therapist documents the details of these moments along a timeline, and this is turned into a written autobiography. At the end of the therapy process, the autobiography is read, or the timeline is re-created a final time, and the Veteran can see the events of their life as a more comprehensive whole. This can help provide meaning and distance from past negative events. This process can also help the Veteran consider a future in which the past is not as intrusive.

DURATION

Continues until the whole timeline is complete, with weekly or twice weekly 90-minute sessions. There is no homework.

DROPOUT RATE

Appears to be low, but evidence is not complete.

EVIDENCE SUMMARY

Narrative Exposure Therapy is a newer approach; thus, the evidence base for it is not complete. However, based on symptom improvement seen in initial studies, NET has been conditionally recommended for PTSD treatment by the American Psychological Association.

DEEP DIVE

Initial Sessions:

- Psychoeducation about trauma reactions.
- Develop initial life timeline, using drawings or objects to symbolize good moments and traumatic events across the lifespan.

Middle Sessions:

- Therapist works with the Veteran to gradually get a better understanding of each traumatic event across the life span.
- The therapist helps the Veteran identify key details of the trauma, while keeping a grounding in the present moment.
- The therapist gradually constructs an autobiography document.
- In each session, the events contained in the autobiography document are read.

Ending Sessions:

- The completed autobiography document, now containing an account of all major positive and traumatic moments in the Veteran's life, is presented to the Veteran.
- If desired, the symbolic representation of the timeline may be recreated and gone over verbally as a way of appreciating the distance the Veteran has gained from past events.
- This is often helpful in gaining perspective, achieving a deeper sense of meaning from what can feel like a chaotic past, and considering a future that is not as governed by past events.

Broad Level

Prolonged Exposure Therapy (PE)

RATIONALE

The traumatic event that prompted anxiety/panic/PTSD response when it happened can make an individual fearful of any similar situation in the present or future. It is common for people to feel that a similar event could happen again.

Civilian Example: A person in a serious car crash may avoid the intersection where the crash occurred.

Military Example: A soldier may avoid discussing anything about the war they were in with those close to them to avoid triggering their own memories.

MECHANISMS OF ACTION

Prolonged Exposure is based on Emotional Processing Theory. This theory suggests that PTSD can be overcome when the fears created by the traumatic event are activated and the new information about those fears – like that it is unlikely that a similar situation will result in the same outcome – are encountered.

PE also focuses on negative trauma-related thoughts like “I’m a coward” or “the world is an extremely dangerous place” because these thoughts also encourage the individual to continue to avoid reminders of the trauma.

The major issue PE addresses is avoidance.

People avoid dealing with trauma reminders in two ways: 1) pushing away memories, thoughts, and feelings about the trauma; 2) escaping situations, places, people, and objects that cause fear or distress.

PE encourages the Veteran to emotionally engage with the fear and in a structured way to learn that encountering the feared things does not result in additional exposure to trauma

Note: Use of benzodiazepines is not recommended while receiving PE because it can inhibit the fear response.

DURATION

Recommended 8–15 weeks, with weekly or twice weekly 90-minute sessions and homework in between.

DROPOUT RATE

No different than CBT for PTSD.

EVIDENCE SUMMARY

Probably one of the most well researched therapies, which show substantive improvement, and some studies show ongoing gradual improvement after termination.

DEEP DIVE

Initial Sessions:

- Trauma interview
- Review the Veteran's range of traumas
- Target the main trauma that is causing the most stress
- Identify support system
- Discuss mood changes since trauma
- Suicide assessment
- History of treatment
- History of drug/alcohol usage
- Breathing retraining
 - Slowing breathing
 - Prevention of hyperventilation, which can create a cycle of increasing fear response
 - Controlled breathing helps the Veteran to get through the exposure long enough to realize that they will be OK
- Recording device is used to record the Veteran's description of the trauma
- Overview of the program of treatment
- Go over common reactions to trauma
- Talk about what in vivo ("real life") exposure will look like
- Introduce the idea of Subjective Units of Discomfort (SUDS)
- Create in vivo exposure hierarchy
- **Homework:**
 - Listen to the recording of the session
 - Read the rationale for PE for better understanding

- Do something that is anxiety provoking, but not so difficult that it can't be accomplished

Middle Sessions:

- Imaginal exposure: Revisiting the trauma in imagery, or visualizing what happened
- Talk through emotions and thoughts about the trauma memory
- Therapist will encourage the Veteran to explore the details of the event and ask the Veteran what their SUDS level is as they describe the event and associated thoughts/feelings
- Response prevention: The therapist will note places during the imaginal exposure where the Veteran tries to avoid thoughts or emotions and gradually get the Veteran to explore without using safety behaviors
- The therapist will focus increasingly on "hot spots" – not so much what about the trauma caused initial distress, but what about the trauma is causing current distress
- Use of breathing strategies to reduce distress and regain a sense of calm before the session ends
- **Homework:**
 - Listen to the imaginal exposure sessions daily between visits
 - Record SUDS levels while listening to the sessions
 - Continue doing in vivo homework

Ending Sessions:

- Review progress and what the Veteran has learned in PE
- Discuss how to handle symptoms after therapy has ended
- Termination

APPENDIX B-2B

Talk Therapies – Pitch Level



“Pitch” Level

COGNITIVE PROCESSING THERAPY (CPT): Teaches you to be aware of and challenge the thoughts that keep you “stuck” in your trauma.

OPENER

Sometimes negative thoughts keep coming back, disrupting a Veteran’s life. CPT helps a Veteran identify these thoughts, see the damage they cause, and learn how to change them.

CPT is based on the idea that a traumatic event can make you question your core beliefs. For example, a belief that most people are basically good might seem unwise or even stupid after a traumatic event. This might make it hard to participate in activities, even when they seem safe and rewarding, or trust people who you have good reasons to trust – even longtime close friends or family members.

TECHNIQUE

In CPT the focus is on your *thoughts* and how they affect you – you don’t have to share details of the trauma for it to work. It does require that you talk about how your trauma *affects* you - things like self-esteem, intimacy, control, safety, and trust.

CPT has four phases:

1. Education: First you will learn about PTSD symptoms, how CPT works, and identify your goals for treatment.
2. Awareness and understanding: You will learn to become more aware of your thoughts and how you may be stuck in them.
3. New skills: You will learn how to question and challenge your thoughts.
4. Belief reshaping: You will learn to balance how you saw the world before and after your trauma.

CPT involves about 12 one-hour weekly sessions, plus homework. You may write a statement about how your thoughts and beliefs since the trauma impact your everyday activities, or complete worksheets that help you to challenge unhelpful thoughts. CPT can be completed in a group or individual setting.



“Pitch” Level

**EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR):
Teaches you to recall a traumatic memory without getting emotionally
upset and overwhelmed.**

OPENER

It is impossible to control trauma memories. They invade your mind when you least expect it, and it is difficult to control your emotional reaction to them without getting emotionally upset and overwhelmed.

PART 1

EMDR uses techniques to blunt those memories so when they pop up you are not disabled with negative emotions. EMDR does this through right-left stimulation of the brain, while you consciously bring up bad memories. The right-left stimulation is done through eye movement and is like watching ping pong or playing drums on your computer. It can also be done with tapping so you can use this technique when you need it.

PART 2

EMDR does not teach you how to change your thoughts and feelings about a memory, instead we think it changes your “memory storage” by making those memories less intense. As a result, you are less emotionally overwhelmed. Then you can introduce more positive thinking. EMDR is used with talk therapy and makes it more comfortable to talk about trauma. Research suggests that EMDR can speed up the progress of talk therapy.



“Pitch” Level

NARRATIVE EXPOSURE THERAPY (NET): Helps people with multiple traumas make sense of them as parts of their bigger life story.

OPENER

When **multiple** different kinds of traumas are part of our past, it can make trauma the center of our lives. In Narrative Exposure Therapy (NET), you tell your story, from memories in your past to present moments, including both the negative and the positive, to create a timeline of events. The traumas are placed within the context of your entire life. In this way, you make meaning of them by placing the traumas alongside a timeline of all your memories, positive and negative.

TECHNIQUE

By mapping out your timeline and talking through your different traumas, you and the therapist slowly put together all the details you may have difficulties remembering. By putting together all the pieces of your story, you gain some distance from the trauma, and they become less triggering.

In each session you go through your timeline with the therapist. You are encouraged to explore, describe, and control your responses to the traumatic parts in different ways. As a result, what was once a triggering event can now be experienced as a past memory. A memory that is in *the past* and part of your life story, but not the center of it.

NET allows you to reflect on your whole story. This helps to reclaim your life and put you in the present moment. NET is especially good to work through guilt and shame associated with traumatic experiences.

NET takes as long as needed to create your timeline. You meet once or twice a week with a therapist. The sessions are 60-90 minutes long.

NET is a shorter-term therapy, with no homework and can also be done in groups. At the end of the therapy, you will be given your timeline for reference.



“Pitch” Level

PROLONGED EXPOSURE (PE): Helps people challenge their fears by slowly introducing and working through traumatic experiences.

OPENER

Traumatic memories keep us from taking part in everyday life. Our first reaction is to avoid anything related to that memory. This avoidance may help us cope in the moment but in the long run, avoidance makes the fear worse. Prolonged Exposure (PE) focuses on expanding our life activities by addressing our fears. The situations that cause fear are slowly introduced, starting with the small things. Through gradually “exposing” ourselves and sitting with these fears, we become more comfortable with them.

It’s kind of like watching a scary movie: The first time is scary, the third time not as much, the fifth time hardly at all, and by the tenth time we remember what happened and we aren’t fearful at all.

PE might be called *remembering therapy* because you continue to remember an event until it no longer triggers you. There are two types of “exposure” activities in PE:

TYPE 1: USES A MEMORY

The first technique focuses on a memory of a specific traumatic event. The event is described in detail as if it is happening in the moment. Then the feelings that come up are discussed in session with the therapist. Your story is audio recorded and outside the session you listen to this daily to start getting comfortable with the traumatic memory. You start small, and gradually address more difficult traumatic memories.

Type 2: USES A PHYSICAL PLACE OR SITUATION

The second technique focuses on situations that are connected to your traumatic fear (like a crowded store or a highway). This occurs outside of the therapist’s office. You start slow, and work with the therapist to create a plan to begin to confront these situations in between sessions.

Typically, PE lasts 3 months, and involves weekly sessions. The sessions are from 1-2 hours each with homework between sessions.

APPENDIX C-1

**Speaker Intro and Talking
Points**

Appendix C

SPEAKER INTRODUCTION

- Name, branch of service, brief bio

IN A NUTSHELL

- **Reclaiming Your Path is:**
 - A Veteran-led, multi-partner outreach project that raises awareness of posttraumatic stress and PTSD.
 - Training Veteran peer mentors to help others recognize when they need help and where they might turn.
 - Educating Veterans about talk therapies and medications that have been proven to work well for symptoms of post-traumatic stress – and where they can get them.
- The **Reclaiming Your Path** team would like to meet with small groups of Veterans to talk about the project and PTSD treatment. We would love to meet with YOU!

DEEP DIVE

Bridging the gap between military life and civilian life is challenging. We've been there.

- Life can throw us off track and finding our way back can be frustrating without navigation skills and back up.
- We are Veterans dedicated to providing you with the knowledge and support to take you from where you are now to where you want to be.
- Our goal is to help you make sense of the options that are out there so you can make informed decisions.

We are Veterans helping Veterans who are *Reclaiming Their Path*.

- The **Reclaiming Your Path** (RYP) project has many partners – individual Veterans, Veterans organizations, and healthcare providers
- RYP aims to improve Veteran awareness of **talk therapies** and **medications** that studies show **work well for symptoms** of post-traumatic stress.
- One of the ways RYP will do this is by **training Veteran peer mentors** to deliver this information in a thoughtful and accessible way.
- The RYP project also seeks to connect Veterans to unique **local resources**, such as complementary therapies involving dogs, horses, and outdoor activities.

We want to help ease some of the fears associated with PTSD treatment by providing honest and straightforward answers – no bull.

We'll provide jargon-free information about:

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PET)

- Eye Movement Desensitization and Reprocessing (EMDR)
- Narrative Exposure Therapy (NET)
- Medications like Zoloft®, Prozac®, Paxil®, and Effexor XR®

If you're feeling lost – or have found your way and want to help others – check us out on the internet and social media:

Website: <https://reclaimingyourpath.org/>

Facebook (search Reclaiming Your Path):

<https://www.facebook.com/groups/1349241752257328/>

APPENDIX C-2.1

SLIDES:

Program Overview

Peer Mentorship

Contact Information

A Veteran-led, multi-partner outreach project that raises awareness of posttraumatic stress and its treatment.



OUR PURPOSE

Assist

Assist Veterans with navigating the challenges and bridging the gap between military and civilian life.

Provide

Provide Veterans with the knowledge and support to take them from where they are now to where they want to be.

Help

Help Veterans make sense of the options that are out there so they can make informed decisions.

WHAT WE DO



- We meet with small groups of Veterans to talk about Reclaiming Your Path, symptoms of trauma, and how to deal with such symptoms.
- We help Vets recognize symptoms that might be due to past traumatic experiences, whether before, during or after their military services.
- We partner with Vets or Veteran groups that want to help themselves or other Vets deal with mental health problems.
- We discuss options for treating symptoms of post-traumatic stress; we are familiar with the treatments that medical experts recommend as well as most other therapies that Veterans are likely to consider.

PEER MENTOR TOOLS

4 x 6 CARDS

WHAT IT FEELS LIKE ON THE INSIDE **PTSD** WHAT IT LOOKS LIKE ON THE OUTSIDE

Have excess energy

30
340
350
340
370
380
390

Ready to bolt or take action

380
370
360

Feel anxious/fearful/untrusting

310

Have trouble sleeping



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FACEBOOK



Fidgets

Taps foot

Unable to sit still

Constantly watches the door

Startles easy (jumps at loud noises)

Uses excess security measures

Avoids crowds

Up at 2 or 3 am

Looks tired during the day

Violent sleep

WHAT IT FEELS LIKE ON THE INSIDE **PTSD** WHAT IT LOOKS LIKE ON THE OUTSIDE

Experience flashbacks/
unexplained physical reactions

30
340
350
360
370
380
390

Have trouble focusing

390
380
370
360

Feel shame/guilt

Feel worthless/inadequate



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Seems like they are "not there"

Noticeable pauses in speech or movement

Blank expression/
glazed eyes

Sudden changes in behavior/mood

Rambles when talking

Zones out

Lacks follow through on things

Avoids interacting with others

Overdoes anything (work, sleep, food, alcohol, gambling, drugs)

Lacks motivation

Devalues their military service

Puts themselves down

SIGNS

HOW TO ASK ABOUT SYMPTOMS

SLEEP PROBLEMS

- Are you sleeping OK?
- Are you awake frequently during the night?

ANGER ISSUES

- Do you get irritated with people a lot?
- Do you feel pissed off all the time?

PTSD Symptoms



ATTENTION PROBLEMS

- Are you forgetting to do simple daily things?
- Are you forgetting stuff you have to do?
- Do you have a hard time concentrating

INTRUSIVE THOUGHTS/FLASHBACKS

- Are there things that you want to do, but don't, because they remind you of stuff?

FACEBOOK



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HYPERVIGILANCE / STARTLE RESPONSE

- Do you feel like you're on edge a lot?
- Are you always on guard?

ANXIETY / PANIC ATTACKS

- Do you feel wound up?
- Do you feel like you overreact to small things?

PTSD Symptoms



RISKY BEHAVIOR

- Are you taking chances?
- Are you doing things for the adrenaline rush?

ISOLATING / WITHDRAWAL

- Do you feel like you don't belong?
- Do you feel like everybody else is in their bubble and you're somewhere else?

APATHY/FEELINGS OF EMPTINESS

- Do you feel like you just don't care anymore?
- Do you feel numbed out?

FACEBOOK



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SYMPTOMS

IF YOU HAVE...
Painful visual memories and flashbacks

YOU CAN TRY...
Bringing up those memories while following back and forth movements with your eyes.

THIS WORKS BY...
Making traumatic memories less vivid and creating space to reinterpret them.

THIS IS CALLED...
EMDR – Eye Movement Desensitization & Reprocessing

Talk Therapies for PTSD



IF YOU HAVE...
Multiple traumatic experiences

YOU CAN TRY...
Telling your life story as a timeline that includes all experiences, good and bad.

THIS WORKS BY...
Moving traumatic memories into the past and out of the center of your life.

THIS IS CALLED...
NET – Narrative Exposure Therapy

FACEBOOK



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IF YOU HAVE...
Trauma-related obstacles

YOU CAN TRY...
Talking about the impact of the trauma (not the trauma) to reframe your thoughts and move past your stuck points.

THIS WORKS BY...
Introducing new and different thoughts that help to break negative thought loops.

THIS IS CALLED...
CPT – Cognitive Processing Therapy

Talk Therapies for PTSD



IF YOU HAVE...
Situations or memories you avoid because of trauma

YOU CAN TRY...
Learning deep breathing techniques to help you stay calm and then gradually talk more and more about the trauma.

THIS WORKS BY...
Remembering the trauma and your fear so often that they don't bother you as much anymore.

THIS IS CALLED...
PE – Prolonged Exposure

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TALK THERAPIES

ALL THE **MOST** ESTABLISHED DRUGS FOR PTSD

- Are also used to treat anxiety & depression
- Can be taken once a day
- Are available as generics
- Take a couple weeks to kick in
- Start at a dose that may need to go up
- Can cause problems having an orgasm, but peoples' experiences differ

Medications for PTSD



Sertraline (Zoloft)

- Least likely to make you feel you are on a drug
- Fewer interactions with other drugs
- It can cause stomach upset and diarrhea

Venlafaxine (Effexor XR)

- If you already sleep too much, this is a good choice
- Less likely to cause weight gain
- Less likely to make you dizzy when you stand up



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ALL THE **MOST** ESTABLISHED DRUGS FOR PTSD

- Are also used to treat anxiety & depression
- Can be taken once a day
- Are available as generics
- Take a couple weeks to kick in
- Start at a dose that may need to go up
- Can cause problems having an orgasm, but peoples' experiences differ

Medications for PTSD



Paroxetine (Paxil)

- Can help you get to sleep
- This may be the most likely to cause weight gain
- Can cause a dry mouth and dry eyes

Fluoxetine (Prozac)

- This may boost your energy, but reduce your sleep
- There are more drug interactions with this one than the others
- Less likely to cause weight gain



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MEDICATIONS

Advocate for Yourself In The Clinic



Strategy

- Know your medical history.
- You're the expert in your own experience, the doctor is the expert in medicine.
- Assume positive intent.
- Be patient - but not too patient.

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Advocate for Yourself In The Clinic



Tactics

- Get online access to your medical records and healthcare providers.
- Make a list of your top concerns for your visit.
- Open with "These are my concerns." Not "I want" or "I need."
- Tell your doctor the whole story. Be honest about your symptoms.
- Listen to what the doctor has to say about your options.
- Make sure you understand what the doctor is suggesting and why.
- Leave the appointment with an agreed-upon plan.
- Second opinions are okay.

FACEBOOK



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ADVOCACY

TIPS FROM PEER MENTORS

Jesse Miller – Marines,
2000-2010 (OEF/OIF)

- Use your instincts and situational awareness.
- It's about their service, not yours.
- Lead by example.

Jada Reynolds – Army,
1999-2014 (OEF/OIF)

- Break the ice, share a story, be a comrade.
- Don't be a professional; don't diagnose; don't treat.
- Hands-on help is better than advice ("Doing is better than talking/telling").

James Fialkowski –
Marines, 1985-2005

- Understand who they are. Learn something about their past experiences, current situation, family, likes, etc.
- Find out their priority needs.
- Lead them to the help they need.

TIPS FROM PEER MENTORS

Danie Rogers – Navy Reserve, 2017-present

- Share and be open if you expect your Vet to reciprocate.
- Use specific disclosures that are purposeful.
- Follow up, keep in touch!
- Observe. Pay attention to behaviors and verbalizations that might suggest PTSD.

Mark Flower – Army, 1976-2006

- Practice “active listening.”
- Tell your story when appropriate.
- Be as available as you can.

James “Groovy” Cocroft – Navy, 1987-2007

- Don’t give up.
- Assertively advocate yourself.
- Pay attention to emotions.

Otis Winstead – Army, 1974-1977 (Vietnam Era)

- Acting out can signal a PTSD flare.
- Self disclose shared experience to foster relationships.
- Listen to what is not being said.

CONNECT WITH US

Visit our website: <https://reclaimingyourpath.org/>

Email us: info@reclaimingyourpath.org

Join our Facebook group (search Reclaiming Your Path):

<https://www.facebook.com/groups/1349241752257328/>

We are not a crisis service. For mental health emergencies:

Dial "988" then press "1" for Vets and active-duty military

FOR HELP NAVIGATING THE VA

Contact:

- **Darcie D. Greuel, RN**
- **Program Manager**
- Post-9/11 Military2VA Case Management Program (M2VA)
- (formerly Transition and Care Management)
- Milwaukee VA Medical Center
- **414-384-2000 x41827**
- **darcie.greuel@va.gov**

WELCOME HOME

★ Post-9/11 Military2VA Case Management Program (M2VA) ★



For more information, contact:

(414) 384-2000, ext. 41827

www.milwaukee.va.gov/services/returning/index.asp



Darcie Greuel RN, Program Manager
OEF Veteran

**Our team looks forward to
meeting and assisting you.**



National Suicide Lifeline:
(800) 273-8255 (press #1)

Health Eligibility Center:
(877) 222-8387
www.va.gov/healthbenefits

Nurse Advice Line:
1(888) 598-7793

VA Benefits: 1 (800) 827-1000
<https://www.benefits.va.gov/>

Local Public Contact Direct:
(414) 902-5060

VA Vet Center:
www.vetcenter.va.gov

Inquiry Routing & Information System (IRIS)

<https://iris.custhelp.com/app/ask/session/L3RpbWUvMTMzNDc1O-DEzNC9zaWQvRHpELWJZVms%3D>

Non-VA Care/Community Care:
(414) 384-2000 Ext: 45252

Community Care Billing/Claims:
(877) 881-7618

72-hour hospital notifications:
1 (844) 724-7842

My HealthVet: (877) 327-0022
www.myhealth.va.gov

CVSO Association of WI:
1(844) WIS-CVSO (947-2876) *or*
www.wicvso.org/

VA Education: (888) 442-4551
www.gibill.va.gov

APPENDIX C-2.2

SLIDES:

Program Overview
Signs & Symptoms
EBT for PTSD

Presenter:

Kristyn Ertl, MPH
Project Manager

A Veteran-led, multi-partner outreach project that raises awareness of posttraumatic stress and its treatment.



OUR PURPOSE

Assist

Assist Veterans with navigating the challenges and bridging the gap between military and civilian life.

Provide

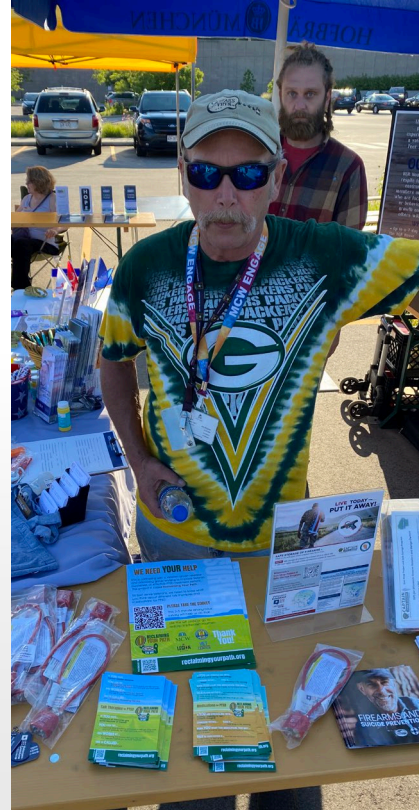
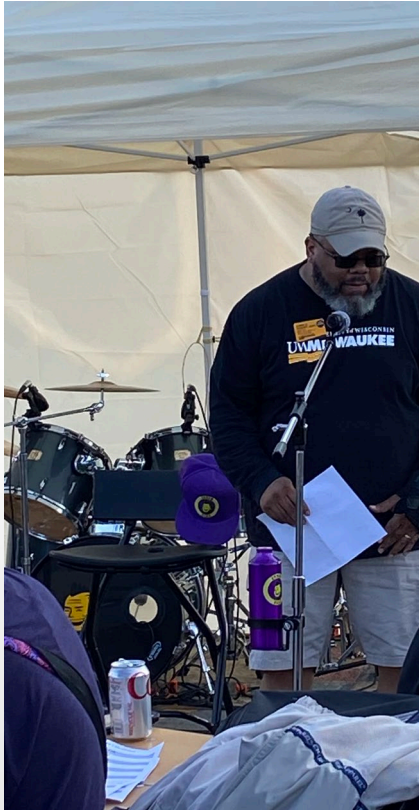
Provide Veterans with the knowledge and support to take them from where they are now to where they want to be – reclaim your path!

Help

Help Veterans make sense of the options that are out there so they can make informed decisions.



WHAT WE DO



- We meet with small groups of Veterans to talk about Reclaiming Your Path, symptoms of trauma, and how to deal with such symptoms.
- We help Vets recognize symptoms that might be due to past traumatic experiences, whether before, during or after their military services.
- We partner with Vets or Veteran groups that want to help themselves or other Vets deal with mental health problems.
- We discuss options for treating symptoms of post-traumatic stress.





SIGNS AND SYMPTOMS

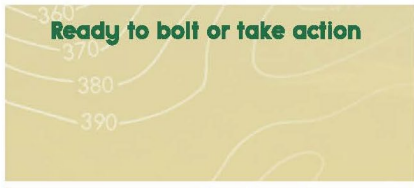
Post Traumatic Stress and Post Traumatic Stress Disorder (PTSD)

WHAT IT FEELS LIKE ON THE INSIDE **PTSD** WHAT IT LOOKS LIKE ON THE OUTSIDE

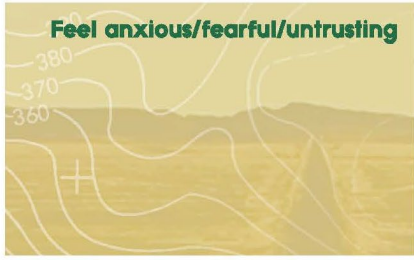
Have excess energy



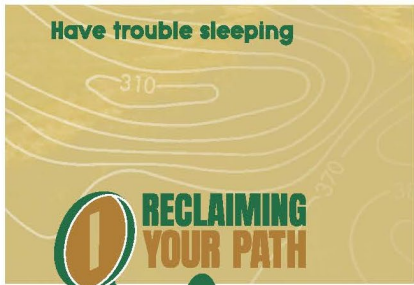
Ready to bolt or take action



Feel anxious/fearful/untrusting



Have trouble sleeping



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FACEBOOK



Fidgets

Taps foot

Unable to sit still

Constantly watches the door

Startles easy (jumps at loud noises)

Uses excess security measures

Avoids crowds

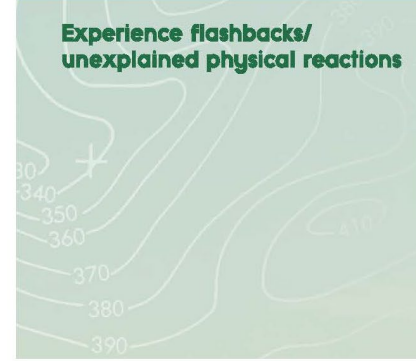
Up at 2 or 3 am

Looks tired during the day

Violent sleep

WHAT IT FEELS LIKE ON THE INSIDE **PTSD** WHAT IT LOOKS LIKE ON THE OUTSIDE

Experience flashbacks/
unexplained physical reactions



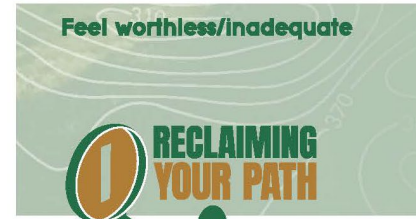
Have trouble focusing



Feel shame/guilt



Feel worthless/inadequate



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Seems like they are "not there"

Noticeable pauses in speech or movement

Blank expression/
glazed eyes

Sudden changes in behavior/mood

Rambles when talking

Zones out

Lacks follow through on things

Avoids interacting with others

Overdoes anything (work, sleep, food, alcohol, gambling, drugs)

Lacks motivation

Devalues their military service

Puts themselves down

SIGNS



HOW TO ASK ABOUT SYMPTOMS

SLEEP PROBLEMS

- Are you sleeping OK?
- Are you awake frequently during the night?

ANGER ISSUES

- Do you get irritated with people a lot?
- Do you feel pissed off all the time?

PTSD Symptoms



ATTENTION PROBLEMS

- Are you forgetting to do simple daily things?
- Are you forgetting stuff you have to do?
- Do you have a hard time concentrating

INTRUSIVE THOUGHTS/FLASHBACKS

- Are there things that you want to do, but don't, because they remind you of stuff?

FACEBOOK



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HYPERVIGILANCE / STARTLE RESPONSE

- Do you feel like you're on edge a lot?
- Are you always on guard?

ANXIETY / PANIC ATTACKS

- Do you feel wound up?
- Do you feel like you overreact to small things?

PTSD Symptoms



RISKY BEHAVIOR

- Are you taking chances?
- Are you doing things for the adrenaline rush?

ISOLATING / WITHDRAWAL

- Do you feel like you don't belong?
- Do you feel like everybody else is in their bubble and you're somewhere else?

APATHY/FEELINGS OF EMPTINESS

- Do you feel like you just don't care anymore?
- Do you feel numbed out?

FACEBOOK



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SYMPTOMS



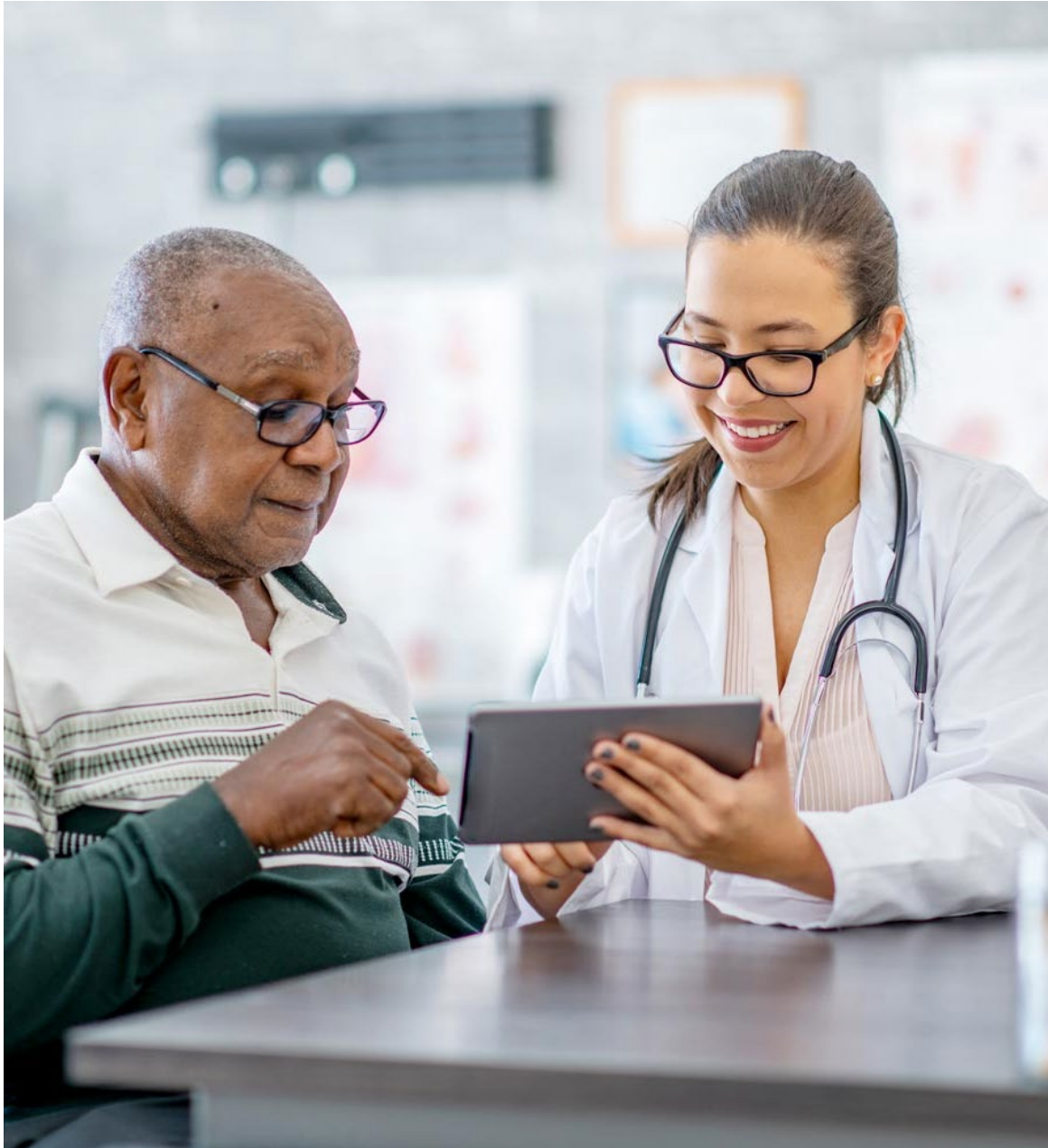


EVIDENCE BASED TREATMENT FOR PTSD*

Kristyn Ertl, MPH
Project Manager, Reclaiming Your Path (RYP)



* Post Traumatic Stress Disorder



Evidence Based Treatment (EBT)

DEFINITION:

- **Evidence Based** = Supported by the findings of scientific studies that meet certain quality criteria
- **Evidence Based Treatment** = Treatment that has been studied and shows strong, moderate, or promising effectiveness for most patients



EB Treatment for PTSD

- Talk Therapy



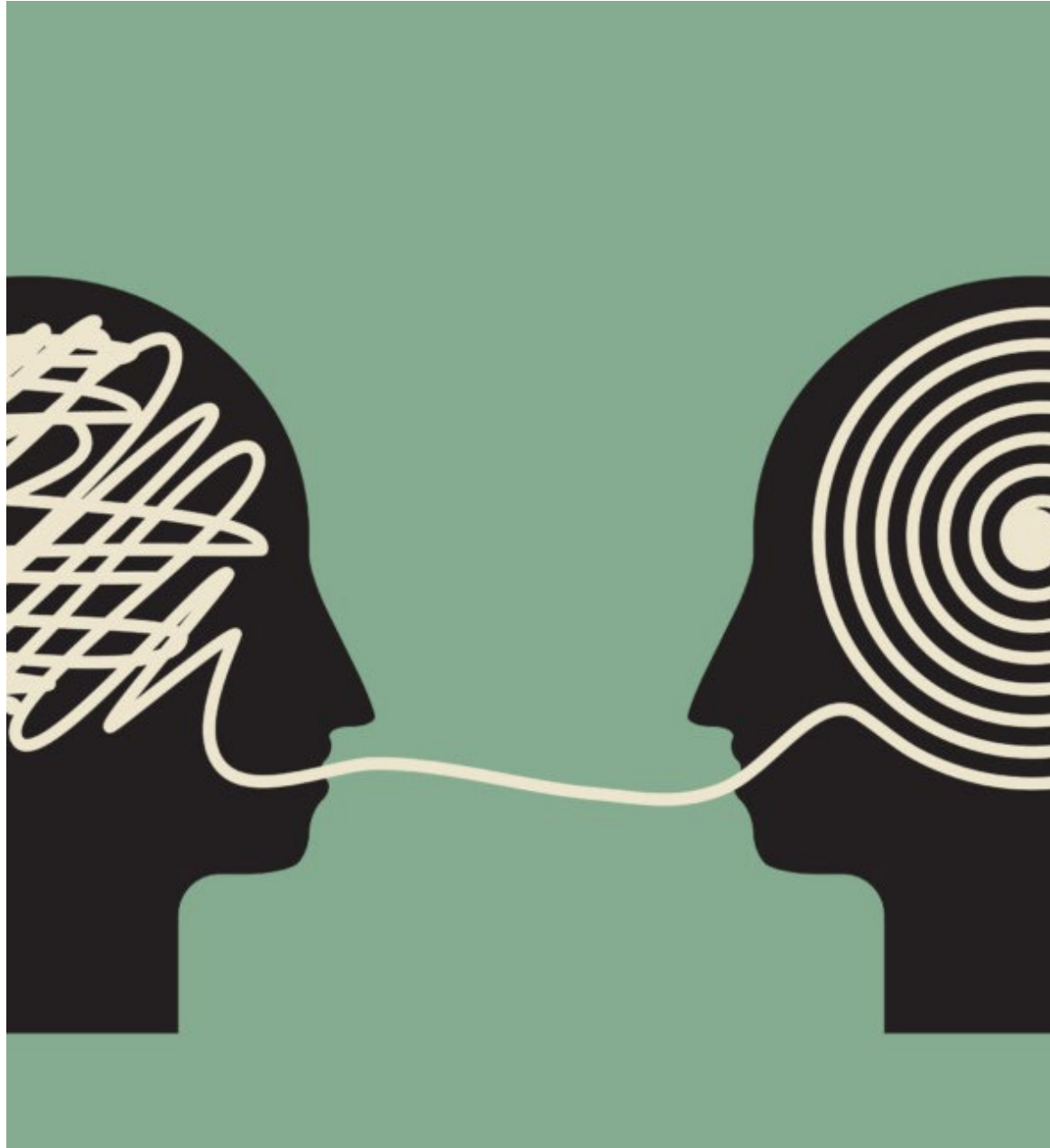
- Medications



Talk Therapy

- Also referred to as “psychotherapy” or simply “therapy.”
- National Institute of Mental Health (NIMH):
- “...treatments that aim to help a person identify and change troubling emotions, thoughts, and behaviors.
- Most psychotherapy takes place when a licensed mental health professional and a patient meet one-on-one or with other patients in a group setting.”
- Four (4) talk therapies proven to work well for PTSD





Cognitive Processing Therapy (CPT)

What type of treatment is this?

Psychotherapy (a type of trauma-focused cognitive behavioral therapy, or CBT).

How does it work?

Teaches you to reframe negative thoughts about the trauma.

What will I do?

Talk about your thoughts. Writing assignments and worksheets.



CPT

How long does treatment last? Weekly sessions for around 3 months (12 weeks).

Will I have homework? Yes, writing assignments and worksheets.

What are the risks?

Temporary discomfort when talking or writing about the trauma.

Group or individual? Can be group or individual.

Will I need to talk about my trauma? Depends on the type of CPT.

Is it effective?

Yes, more than half of the people who receive a trauma-focused therapy like CPT **will no longer have PTSD.**



Prolonged Exposure Therapy (PE)

What type of treatment is this?

Psychotherapy (a type of trauma-focused therapy CBT).

How does it work?

Teaches you how to gain control by facing your fears.

What will I do?

Talk about the trauma. Start doing safe things you have been avoiding.

How long does treatment last?

Weekly sessions for around 3 months (12 weeks).



PE

Will I have homework?

Yes, listen to session recordings. Do safe activities you have avoided.

What are the risks?

Temporary discomfort when talking about and confronting reminders of the trauma.

Group or individual? Individual.

Will I need to talk about my trauma? Yes.

Is it effective?

Yes, more than half of the people who receive a trauma-focused therapy like CPT **will no longer have PTSD.**





Eye Movement Desensitization and Reprocessing (EMDR)

What type of treatment is this? Psychotherapy.

How does it work? Helps you process and make sense of your trauma.

What will I do?

Call the trauma to mind while focusing on an external motion or sound.

How long does treatment last? Weekly sessions for around 2-3 months (8-12 weeks).

Will I have homework? No.



EMDR

What are the risks?

Temporary discomfort when thinking about the trauma.

Group or individual?

Individual.

Will I need to talk about my trauma?

Optional. You will need to think about it.

Is it effective?

Yes, more than half of the people who receive a trauma-focused therapy **will no longer have PTSD.**



Narrative Exposure Therapy (NET)

NOTE: The VA refers to NET as Written Exposure Therapy (WET).

What type of treatment is this? Psychotherapy.

How does it work?

Turns intrusive memories of trauma into a set of memories about the past.

What will I do?

Create a written timeline of your life, including good moments and traumatic events.



NET (or WET)

How long does treatment last?

Weekly or twice weekly 60-90-minute sessions until the timeline is complete.

Will I have homework? No.

What are the risks?

Temporary discomfort when thinking about the trauma.

Group or individual? Individual or group.

Will I need to talk about my trauma? Optional.

Is it effective?

NET is a newer approach, so its evidence base is not complete. Conditionally recommended by the American Psychological Association.



Medications

All the most established drugs for PTSD:

- Are also used to treat anxiety and depression
- Can be taken once a day
- Are available as generics
- Take a couple of weeks to kick in
- Start at a low dose that may need to go up
- Can have sexual side effects, but people's experiences differ



Medications

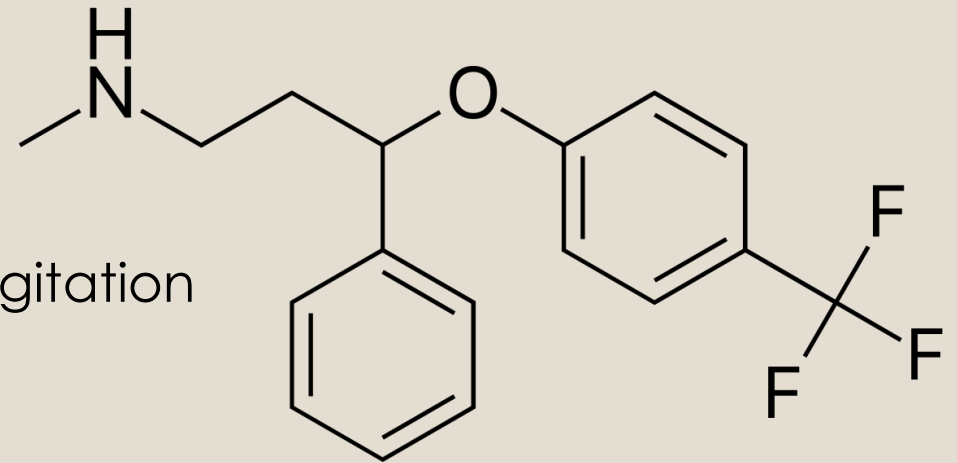
All the most established drugs for PTSD:

- Are Selective Serotonin Reuptake Inhibitors (SSRI) or Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)
 - Allow more “feel-good” neurotransmitters to linger in the brain and body
- Are frequently prescribed in combination with talk therapy



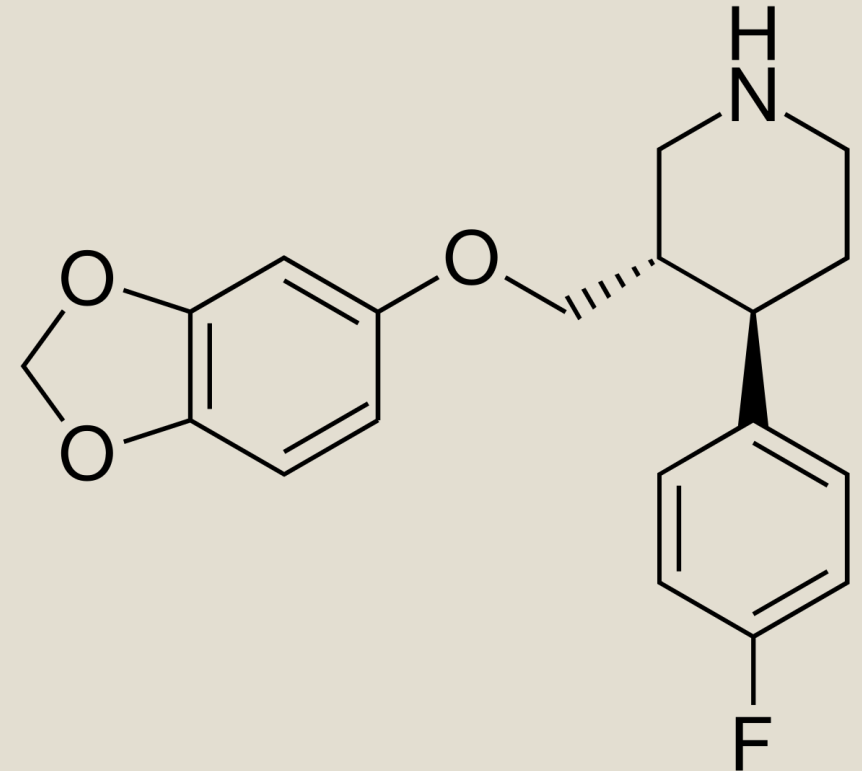
Fluoxetine (Prozac®)

- Side effects relative to other SSRI drugs:
 - Least sedating – most take in morning
 - Boosts energy, but can cause insomnia, agitation
 - Least likely to cause weight gain
- Primary care providers familiar with this drug
- Lasts a long time in the body – missed pills less of a problem
- More drug interactions
- Moderate strength of effectiveness for PTSD



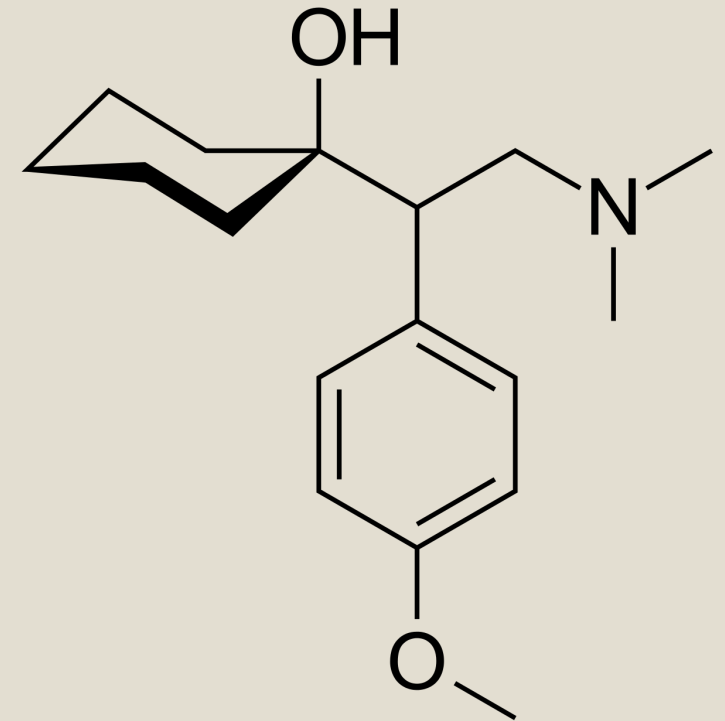
Paroxetine (Paxil®)

- Side effects relative to other SSRI drugs:
 - Most sedating – take at bedtime
 - Most likely to cause weight gain
 - Can cause lightheadedness with standing
 - Dry mouth and dry eyes
- Primary care providers familiar with this drug
- Fewer drug interactions
- Moderate strength of effectiveness for PTSD



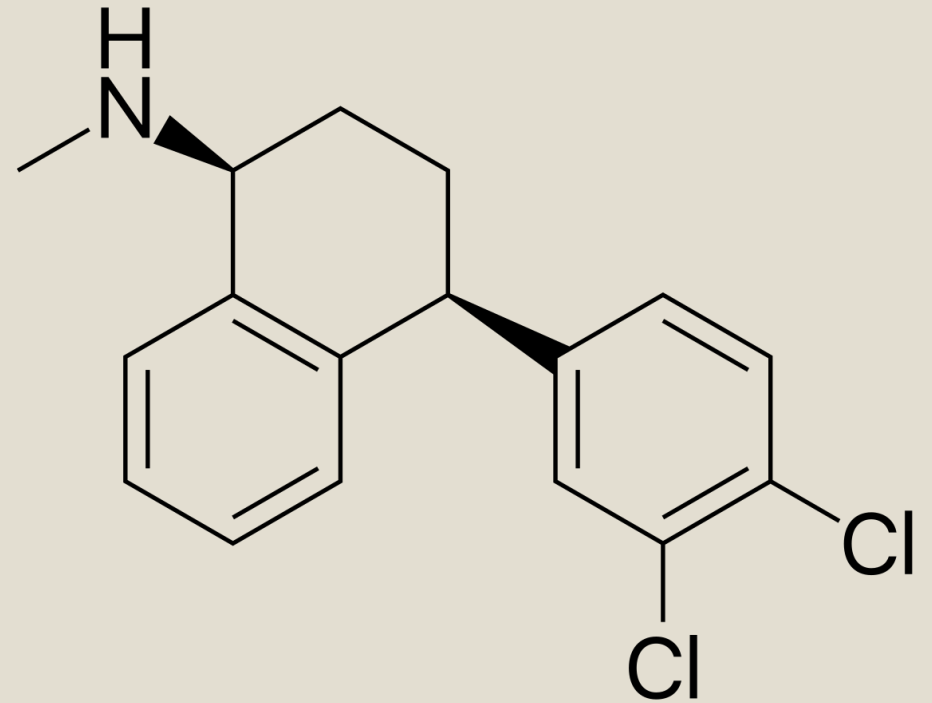
Venlafaxine (Effexor XR®)

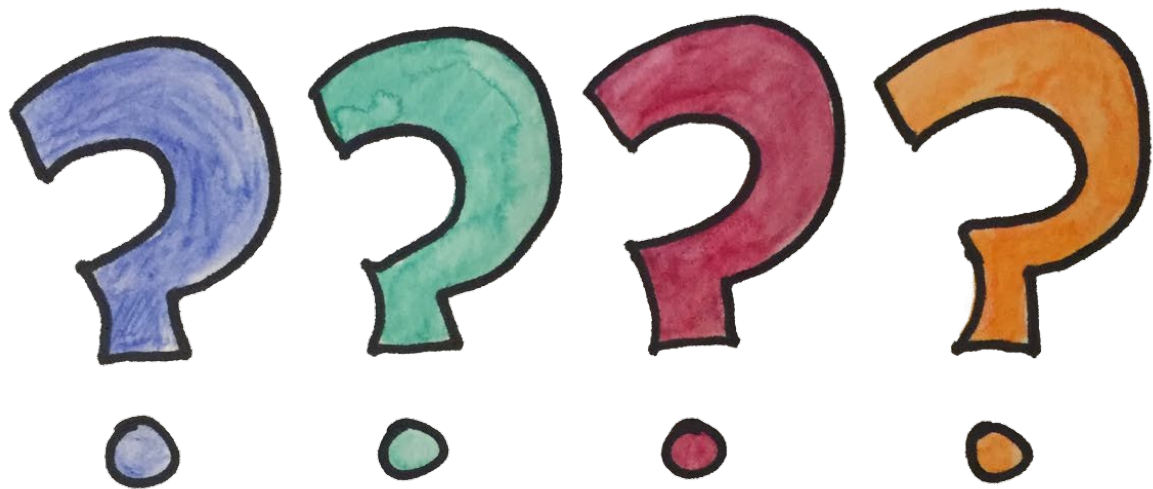
- Side effects relative to other SSRI drugs:
 - More stimulating – if you sleep too much, this is a good choice
 - Less likely to cause weight gain
 - Less likely to make you dizzy when you stand up
- Moderate strength of effectiveness for PTSD



Sertraline (Zoloft®)

- Side effects relative to other SSRI drugs:
 - Least likely to make you feel like you are on a drug
 - Can cause stomach upset and diarrhea
- Primary care providers familiar with this drug
- Fewer interactions with other drugs
- Lower strength of effectiveness for PTSD





Thank You

APPENDIX C-2.3

SLIDES:

Peer Mentor Stories

CARLOS RAFAEL MUNOZ II

PEER MENTOR

U.S. Army

2002-2019



MY STORY

- My last years in the Army were challenging. I suffered from mental health concerns, sleep deprivation, and substance abuse. I often seek peace of mind – but never achieve it. So, the last few months, I contemplated suicide and came within seconds of attaining it.
- No one single person helped – it was a community effort. The hard part was accepting the things I could not change and seeking the self-forgiveness I lacked.



LESSONS LEARNED

- I believe in community and its healing power. Self-isolation was my worse enemy. A strong community is the first step to recovery from any illness (mental and physical). Once a support system is established, recovery is as easy as waking up and putting one foot in front of the other!

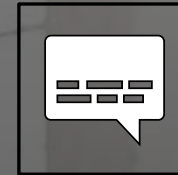
HELPFUL TIPS



Pick a hobby – I choose motorcycle riding (community-based is recommended).



Have a schedule and a routine. Physical fitness is the key to good mental and physical health.



Remember, someone needs you!

TAKE HOME POINTS

You are not alone. PTS (shellshock) and other mental health concerns have been a part of service members' experience since the beginning of war (conflicts).

Accepting the trauma doesn't make you weak, but dealing with the trauma alone will close many doors and make daily living difficult.

Mental health issues can weaken the immune system and make people prone to other illnesses such as heart disease, high blood pressure, and even diabetes.

It's ok to ask for and accept a hand from the community. Healing is possible.

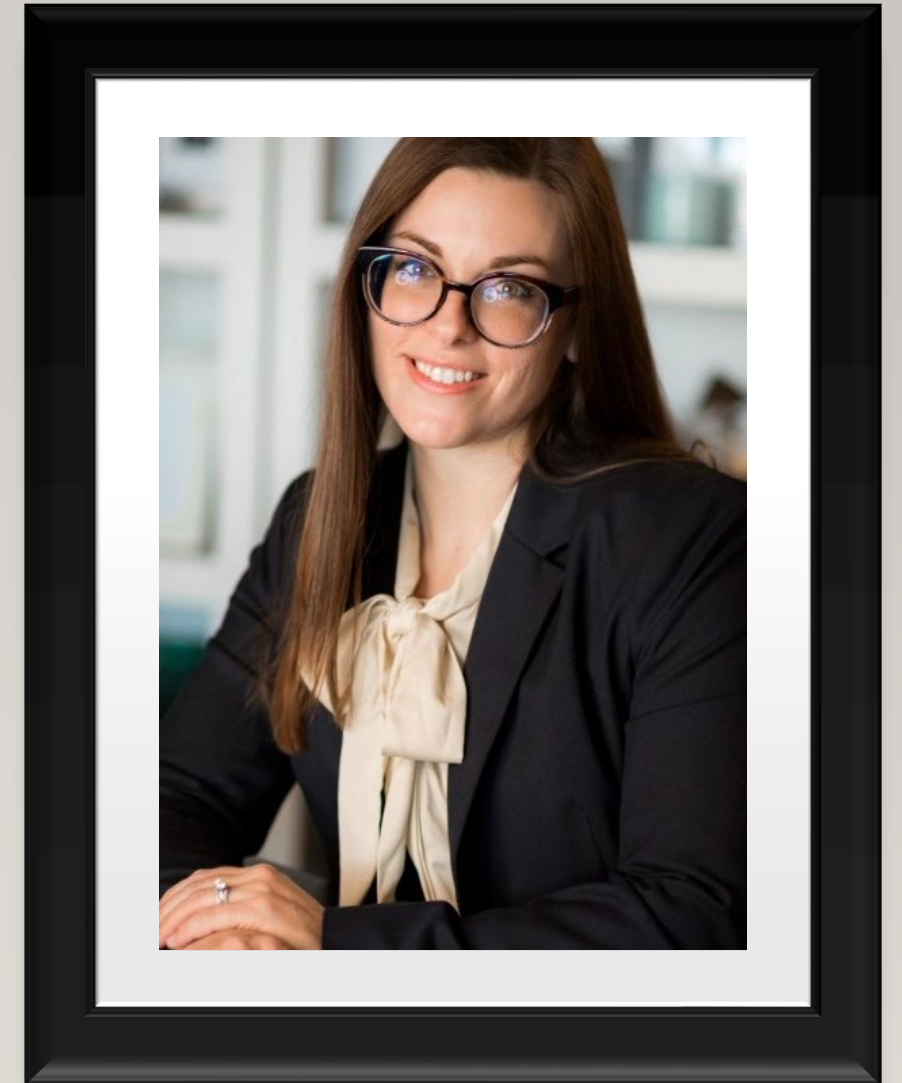
DANIE ROGERS

PEER MENTOR

U.S. Navy Reserve

2017-present

Army spouse



MY STORY

- My husband, Sam, served in the U.S. Army from 2005-2013 and had deployed to Afghanistan 3X.
- I noticed that he was struggling with insomnia and executive functioning.
- This looked liked workaholism/ADHD, but it was really PTSD/anxiety.

LESSONS LEARNED

- Using “you” statements → Once I switched to using “I feel” and describing my experiences/observations (as opposed to unintentionally coming across as accusatory), our communication improved.
- Finding a combat Vet to talk with who could relate and be an objective 3rd party was helpful.

TAKE HOME POINTS

01

Listen at least twice
as much as you talk.

02

Be willing to
accompany the Vet
to seek professional
treatment.

03

Keep in mind
various referrals and
resources that you
can share.




JADA REYNOLDS

PEER MENTOR

ARMY VETERAN, 1999-2014

OPERATION ENDURING FREEDOM, OPERATION IRAQI FREEDOM



KEITH:
Come and have a
drink with me!

Have you ever gotten a distressed call from a Veteran in the middle of the night who wants you to meet them for a drink?

Keith served in Iraq in 2003, upon returning home he remained invested in the ongoing conflict in the Middle East. His interest seemed like an obsession with the news, that triggered him to want to go back.

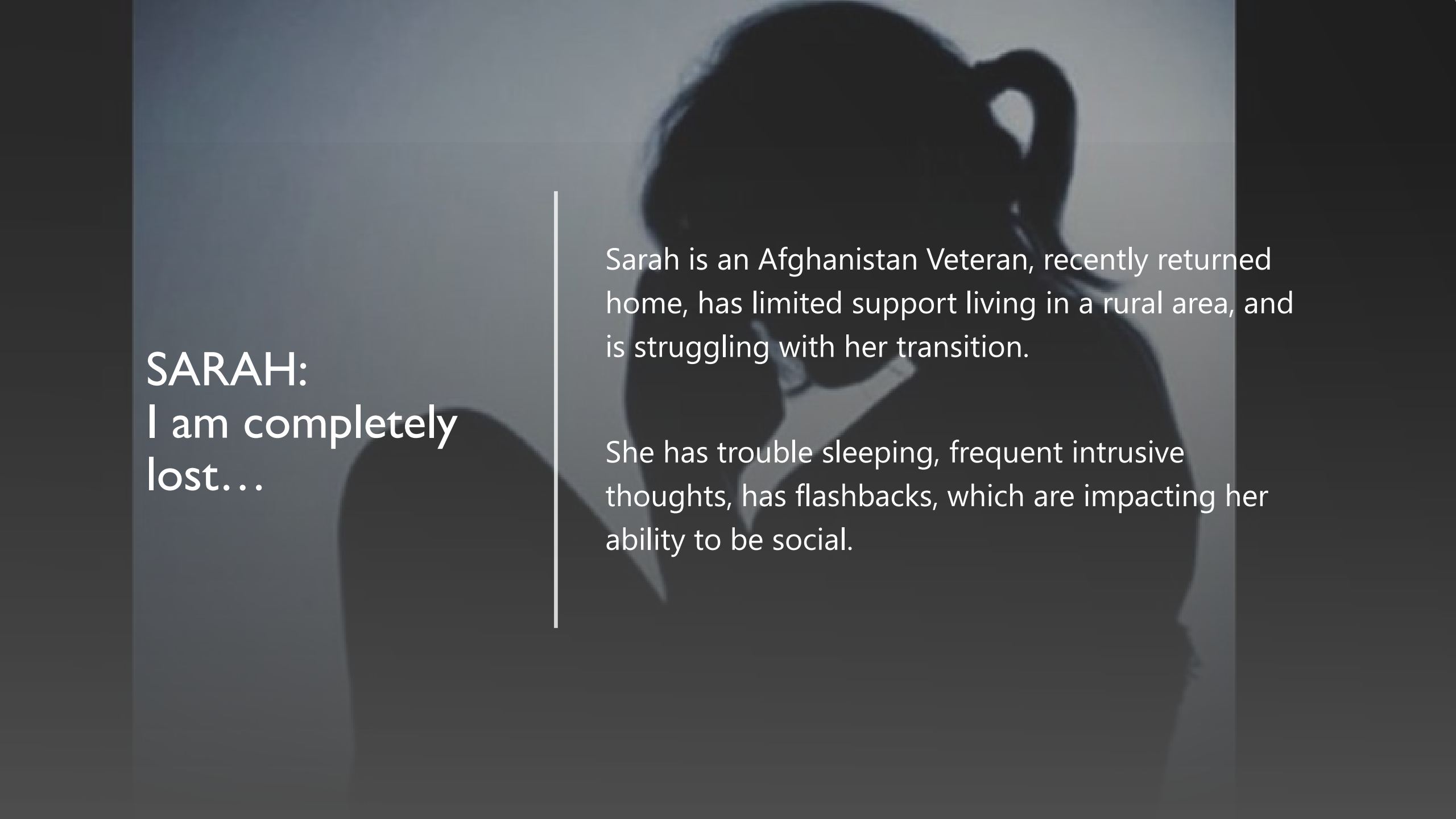
WHAT I DID vs. WHAT I SHOULD HAVE DONE



Keith would call me and ask me to meet him out, which I did. I thought I was supporting him but in fact I was merely listening, which did not resolve the issues.



What he needed was professional help, which he did not seek. I should have given him specific resources or accompanied him to an appointment.



SARAH:
**I am completely
lost...**

Sarah is an Afghanistan Veteran, recently returned home, has limited support living in a rural area, and is struggling with her transition.

She has trouble sleeping, frequent intrusive thoughts, has flashbacks, which are impacting her ability to be social.

WHAT WORKED

Sarah and I identified Veteran and civilian resources that could be used remotely over the phone.

What worked was that the solution we identified was *hers*. She did not want to do remote mental health.

What worked was that I was her battle buddy.



TAKE HOME POINTS

Listening is paramount!

BUT... sometimes listening is not enough. Learn to recognize when practical **assistance or resources** are needed.

Don't be afraid to break the ice, **share a story**, and **just do what you can** from there. You're not expected to be a professional.

Be a battle buddy. Make a commitment to the person and walk with them through the process *when the time is right*.

If they're in a place of blaming and anger, don't push for a specific outcome.

Don't assume you know the reasons for someone's behavior. They may have a TBI that affects their attention/memory.

JAMES FIALKOWSKI

PEER MENTOR

U.S. Marines

1985-2005

Ret. Gunnery Sergeant, Operation Iraqi Freedom
(OIF)



MY STORY

- I helped someone get their benefits for PTSD.
- They didn't want to talk about their symptoms, so I shared what I do at night.
- I took the time to establish some TRUST and set the conversation before I disclosed my story.



WHAT WORKED

- Use “structured self disclosure.” Tell your story in a way that reaches them and connects to them.
- Remember that you are telling your story for them, not yourself.

TAKE HOME POINTS

When you disclose your personal story, it models and gives courage to others to do the same.

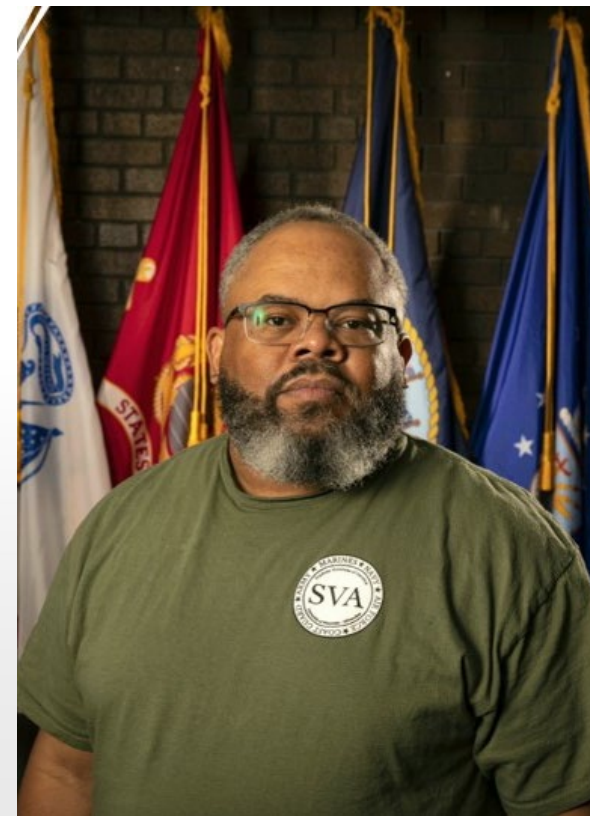
Telling your story can be cathartic and allows healing to take place.

JAMES “GROOVY” COCROFT

PEER MENTOR

U.S. Navy Retired

1987-2007



MY STORY

- I was working at the university with the student Veteran population and found myself at the Vet Center, needing to understand what was going on with me.
- Feelings and emotions were welling up in me that I didn't understand. I needed to understand myself better in order to support other Veterans.
- Through peer support and therapy, I learned it was okay not to be okay.
- My therapist helped me to find balance.
- Now that is part of what I do with the Veterans I serve.



LESSONS LEARNED

- WHAT WORKS

- Making time to listen to the Veteran – it shows you value them.
- Really focusing and hearing what they are saying.
- Telling part of my own story to support and let them know they are not alone.
- Modeling being vulnerable and that “not okay” is okay.

- WHAT DOESN'T WORK

- Not fully listening.
- Not prioritizing their need to connect.
- Undervaluing their story by talking about yourself too much or not paying attention.



A photograph of two people from behind, sitting on a boat and looking out at a body of water. The person on the left is wearing a dark baseball cap and a white t-shirt. The person on the right is wearing a white t-shirt. The water is dark and has small ripples. The overall tone is somber and reflective.

TAKE HOME POINTS

- Make sure the Veteran knows they are not alone in their experience.
- It's okay not to be okay.
- Self care is important for you and those you support.

JESSE MILLER

PEER MENTOR

U.S. Marines, 2000-2010

Operation Enduring
Freedom/ Operation Iraqi
Freedom (OEF/OIF)





SITUATIONAL AWARENESS

Description

- Being visually aware of everything around you, outside, or if indoors, noticing people, and your surroundings
- Sensing what might be going on “below the surface”
- Requires mental effort to maintain in public places, but most Veterans have this behavior: It protected you in the service (roadside IED, booby trap, ambush) but can cause issues in the civilian world

Identifying a Veteran “in the wild”

- It can take place from a distance. Examples: Certain tattoos; clothing (e.g., hat or T-shirt); vehicle sticker (e.g., Semper Fi) or plate; military haircut or posture
- Think of identifying Veterans in distress as *a tactical mission requiring situational awareness*
- Learn how to read them and engage them. Leverage your basic knowledge of military branches, famous servicemen, battles, etc. Have some talking points.



WALK A MILE IN MY BOOTS

Experiences can be very different!

- 4 of 8 years deployed vs. 1-year rotation vs. watching all your friends go but not you vs. *mostly* desk job in Green Zone
- Draftee vs. volunteer
- Sniper seeing their kills firsthand vs. recovering comrades vs. walking past dead non-combatants
- Hero's welcome versus being spat upon

However,

It is NOT about your service, but you may need to use your service indirectly, e.g., the discipline it taught you. So shut up and listen without making comparisons to your own story and/or passing judgment.



CONCEPTS IN ACTION

Counselor at MATC

- I was enrolled at MATC for paramedic training.
- Using **situational awareness**, a counselor there picked up on the clues I had given him.
- He observed me and guessed that there was more going on with me below the surface. He helped me identify my problem as PTSD, which wasn't as socially acceptable then.
- He suggested I seek help at VA.

LESSON:

He used **situational awareness** on me, like the force, when many had not. He could see thru whatever walls I was putting up and could see there was something else going on.



TAKE HOME POINTS



- **Situational awareness** is key to seeing what others may not and finding a way to open the door.
- **Your service matters!** Veterans are especially well-suited to help other Veterans – we need to do this *together*.
- **BUT... avoid the pitfalls of judging** someone else's experience (e.g., combat vs. non-combat) or stereotyping based on branch or period of service.

OTIS WINSTEAD

PEER MENTOR

U.S. Army

1974-1977

Vietnam Era





JOE: I DON'T HAVE A GOD BOX

- Joe was a Vietnam Veteran with heroin and cocaine addiction. He was extremely musical and a warmhearted man.
- He struggled with his purpose in the world, his existence, and that he did not have a spiritual life.

WHAT I DID VS. WHAT I SHOULD HAVE DONE

I met with him every week. We facilitated a music program for him to lead. We hired him.

BUT I did not enable him to tap into his spirituality more.

I should have been more forthcoming with that pathway.

He committed suicide. He never did check the God Box.



MIGUEL: I CAN SEE NOW

- Iraq Veteran, involved with the court system and living with schizophrenia.
- His PTSD symptoms also triggered situations where he acted out behaviors that were unlawful.
- He was in and out of the justice system.

WHAT WORKED

- What worked was me naming and identifying with his lived experience.
- I disclosed that I was also living with voices, with schizophrenia.
 - *We could relate with each other, and he felt less alone.*
- Acknowledging and validating his experience, by making myself vulnerable.
- I made sure he knew there were others like him.
 - *I made sure he knew that was me.*

APPENDIX C-3

**Retrospective Pre-Post
Evaluation**

APPENDIX C-3

Pre/Post Evaluation: PTSD and Reclaiming Your Path

On a scale from 1 to 7, please rate yourself before and after the presentation.

SCALE:

1 2 3 4 5 6 7

Absolutely Disagree – Unsure – Absolutely Agree

BEFORE Presentation	STATEMENT	AFTER Presentation
	I'm familiar with the symptoms of PTSD.	
	Veterans with PTSD should receive treatment.	
	Treatment for PTSD is usually effective.	
	I feel comfortable starting a conversation with someone I think might be experiencing PTSD.	
	If I or a Veteran I know has questions about PTSD, I know where to go to get guidance.	

What would you like to know more about?

Thank you!

APPENDICES C-4A.1

4x6 Symptoms Card

Side 1 of 2

HOW TO ASK ABOUT SYMPTOMS

SLEEP PROBLEMS

- Are you sleeping OK?
- Are you awake frequently during the night?

ANGER ISSUES

- Do you get irritated with people a lot?
- Do you feel pissed off all the time?

PTSD Symptoms



ATTENTION PROBLEMS

- Are you forgetting to do simple daily things?
- Are you forgetting stuff you have to do?
- Do you have a hard time concentrating

INTRUSIVE THOUGHTS/FLASHBACKS

- Are there things that you want to do, but don't, because they remind you of stuff?

FACEBOOK



reclaimingyourpath.org

APPENDICES C-4A.1
4x6 Symptoms Card
Side 2 of 2

HYPERVIGILANCE / STARTLE RESPONSE

- Do you feel like you're on edge a lot?
- Are you always on guard?

ANXIETY / PANIC ATTACKS

- Do you feel wound up?
- Do you feel like you overreact to small things?

PTSD Symptoms



RISKY BEHAVIOR

- Are you taking chances?
- Are you doing things for the adrenaline rush?

ISOLATING / WITHDRAWAL

- Do you feel like you don't belong?
- Do you feel like everybody else is in their bubble and you're somewhere else?

APATHY/FEELINGS OF EMPTINESS

- Do you feel like you just don't care anymore?
- Do you feel numbed out?

FACEBOOK



reclaimingyourpath.org

APPENDIX C-4B
4x6 Talk Therapies Card

IF YOU HAVE...
Trauma-related obstacles

YOU CAN TRY...

Talking about the **impact** of the trauma (not the trauma) to **reframe your thoughts** and move past your stuck points.

THIS WORKS BY...

Introducing **new** and **different thoughts** that help to break negative thought loops.

THIS IS CALLED...

CPT – Cognitive Processing Therapy

Talk Therapies for PTSD



IF YOU HAVE...
Situations or memories you avoid because of trauma

YOU CAN TRY...

Learning **deep breathing** techniques to help you **stay calm** and then gradually talk more and more about the trauma.

THIS WORKS BY...

Remembering the trauma and your fear so often that they don't bother you as much anymore.

THIS IS CALLED...

PE – Prolonged Exposure

FACEBOOK



reclaimingyourpath.org

IF YOU HAVE...

Painful visual memories and flashbacks

YOU CAN TRY...

Bringing up those memories while following back and forth movements with your eyes.

THIS WORKS BY...

Making traumatic memories less vivid and **creating space** to reinterpret them.

THIS IS CALLED...

EMDR – Eye Movement Desensitization & Reprocessing

Talk Therapies for PTSD



IF YOU HAVE...

Multiple traumatic experiences

YOU CAN TRY...

Telling your life story as a timeline that includes all experiences, good and bad.

THIS WORKS BY...

Moving traumatic memories into the past and out of the center of your life.

THIS IS CALLED...

NET – Narrative Exposure Therapy

FACEBOOK



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APPENDIX C-4C
4x6 Medications Card

ALL THE **MOST** ESTABLISHED DRUGS FOR PTSD

- Are also used to treat anxiety & depression
- Can be taken once a day
- Are available as generics
- Take a couple weeks to kick in
- Start at a dose that may need to go up
- Can cause problems having an orgasm, but peoples' experiences differ

Medications for PTSD



Sertraline (Zoloft)

- Least likely to make you feel you are on a drug
- Fewer interactions with other drugs
- It can cause stomach upset and diarrhea

Venlafaxine (Effexor XR)

- If you already sleep too much, this is a good choice
- Less likely to cause weight gain
- Less likely to make you dizzy when you stand up

FACEBOOK



reclaimingyourpath.org

ALL THE **MOST** ESTABLISHED DRUGS FOR PTSD

- Are also used to treat anxiety & depression
- Can be taken once a day
- Are available as generics
- Take a couple weeks to kick in
- Start at a dose that may need to go up
- Can cause problems having an orgasm, but peoples' experiences differ

Medications for PTSD



Paroxetine (Paxil)

- Can help you get to sleep
- This may be the most likely to cause weight gain
- Can cause a dry mouth and dry eyes

Fluoxetine (Prozac)

- This may boost your energy, but reduce your sleep
- There are more drug interactions with this one than the others
- Less likely to cause weight gain

FACEBOOK



reclaimingyourpath.org

APPENDIX D-1
EBT Survey for Veterans

Veterans' Perspectives on Treatments for Post-Traumatic Stress Disorder (PTSD)

We Need Your Help.

We're a Veteran-driven research and advocacy group. We received a grant to improve Veteran awareness of therapy options for PTSD. Our project is called Reclaiming Your Path.

Veteran Understanding of Talk Therapies and Medications.

This survey focuses on what Veterans know about what scientific studies show about the effectiveness of different talk therapies and medications for PTSD.

Why Do the Survey? Help Us Improve the Way We Talk with Veterans about Treatment Options.

To start, we need to find out what Veterans know now and how they feel about these treatments. This survey will help us do that. The responses we gather will help us improve the way we talk with Veterans and share information. For the best results, we need as many Vets as possible to do this survey - your voice is important!

This Survey is Voluntary and Anonymous.

To protect your privacy, this survey is voluntary and anonymous. However, if you'd like to hear from us about Reclaiming Your Path, you can share your contact information when you finish this survey: A new link will appear after you click 'Submit.' Note: The contact form is not tracked with your responses, and is entirely optional.

Some of the Words in this Survey are Confusing.

There are medical terms in this survey that you might not know - we expect that. Just do the best you can. It's on us to improve Veterans' familiarity with these terms in the future: That's why we're doing this project.

We use the term Post-Traumatic Stress Disorder (PTSD) because it's easy to recognize. However, we realize some Veterans do not like this term because of the stigma attached to the word 'disorder.' We respect this view.

How Long Does this Take? About 5 minutes.

We think this survey will take about 5 minutes to complete. Thanks for helping!

Today's date: _____

Which best describes you:

- I'm a Veteran
- I'm the family member of a Veteran
- Other (please describe): _____

How confident are you that you could recognize that a fellow Veteran might have post-traumatic stress symptoms?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident

Are you familiar with the following TALK THERAPIES for PTSD?

	Yes, I know what this is	No, I don't know what this is	I think I know what this is, but I'm not sure
Cognitive Processing Therapy (CPT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitated Peer Support Group Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prolonged Exposure (PE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychodynamic Therapy (PDT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solution-Focused Brief Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Movement Desensitization & Reprocessing (EMDR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on what you know or have heard, how much do you think Veterans with PTSD are helped by these TALK THERAPIES?

	Helps a lot	Helps some	Helps a little	Doesn't help at all	Can hurt	Don't know/not sure
Cognitive Processing Therapy (CPT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitated Peer Support Group Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prolonged Exposure (PE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychodynamic Therapy (PDT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solution-Focused Brief Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Movement Desensitization & Reprocessing (EMDR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you familiar with the following MEDICATIONS for PTSD?

	Yes, I know what this is	No, I don't know what this is	I think I know what this is, but I'm not sure
Quetiapine (Brand Name: Seroquel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lorazepam (Brand Name: Ativan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paroxetine (Brand Name: Paxil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoxetine (Brand Name: Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venlafaxine (Brand Name: Effexor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on what you know or have heard, how much do you think Veterans with PTSD are helped by these MEDICATIONS?

	Helps a lot	Helps some	Helps a little	Doesn't help at all	Can hurt	Don't know/not sure
Quetiapine (Brand Name: Seroquel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lorazepam (Brand Name: Ativan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paroxetine (Brand Name: Paxil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoxetine (Brand Name: Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venlafaxine (Brand Name: Effexor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you were to recommend a treatment for PTSD to a fellow Veteran, which one of these would it be:

- Talk therapy only
- Medication only
- A combination of talk therapy and medication
- Other (please specify):

Are there complementary or alternative THERAPIES or MEDICATIONS that you think are effective for PTSD based on what you've heard from other Veterans or from personal experience?

- Yes (please describe below)
- No

Please describe (you may describe more than one):

These next questions help us understand who completes this survey. This will help us make educational materials for Veterans who have different backgrounds.

In which branch (or branches) of the United States military have you served? Select all that apply.

- Army
 Marine Corps
 Navy
 Air Force
 Coast Guard
 National Guard/Reservists
 Other (please specify):

Were you deployed to a combat zone?

- Yes
 No

When was the last time you received healthcare through the VA system?

- I have never received healthcare from VA
 I received healthcare from VA during the last year
 I received healthcare from VA during the last five years
 I last received healthcare from the VA more than five years ago

How old are you?

- 20s 70s
 30s 80s
 40s 90s
 50s 100s
 60s

What is your gender?

- Male
 Female
 Other (please specify):

Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, of Hispanic, Latino, or Spanish origin

What is your race? Select all that apply.

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Pacific Islander
 Some other race (please specify):

Where did you get this survey?

Any additional thoughts you'd like to share?

If you are interested in voluntarily connecting with our team, you may provide your contact information here. If you choose to share your contact information, it will be stored separately from your survey responses and not connected to them in any way.

Thank you!

APPENDIX D-2
EBT Survey for Providers

APPENDIX D-2

Providers' Perspectives on Treatments for Post-Traumatic Stress Disorder (PTSD)

My name is Dr. Jeff Whittle. I am a Primary Care physician and researcher at the Zablocki VA Medical Center. We are studying physician perceptions of current psychotherapies and medications for PTSD. This brief anonymous survey will help us do that. Please put your completed survey in my mailbox or send via interoffice mail to PC/00. Thank you in advance for your assistance!

Proportion of your Veterans under 60 with PTSD that:

	0-25%	26-50%	51-75%	76-100%
Would benefit from PTSD treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are receiving at least one medication for PTSD symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are receiving at least one psychotherapy for PTSD symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Proportion of your Veterans 60 and older with PTSD that:

	0-25%	26-50%	51-75%	76-100%
Would benefit from PTSD treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are receiving at least one medication for PTSD symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are receiving at least one psychotherapy for PTSD symptoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you suggest Mental Health (MH) therapy for PTSD:

	0-25%	26-50%	51-75%	76-100%
What proportion of your patients agree to and complete a referral visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why aren't Veterans who have PTSD agreeing to MH care? (Note: Some Veterans may have more than one reason.)

	0-25%	26-50%	51-75%	76-100%
Saw no benefit from MH therapies during last 10 years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapies proposed by MH were unacceptable to the Veteran.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finds the idea of seeing MH unacceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not suggested MH during the last 10 years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their symptoms are not significant enough to be disruptive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran feels they can "handle" symptoms you find important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You and your Veteran are prioritizing other health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proposed therapies require too much time and effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you address your Veterans' persistent PTSD symptoms? (Check all that apply)

- Rely on MH provider to address them.
- Trial of medication(s) that MH provider has not tried.
- Suggest complementary/alternative medicines.
- Suggest complementary/alternative therapies.
- Suggest behavioral strategies to cope with them.

Based on what you've heard from Veterans you or your care team have treated, how much do you think these psychotherapies help reduce symptoms of PTSD?

	Helps a lot	Helps some	Helps a little	Doesn't help at all	Can hurt	Don't know/Not sure
Cognitive Processing Therapy (CPT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitated Peer Support Group Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prolonged Exposure (PE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychodynamic Therapy (PDT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solution-Focused Brief Therapy (SBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Movement Desensitization & Reprocessing (EMDR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on what you've heard from Veterans you or your care team have treated, how much do you think these medications help reduce symptoms of PTSD?

	Helps a lot	Helps some	Helps a little	Doesn't help at all	Can hurt	Don't know/Not sure
Quetiapine (Brand Name: Seroquel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lorazepam (Brand Name: Ativan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paroxetine (Brand Name: Paxil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoxetine (Brand Name: Prozac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venlafaxine (Brand Name: Effexor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you were to recommend a treatment for PTSD symptoms to a Veteran in your clinic, which ONE of these would it be:

- Psychotherapy only
- Medication only
- A combination of psychotherapy and medication
- Other (please describe)

Other recommended treatment: _____

Based on what you've heard from Veterans seeking care in your practice, are there complementary or alternative medicines or therapies that you think are effective for PTSD symptoms?

- Yes (please describe)
- No

Other complementary or alternative medicines or therapies: _____

Your role:

- Physician
- Physician Assistant (PA) or Nurse Practitioner (NP)
- Social Worker (PCMHI)

How many years have you worked in this role? _____

How many of those years involved working with Veteran patients? _____

Please describe your military experience:

- None
- Enlisted
- Officer
- Non-commissioned officer

Other comments about PTSD treatment in your setting: _____

Thank you!

APPENDIX D-3

Results Table

APPENDIX D-3

Table 1: Use of Prolonged Exposure or Cognitive Processing Therapy among Veterans seen in any Mental Health Clinic; FY* 2020 -2023

Fiscal Year (FY) & Quarter (Q)	N with PTSD* Diagnosis	N (%) receiving PE* or CPT
FY2020-Q1	2163	114 (5.27)
FY2020-Q2	2065	135 (6.54)
FY2020-Q3	1081	67 (6.20)
FY2020-Q4	1533	76 (4.96)
FY2021-Q1	1594	84 (5.27)
FY2021-Q2	1669	76 (4.55)
FY2021-Q3	2068	104 (5.03)
FY2021-Q4	2101	122 (5.81)
FY2022-Q1	2123	120 (5.65)
FY2022-Q2	2189	170 (7.77)
FY2022-Q3	2153	208 (9.66)
FY2022-Q4	2024	144 (7.11)
FY2023-Q1	1957	169 (8.64)
FY2023-Q2	1989	156 (7.84)
FY2023-Q3	1972	138 (7.00)
FY2023-Q4	2021	129 (6.38)

* FY=Fiscal year; PTSD = Post Traumatic Stress Disorder; CPT = Evidence Based Medical Therapy; PE = Prolonged Exposure Therapy

Table 2: Use of any of the four Evidence Based Medical Therapies**

Use of EBMT*	FY19 (N=4862) N (%)	FY23 (N=5423) n (%)
Venlafaxine start	89 (1.83)	73 (1.35)
Venlafaxine ever	243 (5.00)	217 (4.00)
Sertraline start	148 (3.04)	130 (2.40)
Sertraline ever	376 (7.73)	361 (6.66)
Paroxetine start	17 (0.35)	23 (0.42)
Paroxetine ever	60 (1.23)	34 (0.63)
Fluoxetine tart	85 (1.75)	113 (2.08)
Fluoxetine	188 (3.87)	191 (3.52)
Any EBMT start	339 (6.97)	339 (6.25)
Any EBMT ever	867 (17.83)	803 (14.81)

* EBMT = Evidence Based Medical Therapy

**

APPENDIX E

Resources

RESOURCES

PTSD AND ITS TREATMENT

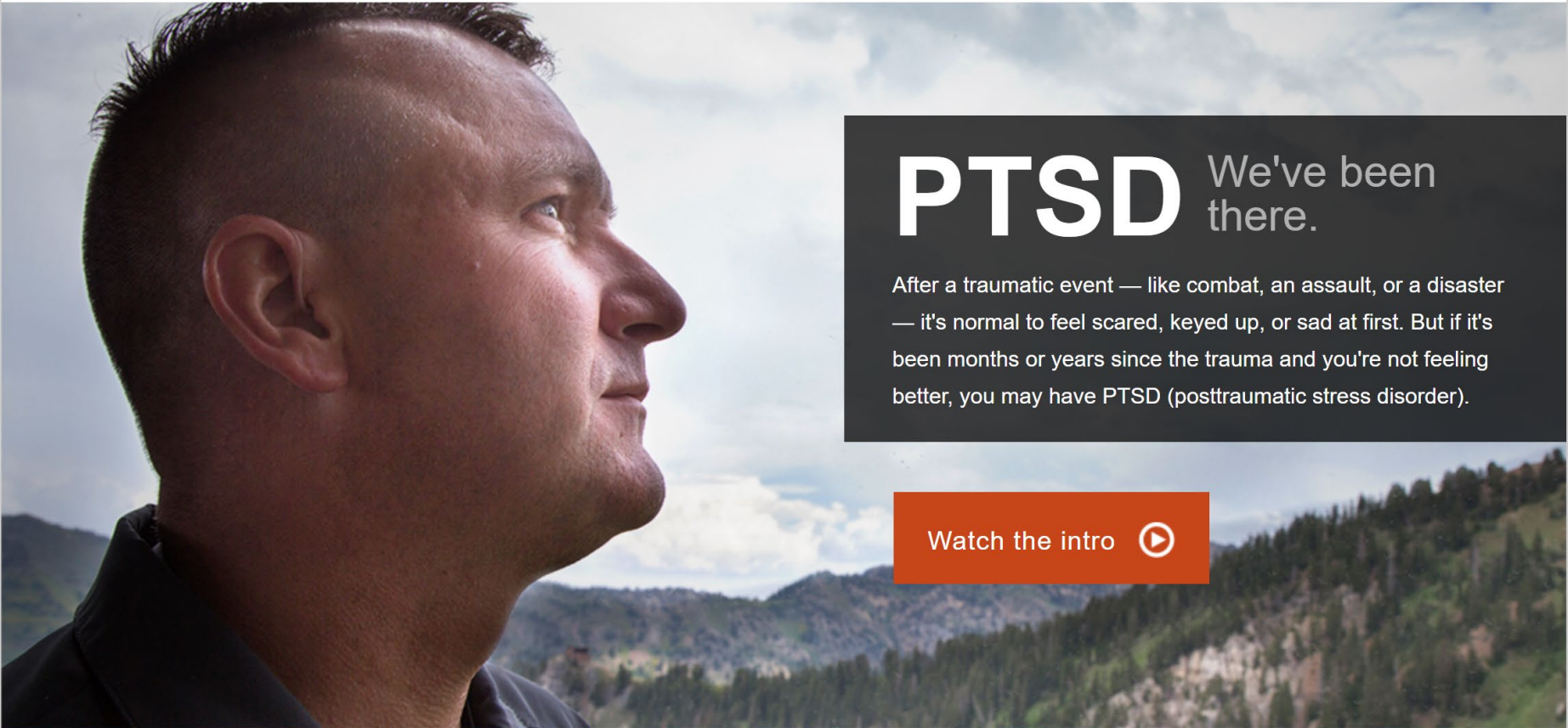
WEBSITES / ADVERTISING / SOCIAL MEDIA / FLYERS / BOOKLETS



WEBSITES

ABOUTFACE

Home Watch Learn More Get Help



PTSD We've been there.

After a traumatic event — like combat, an assault, or a disaster — it's normal to feel scared, keyed up, or sad at first. But if it's been months or years since the trauma and you're not feeling better, you may have PTSD (posttraumatic stress disorder).

Watch the intro





Search



Find Local Support

Stories of Connection ▾ Life Events & Experiences ▾ Signs & Symptoms ▾ Conditions ▾ Treatment & Support ▾ Resources For ▾

Connect With Stories of Help and Hope



LEARN FROM VETERANS' EXPERIENCES



PTSD

TREATMENT DECISION AID: THE CHOICE IS YOURS

LEARN

Learn about PTSD and how this decision aid can help

COMPARE

Compare effective PTSD treatment options

ACT

Take action to start treatment





U.S. Department of Veterans Affairs

Get help from Veterans Crisis Line >

 Search

SITE MAP [A-Z] 📧 📘 🐦 📺 📺 📺 📺

- Health
- Benefits
- Burials & Memorials
- About VA
- Resources
- Media Room
- Locations
- Contact Us

VA » Health Care » PTSD: National Center for PTSD » Understand » PTSD Awareness » Working Together to Raise PTSD Awareness

PTSD: National Center for PTSD

- PTSD
 - PTSD Home
 - Understand PTSD
 - What is PTSD?
 - Types of Trauma
 - Is it PTSD?
 - How Common is PTSD?
 - Related Problems
 - PTSD Awareness
 - Understand PTSD Treatment
 - Get Help
 - For Families and Friends
 - For Providers
 - Apps, Videos and More

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JUNE IS PTSD AWARENESS MONTH

VA Website – PTSD Awareness Month



ADVERTISING

PTSD TREATMENT WORKS

Why wait?

www.ptsd.va.gov

PTSD TREATMENT WORKS

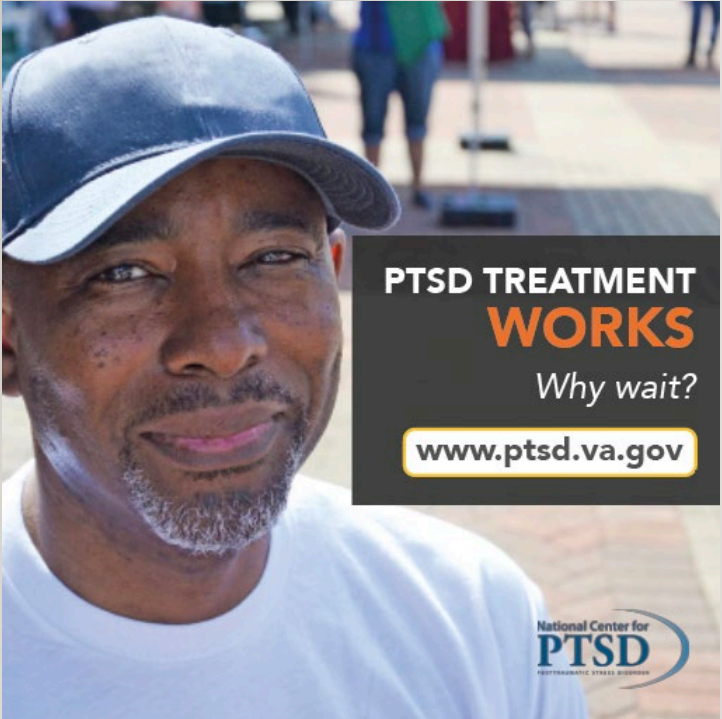
Why wait?

- Visit www.ptsd.va.gov to learn about PTSD symptoms and treatment options
- Hear how Veterans turned their lives around with PTSD treatment at www.ptsd.va.gov/aboutface

[facebook.com/VAPSTD/](https://www.facebook.com/VAPSTD/)

twitter.com/VA_PTSD_Info

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER



PTSD TREATMENT WORKS

Why wait?

www.ptsd.va.gov

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER



PTSD TREATMENT WORKS

Why wait?

www.ptsd.va.gov

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER



SOCIAL MEDIA





**8 MILLION ADULTS
HAVE PTSD IN A
GIVEN YEAR**

National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

**UNDERSTAND
PTSD AND PTSD
TREATMENT**



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

**COMPARE TREATMENT
OPTIONS WITH THE
PTSD TREATMENT
DECISION AID**



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

**EXPERIENCING SYMPTOMS
OF PTSD? LEARN MORE ABOUT
PTSD AT WWW.PTSD.VA.GOV**



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

FLYERS





**“OUT HERE
THERE AREN'T
ALWAYS GOOD
DECISIONS...
JUST DECISIONS.”
CPL ALBRECHT**

Sign up at bit.ly/WarriorsPath

WHAT'S MORAL INJURY?

And what does this graphic novel of the Iraq War have to say about it?

Join us for a Vet-to-Vet dinner and discussion series that uses military comics and graphic novels to talk about service and sacrifice.

**WEDNESDAYS 6-7:30 PM | JUNE 2 - AUGUST 4
UW MILWAUKEE UNION**

Graphic novel, comic books,
parking and pizza will be provided.

For more information
email khooyer@mcw.edu



Feast of Crispian Presents:

And Welcome Home Again

A Soul Journey Out of Vietnam



U.S. helicopters fly over rice fields in Vietnam in 1961. (Dickey Chapelle/Wisconsin Historical Images)



Presented at Next Act Theatre's Performance Space,

255 S. Water St., (Milwaukee, WI 53204)
General Seating. Reservations recommended
Call Next Act Box Office: 414-278-0765

**Thursday, August 26th,
and Friday August 27th, @ 7:30 pm
Saturday August 28th @ 2:30 pm**

Admission is free, donations gratefully accepted



Events – Vet-to-Vet Dinner and Feast of Crispian



NATIONAL VETERANS CREATIVE ARTS FESTIVAL

2021 Competition Handbook

Presented by



U.S. Department of Veterans Affairs



American Legion Auxiliary

National Veterans Sports Programs & Special Events

FACT SHEET

The NVSPSE office provides opportunities for Veterans to improve their independence, well-being, and quality of life through adaptive sports and therapeutic arts programs in accordance with 38 United States Code 322, 521, 521A. As leaders in adaptive sports and therapeutic arts programs that complement VA's rehabilitation system of care, the program encourages Veterans and members of the Armed Forces with disabilities to stretch beyond perceived limitations.

In service of this mission, the NVSPSE directs six national rehabilitation events delivering direct patient care to Veterans eligible for VA health care. These programs embrace formalized adaptive sports medicine as a practice specialty and provide the largest coordinated therapeutic arts program for Veterans.

Built on VA clinical expertise and operations, with essential support from Veteran Service Organizations, corporate sponsors, individual donors, and community partners, the programs allow VA to extend its level of care beyond the clinical setting. The rehabilitation events, held in cities across the nation, serve thousands of Veterans and train hundreds of VA rehabilitation providers across more than 125 VA medical centers annually.

NATIONAL VETERANS WHEELCHAIR GAMES



The National Veterans Wheelchair Games, co-presented by VA and Paralyzed Veterans of America, serves Veterans with spinal cord injuries, multiple sclerosis, amputations, stroke, and other neurological disorders. Since 1981, National Veterans Wheelchair Games have been inspiring Veterans to live healthier and more active lives through adaptive sports. It is the largest wheelchair sports rehabilitation event for Veterans with disabilities in the United States.

www.wheelchairgames.org

NATIONAL VETERANS GOLDEN AGE GAMES

Founded in 1985, the National Veterans Golden Age Games serves Veterans ages 55 years and older. Through its "Fitness for Life" motto, the Golden Age Games offers sports competitions and health education sessions to demonstrate the value that sports, wellness, and fitness provide to assist senior Veterans live an active and healthy lifestyle. National Veterans Golden Age Games is a qualifying event for the National Senior Games. www.veteransgoldenagegames.va.gov



NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC



The National Disabled Veterans Winter Sports Clinic has helped many of our nation's most profoundly disabled Veterans overcome obstacles and challenge their perceived limitations. The event is presented by VA and DAV (Disabled American Veterans), and provides rehabilitation through adaptive winter sports, headlined with Alpine skiing, Nordic skiing, and snowboarding. Since 1987, the Winter Sports Clinic has served Veterans with traumatic brain injuries, spinal cord injuries, amputations, visual impairments, and certain neurological conditions. The Winter Sports Clinic is hosted by the VA Western Colorado Health Care System. www.wintersportsclinic.org

WWW.VA.GOV/ADAPTIVESPORTS SOCIAL: @SPORTS4VETS EMAIL: SPORTS4VETS@VA.GOV

NATIONAL VETERANS CREATIVE ARTS COMPETITION & FESTIVAL



The National Veterans Creative Arts Competition & Festival recognizes the role creative arts therapy plays in the rehabilitation of Veterans. Veterans who showcase their achievements in the festival are selected gold medal winners of national art, music, dance, drama, and writing competitions in which thousands of Veterans enter from VA facilities across the nation. The festival is presented by VA and the American Legion Auxiliary and culminates with a stage performance, writing exhibition, and gallery-style showcase of artwork. www.creativeartsfestival.va.gov

NATIONAL DISABLED VETERANS T.E.E. (TRAINING, EXPOSURE, EXPERIENCE) TOURNAMENT



The National Disabled Veterans TEE Tournament serves Veterans with visual impairments, amputations, traumatic brain injuries, psychological trauma, certain neurological conditions, spinal cord injuries, and other life changing disabilities. Presented by VA and DAV (Disabled American Veterans), the TEE Tournament provides adaptive golf instruction and a range of adaptive sports opportunities. The rehabilitation event is held in the Iowa City, Iowa area and hosted by the Iowa City VA Health Care System. www.veteransteetournament.org

NATIONAL VETERANS SUMMER SPORTS CLINIC



Founded in 2008, the National Veterans Summer Sports Clinic serves newly injured Veterans with complex disabilities, such as traumatic brain injury, post-traumatic stress disorder, visual impairments, neurological conditions, spinal cord injury, or loss of limb. The Summer Sports Clinic promotes the value of rehabilitation through adaptive summer sports, including surfing, sailing, kayaking, cycling, and new emerging sports. It is hosted by the VA San Diego Healthcare System. www.summersportsclinic.va.gov

MONTHLY ASSISTANCE ALLOWANCE PROGRAM

VA provides a monthly stipend to Veterans with disabilities who are actively training in a Paralympic or Olympic sport. Eligibility includes meeting the standard established by the sport governing body or being selected as a member of the National Team in a qualifying sport.



U.S. Department of Veterans Affairs

WWW.VA.GOV/ADAPTIVESPORTS SOCIAL: @SPORTS4VETS EMAIL: SPORTS4VETS@VA.GOV

ADAPTIVE SPORTS GRANT PROGRAM

VA awards grants to qualifying organizations to plan, develop, manage, and implement programs to provide adaptive sports, provider training, and other opportunities for Veterans and members of the Armed Forces. With the use of these grants, VA is helping community organizations promote community reintegration through sports. Eligible activities range from traditional and Paralympic sports to non-traditional outdoor recreational activities such as hiking, fishing, and adventure sports.

The National Center for PTSD (NCPTSD) is the leading research and educational center of excellence on PTSD and traumatic stress.

WHAT IS PTSD?

Posttraumatic stress disorder (PTSD) is a mental health concern that some people develop after experiencing or witnessing a traumatic event, like combat, a natural disaster, a car accident, or sexual assault.

There are four types of PTSD symptoms:

- 1 Reliving or re-experiencing the event
- 2 Avoidance
- 3 Hyperarousal or being on guard
- 4 Negative changes in beliefs and feelings

HOW IS PTSD TREATED?

PTSD treatment works and can help trauma survivors live happy and productive lives. The trauma-focused psychotherapies (talk therapies) with the strongest evidence are:

- ✓ **Prolonged Exposure (PE)**
Teaches you to gradually approach trauma-related memories, feelings and situations that you have been avoiding since your trauma.
- ✓ **Cognitive Processing Therapy (CPT)**
Teaches you how to change the upsetting thoughts and feelings you have had since your trauma.
- ✓ **Eye Movement Desensitization and Reprocessing (EMDR)**
Helps you process and make sense of your trauma while paying attention to a back-and-forth movement or sound.

HOW DOES THE NATIONAL CENTER FOR PTSD HELP?

- Visit the NCPTSD website to learn more about PTSD and evidence-based treatment options: www.ptsd.va.gov
- Use the PTSD Treatment Decision Aid to compare effective treatment options and get a personalized summary: www.ptsd.va.gov/apps/decisionaid
- Visit AboutFace to hear how PTSD treatment helped Veterans turn their lives around: <https://www.ptsd.va.gov/apps/AboutFace/Index.html>
- Download free mobile apps to get self-help information and support: www.ptsd.va.gov/appvid/mobile/index.asp
- Contact the PTSD Consultation Program to receive personalized support if you are working with Veterans who have PTSD: <https://www.ptsd.va.gov/professional/consult/index.asp>
- Download and share educational print materials: <https://www.ptsd.va.gov/publications/print/index.asp>

HOW COMMON IS PTSD?

About **8 million** adults have PTSD during a given year.



About **60%** of men experience at least one trauma in their lives



About **50%** of women experience at least one trauma in their lives



7-8% of the population will have PTSD at some point in their lives



BOOKLETS



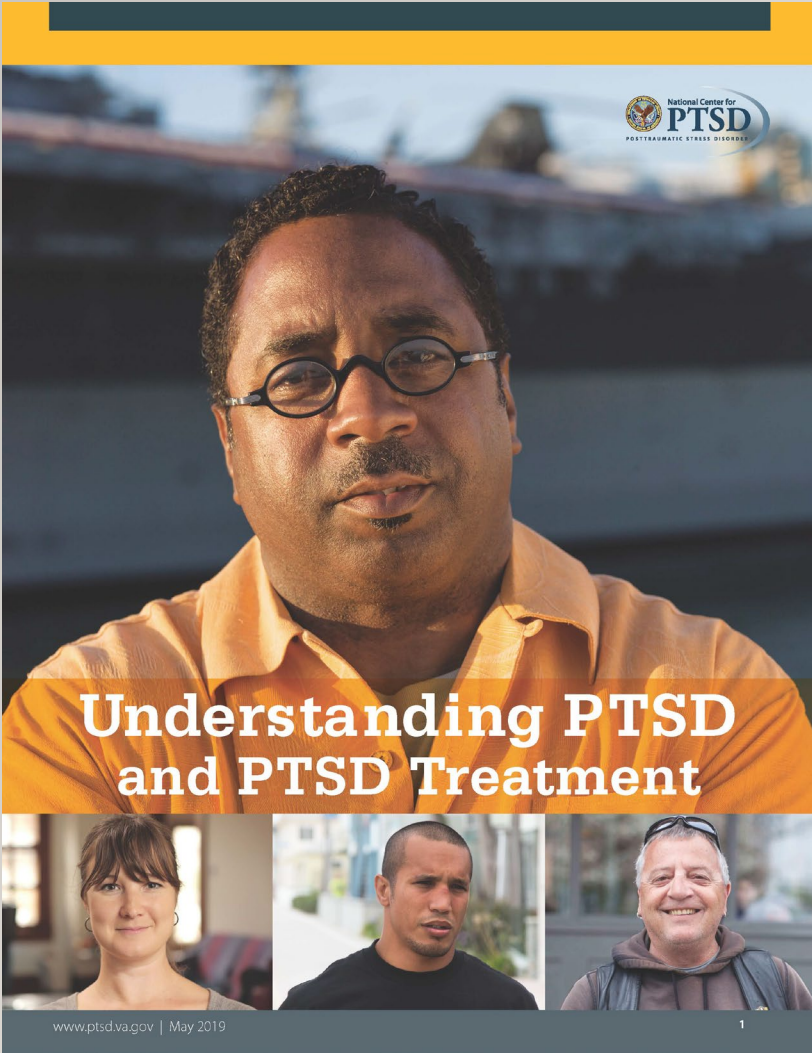


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— Laurent G. Taillefer II, US Army (2003–2006)



Get help if you're in crisis

If you feel like you might hurt yourself or someone else:

- **Call 1-800-273-TALK** (1-800-273-8255) anytime to talk to a crisis counselor. Press "1" if you are a Veteran. The call is confidential (private) and free.
- **Chat online with a crisis counselor** anytime at <http://www.suicidpreventionlifeline.org/>.

You can also call 911 or go to your local emergency room.

What is PTSD?

PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.

It's normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months.

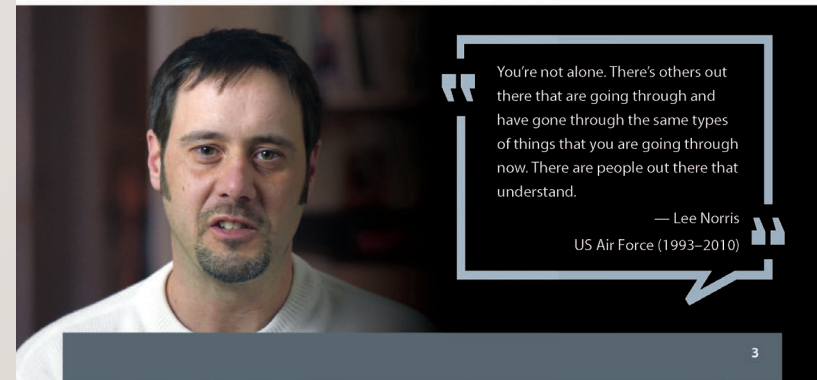
If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.

If thoughts and feelings from a life-threatening event are upsetting you or causing problems in your life, **you may have PTSD.**

Here's the good news: you can get treatment for PTSD — and it works. In this booklet, you'll learn about types of treatment that are proven to help.

For some people, treatment can get rid of PTSD altogether. For others, it can make symptoms less intense. Treatment also gives you the tools to manage symptoms so they don't keep you from living your life.

PTSD treatment can turn your life around — even if you've been struggling for years.



“ You're not alone. There's others out there that are going through and have gone through the same types of things that you are going through now. There are people out there that understand. ”

— Lee Norris
US Air Force (1993–2010)

STARS AND STRIPES

VETERANS BENEFITS GUIDE



U.S. Department of Veterans Affairs

Are you taking advantage of the benefits you've earned? If not, start now.



A message from Mike Frueh, Principal Deputy Under Secretary for Benefits

Each year, nearly 250,000 service members don their military uniforms for the last time, marking the start of their journey to civilian life. Whether you served for 30 days or 30 years, our goal at the Veterans Benefits Administration (VBA) is to ensure you get the benefits you earned in a way that honors your service.

I have worked at the Department of Veterans Affairs (VA) for nearly 25 years now, and the dedication, bravery and resolve of our nation's service members and veterans never ceases to amaze me. Millions of Americans have selflessly worn an Army, Navy, Air Force, Marine or Coast Guard uniform, standing ready to protect the freedoms we hold dear. In the early years of VA, benefits and health care were available to qualified veterans after military service. However, only a few resources existed to help service members readjust to civilian life—but that's no longer the case.

Today, VBA offers a variety of benefits for transitioning service members. After all, you make sacrifices to keep our country and to serve our nation. It's our turn to serve you. At VBA, we understand that the military to civilian transition can be a stressful time for you and your family. Not only are you leaving behind the military structure that you've become accustomed to, you're also navigating a sea of programs, benefits and services. In addition, you may be curious about how you can translate your military experience into a civilian job.

Fortunately, you don't have to navigate the transfer period or benefits system alone. You have support from us and our partners. VBA works with the Department of Defense, Labor Education and Homeland Security (Coast Guard), as well as the Small Business Administration and the Office of Personnel and Management, to ensure you have the resources you need to achieve emotional, health, physical health and economic stability in civilian life.

Benefits and services you and your family can use now. At this point, you might be saying to yourself, "I don't even know which benefits can get me now!"

supposed to take full advantage of them? Well, I have some good news for you. First, we have VA Benefits Advisors at or near 331 military installations worldwide who can provide you and your family members with one-on-one assistance. In addition to the required Transition Assistance Program (TAP) courses you will complete at the start of your transition, our Benefits Advisors can help you understand which benefits you're entitled to and how to apply for them.

Next, if you're currently an active-duty service member in any of the uniformed services, including the National Guard and Reserve with federal pay, you may already be eligible for several VA benefits. Traditional and technical members of the National Guard and Reserve may also qualify for certain benefits.

For example, are you in the market for a new home? If so, you can apply for a Certificate of Eligibility (COE) to show your lender that you qualify for VA direct or VA-backed loan based on your service history and duty status. If you're interested in pursuing a degree, our education benefits can help you pay tuition, pick out a school or choose a career. We also have life insurance options to help you protect your loved ones.

Here is the most important piece of advice I can give you: don't wait to start using your VA benefits. Not only do you deserve to use them now, but some VA benefits are time sensitive. This means you will need to act quickly. For example, if you have an illness or injury that you believe was caused or aggravated by your service, you may be able to get your benefits sooner by filing a pre-discharge disability claim within 180 to 360 days before separation. We also offer educational and career planning to help with your transition to a civilian career. However, to get Personalized Career Planning and Guidance (Chapter 36), you will need to apply within six months of your discharge from active duty and use the program within one

Did you know?

- There are 18 VA benefits available to those who are serving on active duty in the United States uniformed services, including active National Guard and Reserve with federal pay.
- Service members attended almost 157,000 transition-related events offered by VBA from April to June 2021.
- Individuals who take TAP courses have higher rates of satisfaction with their lives and their future outlook than those who did not.

Post Separation TAP Assessment (PSTAP) Outcome Study Report, our first multi-year long-term study aimed at determining the effectiveness of TAP and its impact on veterans in their civilian lives—we learned a lot from the results.

When we heard that you needed more time with the materials and additional one-on-one assistance, we engaged up our educational and career counseling efforts to extend the length of the VA Benefits briefing course. When you said that the challenges of transitioning to civilian life had an impact on mental health, we examined our Solid Start program, Military Life Cycle Resources - Transition and Economic Development (VAgo) and Decree Order 13822 Action Plan to see where we could improve and ensure that these programs have the intended impact.

These evaluation efforts provide us with the critical data we need to make evidence-based decisions. Our transition benefits and services will continue to undergo periodic reviews. We are working with our partners to measure the long-term outcomes associated with our programs and report on measures related to employment, income, entrepreneurship, education, training and program processes.

So, what happens next? We continue to listen to your feedback and improve. Here at VBA, we are committed to exploring how we can continually expand and better our transition services to ensure we consistently meet your needs.

On behalf of the entire leadership team at VBA, thank you for your service.

Keep reading to learn more about these benefits you'll find them here:

- [Pg. 3 - TAP](#)
- [Pg. 4 - Mental health resources](#)
- [Pg. 5 - Benefits at a glance](#)
- [Pg. 5 - Benefits at a Glance/Military Life Cycle](#)
- [Pg. 6 - Home Loan Guaranty](#)
- [Pg. 6 - Pre-discharge disability claim](#)
- [Pg. 7 - GI Bill®](#)
- [Pg. 8 - Special group benefits](#)
- [Pg. 8 - Career counseling](#)
- [Pg. 10 - Employment benefits](#)
- [Pg. 11 - SkillEdge](#)
- [Pg. 11 - Women's health training](#)
- [Pg. 12 - Life insurance](#)

Benefit	Helpful Link
Veterans Benefits Administration	www.benefits.va.gov/benefits/
Transition Assistance Program	www.benefits.va.gov/transition360/
Certificate of Eligibility	www.gov/housing/veterans/benefits-to-apply/
2019 One-Sided Post Separation TAP Assessment (PSTAP) Outcome Study Report	www.benefits.va.gov/transition360/post-separation-tap-assessment.pdf
Solid Start	www.benefits.va.gov/benefits/solid-start/
Military Life Cycle Resources - Transition and Economic Development (VAgo)	www.benefits.va.gov/benefits/VAgo-360-cyap/
Decree Order 13822 Action Plan	www.benefits.va.gov/benefits/decreeorder13822-action-plan/

STARS AND STRIPES
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Photo courtesy of the Department of Defense

VA Benefits and Services modules: How TAP can provide you and your family with a lifetime of benefits

In a large conference room on July 23, 2021 at Joint Base Andrews, 12 service members gathered. The men and women, dressed in uniforms or business attire, shared one thing in common: they were all separating from the military and participating in the Department of Veterans Affairs (VA) Benefits and Services course through the Transition Assistance Program (TAP).

The VA portion of TAP is a one-day in-person or virtual course led by VA Benefits Advisors, who help you understand how to navigate VA and the benefits and services earned through your military career. The course offers interactive exercises, explores real examples and covers topics important to transitioning service members and spouses.

The Andrews TAP class was visited by Cheryl Rawls, Executive Director of the Veterans Benefits Administration Outreach, Transition and Economic Development, and Dr. Lawrence C. Pierce, who oversees VA's transition programs. VA Benefits Advisors facilitated the class, asking the participants questions, posing hypothetical situations and working with them to solve problems using material found in the modules and accompanying participant guide.

The conversation was lively, with participants connecting the facts, impressions of others and offering advice based on their own transition experiences.

Through the VA Benefits and Services course and other transition services (including support of Department of Defense Capstone events, the Department of Labor, and other interagency

to apply, and identifies benefits available to support your loved ones.

- **Module 4, Getting Career Ready**, covers VA educational and training benefits, career and employment resources, and resources for establishing professional and community networks.
- **Module 4, Finding a Place to Live**, identifies factors that influence where you choose to live, VA benefits and services that can support your housing needs, and tools to locate state and local resources.
- **Module 5, Maintaining Your Health**, describes VA's whole-health approach to health care, VA health care services and facilities, identifies VA programs to support your mental health, and explains how to use VA health care information to apply for and manage health care.
- **Module 6, Connecting with Your Community**, participants recall key community resources that support access to VA benefits and identify ways to connect and engage with their local community.

The Benefits and Services course covers all the information necessary to get your transition off to a good start, as well as a guide with even more detailed information and links to more resources. Rawls said she knows that transitioning service members are getting a lot of information in a short period of time.

"This is not a one and done situation. You take the course online, also take it in person if you get the opportunity, if you take the course in person, you can take it again online. Put the time into it and you'll be rewarded," Pierce said. "VA Benefits and Services course is not the old Transition Assistance Program. The course is interactive, based on the feedback of our transitioning service members and designed to give them and their spouses a holistic approach to their military to civilian transition."

Partner installation engagement, VA serves approximately 250,000 transitioning service members each year at over 331 installations around the world.

Although TAP is mandatory for service members, spouses and caregivers are welcome and encouraged to attend.

"Transition has to speak to the needs of the entire family," Rawls said. "We all know service members make adjustments and sacrifices throughout their careers and as they transition from military to civilian life, but we frequently forget that many of these service members have spouses who share in those adjustments and sacrifices. The traditional and non-traditional roles of spouses continue to evolve, so we have to also speak to their needs."

The VA Benefits and Services course is packed with information. The course has six modules, each giving detailed information on a particular VA benefit or service.

- **Module 1, Navigating Your Journey**, identifies key VA resources available to help transitioning service members on their journey.
- **Module 2, Supporting Yourself and Your Family**, describes VA disability compensation and how

Photo courtesy of OMBIA

Engaged participation in the Benefits and Services course allows participants to maximize all available resources to make a smooth transition back to civilian life. Multiple federal agencies came together in TAP to ensure transitioning service members have all the information they need.

"Ask yourself, what do you want to get out of this class?" Pierce asks. "Do you want to start a new career? Do you want to become an expert in the benefits you've earned? Do you want to be the parent who asks all the questions? If you can come to terms with those questions and put it in the time, you will get much more out of it." VA seeks feedback to make the Benefits and Services course better. Participants are surveyed and those responses are analyzed to search for potential improvements in the program.

"If you have suggestions or recommendations, we are open to them and would really like to hear them," Pierce said. "You have sacrificed so much. You need to know we value your input and want to know what you're thinking about the VA Benefits and Services course."

One participant responded in a break between modules, saying the morning's modules were "awesome" and that TAP "is a great reset button."

"I'm going to leave TAP knowing much more than I came in knowing. I came in hoping to hear a lot about the VA disability process, and it turns out there are other modules I haven't even considered. Knowing I'm getting that information right off the bat is way more useful than I expected."

Transitioning service members should use the TAP VA Benefits and Services modules as the cornerstone of their successful transition. You can get a head start by reading the Participant Guide found here: www.benefits.va.gov/transition360/VAgo-360-cyap-Participant-Guide.pdf

For more information on the VA Benefits and Services course, visit tapservices.va.gov

"VA Benefits and Services course is not the old Transition Assistance Program. The course is interactive, based on the feedback of our transitioning service members and designed to give them and their spouses a holistic approach to their military to civilian transition."

— Dr. Lawrence C. Pierce



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