

# **PTSD**

# **Recovery Program**

## ***Therapist Manual***

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## **Note to Therapists:**

### **PTSD Recovery Program**

#### **Objectives**

*“Going to war, training, deploying, executing a mission in a war is a transformative event,” said Army Reserve Ambassador and retired Brigadier General Alan Davis. The Posttraumatic Stress Disorder (PTSD) Recovery Program presented in this therapist manual is designed to help veterans understand the cognitive, physical, spiritual, and relational transformation they experienced because of their military service and give them tools to help manage the PTSD symptoms with which they have been living, in many cases for over 40 years, so they can live the life they choose, rather than living a life dictated by PTSD.*

*The main objectives of the 10 session PTSD Recovery Program are to educate veterans about PTSD and to teach them coping skills to help manage their PTSD symptoms. By understanding how PTSD affects them and then learning to use specific tools to help manage their symptoms, veterans will be able to gain control over their impulse to “fight or flee” and begin to engage in an “approach-oriented” lifestyle. In other words, veterans will learn to approach things that they have been avoiding (i.e., crowds). The purpose of this cognitive behavioral therapy-based treatment program is to reduce PTSD symptom severity and improve psychosocial adjustment in combat veterans. The PTSD Recovery Program represents a broad approach to PTSD treatment which includes elements of psychoeducation, cognitive behavioral therapy, in vivo exposure, stress management, acceptance and commitment therapy, mindfulness, and interpersonal effectiveness skills training.*

#### **Program Details**

*This recovery program was designed to be delivered in a group format with 5-14 veterans per group, but the treatment can be administered individually if necessary. The program is comprised of 10 weekly sessions each lasting 90 minutes. We recommend therapists read each chapter in the therapist manual closely before leading a session. The therapist manual, which comes with a participant manual, provides tips for administering the treatment that therapists may find helpful.*

#### **What Comes after the PTSD Recovery Program?**

*This PTSD recovery program is designed to be a stand-alone treatment, and for some veterans, this program may be all veterans need to manage their PTSD. Others may want to pursue evidence based treatments such as prolonged exposure or cognitive processing therapy and/or continue to work on specific issues related to PTSD such as anger, sleep, and substance abuse. At the end of the 10 week program, clinicians may ask veterans if they would like to request referrals to additional treatment programs pending availability.*

## **Before Treatment Begins**

*Many veterans seeking treatment for PTSD at the VA may be skeptical about and even resistant to joining the 10 week Recovery program. Therefore, it is important to get the group members to “buy in” to the therapy as soon as possible in an effort to enhance treatment outcomes and avoid drop out. Before getting into the content of session one, the therapist should start with a discussion about the focus, purpose, and goal of this therapy so that veterans will 1) feel that their experiences are understood by the group leader, 2) understand that their symptoms are normal given their military experiences, and 3) understand that treating their PTSD symptoms as they are manifested in their lives today will lead to a reduction of their overall PTSD symptoms. This treatment program focuses on the perspective that PTSD is a condition of the present, not the past. Although past events started/caused the PTSD symptoms, veterans’ symptoms are manifested today and have a dramatic impact on daily-life. This discussion can be facilitated by the following preface to the group members which is in the participant manual.*

### **Preface for PTSD Recovery Group Members**

All of you enrolled in this group are veterans who served your country. When you returned home from your military service, you may have noticed that you had changed. You were not the same. You may have felt it yourself and you may have heard from your loved ones, “You’ve changed.” There are five ways that you have been transformed as a result of your tour of duty. Physically, your body feels different and reacts in a different manner than before. Emotionally you have transformed. You have different emotions and deal with them in different ways than before. What you think about and how you think have transformed. You spend more time thinking about threat assessments, potential danger in normal civilian places, and are thinking about your surroundings in ways you didn't previously. Socially you have changed. You don't tolerate or trust the relationships and relaxation that you used to. Spiritually you have changed. Your beliefs, spirituality, faith in people, sense of fairness in life, and trust in goodness in people or in life has transformed.

When you have transformed and then come back to the home, community, and social networks you used to live in, who understands how you are different? Who sees it? Who has your back? You may feel alone and misunderstood. When you don't feel understood you don't feel safe, even though you are back in your home town and no one is shooting at you. You know you are different and no one else has changed or transformed. This creates a constant awareness that you are alone and don't trust others or yourself. You don't know what might set you off or what you might do. Now you go on high alert to anything that could signal danger: A crowd at the mall, waiting in a long line to check out at a grocery store, a spouse who wants to be close and asks several questions, kids who are noisy or who do not put their things away, a noise at night, a driver who passes you or cuts you off, a cashier who is not fully attending to the job or giving you respect. All these normal civilian world experiences take on different meanings and your reaction to them is one of danger.

While deployed your arousal system constantly warned you of danger. Your senses became more acute. You saw more clearly, heard better, had increased awareness in all of your senses because your life depended on it. When you came back, the same arousal system now gives you the same message. You are alone and not safe. You don't discriminate between the danger of combat and the multitude of problems inherent in civilian life. As a result, you react to all kinds of situations as if they are actually dangerous and you stay on

guard, anxious, vigilant, watchful, not letting anyone get close to you, and end up feeling distant, different, unprotected, alone, and not safe. That is how PTSD is running your life today, and what we mean when we say that PTSD is a condition of the present, not the past. That is the PTSD we will treat in this group. We will focus on how PTSD has taken over your life and how your anxiety prevents you from doing things that you are actually capable of doing and enjoying. We will work on improving your quality of life by developing skills so you can handle anything that happens today. After all, today you are not in combat, and compared to combat, **today is a piece of cake**.

**PTSD is treatable.** There are a number of interventions available that have been shown to markedly reduce or even eliminate the symptoms of PTSD (Karlin, et al., 2010). This is not a condition you need to live with forever. From here, let's open the manuals and begin to learn about PTSD, its symptoms, triggers, and treatment.

**Therapist tip:** *In order to orient the group members to the program have the group read the preface to themselves and/or use it as the basis for group discussion. The main idea to get across to the veterans at this point is that they are in a safe place where people understand them, there is hope for improving their PTSD symptoms, and that this group is about dealing with the present, rather than the past. The group's present focus does not mean that the veteran's past experiences are not important; it simply means that the group is focused on making the veterans lives better today because we can't change the past, but we can change how we live today and tomorrow.*

## Session 1 Agenda

- What is the PTSD Recovery Program?
- Review of PTSD group rules and guidelines
- Welcome and introductions
- What is PTSD? Some statistics and facts about PTSD
- Common reactions to trauma
- What causes PTSD and the physiology of PTSD?
- Introduce triggers, safety, and avoidance behaviors
- Breathing retraining
- Collect pre-intervention measures
- Check-out and homework

### RECOVERY

*“A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”*

-SAMHSA

**Therapist tip:** *At the beginning of the first session, remind group members about the importance of participating in each session and practicing learned skills outside of class. Research has shown that those who complete homework outside of class improve three times as much as those who don't (Burns & Auerbach, 1992). It doesn't matter how much they like the group if they don't do their homework between sessions. Skills practice outside of group is what makes them better. When describing the importance of participation, a helpful analogy to use is a row boat. If only the therapist puts their oar in the water and rows, the boat will go on a circle and no one will get anywhere. It takes both the therapist and the group member to row in order for the boat to move forward and get to the desired destination.*

# PTSD Recovery Program

**Purpose:** The purpose of the treatment program you are entering is to help you recover from PTSD (Posttraumatic Stress Disorder). No one can say your symptoms will be completely removed from your life forever, but we can help you learn skills to regain control of your life, manage your reactions and responses, and live a meaningful life. To do this, we will provide you with information and teach you skills and strategies that you can use to improve your life and reduce your PTSD symptoms. Your part will be to learn this information, practice these skills, and implement these new approaches so that you can experience the recovery that you deserve. This manual will act as a written guide to help you through this process, so **please bring it with you to each session.**

**Goals:** The goal of this program is to help you recover from PTSD and live a meaningful life. This program is designed to help you:

1. Develop a full and accurate understanding of the physical and emotional responses that are characteristic of PTSD.
2. Develop a mindset that helps you maintain control of yourself at all times and know the skills and tools to do so.
3. Learn, practice, and instill coping skills as a necessary part of your recovery.
4. Learn how to fully integrate back into the family, community, and civilian life.

**Strategies:** These are some of the ways we will facilitate your recovery.

1. We will use a group format to help you learn information and skills. This will help you discover you are not the only one experiencing these symptoms and to learn from others how they have successfully overcome problems and learned to cope.
2. These groups will be very structured. Each will have a purpose and goal. It will be important for you to attend all groups and learn the entire sequence of skill development.
3. We will give you homework to complete between sessions. Doing your homework is what helps your recovery.
4. You will learn several skills that will help you deal with expected and unexpected difficulties, interpersonal conflicts, and avoidant behavior.

**Therapist tip:** *It is important to acknowledge that group members are in this treatment because of trauma they have experienced in the past. However, this treatment is focused on how PTSD affects them today, in their present lives. We cannot change what happened in the past but we can change the present and improve the PTSD symptoms that are currently affecting the group members. This is a crucial point to emphasize so the group members understand the purpose and expectations of the group. It could be valuable to inform the group that at the conclusion of this group, veterans can seek the next step in therapy which could be individual or group treatment that focuses on dealing with specific traumatic events which will involve talking about past events in great detail.*

(Participant Manual Page 4)

## Group Rules and Guidelines for Participating in the PTSD Recovery Program

1. You will be expected to attend weekly, be on time, and notify the group leader of anticipated absences. Call the clerk, EXT. \_\_\_\_\_ if you know in advance that you will miss a session.
2. Group members maintain confidentiality at all times. This means that what is said in the group stays in the group. Group members do not talk about group conversations outside the group. Confidentiality is mandatory and is extremely important in order to help you feel safe discussing personal issues. Please note that by law, the therapist is obligated to reported child abuse and elder abuse or neglect. The therapist must also take action and notify others if you are planning to harm yourself or another person.
3. Group members treat each other with respect at all times. Differences of opinion or other differences are worked out within the group.
4. Groups are safe places to talk, be heard, and be understood. Group members maintain this atmosphere by treating each other with respect, and accepting differences in opinions, attitudes, and beliefs.
5. Do not come to this program if you are under the influence of drugs or alcohol.
6. Turn off all cell phones and pagers at the beginning of group.
7. Complete your homework assignments and share them with the group.
8. If you miss two sessions, you may have to repeat or be excused from the program, because each session builds on material from preceding sessions.
9. This is a present-focused program. Group discussions are not a time to talk in detail about past military experiences. They are about discussing applications of the skills learned in the group.

### **Remember, therapy in this recovery program is time-limited:**

1. Therapy is focused on specific goals: to help you manage and reduce PTSD symptoms.
2. Therapy requires both at-home practice and participation during the session.
3. Therapy is ultimately about veterans learning to be their own therapist.
4. If at any time you have thoughts of hurting yourself or anyone else, call the veteran's crisis hotline (1-800-273-8255), talk with your group leader, or go to the nearest ER.

*I have read and understand the requirements of this PTSD Recovery Program.*

**Signature of Veteran**

**Date**

**Therapist tip:** *After the group rules/guidelines are reviewed, conduct introductions. Suggest that each veteran state their name, where they're from, and military service. The reason for delaying introductions is some might have trouble finding the room on the first day and group members can acclimatize to the setting before being asked to speak.*

(Participant Manual Page 5)

## Three Things Have Changed Since Being in the Military

- You've transformed.
  - Physically
  - Emotionally
  - Intellectually
  - Spiritually
  - Socially
- You relied on military behavior....because it kept you alive.
  - Rules
  - Expectations
  - Principles
- You developed heightened senses.... in particular you notice everything that is wrong.
  - Sight
  - Smell
  - Touch
  - Taste
  - Hearing
- You returned home and you have transformed but no else has.
  - You don't fit in.
  - You feel like the odd one out.
  - No one understands you or seems to care about what it's like for you.
- You notice everything that is wrong with civilian behavior.
  - You have a low tolerance, you are set off by the slightest thing.
  - You don't understand what civilians have to complain about.
  - This isn't my home anymore, I want to go back to deployment.
  - I can't understand what these people think is important.
  - Do they have any idea how lucky they are.
  - They think they are safe and don't have to pay attention to anything.
- You engage in coping skills that reinforce PTSD Symptoms.
  - You avoid certain people, places, and events.
  - As a result of avoiding, you end up isolating yourself from everyone.
  - There are some emotions you have stopped feeling, or perhaps you don't feel any emotions.

**Therapist tip:** When reviewing the symptom clusters of PTSD, try to present the symptoms in a way that is relatable to the veterans rather than reading through the text. Talk about how each symptom might actually be experienced and how symptoms are related to each other. For example, explain that when a veteran comes back from their military service they may experience flashbacks, nightmares, or have unwanted memories which can make them feel like they are "going crazy" and that they are "different". If they feel like they are going crazy, the last thing they are going to do is tell anyone what they are experiencing and feeling. So they start to feel alone, like no one understands them and that no one has their back. When no one has their back, they feel unsafe and like they have to be on guard at all times. So in order to feel safe and protect themselves, they start avoiding people, places, activities and even emotions.



## PTSD Symptoms

### Re-Experiencing

- Memories or images
- Nightmares or dreams
- Emotional or physical reactions to reminders
- Flashbacks

### Avoidance

- Trying not to think or talk about the trauma
- Trying not to experience feelings about the trauma
- Staying away from activities, people, places, and situations that bring up trauma memories

### Numbing

- Losing interest in activities that used to be important
- Feeling detached or estranged from important people in your life
- Feeling unable to have normal emotions
- Losing a sense that you have a long-term future

### Hyperarousal

- Sleep problems
- Anger/irritability
- Concentration problems
- Feeling jumpy, on edge, or on guard
- Pounding heartbeat, sweating, rapid breathing

## Examples

e.g., I don't sleep in the same bed as my partner anymore due to the nightmares.

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e.g., I avoid large crowds and often people in general

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e.g., I don't feel like I am capable of loving anyone.

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e.g., I'm always angry, irritated, or on edge.

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## Impact on Your Life

I've lost confidence in myself. I don't know what I can handle anymore and I don't know how I may react. I can't even control my own thoughts.

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I've lost touch with my friends. I stopped doing things I used to do for fun. I don't feel connected to anyone or a part of anything here.

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It is difficult to trust anyone or be close to anyone. I can't let my guard down. I don't know how to care about people close to me. I have lost faith and trust in people and in life. I don't know what to believe anymore.

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I am never calm or relaxed, and I can't focus on anything. My family avoids me because of my temper. I can't sleep and watch everything all the time. I ache all the time, and stay angry.

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(Participant Manual Page 7)

## Common Reactions to Trauma

A traumatic experience produces emotional shock and may cause many problems. This handout describes some of the common reactions people have after a trauma. Because everyone responds differently to traumatic events, you may have some of these reactions to a greater degree than others, and some you may not have at all.

Remember, many changes after a trauma are normal. Some people have severe problems immediately after the trauma, some people feel better within months and others recover more slowly, some never need help, and some feel fine at first and need help later. Becoming more aware of the changes you've undergone since your trauma is the first step toward recovery.

Some of the most common problems after a trauma are described below.

1. **Fear and anxiety.** This can happen when a person's world view and sense of safety change and become negative as a result of a traumatic experience. Sometimes anxiety may increase without an identifiable cause.
2. **Re-experiencing the trauma.** These symptoms occur because a traumatic experience is difficult to process and fit into our understanding. Replaying these memories seems to be an attempt to integrate the experience and make more sense of what happened.
3. **Increased arousal** (feeling jumpy, jittery, and shaky; being easily startled; and having trouble concentrating or sleeping). The arousal reactions are due to the *fight or flight response* in your body which is how we protect ourselves against danger, and it also occurs in animals. People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack.
4. **Avoidance.** The most common way is to avoid situations that serve as a reminder of the trauma. Often situations that are less directly related to the trauma are also avoided, such as going out in the evening if the trauma occurred at night. Another way we reduce distress is to try to push away painful thoughts and feelings, but so are pleasant and loving feelings.
5. Feelings of **anger, irritability, and annoyance.** It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair or just.
6. Feelings of **guilt and shame.** Many people blame themselves for things they did or did not do to survive. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. You may also blame others for the outcomes.
7. **Depression and grief.** You may lose interest in people and activities you used to enjoy. You may feel that your plans for the future don't seem to matter anymore or that life isn't worth living. These feelings can lead to thoughts of self-harm or actual attempts to kill yourself.

8. Our **self-image and views** of the world often become more negative after a trauma. Many people become self-critical and pessimistic after the trauma ("I am a bad person and deserved this.") It is also common to see others more negatively as well and to feel that you can't trust anyone. The trauma may convince you that the world is dangerous.

9. **Relationships** with others can become tense, and it may be difficult to become intimate with people as your trust decreases. Sexual relationships may also suffer after a traumatic experience.

10. The use of **alcohol and/or other drugs** is a common coping strategy for dealing with traumatic experiences. There is nothing wrong with responsible drinking, but if your use of alcohol or drugs has increased as a result of your traumatic experience, it can prevent your recovery from PTSD and cause problems of its own.

Many of your reactions to trauma are connected to one another. For example, a flashback may make you feel out of control and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more fearful and make it more likely that a person will turn to alcohol or drugs to cope. It can be helpful to remember that ***the symptoms of PTSD we experience are a normal response to having encountered abnormal situations***. Again, as you become aware of the changes you have gone through since the trauma and as you process these experiences during treatment, the symptoms should become less distressing.

-Adapted from Foa, Hembree, Riggs, Rauch, & Franklin (2009).

**Therapist tip:** *Due to time constraints, it is not necessary to read through this section in session in its entirety. Rather, briefly introduce the concepts and encourage the veterans to read this section at home on their own. It may be helpful to inform the group members at this point that the 10 week Recovery Program will at least briefly touch on all of the above the reactions to trauma and how to deal with them. It is important to emphasize that **this Recovery Program is designed to be their PTSD treatment. For many veterans, this 10 week class may be all they need.** However, for those who feel they need more work on specific areas such as anger management, sleep, substance abuse, and/or dealing with specific traumatic memories, there are treatments that they can be referred to once they have completed this class.*

(Participant Manual Page 9)

## What Causes PTSD?

All animals (human and non-human) have a basic biological system (also known as the limbic system, alarm system, or the “fight or flight” system). This system has one goal: **to insure your survival**. Because its purpose is your survival, it will not tolerate any mistakes, and will over-generalize to make sure it catches all possible threats. Activation of this system may include: an increased heart rate and breathing, muscles tension, adrenaline surge, etc. In order to survive, this system will not tolerate any mistakes. Thus, it will over generalize when it senses danger because one mistake could mean death. In this group we will refer to this system as your **spark plug**, because a spark plug functions the same way in Vietnam, Richmond, Iraq, Midlothian, Afghanistan, or Chesterfield. Your spark plug operates the same way in 1961, 1985, 2004, or 2014. Spark plugs do not notice where they are or what year it is, they just spark when they need to.

Spark plugs can identify anything that is dangerous and often notice all of the things that are similar to those that are dangerous. When you were deployed your spark plug became white hot, not red hot, because of the situations you faced. When you were deployed when was it safe to put your guard down? Never. Your spark plug learned that relaxing or putting your guard down was dangerous. Now that you have come home, your spark plug is still white hot and does not know you are back in the civilian world. You are still in combat mode using combat reactions to everything. Now you fear losing control or overreacting so you rely on three coping skills:

1. Avoidance
2. Hyperarousal
3. Numbing

These three things are now running your life.

**Therapist tip:** *On the following page, when explaining the physiology of PTSD (which can be quite complicated) consider using the terms “old brain” and “new brain” in place of amygdala and hippocampus to make the concepts more relatable to the group members. Another suggestion is to explain that all humans (and animals) have a built in alarm system which signals us to fight or flee. This alarm system is located in our old brain which is in the back of our skulls. However, humans also have the ability to think and reason. Unlike other animals we also have the prefrontal cortex or “new brain” which is located in the front part of our skull. We need both our old brain and our new brain. However, when someone has PTSD, the old brain gets fired up and stays fired up all the time, making you feel like you are in constant danger even when you are not. Consider using the analogy of a house alarm that is broken and goes off all the time without differentiating between someone actually trying to break into your house (real threat) or a tree branch scraping against your window in the wind (false threat). Be sure to reassure the veterans that we are not asking them to disable their alarm system, but simply to fix or recalibrate it, so it goes off when there is a true threat, but stays quiet when there are false threats.*

# Hyperarousal

**Red Light:** Something begins to happen that makes you feel like some action needs to happen now. A direct threat, and any objective observer would agree. Your adrenalin is flowing now, your metabolism is responding and you need to do something immediately to stay safe. Those teenagers are now looking at you, still laughing, and heading your way. That man next to your car gets closer as you do, and now he's looking at you, smiling menacingly. Someone gets in your face and threatens you. Full-blown fight-or-flight mode, and consequences take a back seat or get off the bus altogether.

**Orange Light:** Something specific catches your attention. Any objective observer would agree that it needs to be watched. No direct threat at this point, although you might feel a tinge of adrenalin, a very slight increase in heart rate or breathing, skin tingling a little, increased focus. A group of teenagers laughing, someone standing just a little too close to your car looking like they're just waiting for something, that sort of thing. No real action needs to be taken, but you need to pay attention.

**Yellow Light:** Keys in your hand, Grocery bags in a cart or in your hand where you can drop them quickly if you need to. Looking around the parking lot before getting out there to see if anything looks concerning. No alarm bells are going off, just a quiet awareness of your surroundings.

**Green Light:** Totally oblivious to your surroundings. Walking out of the grocery store with your keys in your pocket, on the cell phone, fumbling with groceries that are looped on our elbow, no clue what's in the parking lot.

*Green Zone alertness is just reckless if you're out in public anywhere. Never advisable. Yellow Zone alertness is that "Goldilocks" zone of alertness, where you are alert enough to be safe, but the adrenaline isn't running needlessly. This is where we should 'live' when we're out in public, and only 'visit' the Orange and Red Zones when prompted by something specific and objectively identifiable.*

## ***Another way to think about hyperarousal...***

Staying on high alert and on guard is like a car revving at high RPM's all the time. This leads to damage to the engine and the engine can blow. When you stay wound up like the engine, you too can be more likely to "blow". Some of the early signs are sleep problems, high blood pressure, headaches, irritability, being easily startled, and always feeling on edge and irritable



(Participant Manual Page 11)

## Triggers

A trigger is an event, object, or cue that elicits feelings of anxiety, fear, anger, or other types of distress. Triggers are often harmless, but have become associated with the original trauma. For most people with PTSD, triggers are not inherently dangerous, but remind them of their traumatic experiences. The amygdala (old brain) recognizes the similarity and - not realizing that the danger is over – produces a surge of anxiety which activates the fight or flight response. Certain sights, sounds, smells, physical sensations, places, activities, and situations can be triggers for people with PTSD and can produce a surge of anxiety and a strong urge to escape or avoid.

**Therapist tip:** *In the space provided below, encourage the veteran to list as many personal triggers as they can. Ask the veterans to share examples of their personal triggers in session if they feel comfortable. For ideas, refer veterans to page 18 (in the treatment manual) where there is a list of common triggers, avoidance, and safety*

(Participant Manual Page 12)

# Down Range Triggers



Your Examples Here

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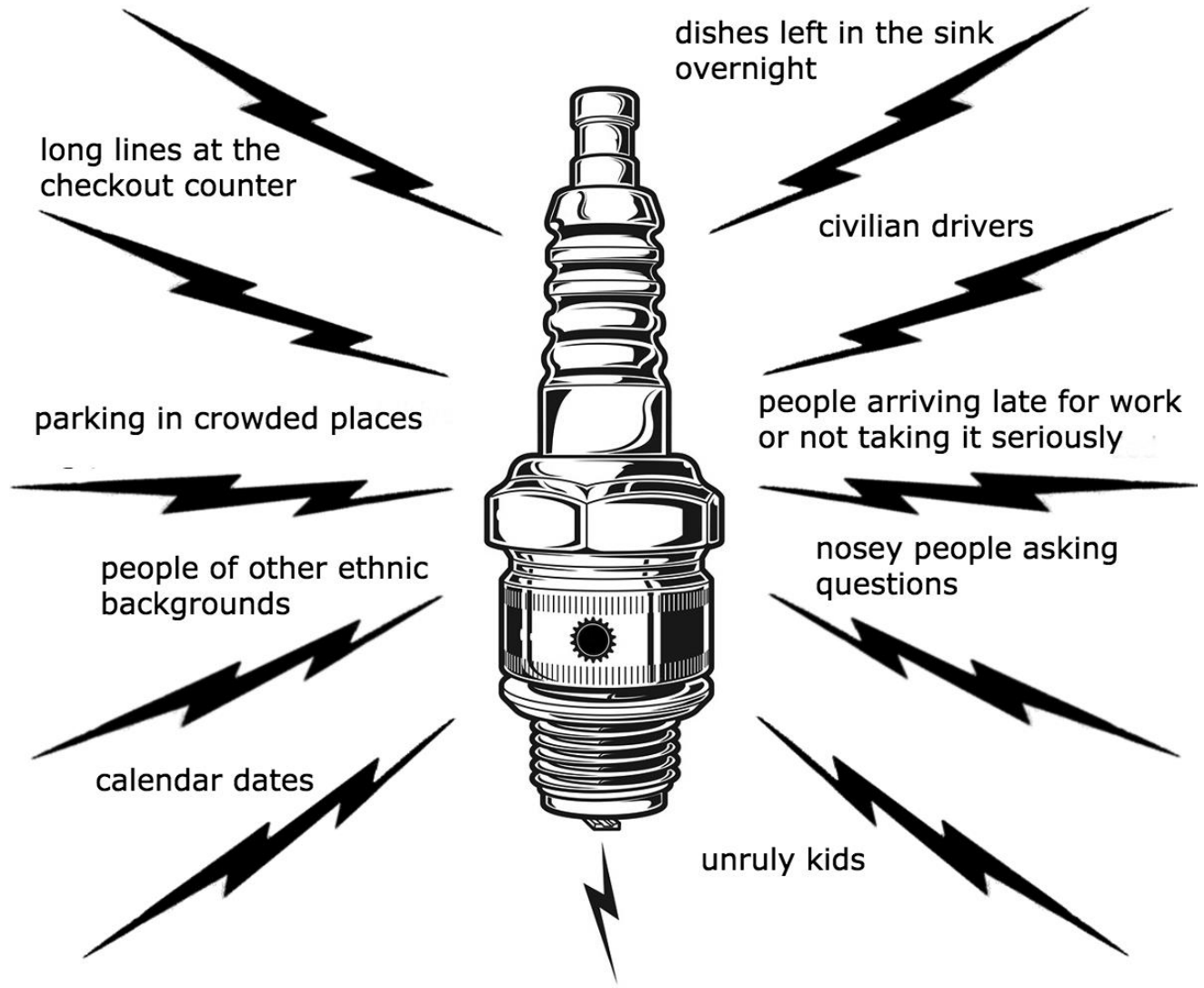
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(Participant Manual Page 13)

# Civilian Triggers



Your Examples Here

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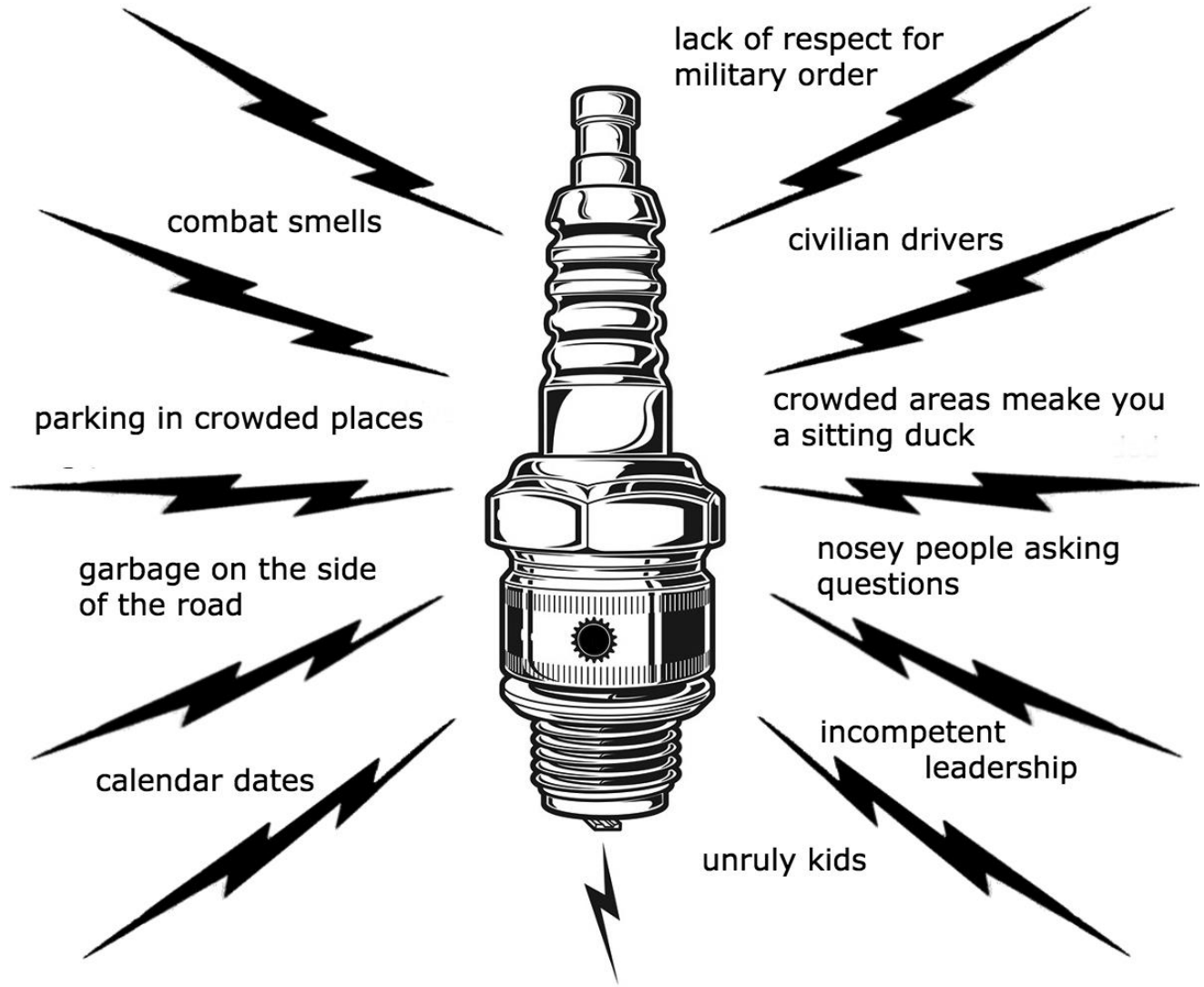
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(Participant Manual Page 14)



## Down Range Triggers/Civilian Triggers



Your Examples Here

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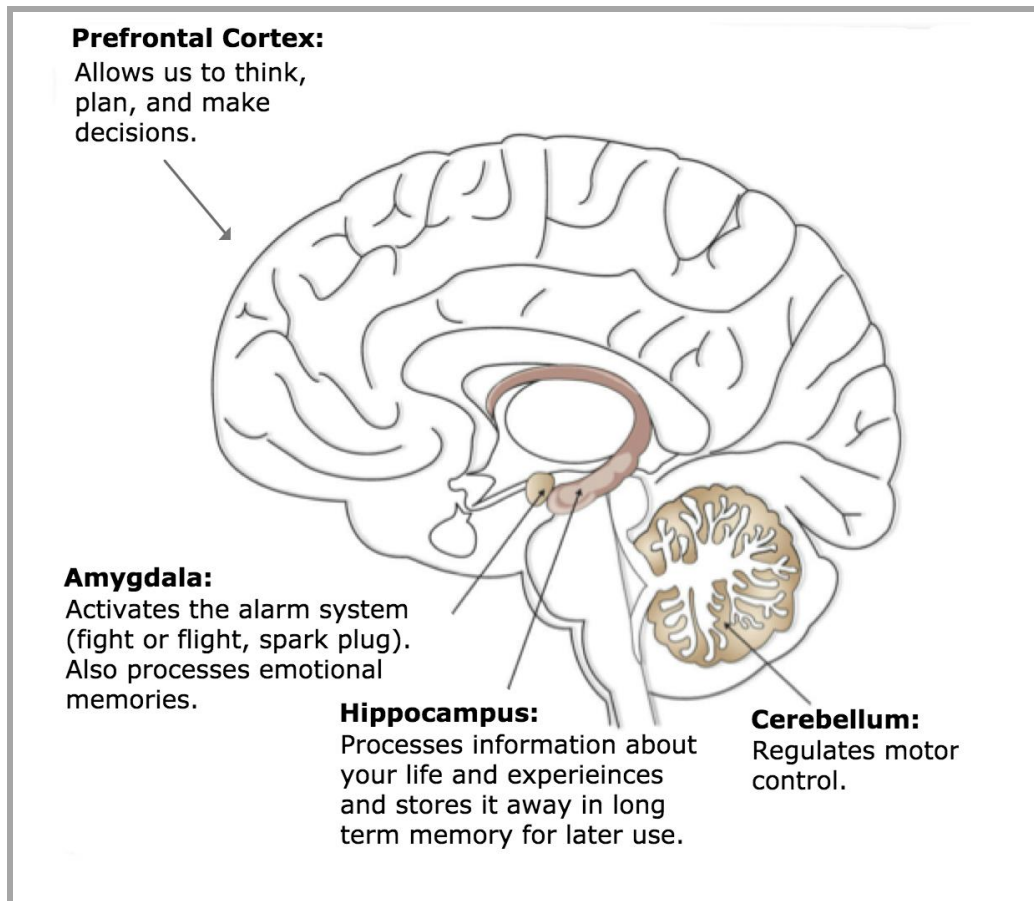
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(Participant Manual Page 15)

## PTSD and the Brain



- Under normal circumstances, these regions communicate with one another and with the rest of the brain in a smooth fashion.
- However, **traumatic stress disrupts the communication between these different areas.**
- The logical, rational parts of your brain cannot get the message through to the amygdala that the danger is over and it's okay to relax.
- The hippocampus cannot take the emotional information processed by the amygdala and store it away as a long-term memory.
- So your memories of trauma stay with you all the time and you continue to feel as if you are in constant danger.
- Research has shown that Veterans who develop PTSD may have smaller hippocampal volume compared to individuals without PTSD (Bremner et al., 1995).
- However, research has also shown that cognitive-behavioral therapy can work to increase hippocampal volume (Levy-Gigi, Szabó, Kelemen & Kéri, 2013).

(Participant Manual Page 16)

## AVOIDANCE

*“Avoidance is the best short-term strategy to escape conflict and the best long-term strategy to ensure suffering.”*

-Brendon Burchard

### Avoidance

When an activity, place, thing, or situation makes you uncomfortable, a natural impulse is to avoid it altogether or escape from it as quickly as possible. When you have PTSD, behavior often changes as you try to avoid the triggers in your environment.

Common examples of **avoidance behaviors** for veterans with PTSD include:

- Avoiding social interactions or gatherings (e.g., movies, sporting events).
- Shopping late at night to avoid people.
- Staying in your room.

### Safety Behaviors

It is also common to develop safety behaviors, which are rituals and habits intended to reduce distress. Safety behaviors may make you feel better, but they don't actually make you any safer.

Common examples of **safety behaviors** for veterans with PTSD include:

- Always sitting with a wall at your back.
- Constant visual scanning for threats.
- Carrying a weapon.
- Checking locks on doors and windows repeatedly.
- Patrolling the perimeter of your home.

**Therapist tip:** *For homework you will encourage the veteran to list as many avoidance and safety behaviors as they can. Ask the veterans to share examples of their personal avoidance and safety behaviors in session if they feel comfortable. For ideas, refer veterans to page 18 (in treatment manual) where there is a list of common triggers, avoidance, and safety behaviors.*

(Participant Manual Page 17)

## Checklist of PTSD Triggers, Avoidance Behaviors, and Safety Behaviors

*Check the boxes that apply to you.*

Interpersonal Interactions	Environmental Factors	Sensory Experiences
<input type="checkbox"/> Spending time with others (strangers, children, grandchildren, spouse, extended family members neighbors etc.) <input type="checkbox"/> Spending time with or talking to other veterans/war buddies <input type="checkbox"/> Participating in recreational sports teams, arts groups, church or religious services <input type="checkbox"/> Having others stand/sit behind me <input type="checkbox"/> Allowing someone else to drive <input type="checkbox"/> Being around people who look a certain way (e.g. people of Asian or Middle Eastern descent, people wearing head scarves or turbans) <input type="checkbox"/> Being in crowds (alone vs. with friends; party vs. in public)	<input type="checkbox"/> Going out (movies, restaurant, bar, store/mall, concert, amusement park, fair, library, museum, sport event) <input type="checkbox"/> Doing things you used to do for fun (going to the beach, swimming, camping, hunting, hiking, vacation) <input type="checkbox"/> Visiting a military base, VFW, VA Hospital for appointments. <input type="checkbox"/> Going somewhere alone at night <input type="checkbox"/> Using public transportation <input type="checkbox"/> Keeping the shades/curtains open <input type="checkbox"/> Driving on or under bridges <input type="checkbox"/> Sleeping without a gun beside the bed <input type="checkbox"/> Checking and re-checking locked doors and windows	<input type="checkbox"/> Smells (gasoline, burning oil) <input type="checkbox"/> Sights (heavy rain, news on the TV) <input type="checkbox"/> Noises (children, heavy rain, fireworks, helicopters, certain songs, sudden loud noises) <input type="checkbox"/> Driving by garbage piles, dead animals, or man holes by the side of the road <input type="checkbox"/> Reading/writing about an event similar to the trauma in the newspaper or hearing about it on the radio/television <input type="checkbox"/> Frequently scanning the environment/perimeter

(Participant Manual Page 18)

## Breathing Retraining

- Learning to control your breathing is a simple way to reduce stress and tension.
- The secret is not deep breathing, but slow breathing.
- Try the following technique:
  1. Take a normal breath in through your nose, keeping your mouth closed.
  2. Exhale slowly through your mouth.
  3. While you exhale, silently say to yourself the word "calm" or "relax" very slowly. For example: c-a-a-a-a-alm.
  4. Pause and count to 4 before you inhale again.
  5. Repeat for 10 minutes.

## Five Second Breathes

- Breathe in for five seconds.
- Pause.
- Breathe out for five seconds.
- Drop your muscles (shoulders, stomach, jaw).

**Therapist tip:** *Breathing is the first and most important skill that is taught in the Recovery Program. Emphasize its importance as a way to calm down the old brain and relax the body and mind. Lead a breathing exercise in session for 5-10 minutes to model how breathing practice should be done. It might be a helpful teaching point to ask the veterans to rate their stress/anxiety level on a scale of 1-100 before the exercise and then again once the exercise is over to help illustrate the relaxing effects of deep breathing. There may be some veterans who say that breathing does not help them. In this case, encourage them to keep practicing the technique. As with all things, practice makes perfect, and it takes practice to make this skill as effective as possible. Encourage the veterans to commit to practicing this new skill at least 2 times a day for 10 minutes each practice session. Remind them that they must practice this skill regularly in order to have it available when they need it. You can use the analogy of a race car driver: he needs to learn how to drive his car before the day of the race. Be sure to explain the importance of taking slow deep breaths rather than shallow fast breaths.*

*At the end of each session, ask each veteran to state one thing they got out of session that day. For homework, inform the group that they should practice breathing retraining and add to their list of triggers, avoidance behaviors and safety behaviors. Encourage group members to write these assignments down in the space provided at the end of each session so they can be sure to complete their homework for the following week. Before the end of the session, make sure that group members complete the pre-intervention assessment forms. .*

What is one thing you will take away from today's session? \_\_\_\_\_

## Breathing Retraining Practice

**Instructions:** Practice the breathing exercise at least twice every day this week. Practice for 10 minutes each time. It’s a good idea to plan a time when you will practice, otherwise the day may slip by and you’ll miss out on it.

Record how tense you are before and after you practice using a scale from 0 – 100. Zero means not tense at all, 100 means as tense and stressed as you can possibly be. Be patient. This is a skill you will get better at with practice!

Date and Time	Tension before Practice 0-100	Tension after Practice 0-100

**Homework Assignment:**

- 1) Practice breathing retaining exercise
- 2) Identify personal triggers, avoidance behaviors, and safety behaviors and write them down in manual
- 3) Have a partner or friend identify personal triggers, avoidance behaviors, and safety behaviors and write them down in manual

## Homework

**Instructions:** Try to notice what triggers feelings of fear, threat, anger, or general discomfort in you this week. Some things will be obvious (e.g., listening to the evening news), but other things may be more subtle (e.g., the smell of certain spices or a blast of heat from the oven when you open the door). Try to notice the situations, places, things, people, and activities you intentionally avoid. Also notice safety behaviors you use to try to protect yourself or control your distress. List them in the spaces below.

Self Identified	Other Identified
<b>Triggers</b>	
e.g., Unexpected loud noises.	
e.g., Trash/objects in the road.	
<b>Safety Behaviors</b>	
e.g., Keep my back to the wall in a restaurant.	
e.g., Carry a gun.	
<b>Avoidance Behaviors</b>	
e.g., Staying away from malls, movie theaters, sports arenas, restaurants, and other crowded public spaces.	
e.g., Refusing to ride in the passenger seat.	

## Session 2 Agenda

- Share results of homework
- Review past material
- Rationale for a skill-based curriculum for PTSD
- Review triggers, safety behaviors, and avoidance behaviors
- Continue to identify universal and personal triggers, safety, and avoidance behaviors
- Introduce conditioned exposure
- Introduction of negative emotion diagram
- Introduce SUDs scale and create a personal distress hierarchy
- Check-out and homework

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. This check-in serves two purposes: first, to emphasize the importance of doing work outside of group as a vital part of the recovery process and second, to engage veterans who otherwise may not talk much in the group.*

*After a brief check-in with each group member about their homework, hold a short review of the material covered in the previous sessions to help veterans retain the information they have been given. This review session can be conducted in the form of weekly “quizzes” where the leaders informally ask the veterans questions about information they have learned so far, thus allowing them to be actively engaged in the subject matter. And remind them that each session will focus on one of the PTSD symptoms. Today’s focus is on the avoidance cluster.*

*Some suggestions for the first week review are:*

- 1) Name the four symptom clusters of PTSD.*
- 2) What part of the brain is responsible for the fight or flight response?*
- 3) What is a trigger?*
- 4) What is the first tool you learned to help calm down your old brain and relax your body and mind?*



## Why are Triggers, Avoidance, and Safety Behaviors Important?

- Avoiding things that make us feel anxious or uncomfortable is only natural. Unfortunately, when dealing with triggers, avoidant behavior does not work to our advantage in the long run. Avoidance reduces our ability to effectively manage real life challenges and responsibilities. Avoidance may reduce emotional distress for a little while, but in the long run **avoidance makes PTSD worse**.
- Why? Because most triggers are not inherently dangerous. They *feel* dangerous, but they aren't *actually* dangerous. But when you avoid those triggers, you never get to learn that they are actually safe. The amygdala continues to label them as associated with trauma and they continue to have the power to produce fear. In fact, the fear can grow over time.
- Avoidance of people and activities leads to **isolation**, which can contribute to **depression** and **relationship problems**.
- Learning to overcome the urge to escape/avoid and to face your fears directly without relying on safety behaviors is what helps make PTSD better.

-Adapted from Atlanta VAMC Trauma Recovery Team (2009)

**Therapist tip:** *When presenting the material, it is always important to encourage the veteran's personal motivation for making behavioral change. One way to do that is to explicitly discuss the cost of some of their current avoidance behaviors. This is good opportunity to discuss some of the negative consequences of avoidance and numbing.*

## What Works and What Doesn't

- Avoidance, escape, and the use of safety behaviors may make you feel better in the moment, but in the long run they prevent PTSD from getting better. That is because they prevent your brain's alarm system from learning what is really dangerous and what isn't.
- In fact, over time, the use of avoidance, escape, and safety behaviors can increase fear, irritability, and distress.
- On the other hand, repeated exposure to the memories and real-life situations that we fear (while resisting the use of safety behaviors) makes PTSD better, because it allows the brain's alarm system to recalibrate.
- You must repeat the same exposure exercise many times for it to work. Our brain's alarm system is stubborn!

**Therapist tip:** *A helpful metaphor for explaining the rationale for exposure is standing up to a bully. If one avoids the bully (with PTSD the bully is anxiety), the bully becomes stronger. However, when one faces the bully, the bully loses its power. Another way to illustrate how exposure works is to discuss how someone might get over a fear of dogs.*

(Participant Manual Page 23)

## **PROLONGED AND REPEATED EXPOSURE TREATS PTSD**

**Therapist tip:** *In order to help group members fully grasp the concept of exposure, discuss examples from the veterans' real life where they have clearly faced an anxiety producing situation and overcome it. For example, jumping out of an air plane or another example of military training that was scary to most everyone at first, but with repetition actually became routine or at least invoked lower levels of anxiety. Therapists can also reemphasize this point with the experience of the group itself. Most group members are willing to acknowledge after attending a few sessions that they feel more comfortable than they did on the first day. And by the end of the 10 week program, they are usually very comfortable in group and may even enjoy and look forward to group meetings.*

**\*\*It is important to emphasize the fact that exposure does not mean approaching things that are **actually dangerous**, just things that feel dangerous because of past traumatic experiences. In other words, walking through a bad neighborhood alone at night could actually be dangerous and should be avoided. However, sitting in a restaurant with your back to the door is not inherently dangerous, it just feels dangerous. When discussing exposure during this session and in future sessions, make sure it is clear that veterans understand that they are in the driver's seat at all times when choosing the triggers, avoidance, and safety behaviors that they would like to expose themselves to. The therapist may provide suggestions, but it is always the veteran who decides what they will work on.**

## Example of Real-Time Exposure

Many combat veterans with PTSD experience high anxiety in crowded public spaces like shopping malls, restaurants, or Walmart. They feel that such places are likely to be "targets" for deadly attacks and may utilize the safety behavior of constant visual scanning for threats. Real-time exposure can help reduce the distress experienced in a place perceived to be dangerous. By confronting the feared situation repeatedly and for a prolonged period of time, the alarm system begins to recalibrate and the person's anxiety begins to decrease as time passes and nothing terrible happens.

- For example, one might start by sitting on a bench in an out-of-the-way hall in the mall and refrain from scanning by focusing on a magazine for 30-45 minutes at least 3-4 times per week. After that starts to feel comfortable, one could work up to sitting in busier areas like a main hallway or the food court.

If real-time exposure is practiced repeatedly and for enough time, anxiety always comes down. You habituate or adjust to the new situation and it doesn't feel threatening any more.

-Adapted from Atlanta VAMC Trauma Recovery Team (2009)

**Therapist tip:** *A helpful metaphor for explaining the rationale for exposure is standing up to a bully. If one avoids the bully (with PTSD the bully is anxiety), the bully becomes stronger. However, when one faces the bully, the bully loses its power. Another way to illustrate how exposure works is to discuss how someone might get over a fear of dogs.*

### In order to work, Real-time Exposure Therapy should...

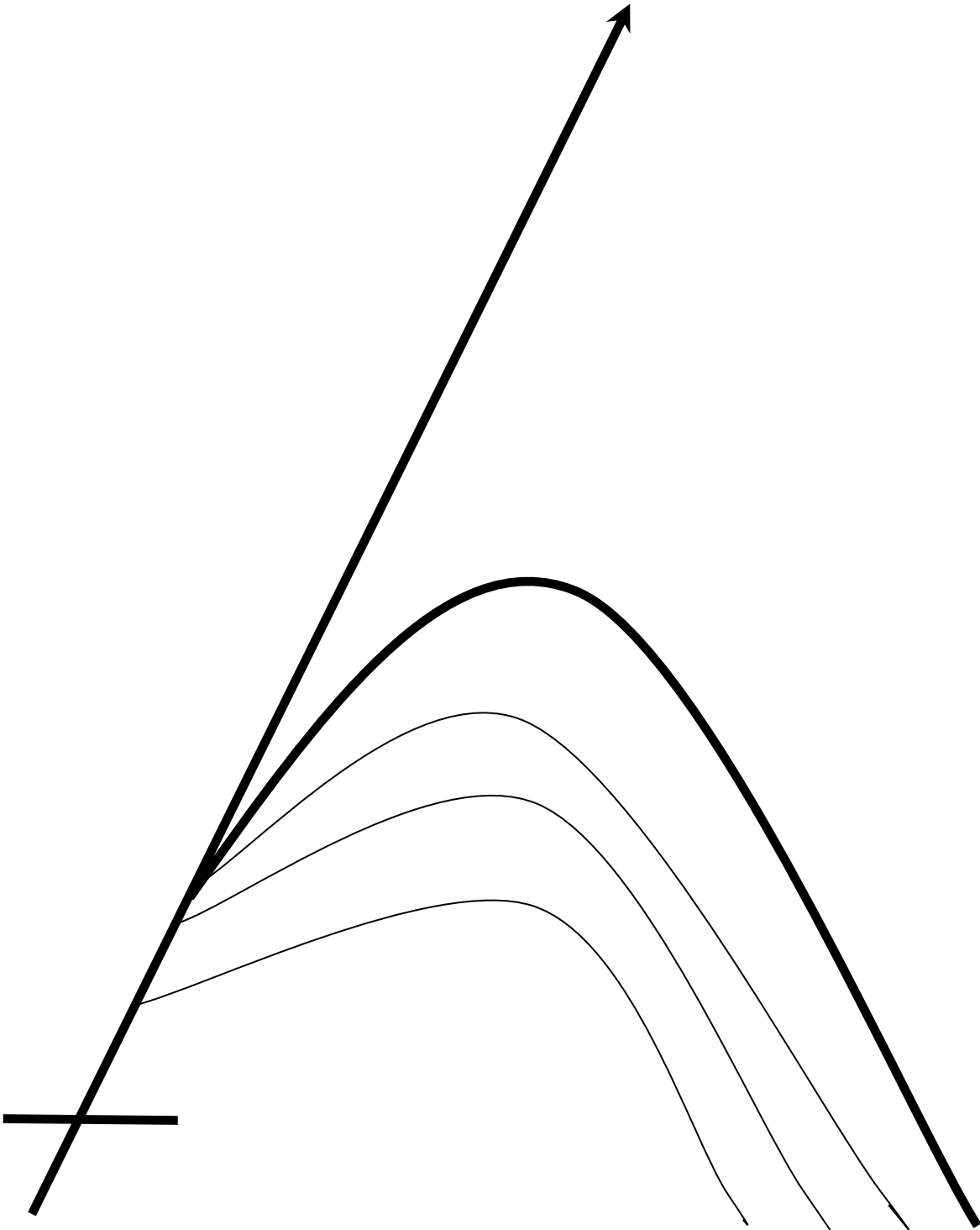
1. Involve self-exposure to mildly and moderately anxiety provoking situations.
2. Be prolonged. That means staying in the situation until the level of felt distress is reduced.
3. Be repetitious. Practice the exercise daily.
4. Start low and go slow – to promote success and prevent feeling overwhelmed.

## Why do Exposures?

- To learn how to be present in the moment. Often people with PTSD spend a lot of their time in the past- reliving memories or in the future- worrying about what *might* happen. We want you to be able to be present in the moment.
- To be able to reconnect with others. Maybe you don't care if you ever see another movie in the theaters but your kids may. Perhaps you are okay spending all of your time in your house, but more than likely your friends or family will want to go places.
- To get back the life you used to have or to create a new life that is fulfilling in other ways.

(Participant Manual Page 24)

## Negative Emotion Diagram



**Therapist tip:** *This diagram represents negative emotions. The arrow pointed up represents what veterans think will happen if they experience fear (or other negative emotions): their fear will increase and never end. The horizontal bar represents avoidance, which veterans engage in to avoid experiencing uncontrolled fear or negative emotion. This avoidance keeps them from learning what actually happens with emotions, which is that they peak and then fall like waves in an ocean.*

(Participant Manual Page 25)

# SUDS

## (Subjective Units of Distress)

SUDS ratings are a way of communicating the level of distress you feel. The term "distress" is intentionally very broad, so it can refer to feeling anxious, angry, scared, upset, jumpy, or any other negative emotional state.

We use a scale from 0 to 100.

0 represents no distress at all (i.e., completely calm, relaxed). 100 represents very extreme distress, fear, or anxiety – the most upset you have ever been in your life. Usually when people say they have a SUDS of 100 they are experiencing physical reactions (e.g., sweating, heart pounding, trouble breathing, dizziness), as well as intense emotional distress.

SUDS ratings are a good way to notice when your distress is going up. Keep in mind distress related to fear and anxiety always comes down eventually.

0-----25-----50 -----75-----100  
No Moderate Maximum  
Distress Distress Distress

SUDS ratings are subjective. One person may rate a situation as a 100 on the SUDS scale, while another person may rate the same situation as a 50. It will be helpful to identify some situations that correspond with different SUDS ratings for you. Your SUDS for a situation may change based on the context (e.g., time of day, location, people present, noises, etc.)

### SUDS Anchor Points:

0 - \_\_\_\_\_

*e.g., Sitting in my room at home alone with no noises and no people around midday.*

50 - \_\_\_\_\_

100 - \_\_\_\_\_

*e.g., Going shopping at Walmart on December 24<sup>th</sup> at 18:00 and waiting in the lines.*

**Therapist tip:** *Emphasize the importance of SUDs as a way for the veteran to communicate levels of distress to themselves and others. It is important for the veterans to fill in anchor points to help them start using SUDs. The therapist can provide examples such as 0 might be sitting in their favorite chair at home watching a game and 100 could be going to a rock concert. Make sure to clarify the point that SUDs are subjective and that everyone has different SUDs levels for different experiences.*

## Checklist of PTSD Triggers, Avoidance Behaviors, and Safety Behaviors

*The following is a list of items that you might want to add to your Exposure Hierarchy in addition to the items you have already listed on your triggers, safety behaviors, and avoidance behaviors list.*

<b>Interpersonal Interactions</b>	<b>Environmental Factors</b>	<b>Sensory Experiences</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Spending time with others (strangers, children, grandchildren, spouse, extended family members neighbors etc.)</li> <li><input type="checkbox"/> Spending time with or talking to other veterans/war buddies</li> <li><input type="checkbox"/> Participating in recreational sports teams, arts groups, church or religious services</li> <li><input type="checkbox"/> Having others stand/sit behind me</li> <li><input type="checkbox"/> Allowing someone else to drive</li> <li><input type="checkbox"/> Being around people who look a certain way (e.g. people of Asian or Middle Eastern descent, people wearing head scarves or turbans)</li> <li><input type="checkbox"/> Being in crowds (alone vs. with friends; party vs. in public)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Going out (movies, restaurant, bar, store/mall, concert, amusement park, fair, library, museum, sport event)</li> <li><input type="checkbox"/> Doing things you used to do for fun (going to the beach, swimming, camping, hunting, hiking, vacation)<input type="checkbox"/> Visiting a military base, VFW, VA Hospital for appointments.</li> <li><input type="checkbox"/> Going somewhere alone at night</li> <li><input type="checkbox"/> Using public transportation</li> <li><input type="checkbox"/> Keeping the shades/curtains open</li> <li><input type="checkbox"/> Driving on or under bridges</li> <li><input type="checkbox"/> Sleeping without a gun beside the bed</li> <li><input type="checkbox"/> Checking and re-checking locked doors and windows</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Smells (gasoline, burning oil)</li> <li><input type="checkbox"/> Sights (heavy rain, news on the TV)</li> <li><input type="checkbox"/> Noises (children, heavy rain, fireworks, helicopters, certain songs, sudden loud noises)</li> <li><input type="checkbox"/> Driving by garbage piles, dead animals, or man holes by the side of the road</li> <li><input type="checkbox"/> Reading/writing about an event similar to the trauma in the newspaper or hearing about it on the radio/television</li> <li><input type="checkbox"/> Frequently scanning the environment/perimeter</li> </ul>

# Avoidance Hierarchy

Construct a ladder of places or situations that you avoid. At the top of the ladder put those which make you most anxious. At the bottom of the ladder put places or situations you avoid, but which don't bother you as much. In the middle of the ladder put ones that are 'in-between'. Give each item a rating from 0-100% according to how anxious you would feel if you had to be in that situation. You can use the examples from the previous page, in addition to any other items you came up with during the first session. This hierarchy will be the basis for your homework exercises for the next eight weeks. You will determine which items you want to work on to improve the quality of your life.

SUDS		Potential Homework Items to Improve Quality of Life	
		Situation	Anxiety (0-100%)
SUDS 76-100	100		_____
			_____
			_____
			_____
			_____
SUDS 51-75			_____
			_____
			_____
			_____
			_____
SUDS 26-50	50		_____
			_____
			_____
			_____
			_____
SUDS 0-25			_____
			_____
			_____
			_____
	0		_____

PSYCHOLOGYTOOLS

<http://psychology.tools>

**Therapist tip:** When filling in this hierarchy, consider how variations of an activity might affect SUDs levels, i.e., driving down a country road at night may have a different SUDs rating than driving downtown during the day. Going to Wal-Mart at 3AM, 12PM, or 6PM are likely to be very different experiences with different SUDs ratings.

## Real-Time Exposure Practice Sheet

	<i>Date</i>	<i>Time Started</i>	<i>Beginning SUDS</i>	<i>Time Ended</i>	<i>Ending SUDS</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

### Homework Assignment:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

**Therapist tip:** *At the end of session, ask each veteran to state one thing they got out of session that day. In addition, at the end of the session ask vets to pick an item from their hierarchy with a SUDs level between a 40-50 to expose themselves to for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives. For example, a veteran may choose to go to a crowded mall as his exposure, which is motivated by his desire to spend more time with his family. Group leaders may need to help veterans plan the exposures and should encourage veterans to practice their exposure 3-5 times per week for at least 30-45 minutes at a time. Because of the necessary frequency of exposures, therapists can suggest veterans to choose items that cost little to no money such as walking around Wal-mart. Group members can use the above table to record their weekly exposures and keep track of SUDS ratings, etc. For homework, veterans should also continue to practice breathing retraining.*

What is one thing you took away from this session? \_\_\_\_\_



## Session 3 Agenda

- Share results of real-time exposure homework
- Review of past materia
- Review common reactions to trauma
- Introduce "Drop Three" relaxation exercise
- Introduce calming self-talk handout
- Check out and homework

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout. This check-in serves two purposes, to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group. Remind the group that each session will focus on one set of PTSD symptoms. Today's focus is on the arousal cluster.*

*After the check-in, briefly review the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed previous sessions. Often this review session is done best in the form of weekly "quizzes" where the leader asks group members questions about information presented in previous sessions, thus allowing group members to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) Name the four symptom clusters of PTSD.
- 2) How do you maintain PTSD?
- 3) How do you make PTSD better?
- 4) What part of the brain is responsible for the fight or flight response?

## Review: Common Reactions to Trauma

Reactions to Trauma	Impact on Your Life
<b>Re-Experiencing</b>	
Can't stay present	
<b>Increased Arousal</b>	
Hard to calm and focus	
<b>Avoidance Behaviors</b>	
Ruins social life	
<b>Numbness</b>	
Lose connection with others	
<b>Other Related Problems</b>	
e.g., Substance Use	

### Review of Last Session

- How would you define a trigger? \_\_\_\_\_  
 \_\_\_\_\_  
 ○ What are some of your own triggers you recently noticed? \_\_\_\_\_  
 \_\_\_\_\_
- How would you define a safety behavior? \_\_\_\_\_  
 \_\_\_\_\_
- What are some of your own safety behaviors you recently noticed? \_\_\_\_\_  
 \_\_\_\_\_
- What is the spark plug a metaphor for? \_\_\_\_\_

## Drop Three Relaxation Exercise

1. **Drop your jaw. Make sure your tongue falls to the bottom of your mouth. If your mouth is open a little, you're doing it right.**
2. **Drop your shoulders. Let them loosen and fall.**
3. **Drop your stomach. Don't hold it in tight; just let it go.**

Now notice how you feel. Has anything changed?

You can Drop Three anytime, anywhere. It's almost invisible, so other people won't notice. You can Drop Three when you are cut off by a car, when you are at a mall, when you are in a crowd, when you are about to give a talk, when you are stuck in line, etc. Dropping Three helps you feel more relaxed and more ready to face whatever comes. Instead of spending energy keeping your muscles tense, you have that energy available to use for what you need to do.

Try to practice this five times a day. It only takes a few seconds to do. The more you practice it, the more it will be available when you need it.

## Progressive Muscle Relaxation (PMR)

This exercise can be done anywhere, but is especially useful before going to sleep. If possible, you want to find a quiet place and to be lying down. The basic idea is that you will be tensing and then relaxing different muscles for about 5 to 10 seconds each. Try to inhale as you as you tense a muscle and exhale as you relax each muscle. You can take a 15 second break between each muscle. Begin by starting at your feet and working your way up to your head (or the reverse if you prefer). Below is an example of the muscle you can work through.

1. **Toes** (curl and clench your toes)
2. **Calves** (tighten your calf muscles by pointing your feet)
3. **Thighs** (clench your quadriceps and hamstrings)
4. **Buttock**
5. **Stomach**
6. **Chest/Pectorals**
7. **Back**
8. **Arms**
9. **Fingers and Hands**
10. **Neck and Shoulder**
11. **Chin and Jaw**
12. **Mouth**
13. **Eyes and eye brows**
14. **Forehead**

**Therapist tip:** *These exercises are designed to increase physical relaxation and can help “turn down” the old brain when it is fired up. Lead a drop three exercise in session. As always, emphasize the importance of practice when learning any new skill. All veterans should be encouraged to use “drop three” in addition to breathing exercises. Some vets may use it in place of breathing in the rare case that breathing does not work for them as a relaxation tool.*

## Self-Talk Skills

### Say calming and reassuring statements to yourself:

- "I am a good person going through a rough time."
- "I can make it through this and keep my head high"
- "This is not dangerous; I am actually safe right now."
- "I can handle this."
- "This feeling will pass."
- "This might be obnoxious or annoying, but it is not dangerous."
- "I've been through worse than this: I will be OK through this as well."
- "I can settle down and use my skills."
- "This is not the end of the world."
- "I can handle this and get better."

### Add your own self-calming statements here:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Next, choose one calming statement that works best for you, memorize it, and say it right after you do your breathing. Write down your go-to calming statement in the space provided:

**Therapist tip:** *When introducing self-talk, explain how this tool should be used in combination with deep breathing. It is a two step process. After calming down the old brain with breathing, veterans engage their "new brain" or "thinking brain" by using self-talk. Make sure the veterans understand that breathing always comes first and then self-talk. To illustrate this point, the metaphor of the old brain as an alarm system could be used again. If an alarm system is going off, it is difficult to hear what anyone is saying. It is necessary to turn off the alarm with deep breathing before trying to have a conversation. Encourage veterans to choose one statement as a go-to statement to get their calming self-talk started. Their go-to statement can prime the pump for further calming statements.*

(Participant Manual  
Page 33)

**Real-Time**

# Real-Time Exposure Practice Sheet

	<i>Date</i>	<i>Time Started</i>	<i>Beginning SUDS</i>	<i>Time Ended</i>	<i>Ending SUDS</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

## Homework Assignment:

1) \_\_\_\_\_

2) \_\_\_\_\_

**Therapist tip:** *At the end of the session ask vets to pick an item from their hierarchy with a SUDs level between a 40-50 to expose themselves for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives*

What is one thing you took away from this session? \_\_\_\_\_

## Session 4 Agenda

- Share results of real-time exposure homework
- Review past material
- Practice 2 skills: breathing and self-calming phrase
- Introduce mental and physical grounding skills
- Introduce positive imagery exercise
- Check-out and homework

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout the exposure. This check-in serves two purposes, the first to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group. Remind the group that each session will focus on one of the PTSD symptom clusters. Today is on the re-experiencing and arousal cluster.*

*After the check-in have a brief review session of the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed previous sessions. Often this review session is best done in the form of weekly “quizzes” where the leader asks the veterans questions about information presented in previous sessions thus allowing them to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) *How do you maintain PTSD?*
- 2) *How do you make PTSD better?*
- 3) *What part of the brain is responsible for the fight or flight response?*
- 4) *What are SUDs ratings and how are they used?*
- 5) *What tools have you acquired so far in this class to help manage PTSD?*

## Review

- Have you been doing the exposure exercises during the week? \_\_\_\_\_
  - If not, what is preventing you? \_\_\_\_\_  
\_\_\_\_\_
- How would you describe PTSD to a stranger? \_\_\_\_\_  
\_\_\_\_\_
- What is the definition of a safety behavior? \_\_\_\_\_  
\_\_\_\_\_
  - Have you been trying to change any of your safety behaviors? \_\_\_\_\_
  - If so, what have you tried doing differently? \_\_\_\_\_  
\_\_\_\_\_

## Grounding (Focusing on the Present)

**Introduction to Grounding:** Grounding is a tool to help us focus on the present and the external world instead of on the past and the internal world. In other words, grounding refocuses the senses from the “then and there” to the “here and now”. Grounding can be especially helpful to manage symptoms from the re-experiencing cluster such as flashbacks, nightmares and intrusive memories but can also be useful to distract oneself from overwhelming emotional pain like anger. Here are some grounding techniques you can try and pick which ones work best to help you stay focused on the present.

1. *Use your five senses to describe your environment. Focus on the non-triggering things around you. Describe your surroundings in detail where ever you are by observing textures, colors, smells, etc. For example, "I'm at the hardware store. I am in the paint aisle. There are 20 paint cans on the shelf in front of me. They have yellow labels with green writing. The floor is made of tiles that have blue and white flecks in them and have a smooth texture."*
2. *Say a grounding statement. "My name is \_\_\_\_\_; I am safe right now. The time is \_\_\_\_\_; the day of the week today is \_\_\_\_\_"*
3. *Listen to a favorite song. Pay attention to the words and the melody. Allow yourself to sing along out loud or to yourself.*
4. *Pay attention to your breathing by focusing on each inhale and exhale. Each time you exhale, say a calming word to yourself (e.g., "relax", "safe" or "calm").*
5. *Put your hand under a faucet and feel the cool water run over them or splash your face.*
6. *Touch objects like a pen, keys, your clothing, or the table and notice how they feel. What are the texture, colors, materials, weights, temperature, etc. of these objects?*
7. *Put your feet flat on the floor and push your heels into the floor. Remind yourself that you are connected to the ground as you notice the sensation of pressure in your heels.*
8. *Stretch your muscles.*
9. *Eat something, describing the flavors in detail to yourself.*

### **Other Helpful groundings techniques:**

10. \_\_\_\_\_
11. \_\_\_\_\_

(Participant Manual Page 37)

**Therapist tip:** *It is recommended that the group leader introduce grounding and then conduct a 3-5 minute grounding exercise during which the leader asks veterans questions about their immediate environment such as, "how many ceiling tiles; how many people in the group are wearing hats; what colors are in the rug, what material is the table made of?" To which the veterans answer silently to themselves. Before starting the exercise, ask the veterans to give themselves a SUDs rating for their current level of distress and then ask them to rate their level of distress again after the exercise. Ask them to discuss the experience and any changes in their SUDs level. Encourage veterans to practice grounding everyday for homework. If veterans have a difficult time doing the grounding exercises on their own, remind them that they can ask their loved ones to help by teaching them to ask the veterans questions about their immediate environment.*



## Safe Place Exercise

Start by putting down everything you have in your hands. Sit back comfortably in your chair. Put your feet flat on the floor. Place your hands in your lap. You may do this with your eyes closed or your eyes open, whatever makes you comfortable. Now, take three long, slow, deep breaths.

Focus on your breathing. Notice how your breathing changes as you become more aware of it. Perhaps it slows down...maybe it becomes more rhythmic...maybe you feel your heart beat more clearly...you might feel your body begin to feel warm and relaxed. You might feel more comfortable and secure in your breathing, letting go of the tension with each exhale...and, breathing in a calm and relaxed feeling. Find yourself becoming more and more comfortable and relaxed with each breath.

Now, begin to think of a place where you feel safe and secure. Let it come to you. It can be a real place or a place in your imagination. It could be at a beach, a mountain cabin, a lake, a room... anywhere you want it to be. Picture it in your mind's eye. As you look, notice that you are starting to relax even more... Now, you are in this safe place. Look at the objects in your safe place... notice what they are, their colors, their shapes. Look around...

And start to pay attention to the sounds in your safe place. They may be sounds of birds or other animals...sounds of nature... the sound of the wind. Notice that as you look around and you listen to the sounds, you feel safe and warm and comfortable... notice how your breathing is even more relaxed and easy as you look and listen in your safe place.

Now, notice the smells in your safe place. There may be smells of nature... of food... of flowers. Breathe in deeply... enjoy the smells... and look around your safe place. Listen to the sounds. Smell the rich, clean smells. You might experience feelings of warmth, safety, and comfort. Then, notice how your body recognizes this safe place... and feels even more comfortable, relaxed, and safe.

Now, in your mind's eye, walk around your safe place. Look at the objects that are there. Pick them up. Notice their shapes... touch them. Notice if they are rough or smooth, warm or cold, soft or hard. Keep walking around, touching what is there. Every object, everything that is there is safe... notice how you feel when you touch these objects... how they seem safe and familiar.

Continue to look around your safe place... look at everything that is there. Listen to the sounds around you. Breathe in the rich, clean, fresh smells. Touch the objects. Notice that you may feel more safe, warm, and comfortable. Spend some time in your safe place, relaxing and enjoying it, as you might feel safe and warm and comfortable... (pause one minute).

And now, when you are ready, gently turn from your safe place, knowing that you can return there at any time, and it will be there for you. When ready, gently return your focus to the room.

**Therapist tip:** *Before beginning this exercise, it is important to discuss the difference between grounding and relaxation. With grounding, one focuses on the external world in an effort to stay in the present and detach from internal emotional pain. Relaxation on the other hand, allows one to focus internally to find a comfortable, soothing place. Also, before starting the exercise, remind veterans to think of a **safe** and **pleasant** place. Remind them that as they imagine this place, if any upsetting or stressful thoughts come into their mind, to let them go and refocus on the words of the group leader. At the end of the exercise, ask veterans to notice any changes in their stress level and have the group discuss their experience. Encourage veterans to practice this exercise at home twice a day and to try practicing it right before bed time as a way to relax and help fall asleep.*

(Participant Manual Page 38)

## Real-Time Exposure Practice Sheet

	<i>Date</i>	<i>Time Started</i>	<i>Beginning SUDS</i>	<i>Time Ended</i>	<i>Ending SUDS</i>
1.					
2.					
3.					
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9.					
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11.					
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16.					

### Homework Assignment:

1) \_\_\_\_\_

2) \_\_\_\_\_

**Therapist tip:** *At the end of the session ask vets to pick an item from their hierarchy with a SUDs level between a 40-50 to expose themselves for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives*

What is one thing you took away from this session? \_\_\_\_\_

## Session 5 Agenda

- Share results of real-time exposure homework
- Introduce Emotional Numbing worksheet and exercises.
- Complete two word "best self" statement.
- Practice skills: Breathing, saying calming phrase, and two word statement.
- Check-out and homework

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout the exposure. This check-in serves two purposes, the first to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group. This session will focus on the numbing cluster.*

*After the check-in have a brief review session of the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed previous sessions. Often this review session is done best in the form of weekly "quizzes" where the leader asks the veterans questions about information covered in previous sessions thus allowing them to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) *What are the four symptoms clusters of PTSD?*
- 2) *How do you maintain PTSD? How do you make PTSD better?*
- 3) *What tools have you acquired so far in this class to help manage PTSD?*
- 4) *When would it be helpful to use grounding skills?*

*The next two sessions on emotional numbing and anger should be framed as how these two topics relate to men's health. In the United States as of 2007, women outlived men by five years (Center for Disease Control, 2010). Of the 15 leading causes of death in the United States except for Alzheimer's disease, men have higher death rates than women (Hoyert, et al., 2001). What factors are responsible for the higher rates of mortality among men? Researchers have discovered that unhealthy expression of emotions can affect physical health by leading to negative coping behaviors such as drinking, smoking and overeating (Salovey, 2000). In addition, unhealthy emotional coping styles could contribute to the fact that men are two times as likely to die from accidents, suicide, cirrhosis of the liver and homicide (Williams, 2003). A topic for group discussion could be could men (and women) live longer healthier lives if they learned how to cope with their emotions more effectively?*

## Emotional Numbing Worksheet

1. What emotions do you numb/not feel? \_\_\_\_\_
  - a. How is this related to your military experience? \_\_\_\_\_
2. Why do you think it is easier to not feel? How did you learn to not feel? \_\_\_\_\_
  - a. How is this related to your military experience? \_\_\_\_\_
3. What do you fear would happen if you felt sadness? \_\_\_\_\_
4. What do you fear would happen if you felt joy? \_\_\_\_\_
5. What do you fear would happen if you felt fear? \_\_\_\_\_
6. What do you fear would happen if you felt anger? \_\_\_\_\_
7. How does being emotionally numb affect your relationships? \_\_\_\_\_
  - a. How often has your partner said, “you are aloof,” “you are distant,” or “you don’t care about me at all?” \_\_\_\_\_
8. What would emotions would you like to feel again? \_\_\_\_\_
  - a. What are you willing to do each day to feel those emotions again? (in 5 minute increments?) \_\_\_\_\_

**Therapist tip:** One way to introduce the topic of numbing is to define the word alexithymia which means without words for feelings. It could also be helpful to discuss how emotions are handled in the military. Did anyone ask the group members how they were feeling during military service? Probably not. In the military feelings did not matter, accomplishing the mission is what mattered. In fact, avoidance of emotions and emotional attachments may have helped veterans perform their mission. Why do emotions and feelings matter in civilian life and how has the mission changed now that veterans are home?

Another important concept to touch on during this session is that emotions can feel overwhelming so veterans often avoid them at all costs. Some may believe if they allow themselves to be sad, they will be overwhelmed with this emotion and be sad forever. However, emotions don’t work like that. They come and go just as was illustrated by the negative emotions diagram (page 24).



## Emotion Expression Exercise

Fill in the blanks with events or situations that you experienced this week that made you feel *mad, sad, glad, and afraid*.

1) I felt **MAD** when: \_\_\_\_\_

2) I felt **SAD** when: \_\_\_\_\_

3) I felt **GLAD** when: \_\_\_\_\_

4) I felt **AFRAID** when: \_\_\_\_\_

**Therapist tip:** *The purpose of this exercise is to help veterans practice identifying and expressing their emotions. This may be difficult for veterans to do at first so encourage them to start by walking through a day from this week. As they describe experiences they had, they can name an emotion that went with the experience. E.G. "My son did not take the trash out this morning which made me mad" or "I got an email from an old friend which made me glad," etc. Encourage group members to practice the above exercise every day with a loved one. This way veterans can gain experiences identifying and paying attention to their emotions and they gain experience communicating these emotions to others thus potentially strengthening emotional bonds. If veterans don't feel comfortable doing this exercise with a loved one, they can do the exercise on their own.*

### HAPPINESS

*"Happiness does not come from the external circumstances. It comes from knowing what you truly value, and behaving in a way that's consistent with those beliefs.*

-Mike Rowe

### **Best-self Statement**

Complete the following sentence:

***I want to be a person who is \_\_\_\_\_ and \_\_\_\_\_.***

(Example: *I want to be a person who is caring and reliable.*

**Therapist tip:** *This is the third of the three main coping skills taught in this program. Whereas breathing helps to bring down arousal and self-talk helps to activate the thinking brain, this "best self" tool helps to remind the veteran of the person who they want to be. One way to introduce this tool is to discuss with the group how we are all capable of being jerks but are also capable of being our best selves. Encourage veterans to come up with two words that describe who they would like to be, their best selves. Make sure veterans pick attributes that they can have control over (kind, respectful) rather than attributes that they have little control over (respected, appreciated).*

*This is the final tool for veterans to use in their three part coping sequence. It should be used after group members breath and use a self-calming statement. Once veterans calm down their old brain, and engage their new brain, the best self statement serves as a road map for how they should proceed in a given situation by reminding them to behave in a manner that allows them to be their best self.*

## Put it all Together

You now have three powerful tools to help you manage your PTSD symptoms. Remember, it is important that you use the tools in order.

### 1) Breath

### 2) Calming phrase: \_\_\_\_\_

**Example:** I can handle this.

### 3) Best self statement: \_\_\_\_\_

**Example:** I want to be a person who is patient and kind.

\*\* Practice makes perfect. The more your practice using these tools, the better they will work when you need them.

**Therapist tip:** *The purpose of this worksheet is to give group members a chance to practice their new skills during session. It is recommended that the group leader ask each veteran to each take a turn running through their three coping skills in class. That way the therapist can be sure that the veteran is using their skills correctly and the importance of using and practicing these tools is reinforced. In addition to their usual exposure homework, the group leader should also encourage the veterans to practice this sequence 5-6 times per day so it becomes automatic. Link it to boot camp. They learned things, then they practiced and practiced until they could do it naturally. The same idea is true here. The more they practice these three steps the more likely they will automatically do this when triggered. Practicing 4-6 times a day takes no time at all, can be done anywhere, and builds this process of calming and centering as the first response to arousal.*

## Real-Time Exposure Practice Sheet

	Date	Time Started	Beginning SUDS	Time Ended	Ending SUDS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

### Homework Assignment:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Therapist tip:** *At the end of the session ask vets to pick an item from their hierarchy with a SUDs level between a 40-50 to expose themselves for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives*

What is one thing you took away from this session? \_\_\_\_\_



## Session 6 Agenda

- Share results of real time exposure homework
- Practice skills: Breathing, saying calming phrase, and two word statement.
- Introduce anger worksheet
- Introduce passive, aggressive and assertive concept
- Oil check: Review gains made during first five weeks: what new behaviors, understanding, skills are being used, with what results. What do they want to continue to work on?
- Check out and homework.

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout the exposure. This check-in serves two purposes, the first to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group. This session continues the work on the numbing cluster.*

*After the check-in have a brief review session of the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed previous sessions. Often this review session is done best in the form of weakly “quizzes” where the leader asks the veterans questions about information thus allowing them to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) *How do you maintain PTSD? How do make PTSD better?*
- 2) *What tools have you acquired so far in this class to help manage PTSD?*
- 3) *When would it be helpful to use positive imagery?*
- 4) *What are the four emotions that we practiced identifying last week*

*As in the previous section anger should be framed as how it relates to men’s health. In the United States as of 2007, women outlived men by five years (Center for Disease Control, 2010). Of the 15 leading causes of death in the United States, except for Alzheimer’s disease, men have higher death rates than women (Hoyert, et al., 2001). What factors are responsible for the higher rates of mortality among men? Researchers have discovered that unhealthy expression of emotions can affect physical health by leading to negative coping behaviors such as drinking, smoking and overeating (Salovey, 2000). In addition, unhealthy emotional coping styles could contribute to the fact that men are two times as likely to die from accidents, suicide, cirrhosis of the liver and homicide (Williams, 2003). Could men (and women) live longer healthier lives if they learned how to cope with their emotions more effectively?*

(Participant Manual Page 45)

## Dealing with Anger

1. With whom do you get angry most often? \_\_\_\_\_  
\_\_\_\_\_
2. What do you really want to happen when these conflicts are resolved? \_\_\_\_\_  
\_\_\_\_\_
3. How do you want the other person to feel about you after the conflict? \_\_\_\_\_  
\_\_\_\_\_
4. How do you want to feel about yourself after the conflict? \_\_\_\_\_  
\_\_\_\_\_
5. What changes do you need to make to get what you want when the conflict is resolved?  
(What outcome do you want?) \_\_\_\_\_  
\_\_\_\_\_
6. What do you fear most when you are angry? \_\_\_\_\_  
\_\_\_\_\_
7. Do you avoid anger and conflicts by...
  - Stuffing your emotions and staying silent
  - Never talking about your problems or feelings
  - Exploding once all your anger has built up
  - Other \_\_\_\_\_
8. What is the result of your avoidance of anger and conflict? \_\_\_\_\_  
\_\_\_\_\_

**Therapist tip:** *Anger can be a central issue for many veterans with PTSD. Veterans usually handle anger in two ways, by exploding or avoiding their anger. Veterans may avoid people and situations that make them angry in an effort to avoid exploding. How they express or repress anger can affect their relationships at home and at work as well as their health. In this session, the focus will be on using skills to help deal with anger and to discuss different approaches to interacting with others. Anger can be experienced both physically and mentally. In the space provided above, ask the group members to describe how they experience anger physically and then discuss.*

(Participant Manual Page 46)

## What are your Body's Warning Signs for Anger?

Although everyone experiences anger, everyone's body is different as to how our body reacts physically. How does your body change when you become angry?

**Example:** When I get angry I notice that I hold my breath and don't breathe regularly. Or my mouth gets dry or my eyes water or my hands tingle.

Breathing \_\_\_\_\_

Muscle Tightness \_\_\_\_\_

Temperature \_\_\_\_\_

Tingling \_\_\_\_\_

Other \_\_\_\_\_

## Skills for Managing Anger

While PTSD is associated with the anger, your reactions to anger are not controlled by PTSD. Use your coping skill tool box to help you manage your anger and get what you want out of situations. Learn to control your anger rather than allowing your anger to control you.

### Anger Tool Box

- 1) Breathing
- 2) Grounding statement/self talk
- 3) Best-self statement: *I want to be a person who is \_\_\_\_\_ and \_\_\_\_\_.*

## Ways of Interacting with other People

### Aggressive/Explosive

Not caring about others, imposing your will on them, getting your way.

Respecting yourself and disrespecting others.

Alarms system: ***Fight.***

### Passive/Avoidant

Giving in or giving up, isolating, not caring about yourself.

Respecting others and disrespecting yourself.

Alarm system: ***Flight.***

### Assertive

Standing up for yourself without attacking others, being firm and polite

Respecting yourself and respecting others.

Alarm system: ***Turned off. New brain engaged.***

**Therapist tip:** *At this point, it is important to mention that given the choice between exploding or avoiding anger, it is better to avoid anger to preserve physical safety and conflicts with the law. However, there is a third and more effective way of interacting with others which is to be assertive. Emphasize the concept that being assertive means respecting oneself while respecting others.*

(Participant Manual Page 48)

# Anger Analysis Sheet

Examples of ways to react in an anger provoking situation:

## **ASSERTIVE:**

- Asked clarifying questions instead of making accusations
- Communicated your needs w/o demeaning the other person
- Took a time-out
- Used “I” statements (e.g., “I am angry” not “You make me angry”)
- Used polite language (e.g., no swearing or insults)
- Approached problem with a constructive attitude and tone
- Controlled your display of anger despite the other person’s reaction

Add your own: \_\_\_\_\_

## **AGGRESSIVE:**

- Made verbal threats
- Became physically aggressive
- Used inflammatory language (e.g., swearing and/or insults)
- Approached problem with the goal of “showing who is boss”
- Raised voice or used a sarcastic/demeaning tone
- Glared at or “stared down” the other person

Add your own: \_\_\_\_\_

## **PASSIVE:**

- Did not communicate your thoughts and feelings
- Did a “slow burn”
- Felt paralyzed or “froze up” with anger or fear
- Withdrew or walked away in an attempt to avoid addressing problem
- Dwelled on feelings of anger and defeat w/o attempting constructive problem solving
- Became apologetic, timid or unsure of yourself when challenged
- Used a form of negative distraction (risky behaviors, substance abuse)

Add your own: \_\_\_\_\_

## **COOLING DOWN BEHAVIORS:**

- Worked off your anger through physical activity or exercise
- Spoke to a sympathetic friend or professional
- Created a soothing environment (e.g., put on music, took a shower)
- Scheduled a break from the problem with the aim of resolving it later
- Wrote down your feelings
- Did a deep breathing or relaxation exercise

Add your own: \_\_\_\_\_

**Therapist tip:** *This page can be used to illustrate the concepts of aggressive, passive and assertive behaviors when interacting with others. It is also important to point out the suggestions for cooling down behaviors at the bottom of the page.*

## Oil Check

Review gains that you have made during the first five weeks of the Recovery Group:

1) What new understanding do you have about PTSD and yourself? What are the results of the new understanding?

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2) What new behaviors are you engaging in? What are the results of the new behaviors?

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3) What new coping skills have you learned and what are the results of using them?

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**What do you want to continue to work on in the remaining weeks?**

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**Therapist tip:** *The oil check gives veterans the opportunity take inventory of the progress they have made so far and to focus on areas in which they would like to continue to work on in the remaining 4 sessions. Ask group members to complete the worksheet above and then hold a group discussion asking each veteran to comment on the gains they have made and what they plan to continue to work on in the remaining sessions.*

(Participant Manual Page 50)

## Real-Time Exposure Practice Sheet

	<i>Date</i>	<i>Time Started</i>	<i>Beginning SUDS</i>	<i>Time Ended</i>	<i>Ending SUDS</i>
1.					
2.					
3.					
4.					
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**Homework Assignment:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

**Therapist tip:** *At the end of the session ask vets to pick an item from their hierarchy with a SUDs level between a 40-50 to expose themselves for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives*

What is one thing you took away from this session? \_\_\_\_\_

## Session 7 Agenda

- Share results of real time exposure homework
- Practice skills: Breathing, saying calming phrase, and two word statement.
- Review information about PTSD and substance abuse.
- Introduce acceptance information
- Check out and homework.

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout the exposure. This check in serves two purposes, the first to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group. This session focuses on the avoidance and arousal clusters*

*After the check-in have a brief review session of the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed past sessions. Often this review session is done best in the form of weekly “quizzes” where the leader asks the veterans questions about information thus allowing them to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) *What are the four symptoms clusters of PTSD?*
- 2) *How do you maintain PTSD? How do you make PTSD better?*
- 3) *What tools have you acquired so far in this class to help manage PTSD?*
- 4) *When would it be helpful to use grounding skills?*
- 5) *What are the three ways of interacting with others we talked about last week?*

(Participant Manual Page 52)



## PTSD, Alcohol, and Drug Use

*Some ways people with PTSD use alcohol and drugs to numb themselves:*

- To numb their painful emotions (self-medication).
- To try to relax
- To forget the past
- To go to sleep
- To prevent nightmares
- To cope with physical pain
- To decrease anxiety in order to socialize with other people and feel accepted

Some things to think about when you have PTSD and you drink or use drugs:

- Do I use substances to cope with my PTSD symptoms?
- Do I drink to change my mood?
- Does anyone else express concern about my drinking?
- Drinking and drugging make PTSD symptoms worse, including sleep disturbance, nightmares, rage, depression, avoidance, numbing of feelings, social isolations, irritability, hypervigilance, paranoia, and suicidal ideation.
- Drinking and using drugs may prevent medications from working and may be a dangerous mixture.
- What are the consequences of my drinking and using drugs (health, injuries, relationships, sexual, legal, employment, psychological, financial , birth defects, etc.)?
- While drinking and drugs may make things seem better in the short term, they always make things worse in the long term.
- Drinking and using drugs are a choice. Nothing that happens has to lead to substance use.
- I can visit <http://rethinkingdrinking.niaaa.nih.gov> or <http://www.veterandrunkerscheckup.org/>
- By using alcohol and or drugs, to numb my feelings, I lock my PTSD into place.
- To fully heal from PTSD in the long term, becoming clean and sober is necessary.
- We have a treatment program at McGuire VAMC to treat Veterans who have PTSD and abuse substances called Seeking Safety. You can ask for a referral for the group from your therapist.

(Participant Manual Page 53)

## The Serenity Prayer

*God grant me the serenity to accept the things I cannot change,  
The courage to change the things I can,  
And the wisdom to know the difference.  
Living one day at a time, enjoying one moment at a time,  
Accepting hardships as the pathway to peace.*

-Reinhold Niebuhr

## Group Discussion

- 1) What does acceptance mean to you?
- 2) Do you feel like you have accepted having PTSD?
- 3) What changes when you do accept having PTSD?
- 4) What other things in your life you have not accepted that still bother you?
- 5) Can you ever find peace if you can't handle hardships?
- 6) What hardships have you already accepted?

**Therapist tip:** *In this session the concept of acceptance is introduced. The serenity prayer is used at the beginning of the session to introduce acceptance and how it relates to PTSD. Ask one of the group members to read the text out loud and ask the group how they think the passage is related to PTSD and how it might be useful in their PTSD recovery.*

(Participant Manual Page 54)

# Basic Principles of Acceptance

*“Pain is inevitable, suffering is optional.” -Buddhist saying.*

**Acceptance** is the only way out of suffering. Acceptance means:

1. Letting go of fighting reality
2. Staying in the present moment
3. Focusing on choices, rather than being in control
4. Tolerating the moment
5. Acknowledging what is, not how it should be
6. Observing rather than judging
7. Dealing with a situation for what it is

**\*Important:** When you accept something, it is **not** the same as judging it to be good or condoning it.

What are some areas of life that you have trouble accepting and dealing with?

- Traffic
- Kids misbehaving
- Spouses who ask too many questions
- Cashiers who are poorly trained
- Long lines
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

How might acceptance encourage problem solving and lead to improvement in these areas?

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(Participant Manual Page 55)

**Therapist tip:** *The concept of acceptance may be hard to the veterans to grasp at first. Allow group members time to explore this concept and discuss how it relates to recovery from PTSD. It could be helpful to remind the group that by accepting that they had PTSD, they were able to seek help at the VA and end up in this class. The following are examples to help illustrate the role that acceptance can play in everyday life.*

*1) After session is over, you go outside to the parking lot to go home and you find that your car has a flat tire. You could spend all day in the VA parking lot refusing to accept the reality of your situation and suffering because of your bad luck. Or you could ACCEPT that you have a flat tire and work to solve your problem. Now you have options: 1) You can change the flat 2) call AAA or 3) a family member to help you.*

*2) On your way to the VA, you see that it is raining outside. You can accept that is raining and take an umbrella or rain coat with you to help you stay dry. Or you can refuse to accept that it is raining outside, leave the house without an umbrella or rain coat, and get wet.*

## Group Discussion

- 1) What might be different if you accepted the events you've experienced?
- 2) What do you think is stopping you from accepting things in your life?
- 3) What might help you to be more accepting?
- 4) Has your military experience contributed to how you accept things or your view of acceptance?
- 5) Things happen, we can't change that. Good things and bad. When you don't accept that this is a part of your life, how do you respond?
- 6) When you do accept that, like it or not, this is what you are experiencing right now and is a part of your life, how do you respond?

## Real-Time Exposure Practice Sheet

	<i>Date</i>	<i>Time Started</i>	<i>Beginning SUDS</i>	<i>Time Ended</i>	<i>Ending SUDS</i>
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**Homework Assignment:**

1) \_\_\_\_\_

2) \_\_\_\_\_

**Therapist tip:** *At the end of the session ask vets to pick an item from their hierarchy with a SUDS level between a 40-50 to expose themselves for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives*

What is one thing you took away from this session? \_\_\_\_\_

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## Session 8 Agenda

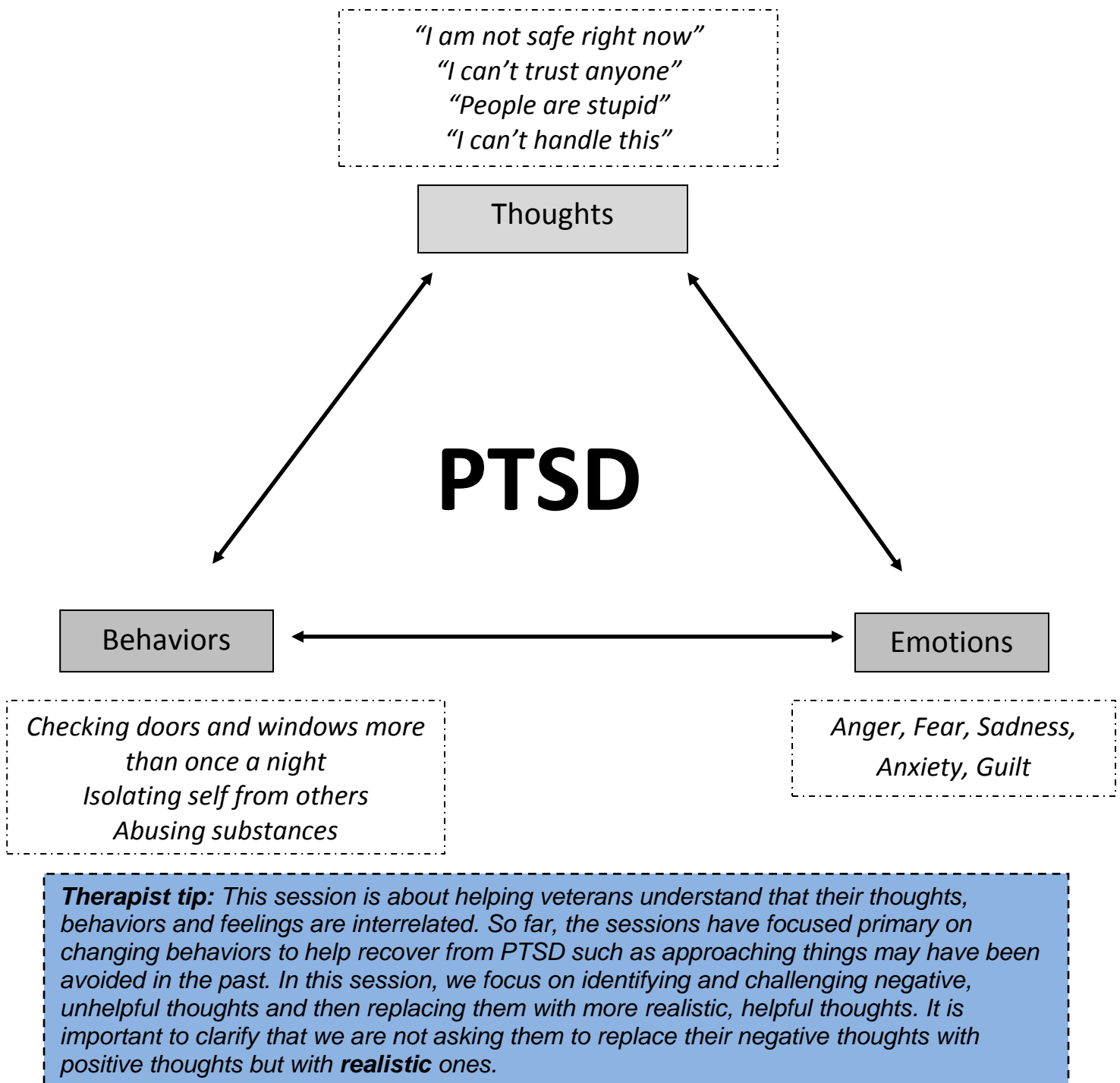
- Share results of real time exposure homework
- Practice skills: Breathing, saying calming phrase, and two word statement
- Introduce PTSD triangle
- Introduce common thinking errors
- Introduce recovery thinking
- Check out and homework

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout the exposure. This check in serves two purposes, the first to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group. This session continues the focus on the avoidance and arousal clusters*

*After the check-in have a brief review session of the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed past classes. Often this review session is done best in the form of weekly “quizzes” where the leader asks veterans questions about information presented in previous sessions thus allowing them to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) *What are the four symptoms clusters of PTSD?*
- 2) *How do you maintain PTSD? How do you make PTSD better?*
- 3) *What tools have you acquired so far in this class to help manage PTSD?*
- 4) *What are the three ways we talked about interacting with others last week?*
- 5) *True/false. Accepting something means condoning it or judging it to be good.*

## PTSD Triangle: It is All Connected



(Participant Manual Page 59)

## Common Thinking Errors (Stinkin' Thinking)

- **ALL-OR-NOTHING THINKING:** Also called Black and White Thinking. Thinking of things in absolute terms, like “always”, “every” or “never”. For example, if your performance falls short of perfect, you see yourself as a total failure. Few aspects of human behavior are so absolute. Nothing is 100%. No one is all bad, or all good.
  - *Examples:*
    - “All civilians can’t be trusted”
    - “No one can understand me”
    - “All crowded places are dangerous”
    - “Every time I try to talk to my partner we get into a fight”
    - “I never have fun sober”
- **EMOTIONAL REASONING:** Making decisions and arguments based on how you feel rather than objective reality. People who allow themselves to get caught up in emotional reasoning can become blinded to the difference between feelings and facts. Although going to crowded baseball game may feel dangerous, that does not mean that it actually is when you look at the objective facts.
  - *Examples:*
    - “S/he knew these were my buttons and pushed them.”
    - “Because I feel angry they must have known this would make me feel angry.”
- **Catastrophizing:** Thinking the worst thing will happen or exaggerating the expected outcome of about a situation. Although terrible things happen they are not the norm and realistically do not happen often in the civilian world.
  - *Examples:*
    - “What if a terrorist strikes in Richmond?”
    - “PTSD has ruined my life, I’ll never have friends again”
- **Shoulds:** Using the word “should” inappropriately. Also called “shoulding on yourself.” You are only human. There is only so much you could have done/known/etc.
  - *Examples:*
    - “I should have protected my friend from getting hurt”
    - “I should have known what combat would be like”

What thinking errors do you frequently engage in? \_\_\_\_\_

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**Therapist tip:** It could be helpful to normalize thinking errors by explaining that most people frequently make thinking errors and that in some situations, thinking errors may actually be helpful. Discuss how thinking errors could also be harmful and how they could negatively affect how people behave and how they feel. Help group members identify specific thinking errors that they often make and how these errors affect them.

(Participant Manual Page 60)



## Recovery Thinking

1. What negative thoughts do you have (Check the thoughts that you have often) and how could you change them to be less negative?

### Negative Thoughts

*I don't care*

*People are stupid*

*I can't trust anyone*

*Everyone is just out for themselves*

*I can't trust civilians*

*Every situation is potentially dangerous*

*Other: \_\_\_\_\_*

*Other: \_\_\_\_\_*

*Other: \_\_\_\_\_*

### Realistic Thoughts

→ *I don't always care about some things*

→ *Some people are stupid*

→ *Some people I can trust, others I can't*

→ *Some people are out for themselves, but I have also met some very selfless people*

→ *There are some civilians and some military people I can't trust*

→ *Some situations are more dangerous than others*

→ \_\_\_\_\_

→ \_\_\_\_\_

→ \_\_\_\_\_

2. What do you notice when you change your negative thoughts to the alternative thoughts?  
\_\_\_\_\_
3. How have your negative thoughts (i.e. stinking thinking) affected your life and relationships?  
\_\_\_\_\_
4. What negative thoughts do you have about yourself?

*"I don't fit in"*

*"I don't deserve to be happy"*

*"I am bad for what I did"*

*"There is something wrong with me"*

\_\_\_\_\_

\_\_\_\_\_

5. When you have those thoughts, how do they affect your behavior and emotions? \_\_\_\_\_

**Therapist tip:** *The purpose of these exercises is to help veterans identify negative thoughts, challenge the thoughts, and then rethink the thoughts to make them more realistic. In addition to the negative thoughts that veterans have about others and the external world, they often have negative thoughts about themselves. Discuss what it would be like if the veterans challenged the negative thoughts they had about themselves and replaced those thoughts with more realistic ones.*

(Participant Manual Page 61)

## Real-Time Exposure Practice Sheet

	<i>Date</i>	<i>Time Started</i>	<i>Beginning SUDS</i>	<i>Time Ended</i>	<i>Ending SUDS</i>
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**Homework Assignment:**

1) \_\_\_\_\_

2) \_\_\_\_\_

**Therapist tip:** *At the end of the session ask vets to pick an item from their hierarchy with a SUDs level between a 40-50 to expose themselves for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives*

What is one thing you took away from this session? \_\_\_\_\_

## Session 9 Agenda

- Share results of real time exposure homework
- Practice skills: Breathing, saying calming phrase, and two word statement.
- Introduce themes of relapse, recovery, and resiliency
- Check out and homework.

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout the exposure. This check in serves two purposes, the first to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group. The focus of this session is relapse and recovery.*

*After the check-in have a brief review session of the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed past sessions. This review session is done best in the form of weekly “quizzes” where the leader asks group members questions about information presented in previous sessions thus allowing them to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) *What are the four symptoms clusters of PTSD?*
- 2) *How do you maintain PTSD? How do you make PTSD better?*
- 3) *What tools have you acquired so far in this class to help manage PTSD?*
- 4) *What are your physical responses to anger?*
- 5) *What are the three points of the PTSD triangle?*

## Relapse, Recovery, and Resiliency

A **Relapse** is when you go back to your old way of handling problems. For example, if you smoked a pack of cigarettes a day for years and then quit for six months, it would relapse if you went back to smoking a pack of cigarettes a day.

*\*Important:* Relapses are a normal part of getting better. Relapses are an opportunity to remember and use new skills. We only get better when we are tested. Relapses give us a chance to get better by being tested, using new skills and improving outcomes.

**Recovery** is when you recognize you have slipped back into your old habits and decide to use new skills instead of continuing the old pattern.

**Resiliency** is learning to *not give up* when tested and learning that you can overcome what you thought you could not overcome. Learning is changing your behavior, in addition to thinking new thoughts. When you use your new skills and resist your old habits and patterns, you learn something new. Resiliency is using new skills when you've started to use the old patters and habits again.

Relapse, recovery, and resiliency are key parts of getting better.

Remember: *It is not how many times you fall down that counts, it is how many times you get back up.*

How have you already experienced relapse, recovery and resiliency in your life? \_\_\_\_\_

**Therapist tip:** *At the beginning of the session, before starting the material for relapses, resiliency, and recovery, it is important to have a conversation about the progress the veterans have made so far. This allows them to recognize where they are now versus two months ago which will help them to be more aware of lapses back to their previous way of being. Be sure to emphasize that it is normal to have relapses when recovering from PTSD and that the important thing is how one recovers from a relapse.*

(Participant Manual Page 64)

## Relapse Signs

Unlike with smoking or drinking, relapses can be less obvious with PTSD and you may not notice that you are slipping back into old habits. So be sure to look for signs in your own behavior and enlist help from others!

1. What I would expect to hear from my partner if I were relapsing: \_\_\_\_\_
2. What I would expect to hear from others (co-workers, friends, family) if I were relapsing: \_\_\_\_\_

### Additional relapse signs to look for:

3. Sleep patterns: \_\_\_\_\_
4. Anger expressions: \_\_\_\_\_
5. Memories and nightmares \_\_\_\_\_
6. Depression, avoidance, safety behaviors \_\_\_\_\_
7. Relationship and emotional numbing difficulties \_\_\_\_\_
8. Alcohol and drug use \_\_\_\_\_
9. Physical pains: \_\_\_\_\_
10. Other relapse signs: \_\_\_\_\_

### **Relapse Plan:** If I slip or relapse *I will:*

- Use my tools: breath, self-talk, and best-self statement
- Re-read the PTSD Recovery manual
- Set up an appointment with my PTSD counselor
- Talk to an old friend or loved one
- Call the veterans crisis hotline
- Walk around the VA hospital
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Therapist tip:** *A helpful way to illustrate this point is to ask the group what two words they should tell someone when that person points out that they are slipping into their old behavior. THANK YOU.*

*At the end of the session, it is imperative that each veteran identify their relapse plan. Remind them of the importance of keeping this manual in a safe and easily accessible place once the group ends so they can refer back to it when they need it.*

(Participant Manual Page 65)

# Resiliency

## Posttraumatic Growth

What exactly is posttraumatic growth? It is a positive change that some individuals experience after a major life crisis or traumatic event. This idea that humans can change for the better after they have gone through something difficult is not new. Many ancient religious and spiritual traditions, philosophers, and others have discussed this theme. What has changed over time is the evidence-based research of posttraumatic growth.

Posttraumatic growth may occur in a variety of areas:

1. Some individuals who face traumatic events find new opportunities that emerge after the event, opening up new possibilities that were not present before the crisis.
2. Another area is in relation to others. Some individuals find that they become closer to people they care about or an increased sense of connections to others who have gone through deep suffering.
3. Other individuals feel a renewed sense of their own strength- "If I lived through this traumatic event, I can face anything."
4. There may also be a renewed appreciation for life in general.
5. Last, some individuals find growth in their religious or spiritual beliefs.

-Taken from the Posttraumatic Growth Research Group website, UNC Charlotte

## What Do You Value?

Many Veterans live by the values of LDRSHIP:

- **Loyalty:** Bear true faith and allegiance to the U.S. Constitution, the military, your unit, and your soldiers.
- **Duty:** Fulfill your obligations.
- **Respect:** Treat people as they should be treated.
- **Selfless Service:** Put the welfare of the nation, the military, and your subordinates before your own.
- **Honor:** Live up to all your branches' values.
- **Integrity:** Do what's right, legally and morally.
- **Personal Courage:** Face fear, danger, or adversity (physical, moral, emotional, or spiritual).

What is a value-based phrase you want to live by?

- E.g., *"Since I know what pain and suffering feel like, I want a life of trust and love."*
- E.g., *"Because I have seen how bad people can be, I want to commit to living a good life."*
- E.g., *"After having seen evil, I want to commit to bringing good wherever I can."*

**My value-based phrase:**

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## Real-Time Exposure Practice Sheet

	<i>Date</i>	<i>Time Started</i>	<i>Beginning SUDS</i>	<i>Time Ended</i>	<i>Ending SUDS</i>
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**Homework Assignment:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

**Therapist tip:** *At the end of the session ask vets to pick an item from their hierarchy with a SUDs level between a 40-50 to expose themselves for homework. Ask veterans about their motivation for choosing their item in an effort to emphasize that they are exposing themselves to triggers not just for the sake of the challenge but in an effort to live better lives*

What is one thing you took away from this session? \_\_\_\_\_



## Session 10 Agenda

- Share results of real time exposure homework
- Practice skills: Breathing, saying calming phrase, and two word statement.
- Rerate SUDs on original hierarchy list, hiding original SUDs rating from self. Discuss changes in SUDs ratings
- Process group experiences and gains in recovery
- Gather two post intervention measurements.
- Discuss treatment needs and options.
- Say goodbyes

**Therapist tip:** *At the beginning of each session it is helpful to check in with each veteran about their homework. Ask each veteran to state which item of the hierarchy they worked on, what was their motivation for choosing that particular item, and how their SUDS level changed throughout the exposure. This check in serves two purposes, the first to emphasize the fact that doing work outside of group is a vital part of the recovery process and to engage veterans who otherwise may not talk much in the group.*

*After the check-in have a brief review session of the material covered in the previous sessions to help veterans retain the information they have been given and to catch up veterans who may have missed past sessions. Often this review session is done best in the form of weekly quizzes where the leader asks the veterans questions about information presented in previous sessions thus allowing them to be actively engaged in the subject matter. Some suggestions for this week are:*

- 1) *What are the four symptoms clusters of PTSD?*
- 2) *How do you maintain PTSD? How do make PTSD better?*
- 3) *What tools have you acquired so far in this class to help manage PTSD?*
- 4) *What is your relapse recovery plan?*

## Group Discussion

- Do you remember what the four symptom clusters of PTSD are?
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
- What did you enjoy most about this group? \_\_\_\_\_  
\_\_\_\_\_
- What did you enjoy least about this group? \_\_\_\_\_  
\_\_\_\_\_
- How would you explain what PTSD is to a stranger? \_\_\_\_\_  
\_\_\_\_\_
- What is one thing you still need to work on? \_\_\_\_\_  
\_\_\_\_\_
- How can you keep yourself accountable to continue using your skills? \_\_\_\_\_  
\_\_\_\_\_
- If you met another veteran whom you thought had PTSD but had never been to therapy, what might you tell him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Combat Veterans May Have the Antidote to What Ails Us

Excerpt from Huffington Post article By Peter Yeomans

*We “overlook the depth of character and clarity of values that can emerge from life altering experiences. Veterans of war have much to offer us. Psychologist Ed Tick writes, ‘civilization needs the sensitivity and valuing of life that only one who knows its fragility can develop.’ Soldiers and Marines return with insights that can guide us and deepen the meaning in our own lives. We must seek to understand what they know. If we can stop long enough to listen closely and without judgment to what they may only have the nerve to whisper, we might heal some of the wounds and dysfunction of our own society.”*

(Participant Manual Page 71)

The final step in the long road home for the veteran is completing this initiation as a warrior. A veteran does not become a warrior merely for having gone to war. A veteran becomes a warrior when he learns to carry his war skills and his vision in mature ways. He becomes a warrior when he has been set right with life again. A warrior's first priority is to protect life rather than destroy it. He serves his nation in peace as well as war making and dissuades his people from suffering the scourges of war unless absolutely necessary. He uses the fearlessness he has developed to help keep sanity, generosity, and order alive in his culture. A warrior disciplines the violence within himself. Internally and externally, he stares violence in the face and makes it back down. A warrior serves spiritual and moral principles, which he places higher than himself. The role of a warrior has a high, noble, and honorable status.

From chapter 15, *Initiation as a Warrior, of War and the Soul*, by Edward Tick, Ph.D.

(Participant Manual Page 72)

## Treatment Referral Form

<b>Name</b>	<b>Referral(s) requested</b>

**Therapist tip:** At the beginning of the session after checking in with each group member and leading a brief review of the previous material, ask each veteran to comment on the progress they have made and what they would like to continue to work on going forward. It is important for the group to understand that although the group may be ending, it is not the end of their PTSD recovery work and they should continue to practice and apply the skills they have learned in their daily lives. A helpful exercise to emphasize progress made is to have each veteran rerate their SUDs levels on the original hierarchy list while hiding their original SUDs rating. Then hold a group discussion on changes in SUDs ratings and what those changes mean.

Midway through the session, explain to the group that for many, this 10 week session may be all they need. Others may want to continue with additional PTSD treatment. Explain the available treatment options and ask each veteran if they would like to be referred to any of the mentioned treatment opportunities. These referrals can be recorded in the space above for record keeping. At the end of the session allow 15-20 minutes to complete post-treatment questionnaires. For those veterans that finish early, ask them to wait until everyone is finished so the group can say goodbye to each other and acknowledge the good work that they have done together.

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