

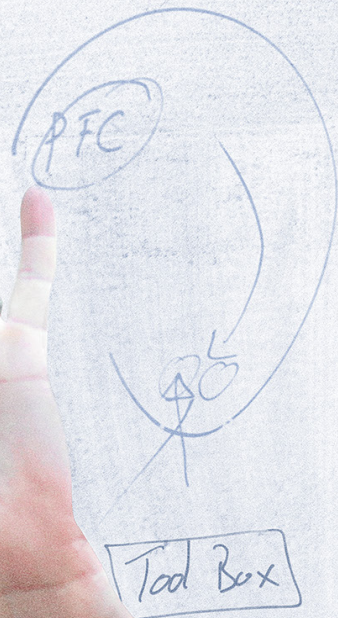
Post-Traumatic Stress Disorder  
Post-Traumatic Growth

Fight-Freeze-Flight



Recovery  
PTSD

Falling  
Up



# SCREENING GUIDE

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# INTRODUCTORY NOTES



# ABOUT THE FILM

**HERE. IS. BETTER.** follows four Veterans, each with diverse backgrounds and service experience, as they undergo the most clinically effective, evidence-based trauma psychotherapies for PTSD. Individuals featured in the film include former presidential hopeful Jason Kander, who shocked many when he left the Kansas City mayoral race in 2018 to seek treatment; a Vietnam War Veteran still haunted by events that occurred over 50 years ago; and the voices of so often overlooked women Veterans, all seeking the keys to unlock their places of hurt and pain.



# LETTER FROM THE DIRECTOR

As we edited **HERE. IS. BETTER.** during the height of the pandemic, the unspoken counterpoint to the narrative on screen is the universal trauma the world has gone through and how those themes are amplified in the documentary – the loss, the isolation, and the stumbling back to normalcy all impacted by the scars of our collective experience.

The film principally interweaves the stories of 4 Veterans – 2 men and 2 women – whose wartime and life experiences couldn't have been more different. John served in Vietnam as a door gunner; Teresa drove convoys in Iraq; Jason was a military intelligence officer in Afghanistan; Tabitha served in Iraq and Afghanistan as a welder and a member of the 'Lioness' program. Their willingness to tell their stories – to be heard for a common purpose – is one of the great gifts of making this film, and I only wish we could have featured all of the remarkable Veterans we have met along this journey.

Though John, Teresa, Jason, and Tabitha all differ in age, background, and the types of trauma they had been through, there was nonetheless something universal across their shared experiences. They all desired a greater connectedness with family, friends, or others in their communities but did not know how to get it back. As Teresa says early in the documentary, something was left in the desert, and she didn't want to go back to find it. It was easier and less complicated just to let it stay there. Putting those pieces back together, restoring these lives, is a key pillar of the film: a sense of self had somehow been lost that they so desperately wanted to return and make whole again.

Through their personal stories, the film seeks to understand how we collectively respond to trauma, what a PTSD diagnosis means, and how PTSD can impact daily life far removed from a military setting. The film does not seek to be prescriptive but instead highlights how the right fit of trauma therapies and other support systems can help transform darkness into light.

This film is meant to help Veterans who have experienced trauma but also to help audiences who may be experiencing the aftermath of any devastating event – whether they served in the military or not – and are unable to find a path forward. During the film's festival run, the universal nature of these stories became abundantly clear – we heard from countless first responders, therapists, front-line workers, and others who all shared how deeply moved they were by the honesty of the film and their belief in its power to change lives. As the world still grapples with the collective trauma of the pandemic, the need for effective mental health treatment – free from stigma – is more important than ever. This film is a starting point for that critical conversation.



**HERE. IS. BETTER.** illustrates how the seemingly impossible mission to heal may become possible as John, Teresa, Jason, and Tabitha face each day with the bravery to seek help and hope for what help can bring. I am honored that they put their faith in us as a team to get their stories out in the world.

**Jack Youngelson, Director, HERE. IS. BETTER.**

## FILMMAKER PROCESS STATEMENT

We are deeply grateful to all of the Veterans and their families who participated in the documentary and for the honesty and trust that they shared with the filmmaking team during the production and beyond.

From the beginning, we understood that living with PTSD – and the decision to seek help – was a deeply personal journey for each Veteran. We were committed to ensuring that our filming process was as unobtrusive as possible. For those undergoing therapy, some Veterans agreed to let us film their one-on-one therapy sessions; others asked that we only film group therapy; others chose not to participate. With each Veteran, we respected those boundaries and followed the protocols set by the therapists to ensure that anything that the Veteran did not want to share on camera was not included in the film. In addition, we did not film every therapy session that the Veterans participated in – both group and individual. This was done in coordination with the participants and their therapists. In the end, the four Veteran therapy sessions included were the individuals who allowed us to have access to their sessions.

Throughout the making of the film, it was critically important for all involved that the participants felt empowered to share their personal journeys while undergoing treatment, with the broader goal of destigmatizing the conversation around PTSD and mental health. We are forever thankful to all those who shared their stories and put their trust in us.



# USING THIS GUIDE

**“NO DAY IS EVER GONNA BE PERFECT.  
YOU NEVER KNOW WHAT IT’S GONNA BRING. BUT MY PTSD NOW  
FEELS LIKE IT’S SITTING IN A PLACE WHERE I’VE PUT IT.  
I SHOULD’VE ASKED FOR HELP A LONG TIME AGO.”**

**– TERESA. HERE. IS. BETTER.**



# OVERVIEW

No “one-size-fits-all” therapy exists to treat posttraumatic stress disorder (PTSD). As we learn and witness in **HERE. IS. BETTER.** setbacks are inevitable, and learning skills to cope and respond to triggers remains an ongoing process for Veterans and family members who can have secondary trauma responses when loved ones are deployed, as they readjust to post-deployment life, or experience mental health challenges themselves.

**HERE. IS. BETTER.** and this guide are tools for anyone seeking support or working through a recovery process. While the documentary tells the stories of Veterans, this guide and the treatments explored can apply to anyone suffering from PTSD. The documentary and guide can help raise awareness, deepen empathy, challenge misconceptions, and empower individuals, families, and caregivers to take their first steps and begin a journey of healing. These resources can also provide professionals – social workers, psychiatrists, medical support professionals, and Veteran administrators – an opportunity to examine the efficacy and diversity of evidence-based therapies available today, reflect on their application, and apply these new insights to improving and strengthening their practices.

There is also no one way to use these resources. The guide is intentionally designed to be a flexible tool to meet your event goals, group size, and chosen format. You may use the guide from cover to cover or pull out a few sections for a small group or community venue.

Here are a few formats to consider for your screening event:

- \* **Introduce your screening using the background provided in the guide; watch *HERE. IS. BETTER.*, then use the post-screening questions to guide a discussion or panel followed by an audience Q & A.**
- \* **Choose several quotes in the guide selected from the film to introduce an idea or question for personal reflection, journaling, or discussion.**
- \* **Engage in an open exchange of ideas using suggested questions or those prompted spontaneously after a film screening.**
- \* **As you prepare for your event and watch *HERE. IS. BETTER.* for the first time, choose several scenes that emphasize a theme you want to focus your discussion on. For example, if you want to explore the importance of family support, select some of the scenes of the Veterans speaking with their families about PTSD and debriefing what they heard and saw that could be helpful.**
- \* **Use the post-screening discussion questions or the suggestions in Next Steps to focus your post-screening conversations.**

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# MODERATOR TIPS

**HERE. IS. BETTER.** is a film for healing and education where a warm and welcoming space will be important to create. Review these suggestions as you plan your event and coordinate with community partners.

## PRE-SCREENING CONTENT AND TRIGGER WARNING

The experiences and stories of the Veterans included in the film are emotionally difficult and can be potentially triggering. To ensure a trauma-informed approach to your post-screening conversations, prepare and share content and trigger warnings prior to any screening. Here is one example: “**HERE. IS. BETTER.** contains discussions and sharing of sensitive content, including suicide, sexual assault, scenes from combat, a fireworks display, and trauma. Please take care of yourself and support one another with this in mind.”

We also recommended inviting local organizations that support Veterans or are skilled in working with individuals living with PTSD. If individuals are not available, please remind and make visible crisis resources such as [988 Suicide & Crisis Lifeline](#) or the [National Center for PTSD](#) if this level of support is needed.

Learn about fostering a trauma-informed approach for your screening event here:

- » [Trigger warning definition](#), Merriam-Webster Dictionary
- » [“An Introduction to Content and Trigger Warnings.”](#) University of Michigan,
- » [“Trigger Warnings are Supposed to Protect People.”](#) Psychology Today,
- » [“What are Triggers, and How Do They Form?”](#) PsychToday

## PREPARE YOURSELF

**Reflect upon how the documentary touches your own life.** Watch the film and read through this guide before your event. Give yourself time to reflect so you are not dealing with raw emotions while trying to moderate a conversation.

**Be knowledgeable.** You don’t need to be an expert on PTSD or Veterans’ issues to lead a thoughtful community conversation. Reading through this guide and familiarizing yourself with the issues it raises can help you guide a thoughtful discussion.

**Be clear about your role.** Being a moderator is a unique role. Your primary responsibility is to keep the conversation moving forward while staying grounded in your event goals. It will be important in a screening of **HERE. IS. BETTER.** to avoid negative comments directed toward the Veterans Administration or other Veteran support services and redirect the conversation to healing and recovery.

## PREPARE THE GROUP

### Focus on Inclusion

Ensure that your screening event is open and inviting to people from different backgrounds and with physical abilities. One way to do this is to collaborate and co-create the event with local groups and organizations serving people of color, disabled people, or other priority stakeholders.

### Encourage Active Listening

Listen to understand and assume good intentions while also recognizing that your words have an impact. Ask audience members to allow one another to complete their thoughts without interruption, and ask clarifying questions if they don't understand. The intention of your event is likely not to change minds but to learn, inform, and support.

### Invite in Experts

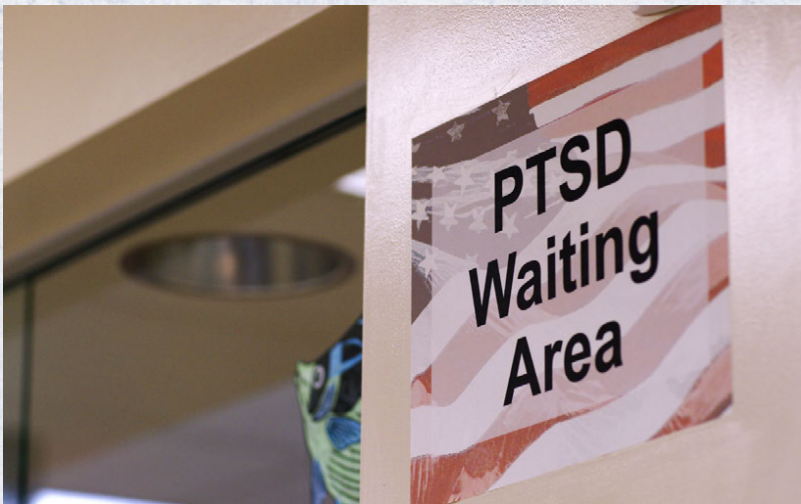
Consider bringing in local partners, organizations, and respected professionals who can speak before or after the film, serve on a panel, and offer a unique perspective on the film. Refer to **Hosting a Panel** in this guide's **Watching and Discussing the Film** section.

### Anticipate Multiple Perspectives

The film delves into sensitive issues of trauma, sexual abuse, suicide, and violence. Remind audience members that everyone will walk in with different experiences and lenses into these issues and invite them to share their perspectives using "I" statements, like "I think..." or "I believe..." rather than "Everyone knows..."

### Words Matter

Clarity in words is a part of clarity in thinking. Some words carry great emotional and symbolic weight and, thus, should not be used lightly. PTSD is a term sometimes applied incorrectly to describe a difficult experience or event. Being mindful, sensitive, and thoughtful about what is and isn't PTSD is one important objective of the **HERE. IS. BETTER.** Campaign. One way to introduce this goal is to share the PTSD Basics and Myth Busting sections and discuss them as a community.



# PLANNING YOUR EVENT

Planning a screening event is a powerful opportunity to bring the community together to raise awareness and inspire compassionate action.

Here is a suggested schedule to follow to prepare for a successful event.

## TWO MONTHS PRIOR

- Set a time, date, and location. Make sure the site is accessible for all to attend.
- Brainstorm potential panelists and prioritize a list of community partners to support outreach
- Build an outreach list and secure partnerships for the event. Decide on the format for your screening and post-screening conversation. (e.g., Will you have a panel or an informal discussion)

## ONE MONTH PRIOR

- Send out screening event invitations with time, date, location, ability to RSVP, and description of the film and post-screening conversation.
- If hosting a panel, ensure speakers are familiar with the film and clear with expectations for the post-screening conversation.
- Connect with community partners and discuss having informational tables at the event for participants to learn more.

## DAY(S) BEFORE

- Send reminders to guests and speakers.
- Test all equipment at the site - projection and audio.
- Assemble any promotional materials and remind partners to bring materials for informational tables.

## DAY OF SCREENING

- Arrive at least an hour prior. This allows enough time to set up the room, test all equipment, greet guests and panelists, and review your agenda.

# BACKGROUND



# VOICES IN *HERE. IS. BETTER.*

The **HERE. IS. BETTER.** film team continued to engage with many of the Veterans in the documentary after the production was completed, including in developing this guide. The film and subsequent conversations surfaced many issues that are woven throughout this guide. Consider using their voices as conversation starters at any point in your post-screening conversation.

“A lot of times, when you think of a Veteran with PTSD, you think of the guy that snaps and shoots his wife in the face. And that’s not how it presents most of the time. It looks like depression. It looks like isolation. It looks like anxiety. But really, it’s all of those things wrapped up into PTSD. There is a cause like ‘This is the thing that happened. This is where your brain broke. And this is where we have to go back to fix it.’”

- TABITHA, **HERE. IS. BETTER.**

“[The filmmakers] wanted to actually demonstrate to people that you could get treatment. That you could get better...that convinced me to participate because that’s the kind of thing I want to put out in the world to convince people to get help.”

- JASON, EXCERPTED FROM AN INTERVIEW WITH KSHB/NBC ON APRIL 25, 2022

“Find times to connect and tell your story. I also think it would be beneficial that Veterans that do come home with PTSD that the family members would go through treatment too. PTSD is not a terminal illness.”

- JACKIE, EXCERPTED FROM THE PHONE INTERVIEW, MAY 16, 2023

“I am in a much better place than I was before I sought help from my Vet Center. The triggers are still there, and I know they can rear their ugly heads when you least expect them. Those troubling thoughts still come and go. But just like the passing clouds, I know now there is no reason for them to linger. The thoughts no longer have control over how I spend my day. My wish for all Veterans and civilians alike who have experienced trauma and who continue to suffer and live with PTSD is that they find the right therapy and the right counselor that can put them on the right path. It’s never too late to try and get your life back.”

- JOHN, EXCERPTED FROM A PHONE INTERVIEW MAY 19, 2023

“I came to a lot of realizations when I was in treatment. I have to get my shit together. Because if I don’t, I’m going to keep pushing people away. That’s not what I want. I want my family back, and I’m going to fight for my damn family as hard as I can.”

- TERESA, **HERE. IS. BETTER.**

**See the Biography Page at the end of this guide for more information on Veterans in the film and their service.**

# CURRENT DATA AND TRENDS

## ONGOING CHALLENGES

**NEARLY  
13 MILLION**

American adults yearly suffer from Posttraumatic Stress Disorder (PTSD). PTSD is a global epidemic. *(U.S. Department of Veterans Affairs)*

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**14 OF THE 20**

Veterans who die of suicide on a daily basis are not connected to the VA or other support agencies. *(Veterans Community Project)*

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**\$25,000/YR**

The [economic impact](#) of treating PTSD for military populations is \$25,000/yr for traditional therapies.

## ANCHORS OF HOPE

(Excerpted from [2022 National Veteran Suicide Prevention Annual Report](#))

**343**

343 fewer Veterans died from suicide in 2020 than in 2019, and 2020 had the lowest number of Veteran suicides since 2006.

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**14.1%**

The age-adjusted suicide rate for women Veterans in 2020 fell 14.1%, the lowest since 2013, and the age-adjusted suicide rate for Veteran men was the lowest since 2016.

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**55.0%**

Despite the 24.6% decrease in the Veteran population from 2001 to 2020, the number of Veterans with VHA healthcare encounters in the year or prior year rose 55.0%, from 3.8 million to 5.9 million.

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**4.8%**

Despite the onset of the COVID-19 pandemic in 2020, age and sex-adjusted suicide rates among Veterans fell 4.8% from 2019 to 2020, versus a 3.6% decline among non-Veteran U.S. adults.

# PTSD BASICS

(adapted from [U.S. Department of Veterans Affairs](#) and [Wounded Warriors Project](#))

“It’s important that people know that it can happen to anyone, and a lot of people are carrying this burden silently and are not getting the medical attention they need.”

- TABITHA, **HERE. IS. BETTER.**



“We didn’t know this until about fifteen years ago, but a change in the brain occurs when someone goes through a trauma like combat, an assault, or a severe natural disaster that can even cause PTSD. But then what happens is the person begins having very natural symptoms afterward, just like you or I would have. What PTSD is, is a failure to then recover. This doesn’t happen to everyone. Does that mean that you’re weaker, or there’s something wrong with you because you do? No, absolutely not.”

- DR. KATHLEEN (KATE) CHARD, PHD., DIRECTOR, TRAUMA RECOVERY CENTER, CINCINNATI VA., **HERE. IS. BETTER.**

In **HERE. IS. BETTER.** we listen and learn that PTSD is different for every person. Some Veterans had experienced trauma before they became service members, and their time in the military added additional trauma. Other Veterans developed PTSD not due to combat but due to other trauma, such as sexual assault, that occurred while serving.

This range of traumatic experiences is critical to remember as you discuss PTSD within your communities.

No matter what, emphasize these principles:

- \* **You are not alone.**
- \* **This is not about weakness.**
- \* **You deserve to heal and recover from the invisible, psychological wounds of war as much as you deserve the best care for the physical wounds of war.**
- \* **Help is available.**

## WHAT IS PTSD?

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Posttraumatic stress disorder (PTSD) is a mental health problem and can only develop after experiencing a life-threatening event. It's normal to have stress reactions to these events, but most people start feeling better after a few weeks. If these types of stress symptoms continue for a few months and thoughts and feelings from the trauma continue to be upsetting and cause problems in your daily life, you may have PTSD.

## WHO DEVELOPS PTSD?

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Anyone can develop PTSD at any age, with certain types of trauma, like combat or sexual assault, being more common. Personal factors, such as age or gender and what happens after the trauma, can all affect PTSD.

## WHAT ARE THE SYMPTOMS?

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PTSD symptoms usually arise soon after the traumatic event but may also appear months or years later. These are the four types of PTSD symptoms:

### 1. **Re-experiencing which include:**

- Flashbacks: You may find yourself reliving a traumatic event. This could include physical symptoms such as a racing heart or sweating.
- Bad dreams: These might include dreams related to the event
- Frightening thoughts

**2. Avoidance** includes pushing away or preventing thoughts, feelings, places, activities, or objects that remind you of the traumatic event

**3. Arousal and reactivity** include being easily startled, feeling tense, having trouble sleeping

**4. Cognition and mood changes** that include experiencing negatives thought thoughts, feelings of guilt or blame, or loss of interest in hobbies

When these symptoms last for a month or longer, it is considered PTSD.





# MYTH BUSTING

It may seem that Veterans experience more traumas; however, over half of the general population experiences trauma, and a much smaller percentage develops PTSD. For example, 7-8% of the population will have PTSD at some point in their lives, and about 13 million adults have PTSD in a given year (this is only a small portion of those who have experienced trauma). In the United States, motor vehicle accidents are actually one of the leading causes of PTSD. **In other words, you do not need to be in a war zone or in combat to be vulnerable to developing PTSD.**

Consider discussing these common myths surrounding PTSD adapted from [Veterans Affairs Training, Lesson 4](#) and [Columbia University School of Medicine](#)):

## **MYTH: PTSD IS IN YOUR HEAD. IT DOESN'T EXIST.**

PTSD does exist. It is a recognized mental health problem that has been studied for many years. Strong emotions caused by the event create changes in the brain that may result in PTSD. You may get PTSD if you have lived through a traumatic event that caused you to fear for your life, see horrible things, and feel helpless. PTSD has not always had the same name. It has also been called combat fatigue or shell shock at different times.

## **MYTH: ALL VETERANS HAVE PTSD.**

Studies have shown that approximately 30% of Vietnam War Veterans experience PTSD over the course of their lifetimes, and approximately one in five Service Members who return from deployment operations in Afghanistan and Iraq have symptoms of PTSD.

## **MYTH: EVERY TRAUMA CAUSES PTSD.**

PTSD symptoms can develop at any time after a traumatic event. Your symptoms may start soon after the event, or you may not have them until months or years later. They may come and go over many years.

Experiencing trauma does not mean you will develop PTSD. Most people recover fully after experiencing these kinds of events. Only a small percentage are diagnosed with PTSD. While the percentages are higher for Veterans, it is important to remember that trauma can be cumulative. Veterans may have had trauma before they joined the service, while others without previous trauma manage well with symptoms of PTSD.

**MYTH: YOU SHOULD BE ABLE TO MOVE ON AFTER A TRAUMATIC EVENT.**

The strong emotions you may feel during the traumatic event can create changes in your brain that result in PTSD. You may not be able to “move on” because of this. It’s important to remember that PTSD is a medical condition. People with other health conditions, such as cancer, deal with the condition as best they can. The same is true for PTSD.

**MYTH: THERE IS NO CURE FOR PTSD.**

PTSD is not a terminal illness. While there is no definitive cure, many types of treatment can alleviate the symptoms, some in as little as 8 weeks.



# TREATMENT OPPORTUNITIES

"I hear probably every week someone telling me that PTSD cannot be treated. That this is a life sentence, and the problem is that that was true. For so many years. And so that stigma and that information has stayed with us even as we've moved into today where we know that if we can get that right fit of therapy to individual, the chances that we can actually make dramatic improvements are huge."

- DR. KATHLEEN (KATE) CHARD, PHD., DIRECTOR, TRAUMA RECOVERY CENTER, CINCINNATI VA., **HERE. IS. BETTER.**



Several types of psychotherapy, also called talk therapy, may be used to treat PTSD. In **HERE. IS. BETTER.** we see the three types of trauma-focused therapies that are supported by the most evidence:

- \* **Cognitive processing therapy** helps you recognize the ways of thinking (cognitive patterns) that keep you stuck – negative beliefs about yourself and the risk of traumatic things happening again. For PTSD, cognitive therapy often is used along with exposure therapy. In **HERE. IS. BETTER.**, we see Teresa, Tabitha, and the other women in their cohort, participating in this treatment.
- \* **Prolonged exposure therapy** helps you safely face both situations and memories that you find frightening so that you can learn to cope with them effectively. Exposure therapy can be particularly helpful for flashbacks and nightmares. One approach uses virtual reality programs that allow you to re-enter the setting in which you experienced trauma. In **HERE. IS. BETTER.**, we see Teresa, Tabitha, and Jason having experiences with this treatment.
- \* **EMDR** (Eye movement desensitization and reprocessing) combines exposure therapy with a series of guided eye movements that help you process traumatic memories and change how you react to them. In **HERE. IS. BETTER.**, we see John using this treatment.

Medications may also be tried and used in conjunction with psychotherapy to help improve symptoms of PTSD. Here are the most commonly used:

- \* **Antidepressants/SSRIs/SNRIs** can help symptoms of depression and anxiety. They can also help improve sleep problems and concentration. The selective serotonin reuptake inhibitor (SSRI) medications sertraline (Zoloft) and paroxetine (Paxil) are approved by the Food and Drug Administration (FDA) for PTSD treatment.

- \* **Anti-anxiety medications** can relieve severe anxiety and related problems. Some anti-anxiety medications have the potential for abuse, so they are generally used only for a short time.
- \* **Prazosin** While several studies indicated that prazosin (Minipress) might reduce or suppress nightmares in some people with PTSD, a more recent study showed no benefit over a placebo. But participants in the recent study differed from others in ways that potentially could impact the results. Individuals who are considering prazosin should speak with a doctor to determine whether or not their particular situation might merit a trial of this drug.

## COMPLEMENTARY AND INTEGRATIVE HEALTH (CIH) TREATMENTS

There are many activities that can complement your treatment plan, helping relieve stress and enhancing mental health. You can discuss with your therapist which one(s) may be right for you.

Here is a sampling of CIH treatments and practices to explore and consider.

- **Yoga.** Learn more [here](#).
- **Acupuncture.** Learn more [here](#).
- **Meditation and breathing-based meditation techniques.** Learn more [here](#).
- **Time in nature.** Learn more [here](#).
- **Exercise**
- **Volunteering**
- **Guided imagery.** Learn more [here](#).

## ADDITIONAL THERAPIES

There are other therapies that are sometimes used to treat PTSD that currently have limited to no research support. If evidence-based treatments are not available, you can discuss with your therapist what other options might be a good fit for you.

- **Ketamine**
- **Somatic treatment**
- **Reconsolidation of Traumatic Memories (RTM)**
- **Cannabis**
- **MDMA**
- **Stellate Ganglion Block**
- **Psilocybin**

# DISCUSSING THE FILM

**“WHAT’S REALLY IMPORTANT IS THE LARGER COMMUNITY’S UNDERSTANDING THAT [PTSD] IS AN INJURY, NOT A THING TO BE FEARED.”**

– JASON, **HERE. IS. BETTER.**

## BEFORE SCREENING

- How do you define posttraumatic stress disorder (PTSD)?
- How do you understand the relationship between trauma and PTSD?
- When you think of someone diagnosed with PTSD, what comes to mind?

## AFTER SCREENING

- What scene or moment stood out to you from the film?
- Did you learn something new about PTSD from the four stories that were the documentary’s focal point?
- Meredith says in the film, “What we know is that when people go through traumatic things, it changes how they see themselves, other people, or the world. So whereas you might have felt safe before, maybe you start to think things like I’m not safe anywhere. People can’t be trusted, or maybe I’m no good.”
- With this reflection in mind, what new insights did you gain about trauma, healing, and recovery?
- How did you see PTSD impacting families?
- Do you have any questions about the three treatments highlighted — Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), or Eye Movement Desensitization and Reprocessing (EMDR)?

## PANEL DISCUSSION

**HERE. IS. BETTER.** offers a rich opportunity for engagement outside of a general discussion, including a panel discussion and other more interactive community exchanges. Convening local stakeholders for a panel discussion followed by a Q&A session is a reliable format to use for community conversations. Leaders of advocacy organizations, Veterans groups, medical professionals, Veterans, and other community stakeholders can be helpful in better informing the community and offer a chance for multiple perspectives to be shared, respected, and heard in an open and safe format.

Providing a panel moderator is always helpful, given the emotions that may arise in conversations. It is also important to consider the experiences of panelists. Here are some possible criteria to keep in mind:

- Individuals who have completed one of the three featured PTSD treatment modalities
- A local VA representative or other PTSD healthcare professional who has experience with the evidence-based therapies featured in the film
- A panelist from a relevant local Veterans organization or support organization most relevant to your particular audience

Depending on the panelists, you should develop questions for the moderator to start the conversation. Here are a few sample questions to adapt to start off any panel discussion:

- Please introduce yourself, the work you do, and what inspired you to do the work you do.
- What are some of the biggest challenges you are facing in your work today in relation to PTSD?
- What stigmas or misconceptions do you continue to face in your work?
- What did you find particularly relevant/helpful about the film?
- How can people support/encourage a loved one who has suffered from trauma?
- What are local resources for finding the right help for yourself/loved one?
- What role can civilians/the general public play in healing and hope?

# STAY ENGAGED: NEXT STEPS

“HOW OFTEN HAVE I HEARD, ‘I AM A VETERAN WITH PTSD. THAT’S WHO I AM.’ NOT ‘I’M A VETERAN, AND I, BY THE WAY, HAVE THIS DISORDER RIGHT NOW, BUT IT’S SOMETHING WE CAN TREAT.’ SO I THINK RELEARNING HOW TO BE THAT PERSON YOU WERE BEFORE THE PTSD AND WHO YOU WANT TO BE NOW WITHOUT THE PTSD CAN BE DAUNTING, BUT I HOPE THIS MAKES THEM EVEN MORE POWERFUL GOING FORWARD.”

— DR. KATHLEEN (KATE) CHARD, PHD., DIRECTOR, TRAUMA RECOVERY CENTER, CINCINNATI VA, HERE. IS. BETTER.



# EXPAND THE DEFINITION OF VETERAN SUPPORT

The Veterans Administration (VA) has a [full list of benefits](#) for service members to access. At the same time, we also learn that their loved ones need to seek out support as they can develop secondary trauma due to their Veteran's deployment or resulting PTSD.

As you screen and discuss **HERE. IS. BETTER.** make sure to expand the conversation of support by informing your community of the [benefits and support services](#) for spouses, children, and parents of a Veteran or service member to better take care of the Veteran and to better take care of yourself. As we see in the documentary, it is often the loved one of a Veteran who was the catalyst for seeking more extensive therapy.

## GET THE HELP YOU NEED

### For Families and Loved Ones

First, remember that you can't change someone, but you can support them. Often, the ones closest to us — our partners, spouses, and children — help us connect to the resources we need.

- \* **Learn about PTSD.** This can help you understand what your loved one is going through.
- \* **Recognize that avoidance and withdrawal are part of the disorder.** If your loved one resists your help, allow space and let your loved one know that you're available when he or she is ready to accept your help.
- \* **Offer to attend medical appointments.** If your loved one is willing, attending appointments can help you understand and assist with treatment.
- \* **Be willing to listen.** Let your loved one know you're willing to listen, but you understand if he or she doesn't want to talk. Try not to force your loved one to talk about the trauma until he or she is ready.
- \* **Encourage participation.** Plan opportunities for activities with family and friends. Celebrate good events.
- \* **Make your own health a priority.** Take care of yourself by eating healthy, being physically active, and getting enough rest. Take time alone or with friends, doing activities that help you recharge.
- \* **Seek help if you need it.** If you have difficulty coping, talk with your doctor. He or she may refer you to a therapist who can help you work through your stress.
- \* **Stay safe.** Plan a safe place for yourself and your children if your loved one becomes violent or abusive.
- \* **Advocate for loved ones** to seek treatment for PTSD
  - See [The National Center for PTSD](#)

"For the number of people who don't recognize PTSD is a thing, there's an even bigger group of people who don't know about secondary PTSD and its effects on your spouse and your children and your family."

- DIANA KANDER, **HERE. IS. BETTER.**

If you are concerned a friend or family member may be in crisis, check-in by following these [5 evidence-based steps](#).



## For Anyone Living with PTSD

Get the help you need, and that is available

“Learn how to live with the new you.”

- TERESA, EXCERPTED FROM MAY 11, 2023,  
PHONE INTERVIEW

- \* **If you or a loved one are in crisis, get help now:**
  - Call 911
  - Go to the nearest Emergency Room
  - Contact the [988 Suicide & Crisis Lifeline](#) (24/7). Call 988 or chat [here](#).
  - Or contact the [Veterans Crisis Line](#) (24/7). Call 988, then press 1.
    - You can also text 838255 or chat [here](#).
- \* **The VA offers evidence-based PTSD treatment to Veterans.** For information on treatment programs, visit: [Help for Veterans - PTSD: National Center for PTSD \(va.gov\)](#)
- \* **Cohen Veterans Network** provides mental health support and treatment to post-9/11 Veterans, active duty, and their families.
- \* **Vets4Warriors** is a national 24/7-peer support network for veterans and military communities, including family and caregivers. Staffed by trained Veterans representing all branches and eras. Call 1-855-838-8255 (24/7) or chat [here](#).
- \* **Sierra Tucson** is a residential treatment center for behavioral and mental health issues, including trauma. Their Red, White & Blue program provides personalized care for active military, veterans, retirees, and first responders.
- \* **The Headstrong Project** connects service members, Veterans, and their families to confidential, effective PTSD treatment.
- \* **Ways to find a provider:**
  - [https://www.ptsd.va.gov/gethelp/find\\_therapist.asp](https://www.ptsd.va.gov/gethelp/find_therapist.asp)
  - [APA Psychologist Locator](#) - American Psychological Association
  - More here: [How to Find a PTSD Therapist \(verywellmind.com\)](#)

**An additional note for Veterans:** In January 2023, emergency mental health care will be covered for all Veterans, whether they are enrolled in the VA health care system and whether they visit a VA or non-VA health care facility.

## For Medical Professionals

We meet Dr. Chard, Meredith, Susan, and other professionals in **HERE. IS. BETTER.** who work with Veterans in different capacities throughout the documentary. In order for them to provide the best care possible and avoid the emotional experiences of burn-out, secondary traumatic stress, compassion fatigue, or vicarious traumatization, self-care is vitally important. Here are resources to explore if you are in the medical field providing support for Veterans and others living with PTSD:

- [The VA Provider Self-Care Toolkit](#)
- [SAMSHA's Self-Care for Healthcare Workers Modules](#)
- [International Society for Traumatic Stress Studies](#)

# NETWORKS AND ORGANIZATIONS TO FIND SUPPORT

**Blue Star Families'** mission is to strengthen military families every day. Through career development, caregiving, and our leading research on military family life, we're striving to better understand and provide solutions to the challenges facing today's military families.

**Disabled American Veterans** is dedicated to empowering Veterans to lead high-quality lives with respect and dignity. They offer many services, including help accessing VA benefits, medical transportation, help with employment and entrepreneurship, and transition services.

**Hope for Heroes'** mission is to enable a sense of accomplishment, empowerment, and unity for our nation's disabled Heroes (veterans, police officers, firefighters, and EMTs) through exciting, fun activities and overall appreciation of the great outdoors.

**Iraq and Afghanistan Veterans of America's (IAVA)** mission is to connect, unite, and empower post-9/11 Veterans. Founded and led by Veterans, IAVA is the modern-day Veteran's hall for the current generation, with over 400,000 members worldwide. IAVA is a non-partisan member-advised advocacy organization focused on solutions to the issues facing Veterans today. In addition to our best-in-class advocacy work, IAVA offers a case-management program to help Veterans of all generations navigate the government and non-government services available to them.

**National Alliance on Mental Illness** is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.



**Project Welcome Home Troops'** mission is to improve the quality of life for Veterans, active military, and their families. Our SKY Resilience Training provides breath-based tools that decrease chronic and posttraumatic stress, depression, anxiety, and sleep problems; while restoring well-being, mental focus, and a renewed sense of connection and purpose.

**Stop Soldier Suicide** empowers the military community by providing free resources and support to all past and present military and their families through an established, comprehensive, trusted network of individuals and organizations that meet the complex needs of the military community and are capable of anticipating and mitigating suicide risk factors, promoting resiliency, inspiring hope, and encouraging healing and personal growth.

**Veterans Community Project (VCP)** is a non-profit organization founded by a group of combat veterans in Kansas City, Missouri, who were frustrated by the rampant homelessness within the Veteran community. Their solution is to end Veteran homelessness is to provide homes with dignity and personalized support services that promote homelessness recovery and improved quality of life. VCP headquarters is in Kansas City and is expanding to Longmont, CO, St. Louis, MS, and Sioux Falls, SD. VCP provides critical support services through The Veteran Outreach Center and the VCP Village.

**Veterans Crisis Line (988)** was signed into law in 2020 as the National Suicide Hotline Designation Act authorizing 988 as the new three-digit number for the National Suicide Prevention Lifeline. As part of the law, all telephone service providers in the U.S. had to activate the number no later than July 16, 2022. Veterans can use this new option by dialing 988 and pressing 1 to contact the Veterans Crisis Line. Veterans may still reach the Veterans Crisis Line with the previous phone number—1-800-273-8255 and Press 1—by text (838255) and through chat (VeteransCrisisLine.net/Chat).

**Wounded Warriors Project** began in 2003 as a small, grassroots effort providing simple care and comfort items to the hospital bedsides of the first wounded service members returning home from the conflicts in Iraq and Afghanistan. As their post-service needs evolved, so have our programs and services. Today, we improve the lives of millions of warriors and their families through our direct programs in mental health, career counseling, long-term rehabilitative care, and advocacy efforts.

**Moderator Note:** It is very important to connect with the community and local organizations in the journey of healing. To further this goal, create your own list of local resources and add them to this guide.

## **(Add Your Local Organizations For Support)**

Here are some tips when organizing these resources:

- If distributing a printed guide, format your own Word or Google Doc, and print it along with copies of this guide.
- If directing audiences to access the guide online, create your own Word or Google Doc, print and distribute it at the end of your event, or send it out as an email follow-up to your **HERE. IS. BETTER.** event.

# VETERANS IN HERE. IS. BETTER.

**CAROLYN D. ALBU**  
Specialist, US Army Gulf War

**HIPÓLITO ARRIAGA**  
Corporal, US Marine Corps  
2003 - 2007

**SGT. ANNIE MICHELE CLARK**  
US Army Signal Corps  
1982 - 1994

**JACKIE COLBECK**  
Boatswain, US Navy  
Gulf War Veteran

**ANDREW CUTHBERT**  
Sergeant, US Marine Corps  
OIF War Veteran

**TERESA A. DEHOYAS-ALDRIDGE**  
Specialist, US Army  
OIF 05 - 06

**DWANE ELMORE**  
Specialist, US Army Vietnam War  
Veteran

**SONYA FORTNER**  
Airman First Class, US Airforce  
1986 - 1990

**VINCENT GONZALEZ**  
Specialist, US Army  
Vietnam War Veteran

**JASON KANDER**  
Captain, US Army  
OEF War Veteran

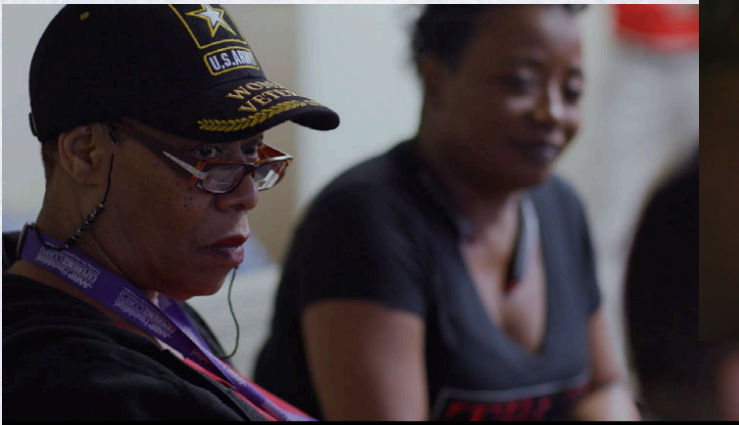
**JOHN PETER KOVENCZ**  
Vietnam War Veteran

**VINCENT MORALES**  
Sergeant First Class, US Army  
GWOT Veteran

**VIVIANA RIVERA**  
Specialist, US Army  
OEF-OIF War Veteran

**TABITHA RODELA**  
Sergeant, US Marine Corps  
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**MARVIN SHIKA JR.**  
Sergeant, US Marine Corps  
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HEREISBETTER.ORG

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