**APPENDIX 1**

**THE OPENING STAGE**

**Commander. *1. Goal of the intervention*:** “We went through harsh events (the commander should direct towards events experienced during the war) during the last reserve service, after which we returned to our life routine. In our session today we will try to clarify what our life routine looks like since we were discharged from reserve duty, with emphasis on the emotional processes that accompanied the process of our return to civilian life. It is important that each of you will express himself. We on our part will enable each of you to do so. In this way we will learn how each person coped and is coping with the return to civilian life on the background of the war events we experienced and how we as a team need to cope in preparation for our next reserve duty”.

***2. Framework:*** “The session is divided into three rounds. In the first round we will describe the sequence of events that each of us experienced since his discharge from reserve duty and will examine, at the facts level, how each of you copes with the routine of his civilian life with emphasis, as mentioned before, on the encounter with “civilianship” after being discharged from reserve duty – after the war. This second part will last about two hours. After a break we will convene for a second round that will last for about three hours, with a break in the middle, in which we will deal with our feelings from a distance of the time that has elapsed since the war events and since our discharge from reserve duty. During the third round we will summarize the discussion for about one hour and will discuss the future and the expected schedules. This entire day will be headed by (indicate name) – a therapist at the Combat Reaction Unit”.

***3. Rules:*** “In order to create an atmosphere that will enable success of this session, I would like to ask you to make sure of the following: do not talk on your mobile phones, because succession is important and for mutual respect, do not enter and leave during the talk, allow each person to finish what he said, do not attack, do not criticize (it must be emphasized that this is not an operational debriefing), and finally, it is very important that each of you will speak. If anyone has difficulty with this, he should at least describe his position and role during the event that took place in the war”.

**Therapist. *4. Rationale:*** “The early group intervention” is intended to prevent the development of effects that belong to what we call the posttraumatic stress disorder, which I will detail right away. This disorder may develop among soldiers who, like you, experienced combat events in which soldiers were killed and injured. We know from studies and from reports of professionals who experienced such models of talks, that the talk within a group of people who know each other well and who experienced the event together is very helpful for emotional alleviation and for preventing post-trauma. This talk is supposed to take place at a distance of about three months from the previous talk you had, the “team talk after the event” during the last two days of your reserve duty, because it is believed that it is possible to prevent the development or exacerbation of effects that belong to the posttraumatic stress disorder during the first three months after exposure to an event. This talk, of “early group intervention”, is actually a continuation of the previous talk in which you participated, and comprises another opportunity for all of you to describe your experiences and emotions and to learn how each of you is coping with civilian life on the background of the event which you experienced during the war. It is also supposed to increase the cohesion, sharing and mutual care among you and will help us, the therapists and the commanders, identify and suggest, to those for whom these talks were not helpful, to receive individual therapy at the Combat Reaction Unit”.

***5. Psycho-education:*** “Chronic post-trauma develops, according to the research literature, over three months and is characterized by three groups of symptoms: “avoidance” of thoughts about the event or contact in reality with things that are reminiscent of the event, for example: contact with the army or watching news that broadcasts pictures from a war, “hyper arousal” which is expressed in alertness on a background of the tension created by the feeling that another harsh event can happen, which sometimes leads to panic from noises reminiscent of the sound of explosives, and “intrusiveness”, which is expressed in nightmares and unceasing dreams and thoughts about the event. All three of these symptoms eventually impair functioning, since if one does not sleep well because of dreams and nightmares one becomes tense during the day, the level of attention decreases and the ability to function well at work, as a parent or as a partner, is impaired. Furthermore, think about the fact that when a person who was exposed to a traumatic event is busy avoiding thinking about the event or coming into contact with things that are taking place in reality that are reminiscent of that event during his waking hours, this increases his difficulty to function even more. We would like to prevent all of this or at least reduce the intensity of the symptoms among those who are already suffering from them, and as I mentioned already, the “window of opportunity” for prevention is within this range of time, i.e. in the early months after exposure.

It is important for me to indicate that even if symptoms characteristic of post-trauma have developed among some of the people sitting here, and even if after the session today some of the symptoms will remain, there are still things that can be done. First of all you must remember that people who experienced such a harsh event react to the event at the emotional level. We know from studies that not less than 80% of the people who are exposed suffer from at least one symptom of a stress reaction, which is the first stage of post-trauma, but the symptoms usually disappear. How? By talking with friends, partners, family, etc. Thus, they recover without any help from a professional by spontaneous talk. What is done here is something more structured, but is based on the idea that one must talk about things, because “talk” apparently helps. Of course, your belief that it is possible to feel better and that it is possible to again function well as a team is also very important. Finally, it is important to stress that if there is no improvement among someone who already suffers from symptoms, he can come to us at the CRU for individual help. Such help is supposed, in the end, to help reduce the intensity of the symptoms and improve the quality of functioning”.