Appendix A

Overview of the main interventions for clusters of mental health problems

How interventions are applied to clusters of common mental health problems experienced by veterans

	Depression	Anxiety	PTSD	Substance Use	Somatic Symptoms	Complicated Grief
Cognitive Behavioural Therapy Elements						
Psychoeducation advice and motivation	Provide feedback on your assessment and in collaboration with your client develop a case formulation and treatment plan					
Self-monitoring	Mood and activity diary	Subjective Units of Discomfort (SUDS) in feared and/or avoided situations	Subjective Units of Discomfort (SUDS) in feared and/or avoided situations and in confronting trauma memory	Substance use diary	Physical wellbeing and events diary	
Set realistic/ collaborative goals	Increased frequency and duration of pleasant productive activities	Overcome avoidance and fear of selected situations	Overcome avoidance and fear of selected situations and intrusive memories	Reduce substance consumed - when, where, how much	Reduce illness related behaviours including unnecessary medical investigations	Process memories associated with the loss, and re-engage with the world
Anxiety/arousal management	Progressive muscle relaxation, breathing retraining, distraction techniques, self-instruction training					
Activity scheduling	A programmed routine of activities designed to increase contact with pleasant events and with social and occupational support					
Graded exposure	For depression, activity scheduling is designed to promote exposure to pleasant and productive events	Imaginal or *in vivo* contact with feared and/or avoided situations until the anxiety subsides (social situations, reminders and memories of the trauma, being away from home)		*In vivo*, specifically cue exposure, with high risk situations until craving subsides (e.g., drinking venues, watching sport)	With anxiety-related somatic concerns, sustained imaginal or *in vivo* contact with feared situations	For loss that occurred in traumatic circumstances, imaginal exposure to story of loss, and in vivo for avoided situations

	Depression	Anxiety	PTSD	Substance Use	Somatic Symptoms	Complicated Grief
Cognitive therapy	Challenging hopelessness, self- and other-loathing	Challenging of the negative and catastrophic beliefs that trigger anxiety	Challenging of unhelpful trauma-related beliefs, especially for those that evoke guilt/ anger	Challenging thoughts related to situations that trigger substance use	Challenge unhelpful thoughts about symptoms and disease	Challenging unhelpful thoughts related to the loss, e.g., guilt-related
Skills training	Use skills training as necessary. Individual, family and group training using modelling, behavioural rehearsal and feedback to acquire or modify skills including social skills, structured problem solving, environmental, interpersonal relationship and child rearing skills.					
Relapse prevention	Summarise therapy content and gains, then identify internal and external relapse triggers (e.g., family conflict), early warning signs (e.g., feelings of low mood) and available coping skills (e.g., anxiety management strategies). Use this information to develop a relapse plan.					
Other intervention elements						
Other interventions	Interpersonal therapy			Motivational interviewing, behavioural couples therapy, withdrawal management		Imagined conversations with the deceased, evoking happy memories, and exploring regrets and resentment
Social/occupational/ rehabilitation	Promoting return as soon as possible to valued social and occupational roles by supporting negotiations with employers and families to set challenging but realistic expectations. Consider rehabilitation from beginning of treatment.					
Medical care	Identify and treat underlying physical pathology or contributing factors (e.g., cardiovascular, respiratory, gastrointestinal, neurological)				Limit unnecessary medical investigations and interventions	
Pharmacotherapies	Newer antidepressants (e.g., SSRI, SNRI). Avoid benzodiazepines.			Dependant on substance being used	Newer antidepressants (e.g., SSRI, SNRI)	Newer antidepressants (e.g., SSRI, SNRI)

Source: Adapted from Pead and Marshall (2006)