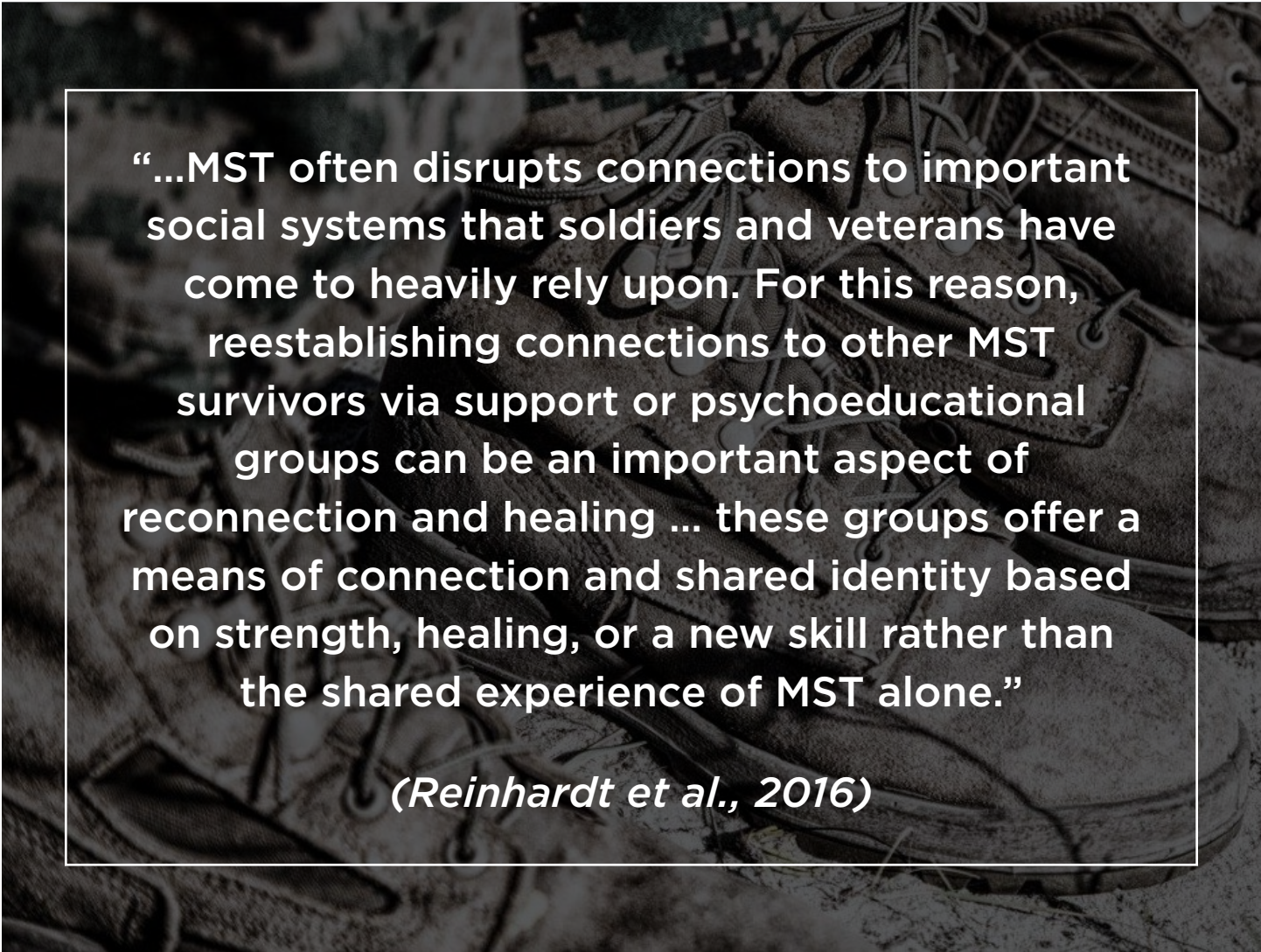


INTRODUCTION TO THE COURAGE GROUP



“...MST often disrupts connections to important social systems that soldiers and veterans have come to heavily rely upon. For this reason, reestablishing connections to other MST survivors via support or psychoeducational groups can be an important aspect of reconnection and healing ... these groups offer a means of connection and shared identity based on strength, healing, or a new skill rather than the shared experience of MST alone.”

(Reinhardt et al., 2016)

The Courage Group was developed as a 12-week outpatient therapy group for Veterans who had experienced sexual trauma by Dana Foley, Ph.D., and Michelle Sherman, Ph.D. in 1995. This included Veterans with a history of childhood sexual abuse, sexual assault in adulthood, and military sexual trauma (MST). This educational group draws on cognitive and behavioral principles to promote healing, self-discovery, and self-efficacy. Treatments rooted in cognitive and behavioral principles are effective for many psychological disorders (e.g., anxiety disorders, mood disorders, posttraumatic stress disorder; Cusack et al., 2016; Hofmann et al., 2012; Kazantzis et al., 2018). Each session of the Courage Group provides an opportunity for Veterans to explore how the experience of MST has impacted their lives while also learning strategies that may improve their well-being and quality of life.

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REVISIONS TO THIS MANUAL

The Courage Group has been revised to emphasize treating Veterans (both women and men) who have experienced MST. Revisions of the MST Courage Group are based on the ecological model of sexual assault recovery (Campbell et al., 2009), which expands on the ecological systems theory (Bronfenbrenner, 1979, 1986, 1995). The ecological model of sexual assault recovery describes how interactions between the sociodemographic characteristics of survivors, the circumstances surrounding their experiences of MST, and environmental factors (e.g., informal support, formal support, culture) influence their recovery. **Table 1** details each ecological level and its relation to specific Courage Group sessions.

Other notable changes to this manual include:

- Specific information about the experience of MST and its impact on functioning.
- Addition of four new topic areas - “Surviving Military Sexual Trauma,” “Grief and Loss,” “Self-forgiveness,” and “Moving Forward.”
- A modular design that allows clinicians to vary the length of treatment according to specific group needs or the clinical setting (e.g., specialty mental health, primary care).
- Removal of imaginal exposure from the treatment protocol.
- Availability of a new companion patient workbook that includes all in-session activities and recommended homework assignments. This workbook is intended to supplement treatment. It should NOT be used as a self-help guide.

Table 1. Adapted Ecological Model of Impact for Military Sexual Trauma

Ecological Level	Description	Corresponding Sessions
Individual Factors	Premilitary demographic characteristics (e.g., age, race, ethnicity), genes and biology, personality traits, coping style, and pre-existing mental health symptoms	1-3, 5, 6
Sexual Trauma Characteristics	Includes survivor-offender(s) relationship, presence of serious threat or danger, and use of weapons, substances/alcohol, or violence, and military environment	1, 2, 4, 5
Microsystem Factors	Interactions with and between informal support systems (e.g., family, friends, peers) within and outside military environment	7, 9, 10
Meso/Exosystem Factors	Interactions with and between formalized support systems (e.g., crisis center, hospital, lawyers) during and postmilitary	12
Macrosystem Factors	Influence of military culture, individual cultural background, and societal views on sexual trauma (e.g., victim-blaming, adherence to rape myths)	1, 2, 4
Chronosystem Factors	Changes in person-environment interactions across time, including transitions into and out of military service	1, 2, 12
Self-blame (multilevel meta construct)	The result of interactions across ecological levels over time	4, 8, 11

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BRIEF HISTORY OF MST

MST is a nationally recognized problem. When screened by a Veterans Health Administration (VHA) clinician, about 1 in 3 women Veterans and 1 in 50 men Veterans report that they have experienced MST (Office of Mental Health and Suicide Prevention, 2019). MST is defined by VHA as “physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.” Sexual harassment is further defined as “repeated, unsolicited verbal or physical contact of a sexual nature, which is threatening in character” (Title 38 US Code 1720D).

The Tailhook Incident of 1991 was a major event that increased public awareness of MST as an ongoing issue within the military. Since the incident, several laws have been passed that authorize healthcare services for any servicemembers who have experienced sexual trauma while serving active duty. All VHA facilities and Readjustment Counseling Vet Centers provide free MST-related counseling and treatment (including medical services; Department of Veterans Affairs, 2018). Every Veteran who enrolls in the VHA healthcare system is screened for a history of MST and referred for treatment as needed. Additionally, each VHA facility has a designated MST coordinator who serves as a contact person for MST-related healthcare issues, such as knowledge about local VHA services and programs, community resources, and state and federal benefits. Veterans who report a history of MST do not have to be service-connected to receive free MST-related care (Department of Veterans Affairs, 2010).



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HOW TO USE THIS MANUAL

This manual is intended for mental health clinicians in VHA outpatient clinical settings who wish to treat Veterans who have experienced MST. Trainees in sponsored training programs (e.g., internship, fellowship) may also co-facilitate groups under supervision. Ideally, clinicians will have some experience with or knowledge about working with this Veteran population. A list of supplemental readings and online resources on MST can be found in **Appendix A**.

General Structure of Group

The Courage Group consists of 12 sessions that cover a broad range of life areas that may be impacted following the experience of MST. The group was originally designed as a closed (cohort-based), weekly group with each session lasting about two hours. In our revision of the Courage Group, we have adopted a modular design to increase its use in diverse clinical settings (e.g., specialty mental health, primary care). Clinicians now can vary treatment length, session duration, and frequency of sessions (see “Modifications to Group Structure” section below for additional details). This group can be facilitated by more than one clinician. A sample exit satisfaction survey is included in **Appendix B** to assist with program evaluation data collection.

Modifications to the Group Structure

The new modular design gives clinicians greater flexibility in how they implement the group. We present different format options to guide you in planning your group.

Flexibility in treatment length: The length of treatment can range from 4 to 12 sessions. There are four required sessions that must be covered in each group - “Understanding Military Sexual Trauma” (*session 1*), “Coping with Strong Emotions” (*session 3*), “Not Your Fault” (*session 4*), and “Moving Forward” (*session 12*). These sessions provide basic information on the experience of MST and its impact on functioning, introduce basic cognitive and behavioral skills to promote emotional coping, and discuss posttreatment recovery planning. You may add the other, optional sessions based on specific group needs and/or clinical setting. The first session ends with a treatment planning activity that can help you select whichever topics fit with Veteran needs. Alternatively, you could have Veterans fill in the session selection form in **Appendix B** to indicate topics of interest.

Flexibility in session duration: We recommend planning group sessions to be at least 90 minutes. This will allow sufficient time to review session content and perform in-session activities. It may be possible to complete sessions in 60 minutes, but we discourage scheduling sessions for less than 60 minutes. For suggestions on time management in sessions, see **Table 2**.

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Table 2. Potential Session Breakdown

	60-minute Group	90-minute Group	120-minute Group
Opening exercise or Homework review	Consider omitting	10-15 minutes	10-15 minutes
In-session activities	45-50 minutes	55-65 minutes	85-95 minutes*
Closing exercise	5-10 minutes	10-15 minutes	10-15 minutes
Homework	< 5 minutes	< 5 minutes	< 5 minutes

*With one 10-minute break during in-session activities.

Flexibility in frequency of sessions: We have revised the Courage Group such that clinicians can vary the frequency of sessions. You may now choose to meet with Veterans on a weekly, biweekly, or monthly basis.

Closed (cohort) vs. open (drop-in) groups: The Courage Group can be structured as either a closed, cohort-based group or an open, drop-in group. We discuss benefits and drawbacks to each group design in Table 3. If structuring this group with an open (or drop-in) format, consider conducting a brief introductory phone call or session to orient interested/referred Veterans to the group. This would allow you to review group structure, rules, and expectations as well as answer any questions the Veteran may have.

Single-sex vs. mixed-sex groups: Single-sex groups are preferable to mixed-sex groups. This may enhance Veterans' feelings of comfort, support, and safety. There may be situations in which mixed-sex groups are necessary, for example, in small clinical settings with insufficient numbers of women and men Veterans for separate groups. If you choose the mixed-sex option, you may consider enrolling at least two Veterans from each sex.

Telehealth delivery: The revised Courage Group can be delivered via telehealth platforms. The companion patient workbook has all handouts and worksheets that Veterans will need for in-session activities. Veterans can download a free PDF version of the patient workbook directly from the South Central Mental Illness Research, Education, and Clinical Center (MIRECC) website (<https://www.mirecc.va.gov/visn16/courage-group-manual.asp>). This will save you time, resources, and administrative costs.

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Table 3. Benefits and Drawbacks of Closed vs. Open Group Designs

	Closed, Cohort Group	Open, Drop-in Group
Opening exercise or Homework review	<ul style="list-style-type: none">• Is structured, predictable• Allows Veterans to share a time-limited experience from start to finish• Is easy for Veterans to get familiar with one another• Facilitates intimacy and group cohesion	<ul style="list-style-type: none">• Is less structured, unpredictable• Minimizes wait times to join next group• Maximizes the number of Veterans who are treated• Allows greater variety of skill and experience among Veterans
In-session activities	<ul style="list-style-type: none">• Risks long wait times to join next group• Risk groups' getting smaller if Veterans dropout early• Risk developing "group think"	<ul style="list-style-type: none">• May cause groups to be less cohesive or intimate• May cause group dynamics to shift from session to session• May cause Veterans to be less forthcoming as new Veterans join

Structure of Sessions

Each session includes opening and closing exercises, educational information, in-session activities, and recommended homework assignments (see descriptions below). The **bolded text** in each session chapter denotes information that clinicians are expected to present.

- **Opening exercises (recommended, but optional):** These are ice breakers that were selected to align with session content and facilitate group cohesion. Any additional materials needed for the exercises are listed in the "set up" section (e.g., pencils/pens, markers, blank paper). Be sure to review that section in advance. You may replace these exercises with homework review or omit them altogether. We strongly discourage you from including both opening exercises and homework review in a single session with respect to time management.
- **Homework review (alternate to opening exercises):** Opening exercises may be replaced with homework review during the first 10-15 minutes of session. If you choose this option, you should briefly review the topic and homework before discussing Veterans' experiences with completing the assignments. There may not be enough time to review everyone's assignments. Instead, you may offer that Veterans contact you with questions or for individual feedback as needed.
- **In-session activities:** All in-session activities are required. These activities review cognitive and behavioral skills to promote deeper exploration of topics, cope with strong emotional reactions, and pursue a meaningful life.

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- **Closing exercises:** Leave 10-15 minutes at the end of each session to complete closing exercises. These exercises allow time for Veterans to reflect and debrief about the session topic.
- **Homework assignments (recommended, but optional):** Each session concludes with suggested homework assignments that provide additional opportunities for Veterans to practice skills learned. All handouts and worksheets used for homework can be found in the appendix of the patient workbook. There are no requirements to add a homework review section to a session even if homework is assigned.

Clinical Considerations and Recommendations

Veteran eligibility: The Courage Group is generally appropriate for any Veterans who have experienced MST. Prior psychotherapy experience is **not** a prerequisite to enrollment. Moreover, Veterans do not need to have a mental health diagnosis or be grouped so that everyone has the same mental health diagnosis to participate in this group. Veterans may be taking psychotropic medications or receiving concurrent psychotherapy as long as it does not interfere with their ability to participate or attend sessions. It is important to make sure Veterans are stabilized, safe, and able to participate in this group. Toward this end, the group may not be appropriate for Veterans who are at high risk for suicidal or homicidal behaviors, or who have ongoing, severe, untreated substance use disorders. These conditions should be stabilized first before enrolling these Veterans in group. It is not required, but it may be helpful, to conduct a brief phone screening with interested/referred Veterans to determine appropriateness for group. You may also consider monitoring safety on an ongoing basis.

Group size: We recommend keeping the group size between six to eight Veterans. Groups that are very large may become too complex to manage without multiple group facilitators. Groups that are too small make it easier to notice when someone is absent or has left the group. This can have a major impact on the remaining Veterans in a closed group setting.

Handling disclosures about MST experiences during group: Remind Veterans at the outset of **each** session that they are **not** expected to disclose about their personal MST experiences during group. While sharing one's MST experiences has therapeutic benefits, it is no longer a focus in the Courage Group protocol. Given the introductory, education-focus of this group, disclosures about MST experiences may detract from the session and be emotionally overwhelming to other survivors. Therefore, encourage Veterans to keep specific trauma details to a minimum.

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When responding to disclosures in group, be sensitive, compassionate, and authentic. Start by **expressing appreciation** for the Veteran’s willingness to share their experiences. Next, **offer hope and support** by reminding the Veteran that he or she has taken an important step toward healing by attending the group. You may **offer resources** to the Veteran such as those listed on page 81 of the patient workbook. Be mindful that these are national MST-related resources. We recommend you also have information about local resources available to share. If appropriate, you may **help the Veteran get connected** with other healthcare services (e.g., individual therapy, trauma-focused therapy). Remember, you and Veterans can always contact the local MST coordinator with MST-related healthcare questions or for resources. Finally, **gently redirect** the group back to the session topic and/or activity.

If it helps, you may establish group rules that allow you and other group members to signal when someone is disclosing too much detail or when someone is becoming emotionally upset. For example, you could use a physical gesture like the “time-out” hand signal or a short verbal phrase (e.g., “Let’s pause,” or “Let’s take a break”). It will be important to use this signal before too many details are revealed. After the signal is given, be sure to respond following the recommended steps described above.

