

PTSD

Recovery Program

Therapist Manual

First Edition
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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**.

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

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.*

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.*

What is Posttraumatic Stress Disorder?

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can result from exposure to trauma. PTSD involves four main types of symptoms:

- 1. Re-experiencing** (repeatedly reliving) the trauma. This can be in the form of nightmares, intrusive memories or images, flashbacks, or intense emotional or physical reactions to reminder of the trauma. These symptoms frequently leave you feeling like you are going crazy.
- 2. Hyperarousal.** This includes sleep problems, anger/irritability, concentration problems, always feeling on edge or on guard, jumpiness, and being easily startled. Increased arousal could also include physical symptoms, such as pounding heartbeat, sweating, dizziness, and rapid breathing. These symptoms keep you stressed and eventually exhausted.
- 3. Avoidance** of trauma reminders. This may include trying not to think or talk about the trauma, or trying not to have feelings about it. It may also include staying away from activities, people, places, and situations that bring up trauma memories. These symptoms leave you feeling apart from the people and surroundings in your life.
- 4. Emotional numbing.** This includes losing interest in activities that used to be important to you, feeling detached or estranged from important people in your life, feeling unable to have normal emotions, and losing a sense that you have a long-term future. These symptoms diminish your relationships with those closest to you.

PTSD is diagnosed when these symptoms last longer than a month and cause significant distress or impairment in functioning (American Psychiatric Association, 2000).

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.

Some Facts about PTSD

The symptoms of PTSD are often accompanied by other problems, such as depression/hopelessness, drug/alcohol abuse, relationship problems, pain and other physical symptoms (e.g., headaches, stomach upset).

Symptoms of PTSD may not emerge immediately after the traumatic event. Sometimes it is weeks, months, or even years before the symptoms develop.

Not all trauma survivors develop PTSD. We do not know all the reasons why some survivors develop PTSD and others do not, but some of the factors involved include genetic vulnerability to anxiety, previous experience with trauma, presence of other life stressors, coping skills, and social support.

In the United States, about 8% of the population will have PTSD symptoms at some point in their lives. Rates are significantly higher among combat veterans.

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. Although we cannot change history, we can change the way your history affects your life now. You can recover from your traumatic experience(s).

For more information about PTSD, talk to your mental health care provider or visit the National Center for PTSD website: <http://www.ncptsd.va.gov>

Therapist tip: *Many veterans experience delayed onset of PTSD symptoms. For whatever reason they either did not experience PTSD symptoms immediately after military services, thought that those symptoms were normal, or ignored their symptoms by focusing on work or family life for many years. For some people, it is only in retirement when they have more time and less distraction that they start to experience increased symptoms, and this delay in onset can often be distressing. It is important to normalize this experience by explaining that many veterans experience delayed or dormant symptoms.*

Also important to discuss are the mixed messages that veterans, especially older veterans, may have gotten over the years concerning whether or not PTSD is treatable. PTSD was only formally recognized as a DSM disorder since 1980, and since then researchers continue to learn more about PTSD through research as well as how to treat it. Today, we have developed therapies that have been shown to effectively treat PTSD (Karlin, et al., 2010).

Common Reactions to Trauma

A traumatic experience produces emotional shock and may cause many emotional 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. Many people who directly experience a major trauma have severe problems in the immediate aftermath. Many people then feel much better within three months after the event, but others recover more slowly, and some do not recover without help. Some people feel fine at first but later start to have problems. 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. Anxiety is a common and natural response to a dangerous situation. For many people it lasts long after the trauma has ended. This can happen when a person's world view and sense of safety change and become negative as a result of a traumatic experience. You may become anxious when you remember the trauma. Triggers or cues that can cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. But sometimes anxiety may increase without an identifiable cause. As you begin to pay more attention to the times you feel afraid, you can discover the triggers for your anxiety. In this way, you may learn that some of the discomfort is really triggered by memories of your trauma.

2. Re-experiencing the trauma. People who have been traumatized often re-experience the traumatic event. For example, you may have unwanted thoughts or images of the trauma and find yourself unable to get rid of them. Some people have flashbacks, or very vivid images, as if the trauma is reoccurring. Nightmares are also common. You may have anniversary reactions around the time of year that your trauma occurred. These symptoms occur because a traumatic experience is difficult to process and fit into our normal day-to-day understanding. Replaying these memories seems to be an attempt to integrate the experience and make more sense of what happened.

3. Increased arousal is also a common response to trauma. This includes feeling jumpy, jittery, and shaky; being easily startled; and having trouble concentrating or sleeping. Continuous arousal can lead to impatience and irritability, especially if you're not getting enough sleep. The arousal reactions are due to the *fight or flight response* in your body. The fight or flight response is how we protect ourselves against danger, and it also occurs in animals. When we protect ourselves from danger by fighting or running away, we need a lot more energy than usual, so our bodies pump out extra adrenaline to help us get the extra energy we need to survive. 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. The problem is that increased arousal is useful in truly dangerous situations,

such as if we find ourselves facing a tiger, but alertness becomes very uncomfortable when it continues for a long time, even in safe situations. It deprives us of sleep. Another reaction to danger is to freeze, like the deer in the headlights, and this reaction can also occur during a traumatic event

4. **Avoidance** is a common way of managing trauma-related pain. The most common way is to avoid situations that serve as a reminder of the trauma, such as the place where it occurred. 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. This can lead to a state of numbness which makes it difficult to feel any type of emotion. The fearful and negative feelings are pushed away, but so are pleasant and loving feelings. Sometimes the painful thoughts or feelings may be so intense that the mind blocks them out altogether, along with some memories of the trauma itself.

5. Many people who have been traumatized feel **angry, irritable, and are easily annoyed**. If you are not used to feeling angry, this may be uncomfortable as well. 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. Sometimes people have the urge to lash out and harm someone else.

6. Trauma often leads to feelings of **guilt and shame**. Many people blame themselves for things they did or did not do to survive. For example, some assault survivors believe they should have fought off an assailant, and they mistakenly blame themselves for the attack. Others believe if they had not fought back they wouldn't have gotten hurt. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for the trauma.

7. **Depression and grief** are also common reactions to trauma. This can include feelings of sadness or despair. You may become tearful. 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. It is important to understand that trauma can distort how you view the world, yourself, and your future.

8. Our **self-image and views** of the world often become more negative after a trauma. You may tell yourself, "If I hadn't been so weak or stupid this wouldn't have happened to me." 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. If you had previous bad experiences, the trauma may convince you that the world is dangerous and others aren't to be trusted. These negative thoughts often make people feel that they have been changed completely by the trauma.

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. Many people find it difficult to feel sexual or have sexual relationships. This is especially true for those who have been sexually assaulted, since in addition to the lack of trust, sex itself is a reminder of the assault. Sometimes sexual relations are only possible when there is no emotional attachment with the other person.

10. The use of **alcohol and/or other drugs** is a common coping strategy for dealing with traumatic experiences. However, this tactic can lead to drug addiction and a host of secondary problems. 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. It is often a fine line between responsible alcohol use and abuse.

-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.*

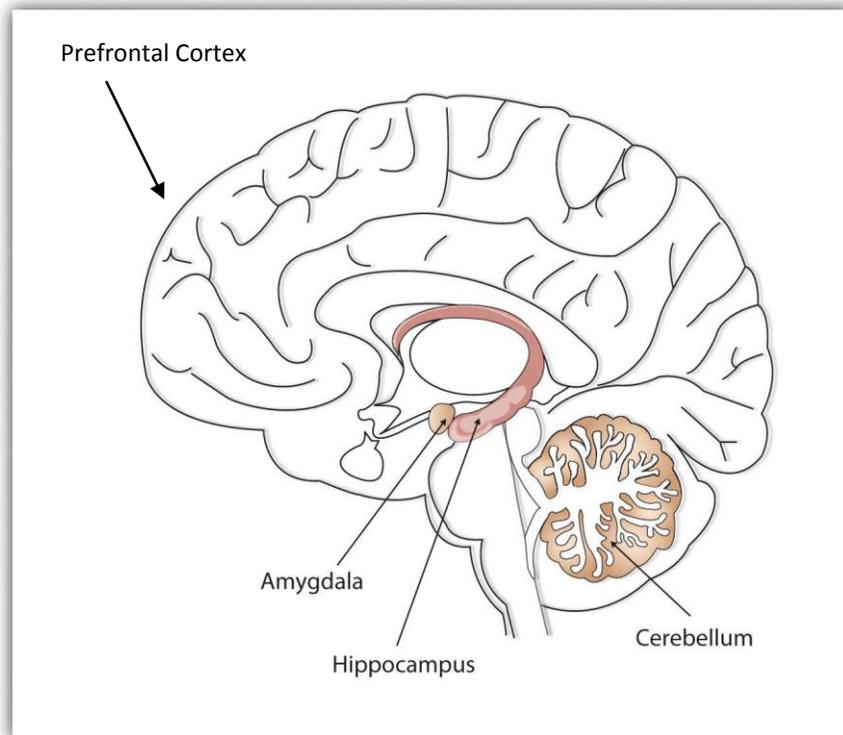
What Causes PTSD?

As humans, we are born with built-in alarm systems to alert us to danger so we can either “fight or flee.” That alarm system, which is commonly called the “limbic system” or the “arousal system”, is vital to our survival. When activated by stress, the alarm system prepares you to fight off an attack or to flee (escape), which means your heart rate and breathing rate increase, muscles tense, adrenaline rushes, etc. Our alarm system does not know time or location; it only recognizes danger and the feeling of threat. It simply fires up and keeps you in an aroused state so that you can be prepared in the face of perceived or imminent threat. When the danger is over, the alarm system is supposed to shut down, allowing the body to relax and return to normal. However, traumatic events can impair the functioning of the alarm system so that you cannot tell when the danger is over and your alarm system does not shut down properly. You continue to feel as if the danger is ever present, which promotes a state of chronic hyperarousal.

When you were deployed, your alarm system was constantly on, alerting you to the fact that you were always in a state of danger. It over generalizes so that it does not miss any threats to your survival. But here is where this treatment focus begins. Your alarm system worked perfectly well when you were deployed because you actually were in danger all the time, and needed to be alert all the time. But now that you are home, your alarm system has stayed on even when there is no actual threat of danger.

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.*

PTSD and the Brain



- Two brain structures that play an important role in PTSD are the amygdala and the hippocampus.
- The amygdala activates the body's alarm system (the fight or flight response). When the brain perceives a threat, the amygdala becomes active and sends messages to the rest of the body to prepare for danger. The amygdala also processes emotional memories.
- The hippocampus is responsible for processing information about your life and experiences and storing it away in long term memory for later use.
- 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.
- The prefrontal cortex is the part of our brain that allows us to think, plan and make decisions.

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. Common examples of triggers for veterans with PTSD include:

- Unexpected loud noises
- Crowded public places
- People from other ethnic groups
- Trash/objects in the road
- Smell of diesel fuel
- Helicopters flying overhead
- Firecrackers
- Lack of respect

Learning to recognize your triggers is an important part of PTSD treatment. Below is a worksheet that will help you start monitoring your triggers this week.

My Triggers

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).

Triggers:

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

Therapist tip: *In the space provided, 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 where there is a list of common triggers, avoidance, and safety behaviors.*

Avoidance and Safety Behaviors

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:

- Staying away from malls, movie theaters, sports arenas, restaurants, and other crowded public spaces.
- Refusing to ride in the passenger seat.
- Shopping late at night to avoid people.
- Not answering the phone.
- Staying in your room.

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.

Learning to recognize your avoidance and safety behaviors is an important aspect of treatment for PTSD. A worksheet on the next page will help you start monitoring these behaviors this week.

Therapist tip: *On the following page, 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 where there is a list of common triggers, avoidance, and safety behaviors.*

Avoidance and Safety Behaviors

Instructions: Pay attention this week and 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.

What I Avoid: (Ex: going to the mall on Saturday, talking on the phone)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Safety Behaviors I Use: (Ex: Keep my back to the wall in a restaurant, carry a gun)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Checklist of PTSD Triggers, Avoidance Behaviors, and Safety Behaviors

Check the boxes that apply to you.

Interpersonal Interactions	Environmental Factors	Sensory Experiences
<ul style="list-style-type: none"> <input type="checkbox"/> Family gatherings <input type="checkbox"/> Having houseguests <input type="checkbox"/> Spending time with other veterans/war buddies <input type="checkbox"/> Explaining PTSD symptoms or trauma experiences with a trusted person <input type="checkbox"/> Participating in recreational sports teams or arts groups (e.g., choir) <input type="checkbox"/> Being in the presence of or talking to unfamiliar people <input type="checkbox"/> Having others stand/sit behind me <input type="checkbox"/> Participating in church/religious services <input type="checkbox"/> Allowing someone else to drive <input type="checkbox"/> Playing cards or pool/billiards with friends <input type="checkbox"/> Playing with children/grandchildren <input type="checkbox"/> Volunteer work in the community <input type="checkbox"/> Enrolling in an exercise class <input type="checkbox"/> Talking with spouse for 30+ minutes <input type="checkbox"/> Asking someone for directions <input type="checkbox"/> Spending time with neighbors <input type="checkbox"/> Contacting family members on a regular basis <input type="checkbox"/> Emailing friends or veterans from your unit <input type="checkbox"/> Saying hello or good morning to others when passing in the hall <input type="checkbox"/> Being around or interacting with people of Asian or Middle Eastern descent <input type="checkbox"/> Being around or interacting with people wearing head scarves or turbans <input type="checkbox"/> Being in crowds (alone vs. with friends; party vs. in public) <input type="checkbox"/> Feeling love and caring for someone <input type="checkbox"/> Feeling disrespected by others 	<ul style="list-style-type: none"> <input type="checkbox"/> Doing work inside/outside the house <input type="checkbox"/> Going to the movies <input type="checkbox"/> Going out to a restaurant, bar, or club <input type="checkbox"/> Going to store/mall <input type="checkbox"/> Going to a friend's house <input type="checkbox"/> Visiting a military base <input type="checkbox"/> Going to the barber shop <input type="checkbox"/> Going to the beach, on a cruise, or on vacation <input type="checkbox"/> Going to a concert, ballet, or play <input type="checkbox"/> Going to an amusement park, zoo, circus, carnival, fair, etc. <input type="checkbox"/> Going to the library, museum, exhibit, etc. <input type="checkbox"/> Going to a swimming pool, sauna bath, etc. <input type="checkbox"/> Going to the VA Hospital for appointments <input type="checkbox"/> Playing outside with dog <input type="checkbox"/> Walking down a street <input type="checkbox"/> Going somewhere alone at night <input type="checkbox"/> Going to the VFW <input type="checkbox"/> Being alone at home <input type="checkbox"/> Being in a parking lot <input type="checkbox"/> Riding in elevators <input type="checkbox"/> Sleeping in bedroom with door unlocked/open <input type="checkbox"/> Going to a sporting event <input type="checkbox"/> Using public transportation <input type="checkbox"/> Camping, picnicking, mountaineering, hunting, fishing, hiking <input type="checkbox"/> Bathing with the door unlocked <input type="checkbox"/> Keeping the shades/curtains open <input type="checkbox"/> Driving under bridges <input type="checkbox"/> Sleeping without a gun beside the bed <input type="checkbox"/> Checking for explosives under a vehicle or under the hood of a vehicle <input type="checkbox"/> Checking and re-checking locked doors and windows 	<ul style="list-style-type: none"> <input type="checkbox"/> Wearing military apparel (e.g., combat boots) <input type="checkbox"/> Hearing or seeing fireworks <input type="checkbox"/> Smelling gasoline <input type="checkbox"/> Hearing helicopters or airplanes <input type="checkbox"/> Seeing war movies or documentaries <input type="checkbox"/> Driving by garbage piles, dead animals, or man holes by the side of the road <input type="checkbox"/> Smelling baby oil <input type="checkbox"/> Smelling burning oil <input type="checkbox"/> Grilling meat at a family function <input type="checkbox"/> Looking through war memorabilia <input type="checkbox"/> Listening to a song that was heard during the traumatic event or from that same time <input type="checkbox"/> Watching the news on TV <input type="checkbox"/> Reading/writing about an event similar to the trauma in the newspaper or hearing about it on the radio/television other <input type="checkbox"/> Physical contact with a stranger—e.g., handshake <input type="checkbox"/> Seeing and/or hearing children <input type="checkbox"/> Seeing/hearing heavy rain <input type="checkbox"/> Hearing sudden loud noises (doors slamming, cars backfiring, etc.) <input type="checkbox"/> Frequently scanning the environment/perimeter

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.

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.*

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

Therapist tip: 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.

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.*

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)

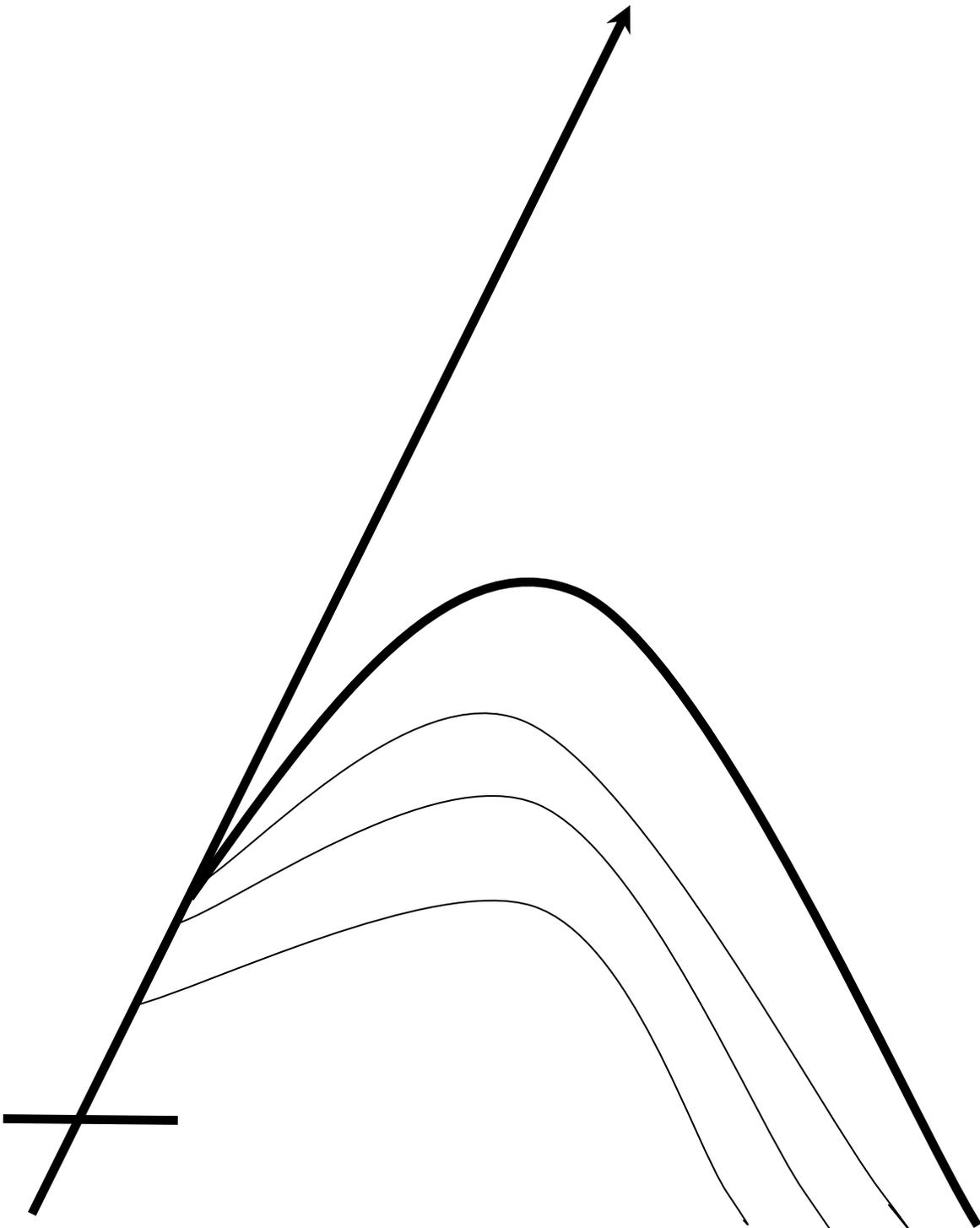
In order to work, Real-time Exposure Therapy should...

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

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.**

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.*

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.

Interpersonal Interactions	Environmental Factors	Sensory Experiences
<ul style="list-style-type: none"> <input type="checkbox"/> Family gatherings <input type="checkbox"/> Having houseguests <input type="checkbox"/> Spending time with other veterans/war buddies <input type="checkbox"/> Explaining PTSD symptoms or trauma experiences with a trusted person <input type="checkbox"/> Participating in recreational sports teams or arts groups (e.g., choir) <input type="checkbox"/> Being in the presence of or talking to unfamiliar people <input type="checkbox"/> Having others stand/sit behind me <input type="checkbox"/> Participating in church/religious services <input type="checkbox"/> Allowing someone else to drive <input type="checkbox"/> Playing cards or pool/billiards with friends <input type="checkbox"/> Playing with children/grandchildren <input type="checkbox"/> Volunteer work in the community <input type="checkbox"/> Enrolling in an exercise class <input type="checkbox"/> Talking with spouse for 30+ minutes <input type="checkbox"/> Asking someone for directions <input type="checkbox"/> Spending time with neighbors <input type="checkbox"/> Contacting family members on a regular basis <input type="checkbox"/> Emailing friends or veterans from your unit <input type="checkbox"/> Saying hello or good morning to others when passing in the hall <input type="checkbox"/> Being around or interacting with people of Asian or Middle Eastern descent <input type="checkbox"/> Being around or interacting with people wearing head scarves or turbans <input type="checkbox"/> Being in crowds (alone vs. with friends; party vs. in public) <input type="checkbox"/> Feeling love and caring for someone <input type="checkbox"/> Feeling disrespected by others 	<ul style="list-style-type: none"> <input type="checkbox"/> Doing work inside/outside the house <input type="checkbox"/> Going to the movies <input type="checkbox"/> Going out to a restaurant, bar, or club <input type="checkbox"/> Going to store/mall <input type="checkbox"/> Going to a friend's house <input type="checkbox"/> Visiting a military base <input type="checkbox"/> Going to the barber shop <input type="checkbox"/> Going to the beach, on a cruise, or on vacation <input type="checkbox"/> Going to a concert, ballet, or play <input type="checkbox"/> Going to an amusement park, zoo, circus, carnival, fair, etc. <input type="checkbox"/> Going to the library, museum, exhibit, etc. <input type="checkbox"/> Going to a swimming pool, sauna bath, etc. <input type="checkbox"/> Going to the VA Hospital for appointments <input type="checkbox"/> Playing outside with dog <input type="checkbox"/> Walking down a street <input type="checkbox"/> Going somewhere alone at night <input type="checkbox"/> Going to the VFW <input type="checkbox"/> Being alone at home <input type="checkbox"/> Being in a parking lot <input type="checkbox"/> Riding in elevators <input type="checkbox"/> Sleeping in bedroom with door unlocked/open <input type="checkbox"/> Going to a sporting event <input type="checkbox"/> Using public transportation <input type="checkbox"/> Camping, picnicking, mountaineering, hunting, fishing, hiking <input type="checkbox"/> Bathing with the door unlocked <input type="checkbox"/> Keeping the shades/curtains open <input type="checkbox"/> Driving under bridges <input type="checkbox"/> Sleeping without a gun beside the bed <input type="checkbox"/> Checking for explosives under a vehicle or under the hood of a vehicle <input type="checkbox"/> Checking and re-checking locked doors and windows 	<ul style="list-style-type: none"> <input type="checkbox"/> Wearing military apparel (e.g., combat boots) <input type="checkbox"/> Hearing or seeing fireworks <input type="checkbox"/> Smelling gasoline <input type="checkbox"/> Hearing helicopters or airplanes <input type="checkbox"/> Seeing war movies or documentaries <input type="checkbox"/> Driving by garbage piles, dead animals, or man holes by the side of the road <input type="checkbox"/> Smelling baby oil <input type="checkbox"/> Smelling burning oil <input type="checkbox"/> Grilling meat at a family function <input type="checkbox"/> Looking through war memorabilia <input type="checkbox"/> Listening to a song that was heard during the traumatic event or from that same time <input type="checkbox"/> Watching the news on TV <input type="checkbox"/> Reading/writing about an event similar to the trauma in the newspaper or hearing about it on the radio/television other <input type="checkbox"/> Physical contact with a stranger—e.g., handshake <input type="checkbox"/> Seeing and/or hearing children <input type="checkbox"/> Seeing/hearing heavy rain <input type="checkbox"/> Hearing sudden loud noises (doors slamming, cars backfiring, etc.) <input type="checkbox"/> Frequently scanning the environment/perimeter

Personal Hierarchy of Triggers, Safety Behaviors, and Avoidance Behaviors

Identify 20 or more items to place on the anxiety hierarchy below. You can use the examples from the previous page, in addition to any other items you came up with during the first session. List items in rank order from highest to lowest based on SUDs level, triggers, avoidance behaviors, and safety behaviors that are currently limiting your life. 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	
SUDS 76-100			
SUDS 51-75			
SUDS 26-50	50	Going to the grocery store on Saturday afternoon	
SUDS 0-25			

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

	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) _____

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.*

Session 3 Agenda

- Share results of real-time exposure homework
- Review of past material
- 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

RE-EXPERIENCING SYMPTOMS

- Intrusive memories, images of trauma, flashbacks.
- Nightmares.
- Intense distress when reminded of trauma.

INCREASED PHYSICAL AROUSAL

- Hypervigilance.
- Exaggerated startle, jumpiness.
- Irritability, anger, or rage.
- Sleep problems.
- Poor concentration and attention.

AVOIDANCE OF TRAUMA REMINDERS

- Efforts to suppress thoughts and feelings about the trauma.
- Avoidance of conversations about the trauma or related topics.
- Avoidance of activities, places, or people that bring up trauma memories.

NUMBNESS

- Loss of interest and/or decreased participation in important activities.
- Feeling detached from others, isolated.
- Emotional numbness, restricted range of feelings (e.g., can't have loving feelings).
- Loss of sex drive.
- Hopelessness or diminished sense of a future life.

OTHER RELATED PROBLEMS

- Overestimation of danger in the environment.
- Loss of trust.
- Loss of intimacy/relationship problems.
- Impatience.
- Over-use of alcohol or drugs.
- Depression.
- Feelings of guilt or shame.
- Feelings of incompetence or inadequacy

Therapist tip: *Remind the group that people who have PTSD experience some symptoms more often and intensely than others.*

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.

Therapist tip: *This exercise is 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.*

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 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 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.*

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?*

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. _____
12. _____

-Adapted from Najavits (2002)

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 can 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 can 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. And, as you do, experience the warmth and 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. And, as you do, you feel safe and warm and comfortable. Spend some time in your safe place, relaxing and enjoying it, as you 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.*

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 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 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.*

Session 5 Agenda

- Share results of real-time exposure homework
- Introduce Emotional Numbing worksheet and exercises.
- Complete two word "best self" statement.
- Review information about PTSD and substance abuse.
- 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?*

Therapist tip: *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? _____

- 2) Why do you think it is easier to not feel? How did you learn to not feel? _____

- 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) What would emotions would you like to feel again? _____ -

- 8) How does being emotionally numb affect your relationships? _____

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

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.*

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.*

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.veteran-drinkerscheckup.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.

Real-Time Exposure Practice Sheet

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Homework Assignment:

- 1) _____
- 2) _____
- 3) _____

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 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. 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. 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 in addition to practicing their three coping skills.*

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.*

Therapist tip: *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?*

Dealing with Anger

1. With whom do you get angry most often? _____

2. What do you really want to be the outcomes from conflict in those relationships? _____

3. What changes do you need to make to get what you want out of those relationships? _____

4. How do you want the other person to feel about you after the conflict? _____

5. How do you want to feel about yourself after the conflict? _____

6. What do you fear most when you are angry? _____

7. How do you avoid anger and conflicts? _____

8. What is the result of your avoidance of anger and conflict? _____

9. How have you exploded when you were angry? _____

10. What was the effect on the other person? _____

What are your Body's Warning Signs for Anger?

Breathing _____
Muscle Tightness _____
Temperature _____
Tingling _____
Other _____

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.

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.*

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?

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

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

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

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.*

Real-Time Exposure Practice Sheet

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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 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. 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. 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 in addition to practicing their three coping skills.*

Session 7 Agenda

- Share results of real time exposure homework
- Practice skills: Breathing, saying calming phrase, and two word statement.
- 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 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?*

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

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.*

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?

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.

Real-Time Exposure Practice Sheet

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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 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. 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. 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 in addition to practicing their three coping skills.*

Session 8 Agenda

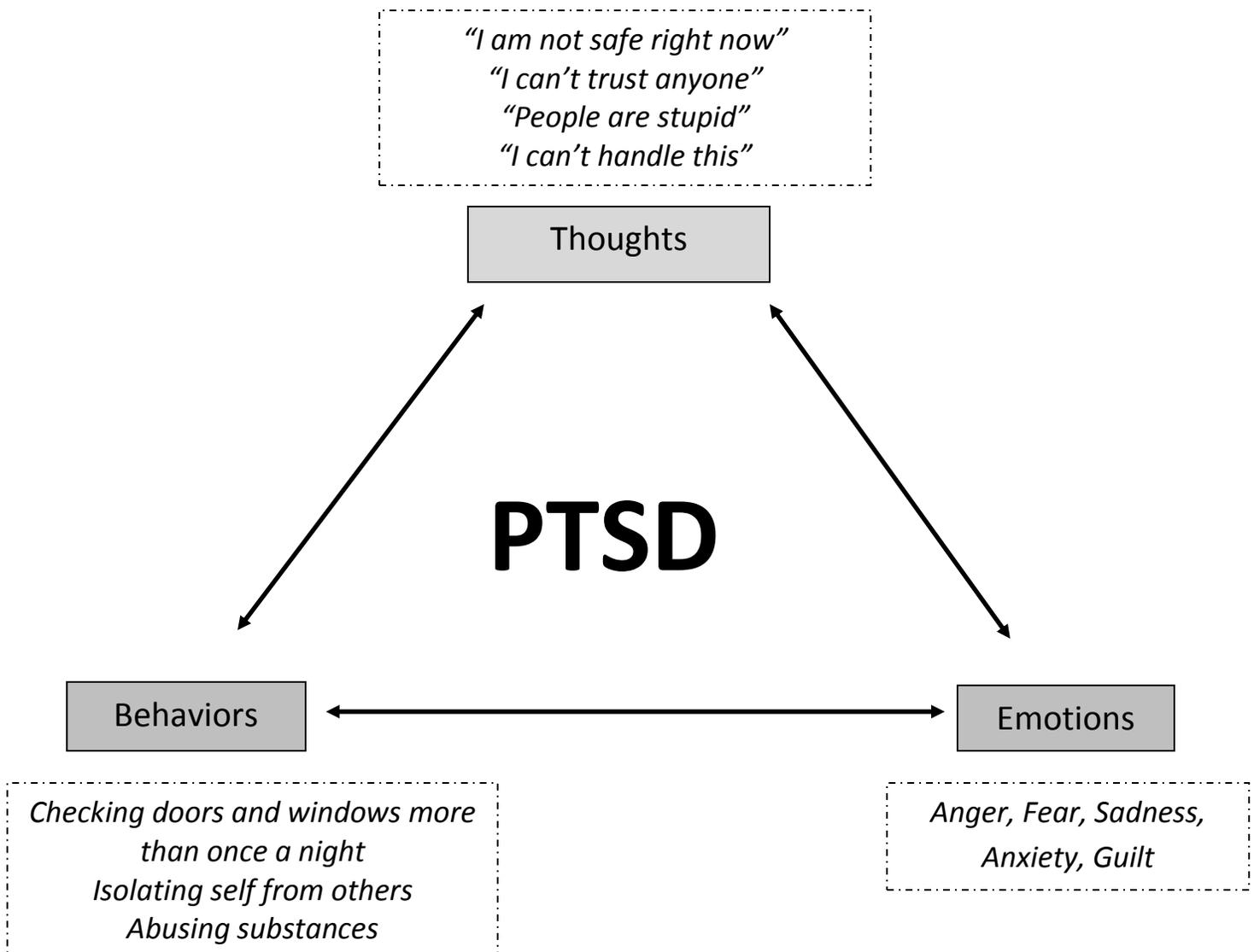
- Share results of real time exposure homework
- Practice skills: Breathing, saying calming phrase, and two word statement
- Introduce PTSD triangle
- Introduce common thinking errors
- Introduce recovery thinking
- Check out and homework

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



Therapist tip: This session is about helping veterans understand that their thoughts, behaviors and feelings are interrelated. So far, the sessions have focused primary on changing behaviors to help recover from PTSD such as approaching things may have been avoided in the past. In this session, we focus on identifying and challenging negative, unhelpful thoughts and then replacing them with more realistic, helpful thoughts. It is important to clarify that we are not asking them to replace their negative thoughts with positive thoughts but with **realistic** ones.

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”
- **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:*
 - “That guy cut me off in traffic so he is a stupid jerk.”
 - “If I get angry, I will explode.”
 - “Waiting in line at the grocery store is impossible.”

1. What thinking errors do you frequently engage in? _____

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.*

Recovery Thinking

1. What negative thoughts do you have (Check the thoughts that you have often)

- 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*
- I'm bad for what I did*
- Other* _____
- Other* _____

2. How have your negative thoughts (i.e. stinking thinking) affected your life and relationships?

3. What negative thoughts do you have about yourself?

- "I am worthless"*
- "I can never get anything right"*
- "I am damaged goods"*
- "If people knew who I am, they would reject me"*
- _____
- _____

4. When you have those thoughts, how do they affect your behavior and emotions? _____

5. How could you rethink your negative thoughts about yourself to make them more realistic? _____

**Example: (Negative thought) "I can't do anything right."*

(Realistic thought) "Like everyone, I make mistakes sometimes."

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.*

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 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 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. 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. 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 in addition to practicing their three coping skills.*

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 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.*

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. 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.

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) _____

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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?*

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