Cohen Veterans Network Presenter Orientation Packet

About CVN

Who We Are

Cohen Veterans Network (CVN) is a nonprofit network of outpatient mental health clinics serving military members, veterans, and their families across more than 20 states. Each clinic is operated by a local partner and staffed by dedicated clinical and administrative teams – many of whom are military-affiliated – who support clients from intake through discharge. CVN's Central Office provides each Cohen Clinic with funding, oversight, and operational support in areas such as billing, facilities, outreach, training, EHR systems, and quality assurance.

Who We Serve

CVN serves *all* post-9/11 veterans (including National Guard and Reserves), active-duty service members, and military family members. Our care includes services for individuals, couples, families, children, teens, and adults. We serve our clients regardless of time or role in uniform, discharge status, or combat experience.

How We Serve

At CVN, we provide targeted, evidence-based treatment in an outpatient setting. This means we focus treatment on clients' specific, individualized mental health goals, and use quality therapy approaches grounded in research such as Cognitive Behavioral Therapy. Common concerns we support clients with include depression, PTSD, challenges related to the military-to-civilian transition, anxiety, grief, anger, child behavior issues, and relationship issues. We also offer case management services to connect clients to appropriate resources when they need higher levels of care or ongoing support.

Core Principles/Values

We seek to improve the quality of life of our veteran and military communities by improving mental health outcomes and complementing existing supports. Our vision is to ensure every individual across these communities can obtain access to high-quality care so they can lead fulfilling and productive lives. We strive to provide accessible care by reducing barriers (such as cost) that clients often face when seeking mental healthcare.

CVN's clinical practices are rooted in evidence-based treatments that honor each client's perspective, identity, and culture, including consideration for military culture. Our mission reflects our fundamental belief that people deserve an environment of inclusivity as well as equitable access to high quality evidence-based care. Our network's strength comes from

our dedication to, and celebration of, the visible and invisible qualities that make each person unique.

Training Approach

CVN's Central Office offers a wide range of training to provide staff and interns with ongoing learning opportunities so they can best serve our clients. Participants in our training are expected to stay attentive and engaged, and we strive to provide a safe and accessible learning environment where participants feel included and empowered to engage with the presenter, each other, and the training content.

CVN training spans a wide range of formats and audiences. We encourage you to consider these components when planning your training or presentation.

Content

Participants have varying learning styles, backgrounds, and levels of experience. To support all learners, we encourage you to include a variety of examples that reflect the wide range of clients we serve and provide training opportunities that are culturally responsive to all communities, including the military.

Examples used in training should include nuanced consideration for the client's identity and experiences and avoid engaging in stereotypes. A client's identity (race, gender, disability, religion, military status) should be discussed when relevant to the example. It's important to consider how a behavioral health setting affects individuals with different identities, including historical context, research, and symptom presentation.

We encourage all to consider the context of health equity and social drivers of health when talking about health inequities so as not to unintentionally blame a group of people. For example, if talking about how individuals with disabilities are more likely to report suicidal ideation than individuals without disabilities, take time to highlight how these increased rates are because of how society often treats individuals with disabilities (lack of social supports, lack of accommodations) rather than the disability itself.

Engaging Participants

- **Keep slide content simple!** Avoid putting lots of text on a slide. Instead, use simple bullet points and break content into multiple slides to keep participants engaged.
- **Sharing lots of research or data?** While this may be appropriate if the entire presentation is about research, consider providing a high-level overview of the

relevant data and including a handout or links for participants to refer to later if they want to learn more.

- **Be clear about transitions!** This includes having a transition slide from one topic to the next. Additionally, consider closing each section with a quick check in for understanding, then verbally sharing why the new topic matters before moving on.
- **Consider breaking up lecture-style content** with active learning activities. People learn best by doing (not just listening), so it's helpful to incorporate a learning activity into each concept or objective. Using a variety of learning activities can support participation for those who may not be as vocal! Examples include:
  - Group brainstorms
  - Small group discussions
  - Anonymous polls or quizzes
  - Case examples
  - Guided questions
  - Role plays

Language

Presenters and participants are encouraged to use person-centered language. While in clinical settings some clients may prefer identity-first language, general best practices are to use person-centered language to avoid using a diagnosis as a label. Language should humanize the individual and avoid using terms that may connote negative judgement.

Use this	Instead of this
Client with an alcohol use disorder	Alcoholic, addict, abuser
Client with schizophrenia	Schizophrenic
Died by suicide/suicide attempt	Committed suicide/failed suicide
Undocumented	Illegal
Substance use/misuse	Substance abuse

Client-centered language also includes:

- Using everyone's correct pronouns.
- Acknowledging and including examples of trans and gender diverse individuals if talking about gender.
- Avoiding assumptions that everyone of a certain gender has the same biology, sexuality, or social roles.

Clinical vs. Non-clinical Audience

While all Cohen Clinic staff play a role in supporting clients, not all provide therapy. When creating content, consider whether your audience includes clinical staff (who conduct therapy), support staff (e.g., front desk and intake), or both. Clinical staff prefer strategy-focused content for sessions, while some support staff may not have a clinical background and value guidance on how to interact with clients before and after a therapy appointment.

Learning Objectives

- Your training should have learning objectives that are *clear, specific, and measurable*. [Bloom's taxonomy](#) can help you write meaningful learning objectives based on actionable verbs.

Use this	Instead of this
Describe the DSM-5 diagnosis for PTSD to clients	Understand the DSM-5 diagnosis for PTSD
Demonstrate 2 de-escalation strategies to use when clients are in crisis	Learn how to help clients who are in crisis

- When writing learning objectives, ask, *"What do I want participants to be able to do at the end of my training?"* Your answer to this question can be crafted into intentional learning objectives.
- Use your learning objectives to create your content! Consider implementing a learning activity for each objective. (See "engaging participants" above for ideas about learning activities.) If content doesn't tie to a learning objective, consider cutting the content or revising your learning objectives.
- For clinical training where CVN provides CEs to participants, your learning objectives must meet certain criteria. View the attached "Guide to Learning Objectives" for more information.

Support from CVN Central Office

Our Central Office team will send you a list of expectations and what information we need leading up to the training and is happy to support you with reviewing content, brainstorming learning activities, and revising learning objectives. During the training, a member of our Central Office team can support you with running technology (Zoom breakout rooms, Zoom polls, etc.) and managing the training space. This can include monitoring the chat or facilitating Q&A. We encourage you to practice screen sharing and playing videos prior to the training and are happy to meet to test these components. Please reach out to us with any questions or requests for support!

References

Nguyen, C., Pellegrino, L., Ochoa, S., & Lee, J. (2025). Equity, Diversity, and Inclusion (EDI) Didactic Toolkit. University of Washington School of Medicine. https://residency.psychiatry.uw.edu/wp-content/uploads/2024/08/UW-EDI-Toolkit-for-Didactics.pdf