

# Courage Group: Helping Veterans with MST Move Forward Together

**Derrecka Boykin, PhD**

HSR Investigator

Assistant Professor

IQuEST, Baylor College of Medicine

**Carine Meyer, LCSW**

PCT Senior Social Worker

MST Coordinator

Michael E. DeBakey VA Medical Center

June 2021

# Disclosures

None.

*The views expressed in the presentation are those of the authors and do not necessarily reflect the position or policy of the Dept. of Veterans Affairs or US government.*

# Objectives

- Describe MST, its prevalence, and emotional impact
- Discuss benefits of a psychoeducational group for MST survivors
- Identify practical strategies/adaptations for delivering Courage Group
- List recommended mental health resources and treatments that can augment group therapy

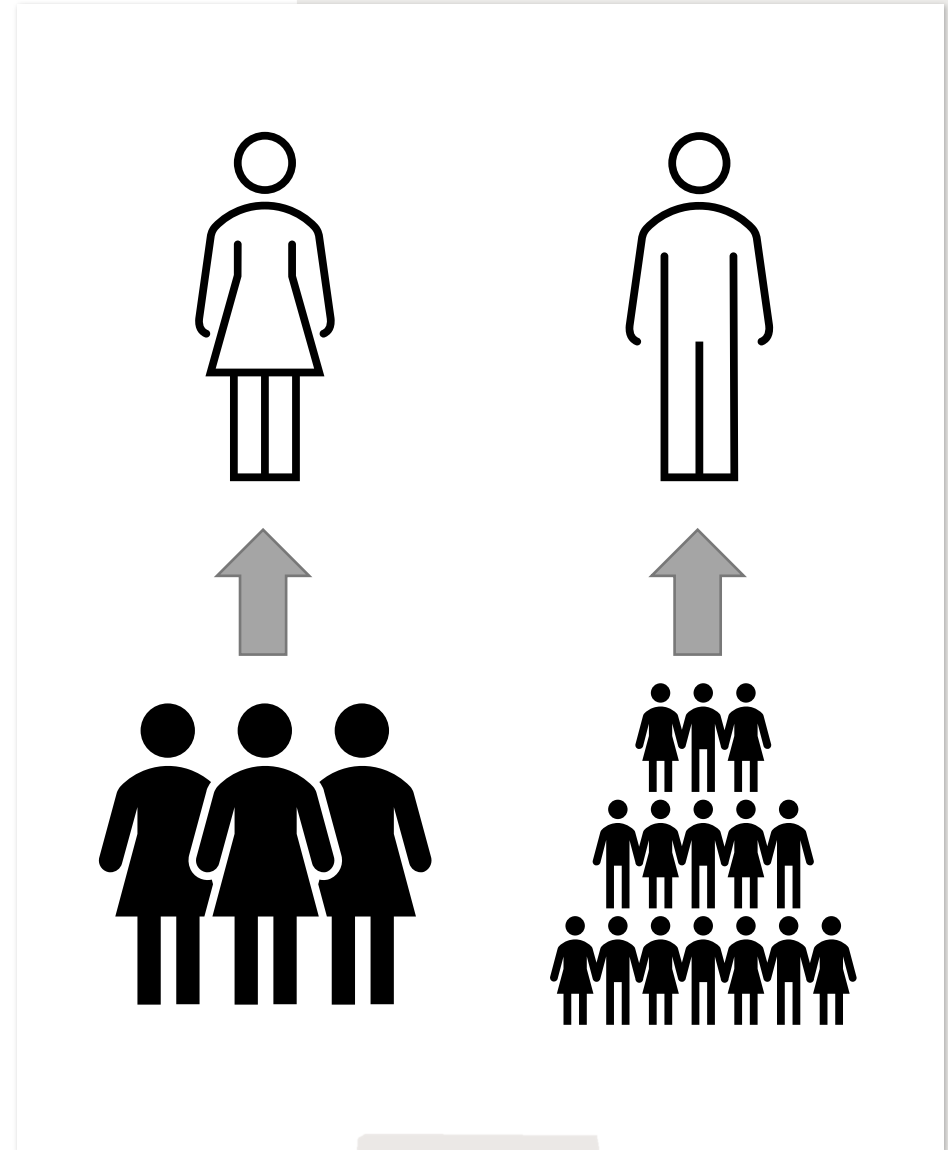
# Military Sexual Trauma

- Refers to **any “unwanted” sexual experience** that occurs **during military service** (*active duty, active duty training, or inactive duty training*).
- Examples include:
  - Sexual harassment
  - Threatening sexual advances
  - Disparaging remarks about a person’s gender
  - Implying special treatment if sexually cooperative (*quid pro quo*)
  - Actual or attempted rape

# Prevalence of MST

- Based on VA screening data, MST is reported by:
  - 1 in 3 women veterans
  - 1 in 50 men veterans

*\*Raw numbers of women and men MST survivors are roughly equivalent*



# Reasons Why MST May Happen

- Act of dominance
- Abuse of power/quid pro quo
- Form of hazing
- High use of substances/alcohol
- \*Macroaggression/Act of discriminatory violence

\*understudied issue

# Clarifying Misperceptions about MST

- **#1: MST can happen to anyone**
- **#2: MST is unique from civilian sexual trauma**
  - Military context strongly impacts reactions, reporting, and recovery
  - Often elicits feelings of individual and institutional betrayal
- **#3: MST ≠ Rape/Sexual Assault**
  - Sexual harassment is the most reported MST experience
- **#4: MST is an EXPERIENCE not a CLINICAL DIAGNOSIS**
- **#5: PTSD is common but NOT the only mental health effect of MST**

# Common Mental Health Effects of MST





# Rural Veterans: A Special Population

- Nearly 25% of veterans live in rural communities
- Rural veterans face many barriers to care, including:
  - High travel burden/transportation difficulties
  - Limited access to mental health and specialty care
  - Financial constraints
  - Less access to technology and high-speed internet

# Rural Veterans with MST

- Limited research on rural veterans who have experienced MST, although prevalence rates appear similar
- Rural veterans with MST may be less likely to receive treatment due to:
  - **Practical concerns**, such as limited access to mental health and specialty services
  - **Social and emotional concerns**, such as stigma, shame, and guilt
  - **Perceived betrayal** by military institution

# Poll Question #1

The most common form of MST is:

- A: Sexual assault/rape
- B: Sexual harassment
- C: Unwanted touching or grabbing
- D: Disparaging comments about gender
- E: All of the above

# Potential Treatments for MST Survivors

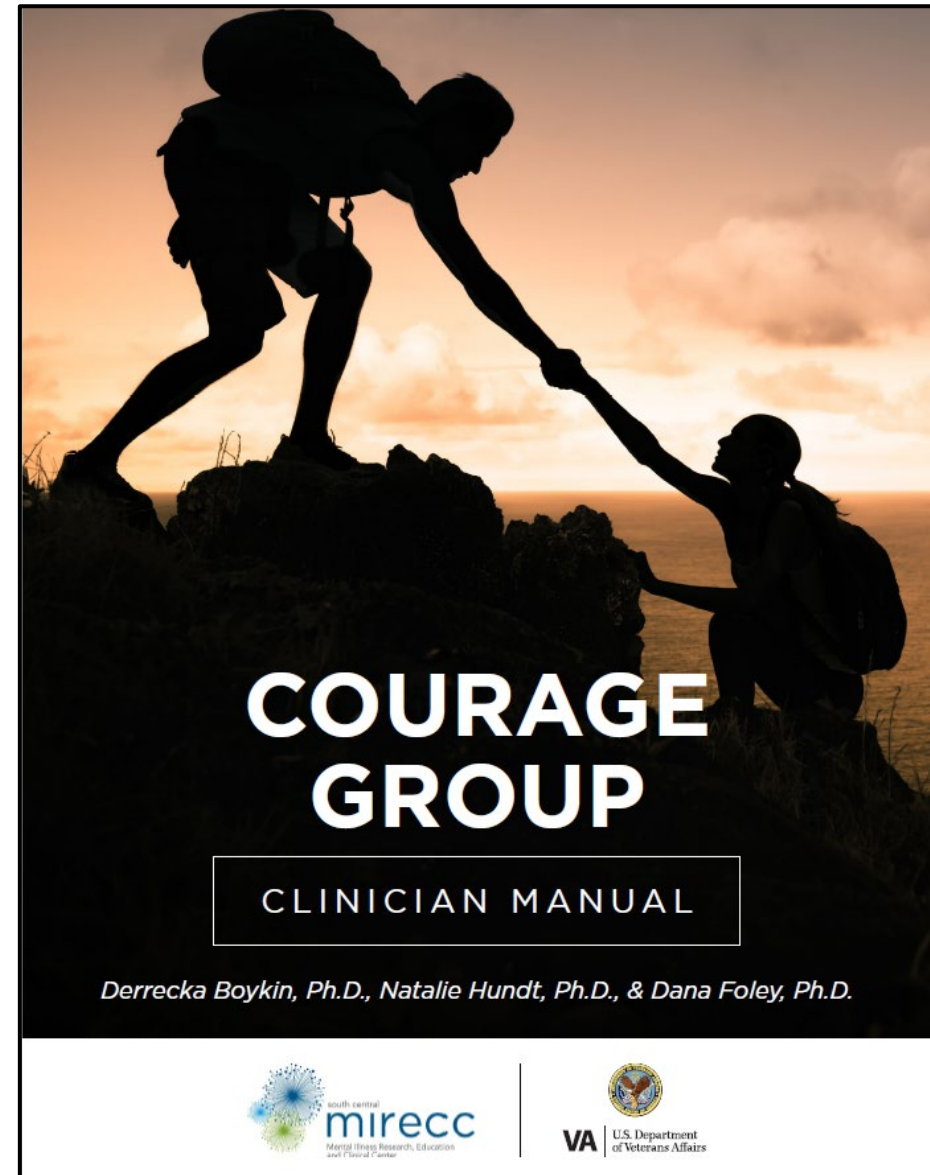
Treatment	Rationale/Objective	Key Citation(s)
<b>Cognitive Processing Therapy (CPT)</b>	Learn to modify upsetting trauma-focused thoughts	Holliday et al. (2018); Suris et al. (2013); Voelkel et al. (2015)
<b>Prolonged Exposure (PE)</b>	Reduce avoidance through in gradual exposure to reminders	Banducci et al. (2021); Rauch et al. (2009);
<b>Eye Movement Desensitization and Reprocessing (EMDR)</b>	Process upsetting trauma memories, thoughts, and feelings	Hurley (2015)
<b>STAIR/WebSTAIR</b>	Increase emotion regulation skills and relationship functioning	Azevedo et al. (2016); Jain et al. (2020); Weiss et al. (2018)
<b>Acceptance and Commitment Therapy (ACT)</b>	Promotes behavioral change and acceptance-based coping	Hiraoka et al. (2016); Prins et al. (2015)
<b>Dialectical Behavior Therapy (DBT)</b>	Teach emotional coping and interpersonal skills	Lofgreen et al. (2020)



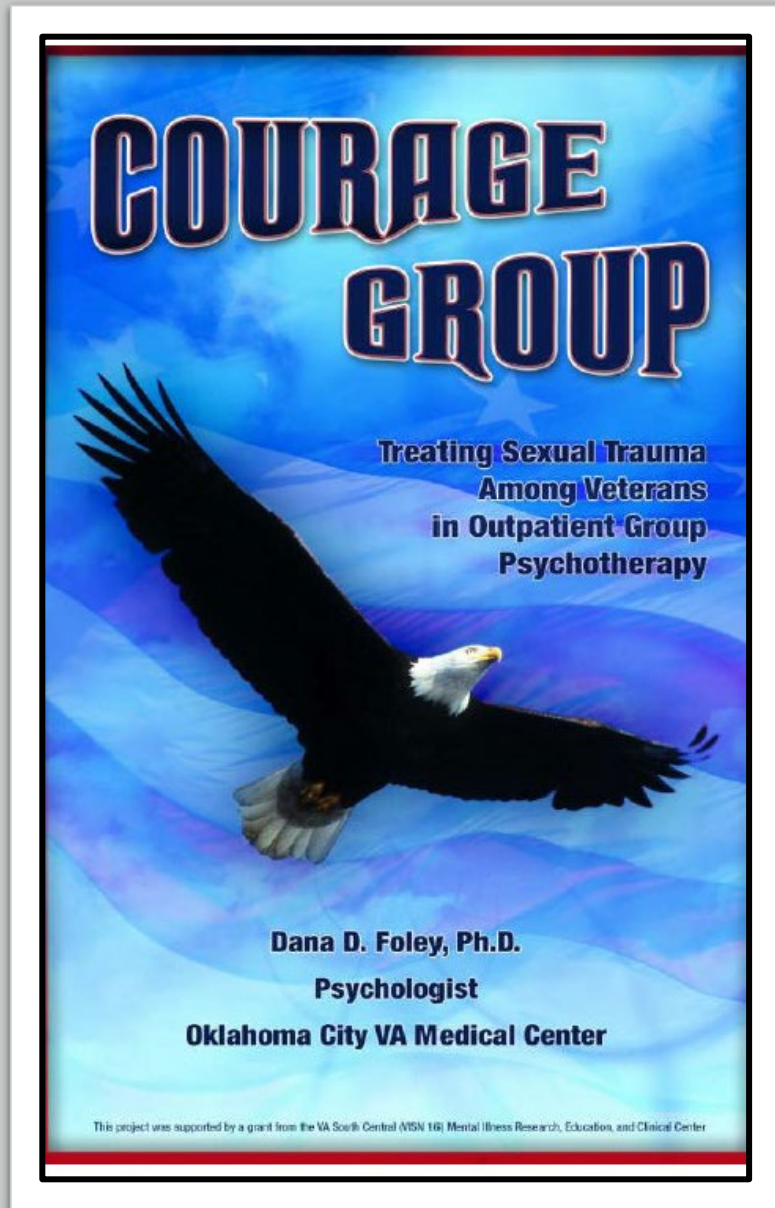
## NEW: BeyondMST App

Free self-help app that features over 30 tools to build coping skills, manage symptoms, and improve quality of life

# Newly Revised Courage Group for MST Survivors



Source: <https://www.mirecc.va.gov/visn16/courage-group-manual.asp>



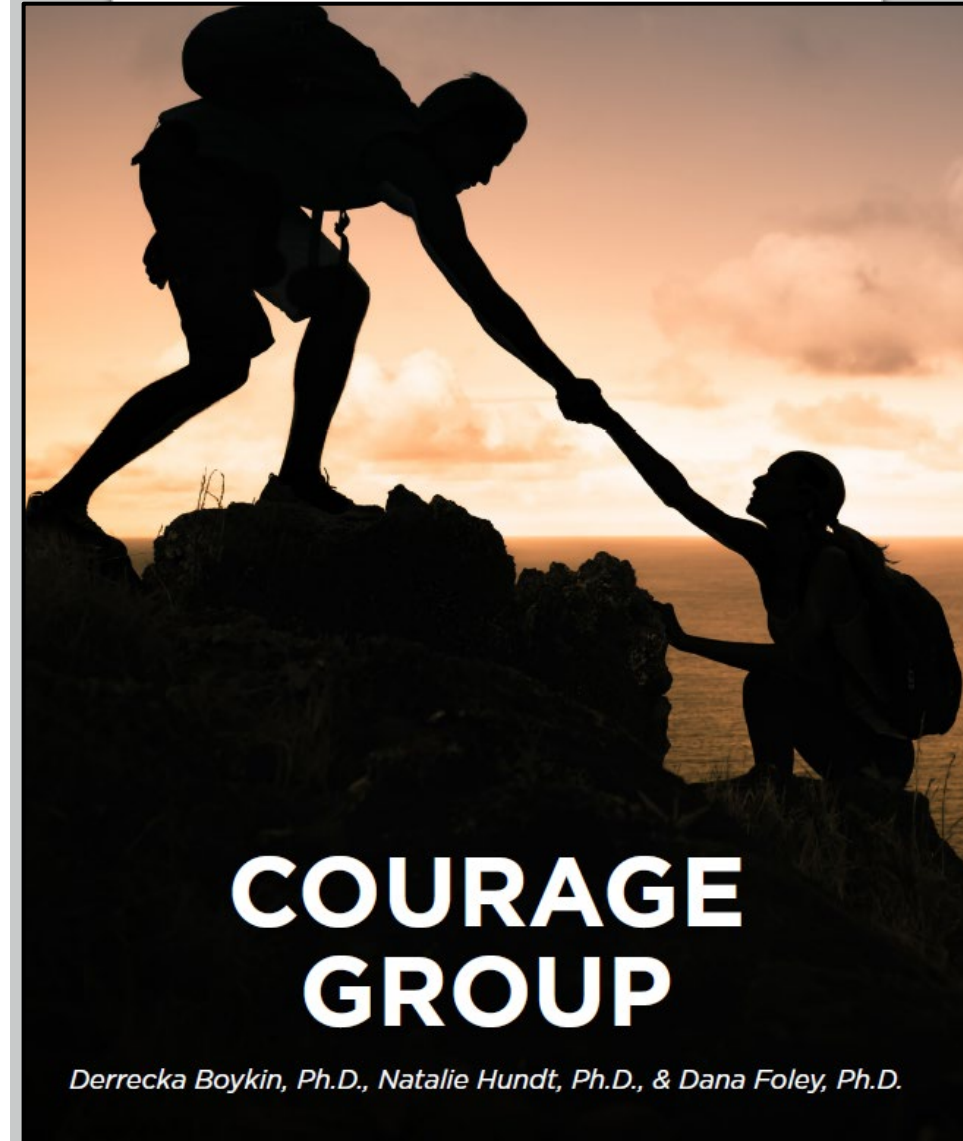
# About the Courage Group

- Developed in 1995 by Drs. Dana Foley and Michelle Sherman
- Designed as a 12-week education-based support group for veterans with any history of sexual trauma

# Revisions to Protocol (2021)

- Inclusion of specific information on MST and its health impacts
- Addition of new topics (e.g., “Surviving MST”, “Grief and Loss”)
- Modular design to promote flexible delivery
- Removal of imaginal exposure component
- Availability of companion veteran workbook

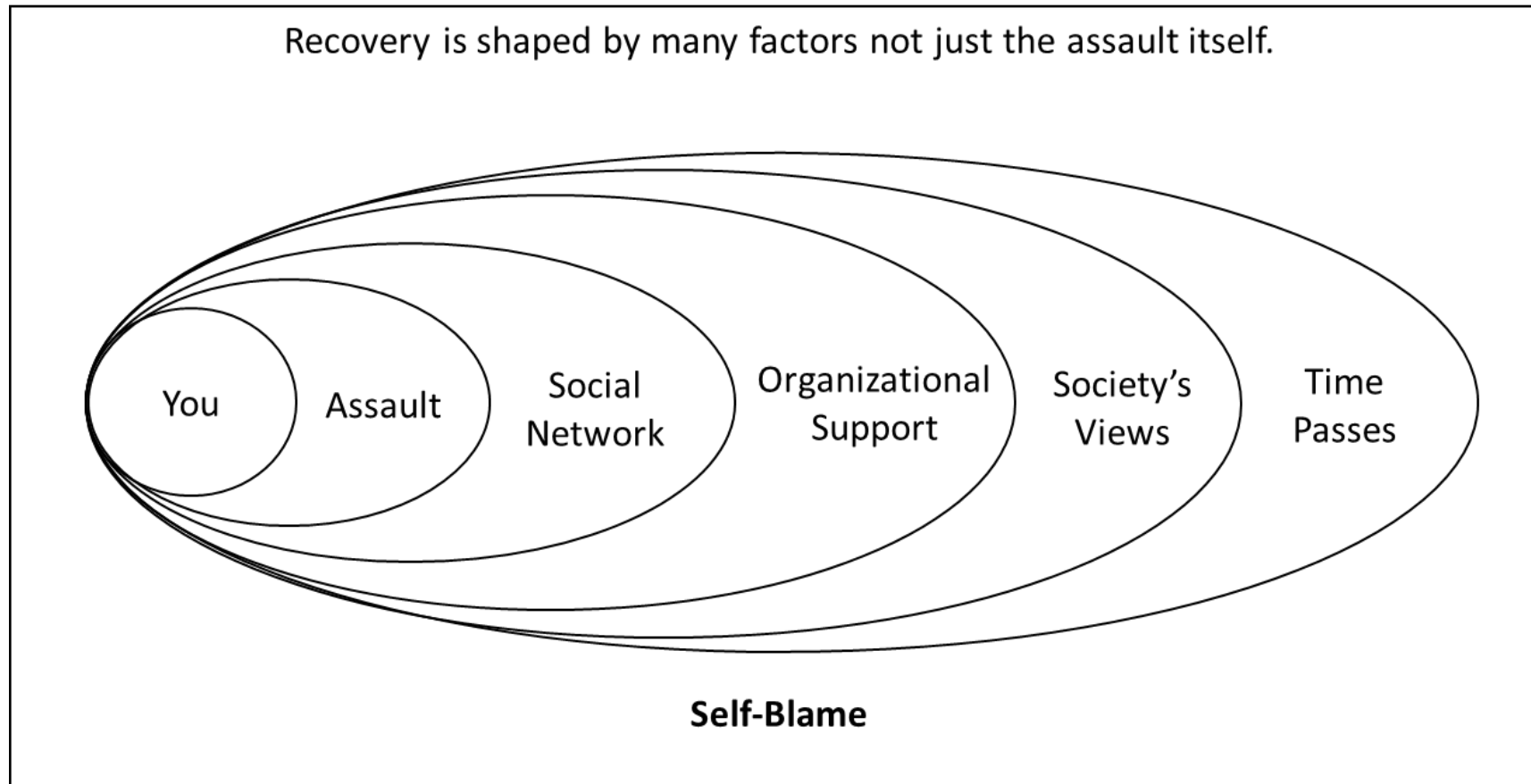
Source: <https://www.mirecc.va.gov/visn16/courage-group-manual.asp>



Revised in 2021

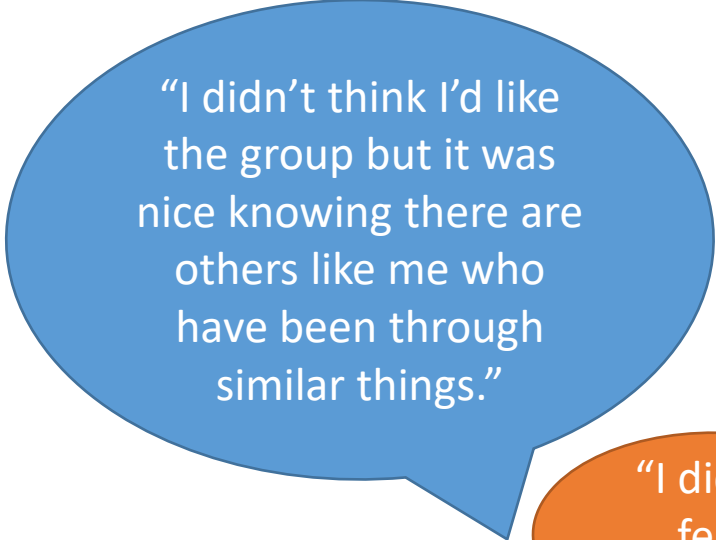


# Adapted Socioecological Recovery Model for Military Sexual Trauma




# Courage Group Overview

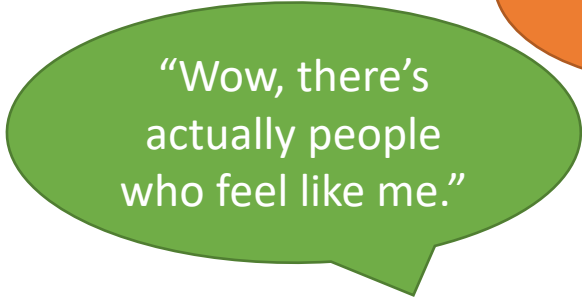
- **CBT-based** educational support group
- Consists of 12 sessions that cover a broad range of topics
- **Structured as group (not individual) therapy** to:
  - Promote normalization
  - Foster social connection
  - Generate rich discussions



“I didn’t think I’d like the group but it was nice knowing there are others like me who have been through similar things.”



“I didn’t feel alone.”



“Wow, there’s actually people who feel like me.”

# Courage Group Sessions

- Designed for **flexibility** in:
  - Treatment length (~4-12 sessions)
  - Session duration (~60-120 minutes)
  - Session frequency (weekly, bi-weekly, or monthly)
  - Delivery format (in-person and via telehealth)
  - Open or closed (cohort) group format

Red highlights minimally required core sessions

▶ <b>Session 1:</b> Understanding Military Sexual Trauma	7
▶ <b>Session 2:</b> Surviving Military Sexual Trauma	13
▶ <b>Session 3:</b> Coping with Strong Emotions	18
▶ <b>Session 4:</b> Understanding It Was Not Your Fault	23
▶ <b>Session 5:</b> Grief and Loss	29
▶ <b>Session 6:</b> Anger	33
▶ <b>Session 7:</b> Trust	38
▶ <b>Session 8:</b> Self-Esteem	44
▶ <b>Session 9:</b> Relationships and Intimacy	50
▶ <b>Session 10:</b> Breaking the Silence	54
▶ <b>Session 11:</b> Self-Forgiveness	59
▶ <b>Session 12:</b> Moving Forward	65

# Considerations for Delivering Courage Group

- Intended for use by: Mental health professionals who wish to treat Veterans with MST, including Psychologists, Social Workers, and Licensed Counselors. *Familiarity with MST and cognitive behavioral therapy principles preferred.*
- Designed for: Primary Care and Mental Health outpatient settings. Setting may dictate session length, duration, and frequency (*e.g., 4-6 bi-weekly 60-minute sessions in primary care vs. 10-12 weekly 90-minute sessions in specialty mental health*)

# General Session Structure

	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.

# Courage Group Materials

- User-friendly clinician manual and veteran workbook
- Accessible via PDF through MIRECC website (link below)

## COPING WITH STRONG EMOTIONS

### Changing Your Emotional Experience

SITUATION	HOW I FELT	WHAT I THOUGHT	WHAT I DID	DID IT WORK?	WHAT ELSE CAN I DO?
<i>Example: car cuts me off in traffic</i>	<i>mad, sweaty, face red, racing heart</i>	<i>"What a jerk"</i>	<i>blew my horn and yelled at driver</i>	<i>no just made me madder</i>	<i>take deep breaths or listen to music</i>

## TRUST

### Trust Isn't All-or-None

It is protective to see trust as something you either give completely or not at all. But have you thought about how trusting in this way may affect you in the long run?

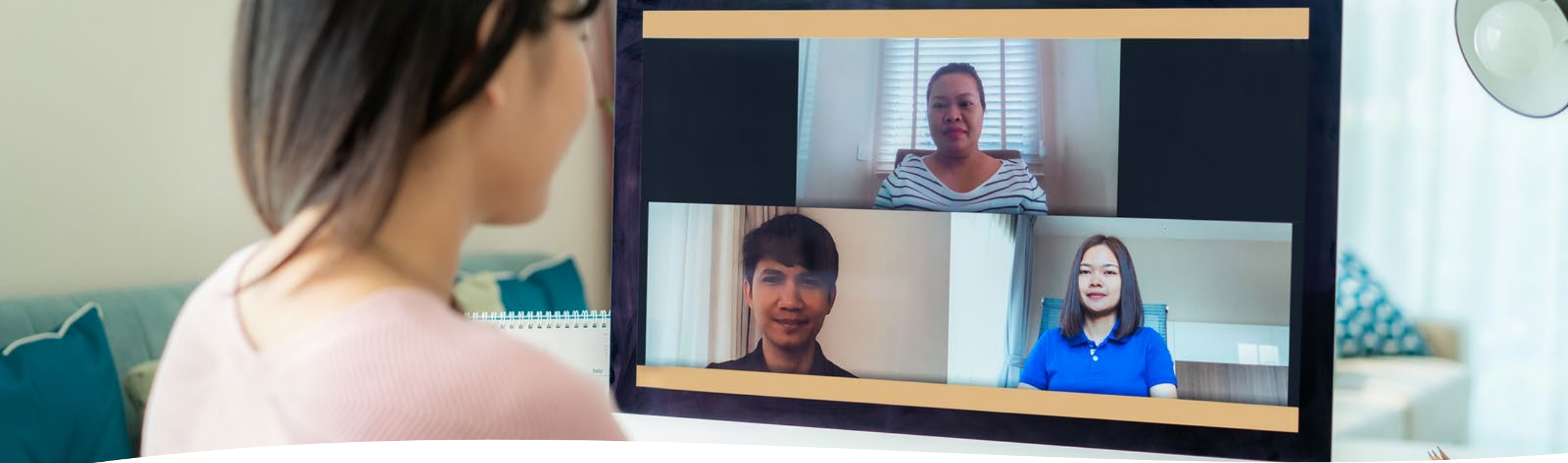


PROS	CONS	PROS	CONS

# Poll Question #2

What is NOT a benefit of group therapy?

- A: Generates richer discussions
- B: Fosters social bonding
- C: Receive individual attention
- D: Promotes social normalization



## Courage Group Pilot

- Two co-facilitators (Ms. Meyer & Dr. Boykin)
- 12 weekly 90 min virtual sessions via Zoom
- All female cohort (8 women participated)
- Collected program evaluation data



# Patient Satisfaction with Courage Group



- Most women were satisfied with sessions (88%)
- All women felt that group leaders provided a safe environment
- Most felt comfortable participating (86%) and supported by other group members (95%)
- Session content was new to most women (77%) and considered helpful (92%)

# Measuring the Effects of Participation

- Notably, conducting measurement-based care and collecting program evaluation data remotely was challenging.
- Some logistical challenges were:
  - Which symptom measures to administer (e.g., PCL-5, PHQ, GAD, OQ)?
  - How to administer measures to the group prior to session?
  - How to collect measures not embedded in CPRS, such as stigma scale or posttraumatic cognition inventory?

# Veterans' Feedback

## Group was helpful

- "...the subjects are excellent... Like 'boundaries, intimacy, etc....' they are sensitive subjects that MST victims, such as myself, tend to shy away from"
- "Having someone to talk to that understand how I'm feeling."
- "It helps to see things in a different way."

## Areas for improvement

- "Perhaps you might consider inviting VA sex therapist when you cover topics like 'intimacy'..."
- "The length more session would be helpful"

# Poll Question #3

What are effective treatment options for MST survivors?

- A: Cognitive Processing Therapy (CPT)
- B: Dialectical Behavior Therapy (DBT)
- C: Prolonged Exposure (PE)
- D: Eye Movement Desensitization and Reprocessing (EMDR)
- E: All of the above

# Lessons Learned from Courage Group Pilot

- **#1:** Communicate expectations about MST disclosures early and often
- **#2:** Plan for two co-facilitators for virtual delivery in case of technical difficulties. This may include trainees and peer support specialists
- **#3:** Screensharing audiovisual aids (e.g., powerpoint slides) helps to facilitate discussion
- **#4:** Smaller groups (6-8 patients) foster more intimacy, especially in a virtual environment

# Getting Started: Logistical Considerations

Questions to consider when planning the group:

- Will the group be virtual or in person? If virtual, which platform will you use?
- How will you identify and enroll veterans? How can providers refer veterans?
- Which local clinics or programs can refer to your group?
- What makes someone a good fit for the group? What makes the group a poor fit?
- Will you require specific diagnoses (e.g. PTSD)?
- How will veterans be scheduled? Do you need to create a special clinic?
- How will you communicate with group members between sessions?

# Other Considerations for Rural/CBOC Providers

- Remember, Courage Group is a flexible, low-resource treatment
- Co-facilitators are strongly recommended for virtual delivery but not required (*consider smaller groups*)
- Try out open and closed group options if attendance is a concern
- Consider collecting information on patient satisfaction, attendance/completion rates, and patient outcomes to justify continuance of programming

# Poll Question #4

What was a recommended strategy for delivering the Courage Group via telehealth?

- A: Use any virtual platform that is available
- B: Groups should have fewer than 5 members
- C: Groups must be 90 minutes or longer
- D: Plan for 2 co-facilitators



# Additional Provider Support and Trainings

VA MST Sharepoint: [vaww.mst.va.gov](http://vaww.mst.va.gov)



- Home
- Resources
- Training
- Reports and Data
- Contacts
- Discussions
- MST Coordinators

## Welcome to the VA Military Sexual Trauma (MST) Resource Homepage

### Popular pages

- ☆ Key Resources
- 🔍 Find an MST Coordinator
- 📄 Mandatory Training
- 📣 Outreach and Raising Awareness
- 📄 Residential and Inpatient Treatment Referrals



New to the site?  
Having trouble finding something?  
Click here for a site map and navigation help.



Want to share this site with others?  
Use this shortcut:  
[vaww.mst.va.gov](http://vaww.mst.va.gov)

✉ [Join our mailing list](#) +

🗨 [Questions about MST?](#) +



### VA Services for Military Sexual Trauma:



**WE BELIEVE YOU AND WE BELIEVE IN YOU**

This site is designed to assist Department of Veterans Affairs staff in their work with Veterans who have experienced rape, sexual assault, and/or sexual harassment while in the military. Many of the resources here may also be helpful in working with sexual trauma occurring at any point during a Veteran's lifetime.

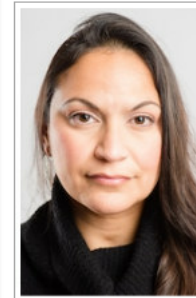
### ANNOUNCEMENTS

- 📣 **National Guard/Reserves eligibility after the Sampson Act - Mar 26, 2021**  
One major point of confusion about the Deborah Sampson Act is how it affected the eligibility of former National Guard/Reserves (NG/R) members for MST-related health care. Click here for an article... [Read more](#)
- 📣 **Coming Soon to Military Sexual Trauma Screening - Mar 10, 2021**  
Changes are being made to the MST screening language and process in order to implement recently passed

### HIGHLIGHTED RESOURCES

- Veterans of Color
- COVID-19

#### Veterans of Color and the Experience of MST



The [Survivors' Voices](#) booklet was developed based on interviews with minority Veterans and highlights their perspectives on their experiences in the military generally, the intersection between race, ethnicity, and experiences of MST, and the impact of this on their recovery.

Creating opportunities to discuss these issues with survivors can be a critical part of the recovery process. This [companion guide](#) offers best practices to help mental health providers start and continue these important conversations.



- Newest
- Popular

#### Newest Resources

Interested in checking out the most recent content? These are the newest resources added to the site.

# Additional Provider Support and Trainings

VHA TRAIN: [www.train.org/vha/welcome](http://www.train.org/vha/welcome)

**VHA TRAIN**   U.S. Department of Veterans Affairs

HOME **COURSE CATALOG** CALENDAR RESOURCES HELP

Use this page to search for any course or document on the TRAIN Learning Network site. The results may be limited by any groups you have joined within TRAIN ([see your profile for details](#)).

### Filters

Search By   
[← Any Search By Courses](#)

Format

Subject

Meets CDC Quality Training Standards

339 record(s) found.

Courses ✕

<a href="#">DMA <b>Military Sexual Trauma</b> and the Disability Examination Process</a>	Web-based Training - Self-study <input type="button" value="▼"/>
VHA-EES	★★★★☆ (575 Ratings)
<a href="#">Military Sexual Trauma: Considerations for Mental Health Providers in Rural Settings and VA CBOCs</a>	Web-based Training - Self-study <input type="button" value="▼"/>
VHA-EES	★★★★★ (19 Ratings)
<a href="#">Caring for Our Veterans who Experienced <b>Military Sexual Trauma</b> (MST): (enduring material)</a>	Web-based Training - Self-study <input type="button" value="▼"/>
VHA-EES	★★★★★ (92 Ratings)

# Funding

The Courage Group manual and workbook were supported by a clinical educator grant from the VA South Central Mental Illness Research, Education and Clinical Center (MIRECC). This work was also partly supported by the Office of Academic Affiliations Advanced Fellowship Program in Mental Illness Research and Treatment and Department of Veterans Affairs as well as the Center for Innovations in Quality, Effectiveness and Safety (CIN 13-413).

# Thank You

## Contact Information:

Derrecka Boykin, Ph.D.

[Derrecka.Boykin@va.gov](mailto:Derrecka.Boykin@va.gov)

Carine Meyer, LCSW

[Carine.Meyer@va.gov](mailto:Carine.Meyer@va.gov)



# References

- Azevedo, KJ, Weiss, BJ, Webb, K, Gimeno, J, & Cloitre, M (2016). Piloting specialized mental health care for rural women veterans using STAIR delivered via telehealth: Implications for reducing health disparities. *Journal of Health Care for the Poor and Underserved, 27*(4), 1-7.
- Banducci, AN (2021). Prolonged Exposure Therapy in the Time of COVID-19: Modifying PTSD Treatment for a Military Sexual Trauma Survivor Who Contracted COVID-19 Mid-Treatment. *Clinical Case Studies, 15*34650121993547.
- Brooks E, Dailey N, Bair B, & Shore J. (2014). Rural women veterans demographic report: Defining VA users' health and health care access in rural areas. *The Journal of Rural Health, 30*(2):146-152.
- Buzza C, Ono SS, Turvey C, et al. (2011). Distance is relative: Unpacking a principal barrier in rural healthcare. *Journal of General Internal Medicine, 26*(2):648.
- Calhoun PS, Schry AR, Dennis PA, et al. (2018). The association between military sexual trauma and use of VA and non-VA health care services among female veterans with military service in Iraq or Afghanistan. *Journal of Interpersonal Violence, 33*(15):2439-2464.
- Campbell, R, Dworkin, E, & Cabral, G (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse, 10*(3), 225-246.

# References

- Cordasco KM, Mengeling MA, Yano EM, & Washington DL. (2016) Health and health care access of rural women veterans: Findings from the National Survey of Women Veterans. *The Journal of Rural Health, 32*(4):397-406.
- Cully JA, Jameson JP, Phillips LL, Kunik ME, & Fortney JC (2010). Use of psychotherapy by rural and urban veterans. *The Journal of Rural Health, 26*(3):225-233.
- Hiraoka, R, Cook, AJ, Bivona, JM, Meyer, EC, & Morissette, SB (2016). Acceptance and Commitment Therapy in the treatment of depression related to military sexual trauma in a woman veteran: A case study. *Clinical Case Studies, 15*(1), 84-97.
- Holliday R & Monteith LL (2019). Seeking help for the health sequelae of military sexual trauma: A theory-driven model of the role of institutional betrayal. *Journal of Trauma & Dissociation, 20*(3):340-356.
- Holliday, R, Williams, R, Bird, J, Mullen, K, & Surís, A (2015). The role of cognitive processing therapy in improving psychosocial functioning, health, and quality of life in veterans with military sexual trauma-related posttraumatic stress disorder. *Psychological Services, 12*(4), 428.
- Hurley, EC (2015). Treating military sexual trauma with EMDR therapy. *Treating military sexual trauma, 155-174*.
- Jain, S, Ortigo, K, Gimeno, J, Baldor, DA, Weiss, BJ, & Cloitre, M (2020). A Randomized Controlled Trial of Brief Skills Training in Affective and Interpersonal Regulation (STAIR) for Veterans in Primary Care. *Journal of Traumatic Stress, 33*(4), 401-409.

# References

- Katz, L. (2016). Understanding military sexual trauma. In *Treating Military Sexual Trauma* (pp. 3-24). L. Katz (Ed.) New York: Springer Publisher Company.
- Kim J, Desai E, & Cole MB (2020). How the rapid shift to telehealth leaves many community health centers behind during the COVID-19 pandemic. *Health Affairs Blog*. Vol 20.
- Kimerling, R, Gima, K, Smith, MW, Street, A, & Frayne, S (2007). The Veterans Health Administration and military sexual trauma. *American Journal of Public Health, 97(12)*, 2160-2166.
- Kimerling, R, Makin-Byrd, K, Louzon, S, Ignacio, RV, & McCarthy, JF (2016). Military sexual trauma and suicide mortality. *American Journal of Preventive Medicine, 50(6)*, 684-691.  
<https://doi.org/https://doi.org/10.1016/j.amepre.2015.10.019>
- Lofgreen, AM, Tirone, V, Carroll, KK, Rufa, AK, Smith, DL, Bagley, J, ... & Held, P (2020). Improving outcomes for a 3-week intensive treatment program for posttraumatic stress disorder in survivors of military sexual trauma. *Journal of affective disorders, 269*, 134-140.
- Prins, A, Westrupm, D, & Walser, RD (2015). Acceptance and commitment therapy: A case study for military sexual trauma. *Treating Military Sexual Trauma*, 175-193.
- Rauch SAM, Defever E, Favorite T, et al (2009). Prolonged Exposure for PTSD in a Veterans Health Administration PTSD clinic. *Journal of Traumatic Stress, 22(1)*:60-64.
- Surís A, Link-Malcolm J, Chard K, Ahn C, & North C (2013). A randomized clinical trial of Cognitive Processing Therapy for veterans with PTSD related to military sexual trauma. *Journal of Traumatic Stress, 26(1)*:28-37.

# References

U.S. Code, Title 38 § 1720D, *Counseling and treatment for sexual trauma*.

Voelkel E, Pukay-Martin ND, Walter KH, & Chard KM (2015). Effectiveness of Cognitive Processing Therapy for male and female U.S. veterans with and without military sexual trauma. *Journal of Traumatic Stress, 28*(3):174-182.

Weiss, BJ, Azevedo, K, Webb, K, Gimeno, J, & Cloitre, M (2018). Telemental health delivery of Skills Training in Affective and Interpersonal Regulation (STAIR) for rural women veterans who have experienced military sexual trauma. *Journal of Traumatic Stress, 31*(4), 620-625.