

Group Therapy Proposal: Female Veterans and PTSD

Sara Alberty, Kate Boan, **Kristie Fuller**

Wake Forest University Masters of Arts Online Counseling Program

CNS 742 BG SP 2017: Group Procedures in Counseling

Assignment 2.2: Part 2 due 02/19/2017

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For those diagnosed with PTSD, quality of life is severely impacted. The three primary categories of symptoms for women diagnosed with PTSD include hyperarousal, re-experiencing, and numbing (U.S. Department of Veterans Affairs [V.A.], 2016). High risk behaviors such as substance abuse are also commonly seen in individuals with PTSD (Reddy, Dick, Gerber, & Mitchell, 2014). In addition to causing conflict only within themselves, these symptoms also negatively affect social interactions. Many women diagnosed with PTSD suffer from social isolation and inappropriate responses to social stimuli.

Female veterans are diagnosed with PTSD at an alarming rate; according to the U.S. Department of Veterans Affairs (2016), almost 20% of the women veterans of the Iraq and Afghanistan conflicts and 27% of female Vietnam veterans have been diagnosed with PTSD. As many as 24% of those women have also received a diagnosis of military sexual trauma (MST). The correlation between PTSD and MTS is clear; “veterans who have been reported with MST are significantly more likely than others to have a psychiatric disorder, most commonly PTSD” (Suris, Link-Malcom, Chard, Ahn, & North, 2013, p 28). Compared to female veterans that have not experienced a sexual assault, woman with MST are nine times more likely to have a comorbid diagnosis of PTSD (Suris et al., 2013). Symptoms of MST include dysregulation, feelings of being ostracized, and a feeling of betrayal not only by the perpetrator but also from bystanders, authority figures, and the military itself, in addition to feelings of self-blame and shame (Katz, 2016).

While PTSD is most often treated in an individual therapy format, research shows the group setting offers similar benefits and is an effective treatment option for PTSD (Castillo et al., 2016; Katz, 2016). As trust is key to recovery in PTSD, group therapy is uniquely suited to

provide participants with a safe environment to re-develop interpersonal trust (Williams et al., 2014). The positive curative factors that Yalom found within groups can be extremely valuable in treatment (Gladding 2016). Universality of experience is a key factor in group therapy in which participants learn to find comfort and normalize their shared experiences (Gladding, 2016). Another key feature of group therapy is the development of socializing techniques as group members learn and practice basic social skills through their work together each session (Gladding, 2016).

Ideally, this group will be based out of the local V.A. facility because that is the primary location for veterans to receive services. This group aims to help female veterans who have been diagnosed with PTSD and/or MST. Goals of this group will be to improve the participants' ability to cope with everyday life and to develop healthier relationships. This group will consist of six weekly sessions, each lasting two hours. Due to the sensitive nature of the group, the size of the group will be restricted to three female veterans and two therapists per therapy group. The group will be a mixed group, combining group exposure therapy, cognitive behavioral group therapy, and a brief yoga intervention.

Exposure therapy is one of the primary treatment choices of the V.A. (V.A., 2016) and has been proven an effective form of treatment. The purpose of exposure therapy is to be used as an enhancement of emotional processing (Schnurr et al., 2007). This group's primary focus using exposure therapy will be to work on the most distressing traumatic memory for the women and to use imaginal exposure to treat this issue. During the first session, information will be provided regarding common reactions to trauma, breathing retraining, and recounting of specific traumatic memories (Schnurr et al., 2007). This recounting process is known as imaginal exposure (Schnurr et al., 2007, Castillo, C'de Baca, Qualls, & Bornovalova, 2012). For homework, the

women will be assigned to listen to the recording of the recounting made during the group therapy session (Schnurr et al., 2007, Castillo et al., 2012; Castillo et al., 2016).

Castillo et al. (2012) found that a six-week program focused solely on imaginal exposure led to improvements of many symptoms assessed by the clinician administered PTSD Scale (CAPS) and the PTSD Checklist (PCL). Castillo et al. (2012) administered the CAPS at the beginning and end of the program, and the PCL at the start of each session to track the change in the participant's symptoms. Based on these findings, this group will follow a similar procedure by administering the same measurement tools to assess and evaluate effectiveness of this intervention for the participants.

In addition to imaginal exposure, this group will also incorporate cognitive behavioral therapy and associated relaxation techniques, which have been shown to be effective in alleviating symptoms related to sleep disturbances (Swanson, Favorite, Horin, & Arnedt, 2009), one of the primary complaints of those suffering from PTSD (Haun, Duffy, Lind, Kisala & Luther, 2016). A portion of each group session will be devoted to teaching the participants strategies to improve sleep including positive sleep hygiene, relaxation, and nightmare re-scripting. Relaxation techniques will include breathing exercises and an introduction to yoga.

Complementary and alternative methods (CAM) of treatment for PTSD have been recognized by both the Institute of Medicine and the V.A. (Reddy et al., 2014). With the modernization of treatment and acceptance of alternative methods these techniques have grown in popularity; roughly 40% of participants in a U.S. national survey reported CAM use as treatment for PTSD (Reddy et al., 2014). Yoga intervention, while not a V.A. licensed CAM treatment, is classified as a "mind-body medicine" and a common CAM therapy and is perceived by many to have numerous benefits. Reddy and colleagues (2014) adapted Kripalu-based Hatha

yoga practices to incorporate aspects of mindfulness, breathing techniques, and cognitive behavioral elements such as distress tolerance and emotional regulation. Findings revealed that compared to the control group, yoga participants had reductions in the negative symptoms of PTSD as well as a reduction in scores on the alcohol use disorder identification test (AUDIT) and the drug use disorders identification test (DUDIT) (Reddy et al., 2014). These results suggest that yoga may be able to reduce the risk of substance abuse, a common concern for many that suffer from PTSD (Haun et al., 2016).

To incorporate all three methods of treatment, the length of the therapy session has been lengthened from the traditional 90 minutes to 120 minutes. The first 60 minutes of each session will be spent in exposure therapy, followed by 30 minutes of cognitive-behavioral therapy. The final 30 minutes of class will be dedicated to yoga instruction. While it would be ideal for this group to meet for a longer time frame, such as 16 weeks, due to budgetary constraints, this group is limited to only six weekly sessions, however, research demonstrates that even short interventions can be effective (Castillo et al., 2012).

Group Objectives

This six-week Group Exposure Therapy for Post-Traumatic Stress Disorder for Female Veterans is designed to reduce symptoms associated with re-experiencing, avoidance, and hyperarousal. Completion of all six group sessions is designed to provide participants with the following benefits:

- An overall reduction in PTSD symptoms
- An overall improvement in social and problem-solving skills
- An introduction to alternatives to destructive or isolating behaviors

Through a careful and thorough screening process, participants will be placed into groups with other women veterans who have suffered from similar trauma and who have similar areas of focus in therapy. Prior to being placed in groups, the PTSD Checklist for *DSM-5* (PCL-5) will be administered (figure 1). This measurement tool includes questions regarding typical stress responses and will be used to group members together based on their primary symptom concerns as indicated by their responses to the PCL. Group members will continue to monitor symptoms by completing the PCL during each session.

In addition to general symptom alleviation, participant should experience a general reduction in stress and anxiety through the skills taught and practiced during group. These skills are designed to help participants manage panic symptoms, sleep disturbances, and improve their problem-solving skills. In addition, participation in this program will provide alternative activities for group members and will reduce the risk of destructive and isolating behaviors such as substance abuse.

Figure 1.

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4

15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "super alert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Informed Consent Form**Awesome Counseling Agency
in Conjunction with Veterans Affairs****Informed Consent for Group Therapy**

Welcome to Group Exposure Therapy for Post-Traumatic Stress Disorder for Female Veterans. This group therapy is designed for female veterans diagnosed and/or suffering with Post Traumatic Stress Disorder (PTSD). Group therapy is intended for you to be able to interact with multiple therapists at one time, to see other women experiencing PTSD, and to receive appropriate treatment using exposure therapy and cognitive based therapies. This group will be meeting for six sessions, each session lasting for 90 minutes. A 30-minute yoga session will be included at each session. These yoga exercises will be used to teach breathing exercises. We are looking forward to having you join our group.

I. Confidentiality

As a patient of the Veterans Affairs, you have the absolute right to the confidentiality of your therapy. We cannot and will not share your information or items discussed during therapy with anyone unless we have your written permission. You are also protected by the Federal Health Insurance Portability and Accountability Act (HIPAA). We may need to speak with other health care providers, family members, or law enforcement if we feel you are in danger of being suicidal, of harming yourself or others, or if there is evidence of abuse. This will only occur in the case of an emergency.

As a member of this therapy group, you will hear and be exposed to other members' personal information and their life stories. You are not to share this information with anyone else unless the specific person has given you permission to share their information or stories with others. It is imperative you follow this confidentiality rule. This is one of the benefits of group therapy is being able to share intimate information and to learn from each other, but for our group to be successful, you must follow this rule.

II. Your Role as a Client

As the client, you are expected to attend the six group therapy sessions for the 90 minutes and participate in the yoga exercises. If you must miss a session, please be sure to notify your group leader as soon as possible. There will be one makeup session allowed, and further absences will result in possible dismissal from the group as well as a charge of \$25. If you miss more than one session, you may be asked not to continue with group therapy. It is essential for you to be present and on time to all group therapy sessions. Also, it is important for you to participate and share your ideas and thoughts with the therapists and the other group members.

In each session, there will be three women and two therapists. During group therapy, you will work on the reduction of PTSD symptoms, improve social interactions, reduce anxiety and stress, and work through various behaviors associated with PTSD.

III. Billing and Insurance

You will be billed weekly for your group therapy sessions. It is your responsibility to pay the Veterans Affairs for your services. If you have insurance, you are responsible for providing the Veterans Affairs with your insurance information. Depending on the Insurance Care Provider, you may need pre-authorization before beginning treatment. If you fail to pay the Veterans Affairs for your therapy sessions, you will be subject to a collection agency.

By signing below, you agree that you have read and understand the above information, and you consent to the terms of group participation stated above.

Group Member Signature: _____

Group Member Printed Name & Date: _____

Facilitator Signature & Date: _____

Facilitator Signature & Date: _____

Detailed Six Group Sessions

Each weekly session will consist of five parts (listed below). The ice breaker and skill building activities will be different each week and are described in detail below. The imaginal exposure, closing activity, and yoga portions of each session will follow the same technique for each week and as such, are only described in detail for session one.

1. Opening activity: Ice Breakers (5-15 minutes)
2. Skill-building or Awareness Activity (5-15 minutes)
3. Imaginal Exposure (45-60 minutes)
4. Closing Activity (Traffic Light) (10-15 minutes)
5. Yoga (30 minutes)

Session One

Ice Breaker for Session 1: People Bingo

Materials Needed:

- People Bingo Cards
- Clip boards
- Pen/Pencils

Create bingo cards with the following listed in different boxes:

- | | |
|---|---|
| • has brown eyes | • loves to ski |
| • has made the longest journey to therapy | • hates broccoli |
| • has 2 pets | • loves Chinese food |
| • plays a musical instrument | • speaks a foreign language |
| • likes to get up early | • has traveled to the most foreign countries. |
| • favorite TV show is “The Voice” | |

This activity allows the group to learn the interests and hobbies of the other group members. It also initiates the process of creating a safe environment and builds bonds between group

members. This ice breaker activity also allows for the group members to move around and not be confined to their seat.

Skill or Awareness Building Activity for Session 1: 4-7-8 Breathing Exercise to Reduce Stress

Materials needed: none

Group members can perform this activity sitting in chairs, or on mats on the floor. Several breathing cycles should be completed to achieve relaxation. The group leader will provide the following instructions to the group:

Exhale completely through your mouth, making a whoosh sound. Close your mouth and inhale quietly through your nose to a mental count of four. Hold your breath for a count of seven. Exhale completely through your mouth, making a whoosh sound to a count of eight.

Imaginal Exposure

Materials needed:

- recording device

Prior to beginning this exercise, group members will take five minutes to complete the PCL-5.

This will be used to monitor symptoms from session to session as well as provide a starting point for exploration and discussion. The group leader will record the group member's memory so it can be listened to for homework prior to the next session. The following description of the implementation of the imaginal exposure activity is taken from the online edition of *Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE): Therapist Guide* (Back et al., 2015):

Provide the group members with the rationale the use of Imaginal Exposure Therapy to treat PTSD. "Today, we are going to revisit the memory of either your PTSD or MST. You may have told yourself to not think about the event or have pushed it to the back of your mind. As your therapists, we want to help you come to terms with your trauma and for us to do this, we need to focus on the specific memory, and we do not want this memory to cause you stress or anxiety anymore" (Back et al., 2015, p.99).

Ask the participants to process and think about the traumatic memory. Ask the group members to be as detailed as possible about their memory, knowing it can cause added stress or anxiety, but in the end, it will be the best for the client. Tell the women "the goal of this treatment is not for you to forget what happened, but rather to help you come to terms with what happened and to process it so that the trauma memory no longer causes so much distress in your life. You will remember what happened, but it will not have the same impact on you as it does now." (Back et al., 2015, p.99). It is recommended to continue this activity for 30-45 minutes without stopping.

When the women revisit the memory, it will help them decipher between the past and the present (Back et al., 2015). Imaginal Exposure Therapy will allow the women to see the trauma was in the past, but the memory is the present. "The memory cannot hurt you and we want you to focus in the present" (Back et al., 2015, p. 101).

Describing imaginal exposure therapy with bringing up traumatic memories as being a scary movie (Back et al., 2015). When you watch a scary movie the first time, it can be intense and have you at the edge of your seat moments, but the next time you watch the scary movie, you know what to expect and it isn't as scary anymore. The more you view this memory, the more you know what to expect and hopefully, it will become less traumatizing (Back et al., 2015, p. 103).

"During the Imaginal Exposure Therapy, it is best to not engage in any dialogue with the client" (Back et al., 2015, p. 106).

Oxford Clinical Psychology recommends saying these sentences to the client as they are telling their memory: "You're doing fine, stay with the image", "Great job, keep going" and "Stay with the image. You are safe here." (Back et al., 2015, p. 106).

As the therapists, we want to take note of emotional outbreaks, pauses, or times where the client may want to skip a part of the memory (Back et al., 2015). These are the aspects we want to discuss with the women during their sessions because this is how they will overcome the distress of the memory.

We want to also tell the women how proud we are of them for the courage it takes for them to relive these memories.

With the level of possible distress these women could feel after reliving these traumatic memories, the use of yoga and breathing will be highly beneficial.

Homework - find a quiet place and re-listen to the Imaginal Exposure Therapy session. The women are encouraged not to use drugs or alcohol while they are listening to their session (Back & et al., 2014).

After session one, homework will be reviewed before beginning the imaginal exposure exercise. It is important to offer plenty of praise and positive feedback if the homework was completed, however for participants that did not complete the homework use this time to explore barriers to completion and problem solve with the client (Back et al., 2015). For subsequent sessions, group leaders will encourage participants to go deeper into the memory and provide even more details.

Closing activity: Traffic Light

Materials Needed:

- Flip chart/large sheet of paper/white board
- Colored markers/crayons

On a large piece of paper, flip chart, or whiteboard, draw a traffic light. The group leader will explain that the traffic light represents an action plan: what participants should stop doing (red light), what they should do less of (yellow light), and what they should go forward with (green light). Ask each participant to write down her own “traffic lights”. Allow 5 minutes, then each group member will share their traffic light. This activity will provide a cumulative summary of what has been accomplished so far, as well as provide a plan for the next session, allowing the leaders an opportunity to alter group activities in advance if necessary based on responses. At the conclusion of this activity, issues that were addressed during the day’s session may be

summarized by the counselors and any unfinished business within the group may be discussed at this time.

Yoga Activity

Materials needed:

- Internet connection
- Device with Screen/Monitor
- Yoga mat
- 2 Yoga blocks or bolster or blanket/towel

Each session will have an allotted 30 minutes at the end for yoga intervention. The yoga session selected for this activity is a 28-minute Hatha Yoga for Beginners (Fightmaster Yoga, 2015).

The link to the YouTube video is available in the client resources section of this document.

Below is a brief description of the poses:

- Begin in seated position facing the end of your mat. Bring your hands together in front of your heart and set your “intention”.
- Lay down on your back in shavasana pose. Legs are together, but not touching, with feet falling gently to sides. Arms are extended by sides, palms up. Head is facing toward ceiling. All muscles should be relaxed. Breathe deeply and slowly through the nose. Focus on breath: inhale through nose and exhale through the mouth three to four times, then continue to breath normally. Notice parts of the body in contact with the mat.
- After approximately one minute of the previous pose, point toes towards the ceiling, flex ankles, bring arms tight to sides, then inhale and raise hands over head, keeping arms straight, being sure to keep back and shoulder blades on the mat. Reach tailbone towards heels. Exhale and bring arms back down to sides. Repeat 3 times (inhale, arms up,

exhale arms down, slowly). Only raise arms as high as possible without back/tailbone lifting off the ground. This should not be painful in anyway.

- Draw right knee to chest, placing both hands on shin, just below the knee or hold onto the right thigh if it is more comfortable. Flex and relax the right ankle, keeping left foot flexed. This stretches the hip flexors. Maintain this pose for 2-3 breaths. Keep shoulder blades, jaw, and neck relaxed. On an exhale, release the right leg. On the next inhale, draw the left knee to the chest and repeat.
- On an inhale, bring the right knee back to the chest but this time, extend the right leg toward the ceiling. If it is comfortable, hold onto the right thigh. If possible, straighten the leg and maintain this position, breathing in slowly and deeply. Relax the neck and shoulders. Reach through the heel toward the ceiling. After 2-3 breaths, on an exhale, release the right foot to the floor. On the next inhale, switch legs and draw the left knee to the chest and repeat.
- Bring fingertips to the shoulders/collar bone area. The elbows will be bent and facing upwards. With fingertips resting on shoulders, draw circles with the elbows. Have the circles grow bigger and bigger while breathing steadily. After 3-4 breaths, pause and reverse direction, starting with small circles that grow larger. Continue for a few breaths and relax arms.
- Change to a seated position. To get up safely, bend both knees, let them drop to one side. While lying on the side, use the arm closest to the mat to push the body up slowly, letting the head and neck come up last.
- Come onto hands and knees (if needed, place a blanket or towel under hands/knees as a cushion). Back should be straight. Begin Cat/Cow: Start on an exhale by rounding the

back and tucking the chin to the chest. Push the ground away with the arms. Inhale and bring head up, and feel the chest come forward as the back arches and the gaze drifts upward. Draw shoulder blades towards waist. Repeat 3 times.

- From cat/cow, drop hips and buttocks towards feet into child's pose. Big toes should be touching, knees spread apart, rest forward onto the ground. If this is uncomfortable, a blanket or bolster can be placed between calves and thighs. A yoga block can be used to rest the head if resting on the ground is too uncomfortable. Breathe deeply for 2-3 breaths.
- Return to hands and knees (use blanket under knees if uncomfortable). Line up hands under shoulders and knees under hips. Let back be straight and parallel to ground (table top pose). Extend the right leg out, with toes tucked under, knee straight. Drop right hip down, squeeze left hip in toward midline, and inhale and raise the right leg up parallel to ground. Try not to twist the hip or arch the back. Lift from the inner thigh. Hold for 2 breaths. On the exhale and release the right leg down. Repeat with the left leg. Repeat this whole segment one more time (each leg will be raised two times total before moving to next pose).
- Drop back down to child's pose for 4-5 slow deep breaths.
- Back to table top pose. Place a yoga block on the outside of both hands. Step right foot forward in between the hands. Place hands on yoga blocks (if this is too easy, hands can remain on the floor, if this is too hard, rest hands on right thigh). Pull right hip back, send left hip forward. Keep back straight. Do not let right knee go past the right ankle. Take 2-3 breaths here. Then straighten right leg, as exhale, fold forward over right left. Bend into right knee after 2 breaths. Complete 3 slow breaths here, then straighten leg again

(onto heel), fold forward over right leg. On an exhale, step back into table top pose, keeping hands on block, then step left foot forward and repeat on left side. This is good for hip flexors and for when you spend a lot of time sitting in chairs.

- Back to child's pose for 3 breaths. From here, come into downward dog by extending arms forward, keeping them shoulder width apart. Walk hands forward until elbows are straight, raise hips and come forward onto hands. Tuck toes and begin to straighten legs as the hips raise up towards the ceiling. Knees can remain bent and the legs can be as straight as is comfortable with the heels pressing down towards the ground. It is ok if the heels do not touch the ground. Keep fingers spread wide and ensure arms and ears are aligned. Take 2-3 breaths in downward dog before relaxing back into child's pose for 2-3 breaths.
- From child's pose, return to downward dog, but this time, straighten the right leg and allow the left knee to bend. Hold for 1 breath and switch legs so that the left leg is straight and the right leg is bent. Repeat for 3 cycles. Return to child's pose for 3 breaths.
- Return to downward dog. Lift right leg up into the air, hold, bend the knee and open the hip, then release the leg back down. Switch sides and repeat on the left side. Return to child's pose.
- Briefly return to downward dog. Lift the right leg, and step it forward in between the hands. Hands can be on the floor or resting on the blocks. Remain on the ball of the left foot. Right hip back, left knee over ankle. Lift the chest, reach through back heel. Drop left knee down, step back to downward dog. Inhale left leg up and back, then step it forward and repeat for left side. Return to downward dog.

- Walk hands towards feet until a forward bend is reached, then bring hands to hips and come up to standing pose. Walk to front of mat. Enter into mountain pose -stand with feet together, back straight, arms pressed to sides. Grab a block and place between inner thighs. Lift chest, tailbone down. Inhale and circle arms out and straight up, shoulder width apart, then exhale and release. On the inhale, palms should face up while on exhale, palms should face down. Repeat 3 times.
- Enter in a forward fold. Imagine a hinge at the hips as you bend over, keeping the spine straight. If needed, place hands on blocks as you inhale and lift forward bend with back straight. (If able, hands can be placed on floor or straight arms onto shins). Exhale and fold forward, relaxing and bending the elbows. Feet stay parallel. Inhale, half way up, hands on hips, and come back up to mountain pose. Avoid bending at waist, instead hinge at hips. Inhale, bring arms up, palms up; exhale, hinge at hips, hands to blocks, inhale halfway up, hips over heels, exhale and forward fold. Inhale, sweep arms up to mountain pose. Exhale, bring hands together to rest at heart.
- Turn towards long edge of the mat. Widen the stance so the feet are wider than shoulder width, place hands on hip. Turn right foot forward towards top of mat, back toes in. Inhale arms up to make a T. Exhale, bend right knee over ankle (do not go past ankle). Knee points over middle toes. Inhale, Arms up over head., exhale bend into right knee. Look out over right fingertips. Repeat two more times. Inhale and bring feet parallel, then repeat on left side.
- Return to mountain pose. From here, lie on back, with knees bent. Bring heels as close to buttocks as possible, keep knees together (but not touching) and enter into bridge pose. Arms by the sides. Inhale and lift hips and low back. Squeeze thighs. Exhale and release

to ground. Inhale and raise hips again. With hand, grab sides of mat and while hips lifted, try to pull the mat apart towards the sides to stretch chest. Exhale and lower to ground. Repeat one more time, press into heels, reach tailbone towards knees. Release to ground.

- Hug both knees to chest, gently rock side to side. Roll to right side, and carefully raise up to seated pose. Straighten legs out in front, keep back straight, keep ankles flexed. Hands next to hips. If needed, sit on blanket to raise hips if needed. Forward fold over legs, hinging at hips (not bending at waist), keeping spine straight. If it helps, a yoga strap can be used to hold onto (wrap around feet). Any forward bend is good, do not bend deeply if it is uncomfortable, it is only necessary to feel the stretch. Breathe deeply 3-4 breaths.
- Lie back on the mat, bring both knees to the chest, gently rock side to side. Arms extended to the sides (like a T), shift hips to right, drop knees to left, turn and look over right shoulder. Breathe slowly and deeply 2-3 times. If uncomfortable, a block, bolster, or blanket can be placed under the knees. Inhale and come back to center. Repeat on the other side. Shift hips to left, drop knees to right, turn and look over left shoulder for several breaths.
- Return to shavasana (also known as corpse pose). Relax in this pose, breathe naturally. Let go and relax for 1-2 minutes in this pose.

Session Two

Icebreaker for Session 2: Draw and Share

Materials Needed:

- Sheet of paper with a blank head
- Markers or crayons

At the start of the session, each woman is provided with a sheet of blank paper and markers or crayons. Each group members will then write adjectives to describe the thoughts and feelings about their PTSD and trauma experiences. For participants who are not comfortable expressing their feelings in words, drawings are encouraged. Once completed, each member will share their words or pictures with the group. This activity is designed to provide both the group members and the facilitators with insight to what is happening *now* in the client's mind.

Skill or Awareness Building Activity for Session 2: Life Map (Wilderdom, 2006)

Group members will be asked to make a personal timeline about event in their life that they feel are important or significant to their current situation.

Session Three**Ice Breaker for Session 3: Fear in a Hat****Materials Needed:**

- Hat
- Paper
- Pen/Pencils

Each participant will be provided with paper and a writing utensil and instructed to write down a personal worry or fear regarding their PTSD or trauma. Each member will anonymously place their worry/fear into a hat. Once all fears/worries are in the hat, the hat will be passed around and each member randomly pull from the hat and then read the fear/worry on their piece of paper.

Ideally, each person will read someone else's fear/worry. The group member reading the fear/worry will discuss and describe their understanding of the fear they read. Once everyone has shared their fear the group will discuss the commonalities and differences.

Skill or Awareness Building Activity for Session 3: Conflict resolution techniques (Wilderdom, 2006).

The group members will be asked to make "I" statements by filling in the below statement.

I feel _____ when _____ happens. I can do _____ about it when I feel this way.

Session Four

Ice Breaker for Session 4: Two Truths and Lie

Materials Needed:

- Paper
- Pen/Pencil

Each group member will write down, in any order, two truths and one lie about themselves. The other group members will try to figure out which ones are the truths and which one is the lie.

This ice breaker is intended to be fun and is used as a bonding experience. Continue doing this exercise until all members have shared.

Skill or Awareness Building Activity for Session 4: Developing Bodily Knowing

The International Focusing Institute has developed a six-step activity as an introduction to focusing internally. This script is available online from their website

(<http://www.focusing.org/sixsteps.html>).

Clearing a space: “What I will ask you to do will be silent, just to yourself. Take a moment just to relax . . . All right – now, inside you, I would like you to pay attention inwardly, in your body, perhaps in your stomach or chest. Now see what comes there when you ask, “How is my life going? What is the main thing for me right now?” Sense within your body. Let the answers come slowly from this sensing. When some concern comes, DO NOT GO INSIDE IT. Stand back, say “Yes, that’s there. I can feel that, there.” Let there be a little space between you and that. Then ask what else you feel. Wait again, and sense. Usually there are several things”.

Felt sense: “Select one personal problem to focus on. DO NOT GO INSIDE IT. Stand back from it. Of course, there are many parts to that one thing you are thinking about – too many to think of each one alone. But you can feel all of these things together. Pay attention there where you usually feel things, and in there you can get a sense of what all of the problem feels like. Let yourself feel the unclear sense of all of that”.

Handle: “What is the quality of this unclear felt sense? Let a word, a phrase, or an image come up from the felt sense itself. It might be a quality-word, like tight, sticky, scary, stuck, heavy, jumpy or a phrase, or an image. Stay with the quality of the felt sense till something fits it just right”.

Resonating: “Go back and forth between the felt sense and the word (phrase, or image). Check how they resonate with each other. See if there is a little bodily signal that lets you know there is a fit. To do it, you have to have the felt sense there again, as well as the word. Let the felt sense change, if it does, and also the word or picture, until they feel just right in capturing the quality of the felt sense”.

Asking: “Now ask: what is it, about this whole problem, that makes this quality (which you have just named or pictured)? Make sure the quality is sensed again, freshly, vividly (not just remembered from before). When it is here again, tap it, touch it, be with it, asking, “What makes the whole problem so _____?” Or you ask, “What is in this sense?” If you get a quick answer without a shift in the felt sense, just let that kind of answer go by. Return your attention to your body and freshly find the felt sense again. Then ask it again. Be with the felt sense till something comes along with a shift, a slight “give” or release”.

Receiving: “Receive whatever comes with a shift in a friendly way. Stay with it a while, even if it is only a slight release. Whatever comes, this is only one shift; there will be others. You will probably continue after a little while, but stay here for a few moments” (International Focusing Institute, 2017).

Session Five

Ice Breaker for Session 5: Back to Back Art

Materials Needed:

- Paper
- Clip board
- Pen/Pencil

The group members will work as triad; one group member will act as the “director” and the other two will be the “artists”. The director is given a simple drawing task and can only use verbal directions to tell the artists what to draw. The artists may not ask questions. The “artists” should not be able to see each other's picture while drawing. Once the drawings are complete, compare the two drawings. As a group, discuss the importance of communication between the artists and the director to successfully draw the picture. If time permits, allow the director to be one of the

artists and one of the artists to be the director. This activity is designed to highlight the importance of clear communication.

Skill or Awareness Building Activity for Session 5 - Feedback Exercises

Group members will be asked to perform feedback exercises. These exercises will help the women develop skills in giving and receiving feedback with here-and-now interventions” (Gladding 2016, p. 137). Several interventions Gladding (2016) proposes would be strongly encouraged and be implemented used by the group members during this session.

- Structured feedback exchange exercises
 - The counselors suggest ways in which the group members can give one another feedback
- Paraphrasing
 - The counselors have the member that has received feedback paraphrase what the feedback means to them.
- Connecting
 - The counselors will help the group members connect their interactions and feedback with their goal and current barriers
- Modeling
 - The counselors will deliberately give caring and constructive feedback throughout the session and by doing this, encourage group members to do the same.

Session Six

Ice Breaker for Session 6: Identity Circles

Materials Needed:

- Index Cards
- Pen/Pencils

Provide each member with seven index cards. Give group members a few moments to think about and then write down their values in regards to how PTSD and their trauma has affected their lives. Participants can incorporate race, religion, occupation, family, traits, activities, health, or socioeconomic status into their value statements. Once each group member has completed their list, they are to rank their values from the most important to least important. Once completed, each group member will share their list and explain the rationale for their ranking.

Skill or Awareness Building Activity for Session 6- Create an Abundance Mentality

Materials needed:

- Index cards
- Pens/pencils

Group members should be made aware of resources that are available to them once group has concluded. By ensuring group members have an “abundance mentality”, individuals are more likely to view the world from “how things can be done rather than why they can’t be done” (Career Know-How, 2016). Provide each group member with several index cards. As a group, take 5 minutes to think of several positive abundance affirmations. Have each member write down at least three (one per card). Instruct members to review their affirmations daily from now on. As this is the final session, take an additional few moments to have group members write down on a separate index card the resources available to them for support for use after this group has completed.

Outcome Evaluation Questionnaire

It is important to our counseling staff to know about your experience with us. Please complete this brief questionnaire as honestly as possible based on your experiences over the last six weeks.

Age _____

Counselors: _____

Rank _____

Number of sessions attended

Previous experience with counseling (circle) Y N

If yes, when and individual or group

Diagnosis (circle). PTSD MST Both

Use the following scale to rate each item and circle the appropriate number.

1-strongly agree 2- agree 3-netural 4- disagree 5-strongly disagree

Questions	1	2	3	4	5
1. I felt comfortable in the group sessions					
2. My counselors seem knowledgeable about my issues.					
3. My counselors seem knowledgeable about the other group members' issues.					
4. I was encouraged by my counselor to make my own decisions.					
5 I felt respected and accepted by my counselors.					
6. I felt respected and accepted by the other group members.					
7. I feel like I made progress toward my goals					
8. I can communicate more effectively					
9. I feel better equip to form healthier relationships					
10. I feel I have a reduced stress and anxiety					
11. I have learned coping skills that will help me cope with my symptoms					
12. I have improved problem solving skills					
13. I have learned appropriate alternatives to coping with my symptoms					
14. I understand my own problems/ issues better					
15. My counselors were effective communicators					
16. I am satisfied with my counselors					
17. I am satisfied group experience					
18 The activities used in group sessions were appropriate					
19. The activities used in the group sessions were helpful					

20. What were the most helpful parts of the group in your opinion?

21. What were the least helpful parts of the group in your opinion?

22. What were the strengths/ weakness of the counselors?

23. Other comments or concerns?

Resources:

- For Clients:

PTSD Foundation of America: provides healing, raises awareness, and offers networking to soldiers and veterans suffering with PTSD. The website has specific groups around the country for people to join and specific resources for those suffering with PTSD. <http://ptsdusa.org/>

PTSD Alliance: This site provides more specific resources to those who have PTSD as a comorbid disorder, such as an addiction to alcohol or drugs. <http://www.ptsdalliance.org/>

National Center for PTSD – Peer Groups: This specific site provides information with how peer groups and group therapy are effective for those who suffer with PTSD. http://www.ptsd.va.gov/public/treatment/cope/peer_support_groups.asp

Understanding PTSD and PTSD Treatment from the VA PTSD site: This is a great resource to print out and give to participants on the first day of group therapy. http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf

PTSD Coach Online (A mobile app through the VA PTSD website): This part of the VA website provides clients with a mobile app to cope with their symptoms of PTSD. This is a great resource because it is accessible on a computer, but was designed to be accessible from a mobile device such as a smart phone. <http://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm>

National Institute of Mental Health: This site provides details on what PTSD is and the different treatment options available to those who suffer from PTSD. <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Center for Disease Control - Coping with a Traumatic Event: This site defines trauma and how it specifically relates to PTSD. It also includes steps for the client to take in helping themselves and steps to help with their children. <https://www.cdc.gov/masstrauma/factsheets/public/coping.pdf>

Kripalu Center for Yoga and Health: This site provides the clients with further information on the practice of yoga. <https://kripalu.org/about/kripalu/what-yoga>

ISHA: Sadhguru – Hatha Yoga Guide: Science, Benefits, and Insights: This site provides further information on Hatha Yoga and its potential benefits.

<http://isha.sadhguru.org/blog/yoga-meditation/demystifying-yoga/hatha-yoga-benefits/>

Beginner Hatha Yoga: This is the video that the group will follow at the end of each session. Group members can practice outside of the sessions if they are interested. <https://www.youtube.com/watch?v=XSQn4-IO0Vk>

- Resources for group counselor and group leader:

National Center for PTSD: This site provides online classes for counselors to take to learn the basics of treating clients with PTSD or taking more immediate classes to further their knowledge of working with clients who have PTSD. http://www.ptsd.va.gov/professional/continuing_ed/index.asp

Community Provider Toolkit - Serving Veterans Through Partnership: This site was designed by the VA and the Office of Mental Health Services. It was created to provide easy access for those who work with the military in the mental health setting. <http://www.mentalhealth.va.gov/communityproviders/>

National Center for PTSD – Videos: This site has educational videos specifically for mental health providers. <http://www.ptsd.va.gov/professional/materials/videos/index.asp>

National Center for PTSD - *Research Quarterly*: This site provides a quarterly newsletter with articles on research or specific topics related to the treatment of PTSD. <http://www.ptsd.va.gov/professional/publications/ptsd-rq.asp>

- For the counselor: PTSD Measurement tools and PCL

National Center for PTSD - *PTSD Checklist for DSM-5*: This site provides a description and how to measure and interpret the DSM-5 when assessing individuals with PTSD. <http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

National Center for PTSD - *Screening Instruments for PTSD*: This site provides other types of assessments and instruments to use with those either exhibiting symptoms of PTSD or have been diagnosed with PTSD. <http://www.ptsd.va.gov/PTSD/professional/assessment/screens/index.asp>

National Center for PTSD - *PCL-5*: This site provides the specific PTSD checklist for DSM-5. http://www.ptsd.va.gov/professional/assessment/documents/PCL-5_Standard.pdf

Issues in Application

This program is designed to work with the system where most veterans receive their healthcare services: The Veterans Affairs health care facilities. The V.A. provides a variety of services to veterans, including counseling and therapy services. Due to a lack of readily available resources for veteran women, advertisements and referrals should be enough to recruit women for this group therapy. The group will be held in the counselor's normal office space within the V.A., although if this is unavailable, there are many local agencies and nonprofit organizations that may have space available.

Since this treatment can be quite intense, it is essential each group member has a similar focus. For this reason, it is important to separate participants into groups based on diagnoses and trauma source. For example, women veterans diagnosed with PTSD with MST should not be grouped with those without MST. This is because the source of the trauma with associated triggers and symptoms are quite different. These differences will lead to variations in the treatment plans as well as the skills and techniques taught.

Additionally, exposure therapy groups can have a moderately high drop-out rate of 19-27% due to the intense nature of the intervention but the design of this group has been shown to have a lower rate of 12.5% in previous studies (Castillo et al., 2012). By having clients reexperience their trauma through the imaginal exposure process, it is normal for symptoms to actually worsen for one or two sessions in the beginning for some clients. Educating clients regarding session expectations is anticipated to prevent harm in this area.

According to the V.A.(2016), minorities are more at risk for developing PTSD. Those with multiple cultural identities may have experienced trauma from more than one source. It is important not to only focus on combat or MST related PTSD but also to take into consideration

the role ethnicity (or other minority status) may play in PTSD symptom presentation. If such cultural considerations are not made, it is possible treatment could be harmful to the clients.

Of final concern is the time length of this program. In an ideal world, group therapy would continue for much longer, up to 16 weeks, but due to budgetary constraints, this group will only last for six sessions. While a longer therapy time is certainly more beneficial, there is clear evidence that any intervention is better than no intervention at all, and the six-week model has been shown to improve PTSD symptoms (Castillo et al., 2012; Castillo et al., 2016).

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