

Women Veterans' Mental Health Orientation Manual



You served, you deserve the best care anywhere



Choose *VA*

Eastern Oklahoma VA Health Care System

Table of Contents

Women Veterans’ Specialty Care Team	1
Meet the Team	1
Clinic Procedures	5
Therapy Expectations.....	6
Therapy Goals.....	6
Things to Remember About Treatment.....	7
Confidentiality.....	7
Common Mental Health Symptoms Treated on the Women’s Specialty Team	8
Depression	8
Anxiety	8
Panic Attacks.....	9
Insomnia.....	10
Borderline Personality Disorder.....	11
Trauma Related Symptoms.....	11
Posttraumatic Stress Disorder (PTSD).....	12
Other Common Reactions to Trauma	13
Eating Disorders	14
Services Available on the Women’s Specialty Team	17
Evidence-Based Psychotherapies	17
Treatments Currently Available and Ongoing.....	19
Evidence-Based Group Therapy Options Over VVC.....	19
Evidence-Based Individual Therapy Options	23
Peer Support Services	26
Free VA Mobile Apps	30
Free PTSD VA Mobile Apps	32

Women Veterans' Specialty Care Team

Welcome to the Women Veterans' Specialty Care Team!

This orientation manual is a guide to common symptoms/issues addressed, what to expect in therapy, and the services available on this Specialty Care Team.

Meet the Team

Dr. Patty Byrd, Program Manager: (918) 610-2001

Dr. Byrd received her Ph.D. in clinical psychology from the University of Tulsa in 2009. While at the University of Tulsa, she was a research lab manager for the Trauma Research: Assessment, Prevention, and Treatment and focused her work on women who have experienced interpersonal trauma. Dr. Byrd completed her internship at the Federal Bureau of Prisons FCI in Fort Worth, TX. She worked after internship for the Federal Medical Center Carswell, in Fort Worth, TX as a Drug Treatment Specialist and the Suicide Prevention Coordinator working with federal women inmates. Dr. Byrd joined the staff at the EOVAHCS in 2013 as the PTSD/SUD Psychologist. She became the Military Sexual Trauma Coordinator in 2014. Dr. Byrd also has a dog named Millie Mae who is a rescue and she did DNA testing to find out what she is!

Dr. Leah Hall, Psychologist: (918) 610-2038

Dr. Hall is a graduate of the University of Minnesota Clinical Science and Psychopathology Research Program, where her research focused on the use of functional MRI methods to investigate neural correlates of eating disorders and major depressive disorder. Dr. Hall completed her doctoral internship at the Jesse Brown VAMC in Chicago, IL where clinical training emphasized

psychological assessment as well as evidence based treatment for PTSD, substance use disorders, and anxiety disorders. Dr. Hall joined the staff at the EOVAHCS in 2015 and is currently working with the VA's Office of Women's Mental Health as a faculty member with the Multidisciplinary Eating Disorder Treatment Initiative. She is also a VA certified provider in the delivery of Cognitive Behavioral Therapy for Depression. When not providing care for veterans, Dr. Hall enjoys spending time running and hiking outside, gardening, or playing at the neighborhood park with her family.

Jennifer M. Chafin-Van Dusen, LCSW (MST Coordinator): (918) 610-2035

Jennifer has been with the Department of Veterans Affairs since October of 2015. She worked in General Mental Health and Intensive Community Mental Health Recovery Services. Prior to her career within the VA she worked as a therapist for children and adult victims of sexual assault/trauma and a forensic interviewer for Ray of Hope Advocacy Center.

Dr. Jordan Heroux, Psychologist: (918) 610-2002

Dr. Heroux earned his Ph.D. in Clinical Psychology from The University of Tulsa in 2016. When completing his doctorate he was a member of the TU Personality Assessment Laboratory and worked on several projects geared toward better understanding relationships between personality and various factors including genetics, romantic partner preferences, race-related bias in diagnostics, and experiences of psychological testing. Dr. Heroux completed his predoctoral internship at the VA Puget Sound Healthcare System, American Lake Division, in Tacoma, WA. He also sought postdoctoral training at the Central Arkansas Veterans Healthcare System in Little Rock, AR, in assisting Veterans seeking treatment for trauma, substance use, and health-related conditions from a recovery-oriented approach. Dr. Heroux joined EOVAHCS in 2017 as a staff psychologist in the outpatient Mental Health Clinic. He also served as a Behavioral Health Interdisciplinary Program Team supervisor in 2018 and 2019 prior to joining the Women's Mental Health and Military Sexual Trauma Team. Dr. Heroux is a proud Star Wars, Harry Potter, and Captain America fan. He enjoys long distance running and watching movies/TV shows in his spare time.

Dr. Charlene Bell, Graduate Psychologist: (918) 577-3435

Dr. Bell received her Ph.D. in clinical psychology from Palo Alto University in California in 2020. Her research focused on interpersonal trauma, self-efficacy, and empowerment and resilience. She developed an empowerment self-defense program as a therapeutic intervention for homeless women in transitional housing who had experienced interpersonal trauma. She has continued to provide consultation on this project. Dr. Bell completed her predoctoral internship at the Eastern Oklahoma VA Healthcare System. She has stayed on here at EOVAHCS and joined the Women's Mental Health and Military Sexual Trauma Team as a graduate psychologist. She is a certified provider for Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Insomnia. In her free time, she enjoys travelling or researching places to travel, going to museums, and hiking.

Eileen Lyon, LCSW: (918) 610-2017

Eileen Lyon received her master's degree in Social Work from the University of Oklahoma in 2005. Ms. Lyon has worked in the Behavioral Medicine Clinic for thirteen years, and with the VA for eighteen years, specializing in trauma, substance use disorder, Veteran's treatment court, and general mental health. Ms. Lyon received her master's degree in Industrial Organizational Psychology from the University of Tulsa in 1995. Ms. Lyon worked as an internal consultant for a community hospital. Ms. Lyon has a master's in Laboratory Medicine from the University of Tulsa, and holds a specialty in Hematology 1980. Ms. Lyon is board certified in the American Society for Clinical Pathologist ASCP, and National Accreditation Agency of Pathology, NCA. Ms. Lyon is certified in adoption, and worked part-time as an international social worker in International Adoption with American World Adoption Agency in McClean, Virginia.

Marlene Diaz, Peer Support Specialist : (918) 616-1999

Marlene Diaz is a U.S. Navy Veteran and she served overseas from April 1990 to Jan 1996. Ms. Diaz completed her DBSA-VA Peer Specialist training & Certification in 2013. In June of 2017, Ms. Diaz completed Veteran X training which is an extension of the peer support program. Ms. Diaz facilitates various programs within the EOVAHCS system including the Project Hero Cycling Program. Ms. Diaz regularly shares her own road to recovery story on how she utilized various VA programs to help her get her back on track, as well as creative and inventive ways to get her fellow veterans involved in healthy and clean living. Her personal mantra is "Living Veteran Strong". Through this process, she has learned how to teach others

to move forward creating their new normal as she did. Ms. Diaz joined the staff at the EOVAHCS in 2013 and is currently working on her Bachelor's degree in Nutrition.

Psychology Practicum Students/Interns

- We have psychology interns who are doing their last year of supervised work prior to obtaining their Ph.D. or Psy.D. who may choose to do a 6 month rotation on the Women's Team
- We supervise psychology practicum students enrolled in the clinical psychology Ph.D. program at the University of Tulsa who provide individual and group therapy services.

Clinic Procedures

➤ **If you need to cancel an appointment**

- Please call to cancel your appointment as soon as you know you have to miss it. This will allow another veteran to have an appointment and help us to reduce our wait times for appointments.

➤ **No Shows**

- If you do not attend your appointment and you do not cancel in advance, then you will be contacted by us via a telephone call and by a letter notifying you of the missed appointment. It is your responsibility to call the provider to reschedule.
- After two no-shows and no contact from you, future group and/or individual therapy appointments will be cancelled assuming you are declining services.

➤ **Clinic-cancelled appointments**

- Unfortunately, at times the clinic may need to cancel your appointment for unexpected absence of a provider (e.g., out sick, family emergency). In this case, you will be called by the clinic to reschedule as quickly as possible following your provider's return to the office.

FOR CLINICAL EMERGENCIES: (i.e., suicidal or homicidal crisis, out of touch with reality, need urgent medication adjustment): Please go to the nearest Emergency Department for assistance.

VA Crisis Line: 1-800-273 TALK (8255) Press 1

Therapy Expectations

- Improvement vs. a “Cure”
- Therapy will not take away all of your problems.
- Therapy cannot change other people.
- Therapy CAN help you to decrease intensity of symptoms.
- Therapy CAN help you to increase your level of functioning.
- **Example of therapy success (improvement vs. cure):**

“I’m avoiding less. Although I’m still anxious, I’m better able to go to the store and can spend time outside with other people. I can eat dinner out with my family. I’m sleeping 6 hours per night instead of 4 hours per night. I still have upsetting thoughts, but I am able to cope better so I can continue my day.”

Therapy Goals

- **Goals should be “SMART”**
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-Limited
- **Goals should NOT be vague and unspecified**
 - “feel better”
 - “be a better person”

➤ **Examples of possible SMART goals**

- Increase number of social outings from 1x/month to 3x/month by November 2018.
- Learn three specific coping skills to help manage intense emotions by August 2018.
- Be able to drive over a bridge with a friend in the car by October 2018.
- Decrease intrusive thoughts about trauma from 2x per day to 2x per week by January 2018.

Things to Remember About Treatment

- Psychotherapy requires a WILLINGNESS to CHANGE thoughts and/or behaviors.
- Realistic Expectations: Expect improvement, not a “magic bullet”
- Therapy requires consistent attendance and participation.

Confidentiality

- Information will be kept within the VA – only VA Medical Center providers have access to your information.
 - This includes all medical providers
- Non-VA Personnel must have a signed release of information from you to access your records.
- Group confidentiality:
 - The clinician will maintain confidentiality.
 - Group members will be encouraged to keep confidentiality of other group members.
- Exceptions to confidentiality:
 - Acute risk of harming yourself or another person
 - Abuse or neglect to a minor under the age of 18 or elder
 - Court order for your records

Common Mental Health Symptoms Treated on the Women's Specialty Team

Depression

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in all, or almost all, activities, most of the day, nearly every day
- Significant weight loss or gain (change of more than 5% of body weight in a month)
- Loss of appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy every day
- Feelings of worthlessness or excessive guilt
- Diminished ability to think or concentrate
- Recurrent thoughts of death (not just fear of dying); Suicidal Thoughts

A high percentage, some suggest maybe as high as 50%, of people have experienced at least one episode of clinical depression. Many people with depression experience more than one episode during their lifetime. Others have a constant, but less severe, form of depression, known as dysthymia.

Anxiety

Anxiety symptoms can vary. They may include:

- Persistent worrying or obsession about small or large concerns that's out of proportion to the impact of the event
- Inability to set aside or let go of a worry
- Inability to relax, restlessness, and feeling keyed up or on edge
- Difficulty concentrating, or the feeling that your mind "goes blank"
- Worrying about excessively worrying
- Distress about making decisions for fear of making the wrong decision

- Carrying every option in a situation all the way out to its possible negative conclusion
- Difficulty handling uncertainty or indecisiveness

Physical signs and symptoms may include:

- Fatigue
- Irritability
- Muscle tension or muscle aches
- Trembling, feeling twitchy
- Being easily startled
- Trouble sleeping
- Sweating
- Nausea, diarrhea or irritable bowel syndrome
- Headaches

There may be times when your worries don't completely consume you, but you still feel anxious even when there's no apparent reason. For example, you may feel intense worry about your safety or that of your loved ones, or you may have a general sense that something bad is about to happen.

Panic Attacks

A panic attack is a discrete period of intense fear in which at least four of these symptoms appear suddenly and reach a peak within a couple of minutes.

- Racing heart
- Sweating
- Shaking, trembling
- Shortness of breath
- Choking sensation
- Chest pain and discomfort
- Nausea
- Dizziness
- De-realization or depersonalization

- Fear of going crazy
- Fear of losing control
- Fear of dying
- Numbness or tingling
- Chills or hot flashes

Some people are not aware that they are having a Panic Attack (PA) when it happens. They believe that something is wrong with them physically, e.g. they are having a heart attack. Many times (85%) ER visits for medical treatment are attributable to anxiety. 40% of all visits to the ER involving chest pain are actually caused by anxiety.

Panic attacks last only for a few minutes, but the concern over the attack can last much, much longer. One of the main difficulties with Pas is the fear or concern that another one will happen. Concerns include: “Will it be worse next time?” “Where will I be when it happens?” “Other people are noticing my symptoms!” “What if I pass out or die?!”

Insomnia

Insomnia is a term used to describe sleep that is too short, too restless, disturbed, or otherwise unsatisfactory. Every human being experiences periods of insomnia during her/his lifetime. For most of us, this is something that passes relatively quickly. However, some people struggle with insomnia on a regular basis over a period of years, perhaps even their lifetime. Different people experience insomnia differently. Symptoms include:

- Difficulty falling asleep
- Difficulty staying asleep
- Awakening too early and being unable to go back to sleep
- Awakening in the middle of the night and being unable to fall back asleep
- Restless sleep
- Intense dreaming and nightmares
- Restless legs/pain at night
- Daytime sleepiness/erratic sleep cycles

Borderline Personality Disorder

Borderline personality disorder (BPD) is a condition characterized by difficulties in regulating emotion. This difficulty leads to severe, unstable mood swings, impulsivity and instability, poor self-image and stormy personal relationships. People may make repeated attempts to avoid real or imagined situations of abandonment. The combined result of living with BPD can manifest into destructive behavior, such as self-harm (cutting) or suicide attempts. People with BPD experience wide mood swings and can display a great sense of instability and insecurity. Signs and symptoms may include:

- Frantic efforts to avoid being abandoned by friends and family.
- Unstable personal relationships that alternate between idealization—"I'm so in love!"—and devaluation—"I hate her." This is also sometimes known as "splitting."
- Distorted and unstable self-image, which affects moods, values, opinions, goals and relationships.
- Impulsive behaviors that can have dangerous outcomes, such as excessive spending, unsafe sex, substance abuse or reckless driving.
- Suicidal and self-harming behavior.
- Periods of intense depressed mood, irritability or anxiety lasting a few hours to a few days.
- Chronic feelings of boredom or emptiness.
- Inappropriate, intense or uncontrollable anger—often followed by shame and guilt.
- Dissociative feelings—disconnecting from your thoughts or sense of identity, or "out of body" type of feelings—and stress-related paranoid thoughts.

Trauma Related Symptoms

Traumas may include things like:

- physical abuse
- child sexual abuse
- car accidents
- combat
- natural disasters
- sexual assault
- physical assault

- the sudden, unexpected death of a loved one

People who experience a trauma often feel alone. They might think that they're the only ones who have lived through this. But, many of us have experienced some type of trauma. Researchers have found that about 50-60% of people have been through some type of trauma.

People react to these events in many ways. Some people feel very upset right away. Others may not feel upset at first, or they may feel shocked. These people may have more troubles later on, even years after the event. Still others report having few problems at all. The ways trauma may impact a person's life can be different between people. Many people who go through trauma may have some symptoms of posttraumatic stress disorder (PTSD).

Posttraumatic Stress Disorder (PTSD)

PTSD has four different types of symptoms:

1. Feeling like the event is happening again

The first type of symptom is re-experiencing the trauma. People may feel as if the event were happening again. This can include nightmares about the event, having flashbacks, and thinking about the event when you don't want to. This can also include having strong emotional and/or physiological reactions to reminders of the trauma.

2. Trying to avoid reminders that make you think of the trauma

The second type of symptoms is ways that people try to avoid certain things. This can include people, places, situations, and other things that remind them of the trauma. Some ways people try to avoid the trauma are by pushing thoughts of the event out of their minds or avoiding conversations about the event. People may also use drugs or alcohol to try and forget what happened. Other ways people can avoid are through: binge eating, excessive exercise, gambling, and aggression.

3. Being more alert

The third type of problem involves being more on guard than usual. It can also include being more aware of what is going on around you. You may find yourself always looking for danger. People may also have trouble falling and staying asleep and difficulty concentrating. Some people experience an increase in irritability and anger outbursts.

4. Having negative emotions or beliefs

The fourth type of problem can be in the way we think about ourselves, other people, and the world. Our thoughts about these things may also change after a trauma. You may feel less in control or feel bad about yourself. You may not feel safe with others or want to be close to anyone. You may also feel bad or guilty for things that happened during the trauma. You may also have difficulty experiencing positive emotions and lose interest in activities you used to enjoy. Some people report feeling emotionally numb and emotionally disconnected from others.

Other Common Reactions to Trauma

- **Losing control:** After experiencing trauma, many men and women fear that they are losing *control* over their lives. They lost control over their lives at the time of the trauma, and this feeling of loss of control may continue after the trauma.
- **Sense of Helplessness:** Survivors dealt with a very real sense of helplessness in not being able to protect themselves from this devastating event, and commonly respond to this in either exaggerated direction of attempting to over control their lives and others or feeling that they can't control anything including themselves
- **Disrupted relationships:** It is not unusual to see a disruption in relationships with others after trauma. This is, in part, a result of the withdrawn behavior that frequently accompanies sadness and depression. The survivor may also feel embarrassment and ashamed about what happened to them. However, the support of friends and family plays a vital role in the survivor's recovery from the trauma.
- **Psychosomatic Illnesses:** Trauma is an overwhelming experience that can commonly be converted to physical symptoms and illnesses, including chronic pain, gastrointestinal problems, gynecological problems, weight changes, chronic fatigue, diabetes, hypertension and heart disease. It is difficult to assess the

origin of the medical illnesses, but this is a list of medical conditions commonly seen in trauma survivors.

- **Eating Disorders:** Many survivors develop eating disorders to help defend against the event, or give them a sense of control over the event. They may overeat and become very overweight, attempting to make themselves unattractive to the opposite sex and reducing the sexual attention they might receive. Some survivors stop eating and develop anorexia, thereby making themselves so thin that they become androgynous or asexual, again reducing the sexual attention they might receive. Survivors may also develop bulimia. These eating disorders can reflect the low self-esteem that can result from trauma.

******Most importantly, all of these reactions are normal responses to the traumatic event(s) you have experienced!**

For more information, you can visit the National Center for PTSD website:

www.ptsd.va.gov

Eating Disorders

The EOVAHCS Eating Disorder Program is a specialty, multidisciplinary treatment program that offers evidence-based treatment options for individuals struggling with eating disorders. Common issues addressed in this program include: restrictive eating; binge or loss of control over eating; purging behavior; compulsive exercise; and preoccupation with food, body or weight. Veterans enrolled in the Eating Disorder Program are followed by a team of providers including primary care, dietitians, and therapists to comprehensively address the medical, emotional and nutritional consequences of eating disorders. Services provided are consistent with Joint Commission Standards and include individual psychotherapy, group psychotherapy, nutritional counseling, and medical management. The Eating Disorder Program also collaborates closely with providers in other specialty programs to address issues that commonly overlap with eating disorders such as trauma and other mental health concerns. In this program, providers and Veterans work as a team to develop a personalized treatment plan aimed at normalizing eating patterns, building healthy relationships with food, and improving body image.

What is IPV?

- Intimate Partner Violence or IPV is IPV describes *physical, sexual, or psychological* harm or *stalking* behavior by a *current or former* partner.
- Stalking is a repeated pattern of behavior that causes fear. May be in person or virtual by use of technology. Examples: text messages or social media platform
- Financial Abuse involves controlling money, ruining credit
- IPV occurs on a continuum of frequency and severity ranging from emotional abuse to chronic, severe battering or even death.
- IPV can occur *in heterosexual or same-sex* relationships and *does not require sexual intimacy or cohabitation*

Help is Available to You

- You are not alone: In the General Population 1:3 women and 1:4 men have experienced IPV. However for the Veteran population, the number could be twice as high. For women Vets who use VHA, lifetime IPV experience estimates range from 30-70%.
- You are not to blame: IPV is associated with increased incidence of divorce, homelessness, joblessness, poverty, hopelessness, homicide, and suicide.
- Important protective factors for helping Veterans overcome the consequences of IPV include having strong healthy connections with a significant other and family members.
- Women who talked to their healthcare provider about IPV are four times as likely to use an intervention and 2.6 times more likely to leave an abusive relationship

We offer Veteran-centered, comprehensive, and individually tailored services across a continuum for Veterans who are using violence and/or experiencing violence. If you have any questions or need services for IPV, please contact Dr. Patricia Byrd at (918) 610-2001.

What is MST?

- Military Sexual Trauma or MST is sexual assault or repeated, threatening sexual harassment that occurred during a Veteran's military service. This can occur on or off base, while a Veteran was on or off duty, and the perpetrator identity does not matter.
- MST can involve a person being physically forced into participation, unable to consent to sexual activities (e.g., intoxicated), and/or pressured into sexual activities (e.g., with threats of consequences or promises of rewards).
- How Common is MST? Estimates comes from those screened who are receiving VHA healthcare, but these numbers are believed to be an underestimate
 - 1 in 4 women
 - 1 in 100 men

MST Related Care: VA's response to MST has been a national mandate to provide free mental health and physical health care for all MST related issues. This Includes: Inpatient, outpatient, and pharmaceutical care. This does not require a person to be service connected. If you have any questions about MST, please contact your MST Coordinator: **Jennifer Chafin-Van Dusen, LCSW, at 918-610-2035.**



The Beyond MST app was created for survivors of military sexual trauma (MST). With Beyond MST you can:

- Learn about common challenges related to MST and skills and resources that can help
- Use over 30 tools to help you cope with problems, reduce distress and improve your quality of life
- Take brief assessments to understand your symptoms and beliefs (how you think about the world)
- Track your progress toward recovery goals
- Find new sources of support and read inspiring messages from other sexual trauma survivors

Services Available on the Women's Specialty Team

Evidence-Based Psychotherapies

In recent years, a variety of psychotherapies have been developed and scientifically studied in much the same way we evaluate treatments for physical health conditions such as high blood pressure or diabetes. This research has shown that psychotherapy is very effective for even the most complex mental health conditions that, not long ago, were considered untreatable. Psychotherapies that are repeatedly shown in controlled research to be effective for a particular condition or conditions are referred to as “evidence-based psychotherapies.”

These therapies are typically provided in weekly sessions for 50-90 minutes in length by mental health professionals who have been trained to deliver these services. Full treatment usually requires about 10-16 sessions, but many people begin to show improvement within 6-8 sessions. At the beginning of treatment, the therapist and patient work together to identify problems and issues to address in therapy and then develop specific treatment goals. During treatment, the therapist guides the patient to develop new understanding and life skills to overcome personal problems and achieve identified goals of the patient. Evidence-based psychotherapies have helped numerous individuals regain their lives following even the darkest of moments.

Patients serve as active participants in treatment, applying new strategies to their current lives. The enhanced knowledge, perspective, and skills patients acquire in therapy often provide a sense of empowerment that not only helps with current problems but also in overcoming future hurdles. This is one reason why evidence-based psychotherapies usually have long-term effects! Evidence-based psychotherapies emphasize a team approach, with the patient and therapist working together to make real changes in the patient's life.

Only evidence-based psychotherapies are provided within the Women Veterans Specialty Care Team. Individual supportive counseling is not provided. We do have peer support options which are discussed later in the manual which focus on increasing your overall support system. If you are unsure of what your treatment goals may be or are currently going through a significant stressor; 4 individual therapy sessions will be scheduled to help support you through this time and/or clarify your goals and get you into an evidence-based therapy. We do not offer ongoing supportive therapy and believe this to be harmful to people.

Treatments Currently Available and Ongoing

Evidence-Based Group Therapy Options Over VVC

Women's Core Group

12 weeks: Tuesday: 11:00 a.m. – 12:00 p.m. or Thursday: 11:00 a.m. - 12:00 p.m.

- This is a structured skills group for women.
- Session topics include: Mindfulness, Depression Management, Anxiety Management, Coping with PTSD, Emotion Regulation and Healthy Relationships
- This is a great first step into treatment. This is about learning new skills and how to apply them to your everyday life.
- If you are nervous about group therapy, we challenge you to be open minded and try at least three sessions. Typically, in the first session, most people are nervous. After the initial session, each session becomes extremely more comfortable. You get a feel for what the group is like, what the group leader is like, along with who your fellow group members are.

Dialectical Behavior Therapy (DBT) Skills Group

Weekly, Wednesdays: 10:00 a.m. - 11:30 a.m.

- This is an 8-10 month structured group that involves taking action and participating in changing one's thoughts through the use of specific coping techniques. The goal of the group is to learn to replace problem behaviors with more adaptive ways of coping with distress.
- DBT is Divided into four skills modules which include:
 - Mindfulness skills are designed to teach a person how to focus their mind and attention.
 - Distress tolerance is centered on accepting the current situation and finding ways to survive and tolerate the moment without engaging in problematic behaviors.

- Emotion regulation skills include learning to identify and label current emotions, identifying obstacles to changing emotions, reducing emotional reactivity, increasing positive emotions and changing emotions.
- Interpersonal effectiveness skills teach effective strategies for asking for what one needs, saying no, and coping with interpersonal conflict.

Acceptance and Commitment Therapy (ACT) Group

Weekly for 12 weeks: Fridays: 1:00 – 3:00 p.m.

Called “ACT” for short, this treatment is designed to help attendees with the following:

- Improving self-awareness and present moment focus
- Reducing struggles with thoughts and emotions
- Nurturing openness and willingness with experiences
- Encouraging psychological flexibility
- Connecting with personal values through practical action

Emotional Eating Recovery Group

Mondays 11:00 a.m.-12:30 p.m. 10-12 weeks

This group focuses on helping individuals suffering from recurrent episodes of emotional or binge eating and will include education about the causes and consequences of binge eating, as well as specific strategies to use in order to start developing a healthier relationship with food and eating.

Intimate Partner Violence Support Group

To be announced: Weekly, ongoing

This group is for any women who are currently going through or have ever experienced an unhealthy relationship that was or is emotionally, physically, and/or sexually abusive. This group is ongoing and seeks to offer support and assistance. Psychoeducation and support regarding relationships, health, and safety are provided.

Cognitive Processing Therapy (CPT) Group for Survivors of Sexual Trauma

To be announced: 12 weeks

Trauma can change the way you think about yourself and the world. You may believe you are to blame for what happened or that the world is a dangerous place. These kinds of thoughts keep you stuck in your PTSD and cause you to miss out on things you used to enjoy. CPT teaches you a new way to handle these upsetting thoughts. In CPT, you will learn skills that can help you decide whether there are more helpful ways to think about your trauma. You will learn how to examine whether the facts support your thought or do not support your thought. And ultimately, you can decide whether or not it makes sense to take a new perspective.

Warrior Renew Program: A Treatment for Military Sexual Trauma (MST)

To be announced: 2 Hours for 12 weeks

This treatment is designed to help survivors of MST understand normal reactions to MST and how to manage them. You will learn how to release the grips of anger and resentment, injustice, betrayal, self-blame, shame, and grief. You will learn how to deal with such physical symptoms as sleep problems and stress and engage in assessment of your own interpersonal patterns. This group is designed to help you explore the impact of MST on your relationships and how to cultivate and sustain healthy relationships, intimacy, and sexuality. Through the Warrior Renew Program, survivors will be able to move forward in their lives by creating a new sense of identity, purpose, and self-worth.

Strength At Home

To be announced: 12 weeks; 2 Hour Sessions

Strength at Home is a group for women veterans who struggle with anger and conflict in relationships. This intervention addresses those with low level conflict who wish to learn new relationship skills, all the way up to those who have used aggression toward a partner. Group material focuses on providing information regarding trauma and abuse and taking responsibility for abusive behavior, conflict management skills to deescalate difficult situations, assertiveness training, and communication skills.

Mindfulness Group

Weekly, ongoing, Tuesdays 2:00 p.m. – 3:00 p.m.

This is an open group with a rotating mindfulness curriculum; attendees are welcome to participate as often as they are able or prefer

This group helps attendees:

- Practice engagement with the present moment in a curious, non-judgmental way
- Not get as “tangled” in thoughts/emotions of the past or future
- Promote more freedom and flexibility in their daily life

Evidence-Based Individual Therapy Options

Cognitive Processing Therapy (CPT) for PTSD

12-15 (60 minute) weekly sessions

- Practice guidelines have identified that trauma-focused psychotherapies have the most evidence for treating PTSD. Cognitive Processing Therapy (CPT) is one type of trauma-focused psychotherapy. Trauma can change the way you think about yourself, others, and the world. You may believe you are to blame for what happened or that the world is a dangerous place. These kinds of thoughts keep you stuck in your PTSD and cause you to miss out on things you used to enjoy
- CPT teaches you a new way to handle these upsetting thoughts. In CPT, you will learn skills that can help you decide whether there are more helpful ways to think about your trauma. You will learn how to examine whether the facts support your thought or do not support your thought. And ultimately, you can decide whether or not it makes sense to take a new perspective.

Prolonged Exposure (PE) Therapy for PTSD

10-15 (90) minute weekly Sessions

- PE is another trauma-focused psychotherapy that teaches you to gradually approach trauma-related memories, feelings, and situations that you have been avoiding since your trauma. By confronting these challenges, you can decrease your PTSD symptoms.
- People with PTSD often try to avoid anything that reminds them of the trauma. This can help you feel better in the moment, but not in the long term. Avoiding these feelings and situations actually keeps you from recovering from PTSD. PE works by helping you face your fears. By talking about the details of the trauma and by confronting safe situations that you have been avoiding, you can decrease your symptoms of PTSD and regain more control of your life.

Acceptance and Commitment Therapy for Depression (ACT-D)

12 weekly 60 minute sessions

- ACT encourages you to be more present to the “here and now” rather than getting caught up in feelings, thoughts, memories, and images of the future.
- ACT also provides you with a path to avoid getting “stuck” in life through openness and acceptance. This aims to provide a newfound freedom from the sense that negative thoughts and feelings control your life.
- ACT helps you clarify your values and purpose, and guides you toward meaningful action.

Interpersonal Therapy for Depression (IPT)

12-16 weekly (60) minute sessions

- This treatment focuses on roles and relationships and how these related to depression. Depression affects relationships and can create problems with interpersonal connections. The goals of IPT are to help you communicate better with others and address problems that contribute to your depression.
- During treatment, the therapist generally chooses one or two problem areas in the patient's current life to focus on. Examples of areas covered are disputes with friends, family or co-workers, grief and loss and role transitions, such as retirement or divorce.

Cognitive Behavioral Therapy for Insomnia (CBTi)

6 weekly (60) minute sessions

- CBT-I is one of the most studied and effective therapies for improving the quality of sleep.
- The goals of CBT-I are to help you fall asleep, stay asleep, and improve your daytime functioning and quality of life as a result of better sleep at night.
- The “cognitive” part of CBT-I focuses on your thoughts, feelings, and expectations about sleep and insomnia that may affect how well you sleep.
- The “behavioral” part of CBT-I helps you develop proven sleep habits, based on the science of sleep that will help you sleep better.

Collaborative Assessment and Management of Suicidality (CAMS)

Weekly (60) minute sessions

CAMS is a therapeutic framework for suicide-specific assessment and treatment of suicidal risk. The clinician works collaboratively with the patient to identify suicidal “drivers” and to understand how suicidal thoughts and behaviors function as coping strategies.

Goals of CAMS is:

- To reduce suicidal ideation and overall symptom distress
- Learn alternative coping strategies.
- Increase hope
- Increase engagement in planning for future goal-focused EBP treatments to decrease symptoms and improve quality of life

Individualized Assessment and Therapy for Eating Disorders to include:

- Binge Eating Disorder
- Bulimia
- Anorexia

Individual Skills Focused Therapy

- We offer a variety of time-limited, recovery oriented therapy interventions that can be individualized for your goals. Time in therapy is contingent upon individual needs and overall engagement in the therapy process (i.e., completing practice assignments between sessions, attending and participating in sessions regularly)
- These treatment options will be discussed with your therapist based on your individualized treatment goals.
- We do not offer ongoing supportive therapy. All therapy is guided by your recovery goals and engagement in the therapy process.

Individual Spiritual Counseling with Chaplaincy Service

- Chaplains work with Veterans from all walks of life to help on their journey to emotional and spiritual wholeness. You may be of a specific faith background, undecided, or of no faith background and find great benefit from this area of counseling as it can be individualized per your specific needs.

Peer Support Services

Women's Peer Support Groups led by Marlene Diaz

- These groups are for Veterans active in their recovery either by participating in treatment or who have completed treatment and are working to maintain treatment gains. These groups meet every other week.
- Individual Peer Support Services available as needed and by request.

Support Groups, networking, and resources are available at the Coffee Bunker

The Coffee Bunker is a Veteran run non-profit organization where veterans can make connections with other veterans, representatives from other veteran organizations, resource people related to employment and education and others who can facilitate transition to civilian life.

Coffee Bunker:
6365 E 41st St, Tulsa, OK 74135
918-637-3878

It is open to all Veterans and their families Monday through Saturday.

Other Mental Health Treatment Services Available Outside of the Women's Specialty Team

Groups:

Grief Group with Chaplain Services

This is an open and on-going, weekly group designed to provide support and grief counseling to veterans who are going through the grieving process. The loss being dealt with can be recent or from years ago. Adult family members are also welcome to attend with the Veteran.

Cognitive Behavioral Therapy (CBT) Group

A 12-15-week structured group to address depression and anxiety. Format is psychoeducational. Topics covered will include: Cognitive Models of depression/anxiety, Cognitive Tools, Activity Scheduling, Relaxation Training, Problem-Solving, Socialization Skills, Enhancing Motivation, Grief & Loss, Coping with Anger, Coping with Difficult People, and Assertiveness/Conflict Resolution.

Anger Management

Anger Management is a 9-week structured group that includes a general "check-in" from participants for the first 20 minutes. A workbook with a summary of core concepts is used and homework is assigned.

Pain School

4 sessions that cover pain basics, medications, pain self-management and the development of an individualized whole health plan

Moral Injury Group with Chaplain Services

A closed 12 week group designed to aid veterans as they examine their experience of moral injury through the lens of loss and help them grieve that loss. This group provides a space to examine some of their most difficult or distressing experiences and to find some meaning in those experiences.

LGBTQ Programs:

Sexual Orientation & Gender Identity Group (SOGI)

10 weeks, Thursdays 10am -11am with Dr. Christopher Allen

SOGI Group is a 10-week Health & Education group that covers a wide range of topics that are relevant to Gay, Lesbian, Bisexual, & Transgender veterans. It is also a great way to form relationships.

Support Group for Lesbian, Gay, Bisexual, and Questioning

3rd Friday of the month 11am -12pm

This is an ongoing monthly support group for individuals who identify as gay, lesbian, bisexual or questioning.

Support Group for Transgendered Individuals

1st Friday of the month 11am – 12pm with Dr. Thomas Hoffman

This is an ongoing monthly support group for individuals who identify as transgender or questioning.

For questions or to learn more about the LGBTQ program and services at the VA, please contact Dr. Michael McKee, LGBTQ Program Coordinator at (918) 384-4645

COUNSELING SERVICES AVAILABLE AT THE VET CENTER

Vet Centers

Vet Centers across the country provide a broad range of counseling, outreach, and referral services to combat Veterans and Veterans who have experienced Military Sexual Trauma (MST) and their families. Vet Centers guide Veterans and their families through many of the major adjustments in lifestyle that often occur after a Veteran returns from combat or after a Veteran experiences military sexual trauma. Services for a Veteran may include individual and group counseling in areas such as Post-Traumatic Stress Disorder (PTSD), alcohol and drug assessment, and suicide prevention referrals. All services are free of cost and are strictly confidential.

Tulsa Vet Center

14002 E. 21st Street
Tulsa, OK 74134-1412

Phone: 918-628-2760

Fax: 918-439-7424

Hours of Operation:

Monday: 8:00 am - 5:00 pm
Tuesday: 8:00 am - 8:00 pm
Wednesday: 8:00 am - 8:00 pm
Thursday: 8:00 am - 7:30 pm
Friday: 8:00 am - 4:30 pm
Saturday: Open the 1st and 3rd Saturdays of the Month from 1:00 pm - 5:00 pm
Sunday: Closed

**Vet Center Services are also offered in Tahlequah, OK certain days/times of week:
If interested, please call: 1-800-256-0671, ext. 5693**

Free VA Mobile Apps

Apps for self-help, education and support.



Mindfulness Coach will help you practice mindfulness meditation. Practicing mindfulness means grounding yourself in the present moment. Mindfulness has been shown to be helpful for reducing stress and coping with unpleasant thoughts and emotions. Features include:

- Education about the benefits of mindfulness
- Mindfulness exercises to practice on your own or with guidance
- Strategies to help overcome challenges to mindfulness practice
- Log of mindfulness exercises to track your progress
- Reminders to support your mindfulness practice



AIMS is designed to help you manage anger and irritability. Features include:

- A personalized anger control plan
- Unique, interactive tools designed to help prevent or manage feelings of anger
- Customized anger management tools using voice memos, songs or images
- Tools for tracking your symptoms with tailored feedback about your symptoms and progress
- Easy and quick access to more extensive support resources, such as the Veterans' Crisis Line and 911.



The COVID Coach app was created for everyone, including Veterans and Service members, to support self-care and overall mental health during the coronavirus (COVID-19) pandemic. Features include:

- Education about coping during the pandemic
- Tools for self-care and to improve emotional well-being
- Trackers to check your mood and measure your growth toward personal goals
- Graphs to visualize progress over time



The Couples Coach app was created for partners who want to improve their relationship and explore new ways to connect. It also includes relationship information specific to couples living with PTSD. With Couples Coach you can:

- Send notes and questions to your partner
- Work through relationship-building missions
- Use tools to help you address relationship challenges
- Track progress toward becoming a stronger, healthier couple



The Insomnia Coach app was created for everyone, including Veterans and Service members, to help manage insomnia. The app is based on Cognitive Behavioral Therapy for Insomnia (CBT-I). Features include:

- Guided, weekly training plan to help you track and improve sleep
- Sleep coach with tips for sleeping and personal feedback about your sleep
- Interactive sleep diary to help you keep track of daily changes
- 17 tools to help you get your sleep back on track



Stay Quit Coach is designed to help with quitting smoking. It is intended to serve as a source of readily available support and information for adults who are already in treatment to quit smoking - to help them stay quit even after treatment ends. The app guides users in creating a tailored plan that takes into account their personal reasons for quitting. It provides information about smoking and quitting, interactive tools to help users cope with urges to smoke, and motivational messages and support contacts to help users stay smoke-free. Stay Quit Coach is designed to be used in conjunction with a clinical provider but may also be helpful as a self-management tool.



Veterans & Service members may turn to alcohol to cope with stress, trouble sleeping and other challenges. VetChange offers proven self-help tools that build skills to help you stop or cutback on problem drinking. VetChange is a completely confidential way for you to:

- Decide if it's time to change your drinking
- Set personal goals to stop or cut back on drinking
- Track your progress and stay motivated with daily feedback
- Educate yourself about common situations that trigger drinking
- Learn how to cope with stress, sleep problems, anger, and other feelings

Free PTSD VA Mobile Apps



The PTSD Coach app can help you learn about and manage symptoms that often occur after trauma. Features include:

- Reliable information on PTSD and treatments that work
- Tools for screening and tracking your symptoms
- Convenient, easy-to-use tools to help you handle stress symptoms
- Direct links to support and help
- Always with you when you need it



PTSD Family Coach is an app similar to [PTSD Coach](#). PTSD Family Coach provides support for concerned family members of those with PTSD. The app can help you learn about PTSD, how to take care of yourself, and how to manage your relationship with your loved one or children. PTSD Family Coach also has information on how to help your loved one get the treatment they deserve. Features include:

- Information about PTSD and how it affects those who care about someone with PTSD.
- Tips to help families better support a loved one with PTSD, and themselves. The app includes information on how to find counseling.
- Facts about counseling for individuals or couples managing PTSD in a relationship.
- Tools to help family members manage stress.
- Self-created support network of people to connect with when in need.