

PTSD

Recovery Program

Treatment Manual

**Third Edition
October 2015**

Developed with contributions from John Lynch, Ph.D., Laurin Mack, Ph.D., John Benesek, Psy.D. Christa Marshall, Psy.D. Lisa Clevinger, LCSW, Sue McHenry, LCSW, Sarah Reynolds, LCSW, Brian Mutchler, Psy.D. Brian Meyer, Ph.D., Dorothy Panissidi, LCSW., Andrew Jones, Ph.D. & Sandra Hall, LCSW

Revisions by Jennifer A Coleman, M.A., M.S.

Hunter Holmes McGuire VAMC- Richmond, Virginia

Preface for PTSD Recovery Group Members

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

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

While deployed your arousal system constantly warned you of danger. Your senses became more acute. You saw more clearly, heard better, had increased awareness in all of your senses because your life depended on it. When you came back, the same arousal system now gives you the same message. You are alone and not safe. You don't discriminate between the danger of combat and the multitude of problems inherent in civilian life. As a result, you react to all kinds of situations as if they are actually dangerous and you stay on guard, anxious, vigilant, watchful, not letting anyone get close to you, and end up feeling distant, different, unprotected, alone, and not safe. That is how PTSD is running your life today, and what we mean when we say that PTSD is a condition of the present, not the past. That is the PTSD we will treat in this group. We will focus on how PTSD has taken over your life and how your anxiety prevents you from doing things that you are actually capable of doing and enjoying. We will work on improving your quality of life by developing skills so you can handle anything that happens today. After all, today you are not in combat, and compared to combat, **today is a piece of cake**.

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

Session 1 Agenda

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

RECOVERY

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

-SAMHSA

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.

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

Three Things Have Changed Since Being in the Military

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

PTSD Symptoms

Re-Experiencing

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

Avoidance

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

Numbing

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

Hyperarousal

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

Examples

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

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

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

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

Impact on Your Life

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

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

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

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

Common Reactions to Trauma

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

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

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

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

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

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

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

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

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

What Causes PTSD?

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

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

1. Avoidance
2. Hyperarousal
3. Numbing

These three things are now running your life.

Hyperarousal

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

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

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

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

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

Another way to think about hyperarousal...

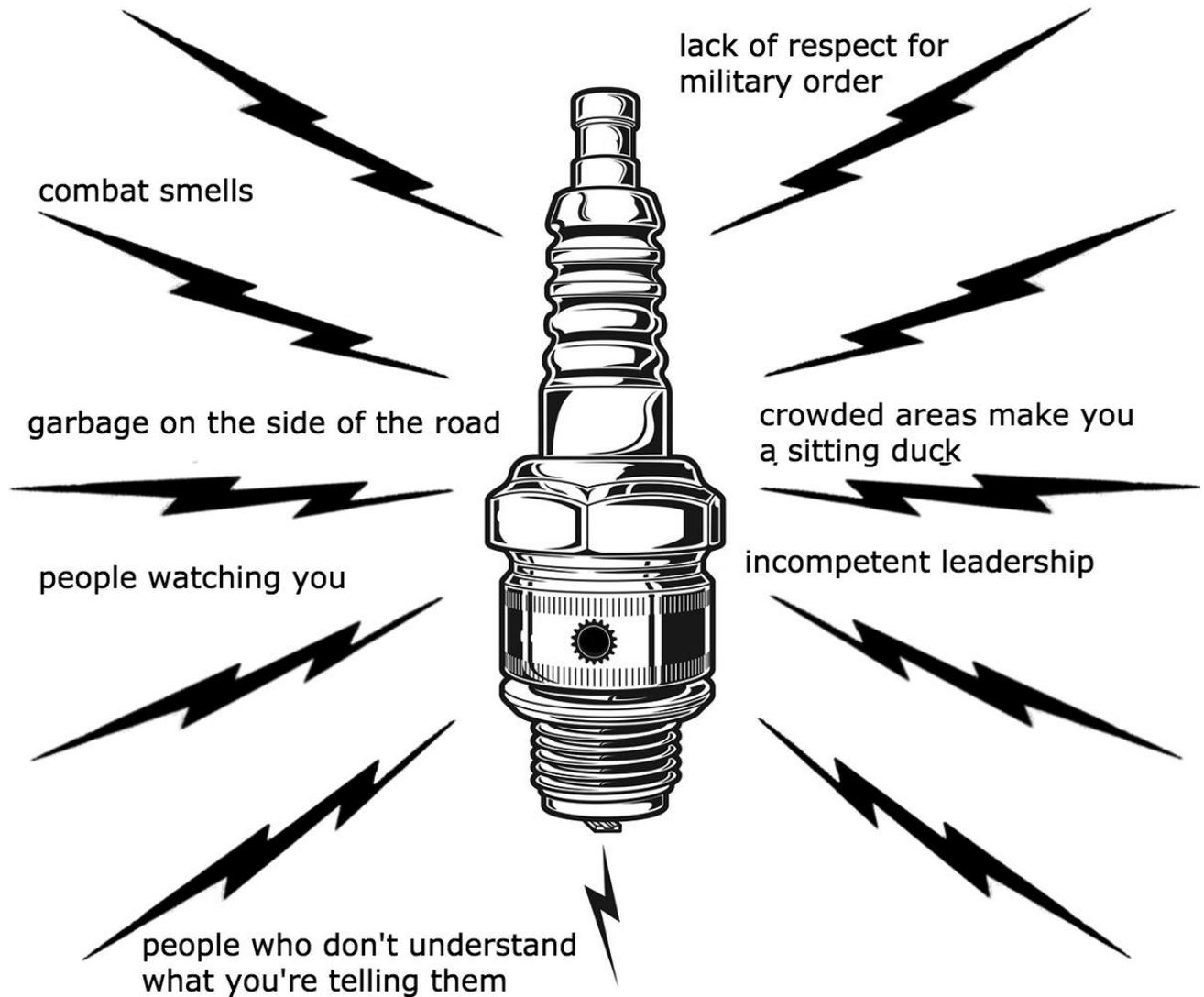
Staying on high alert and on guard is like a car revving at high RPM's all the time. This leads to damage to the engine and the engine can blow. When you stay wound up like the engine, you too can be more likely to "blow". Some of the early signs are sleep problems, high blood pressure, headaches, irritability,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



Triggers

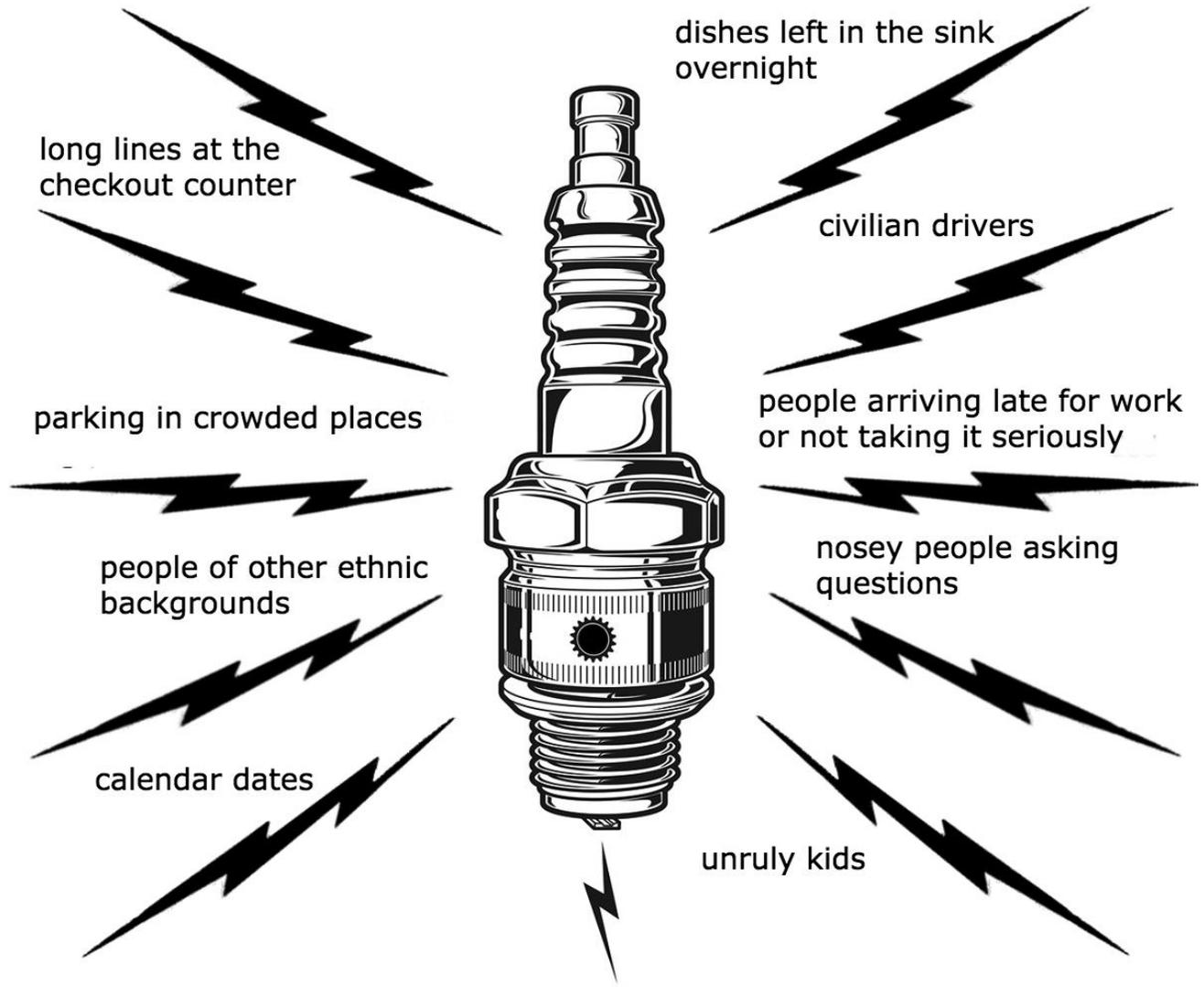
A trigger is an event, object, or cue that elicits feelings of anxiety, fear, anger, or other types of distress. Triggers are often harmless, but have become associated with the original trauma. For most people with PTSD, triggers are not inherently dangerous, but remind them of their traumatic experiences. 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.

Down Range Triggers



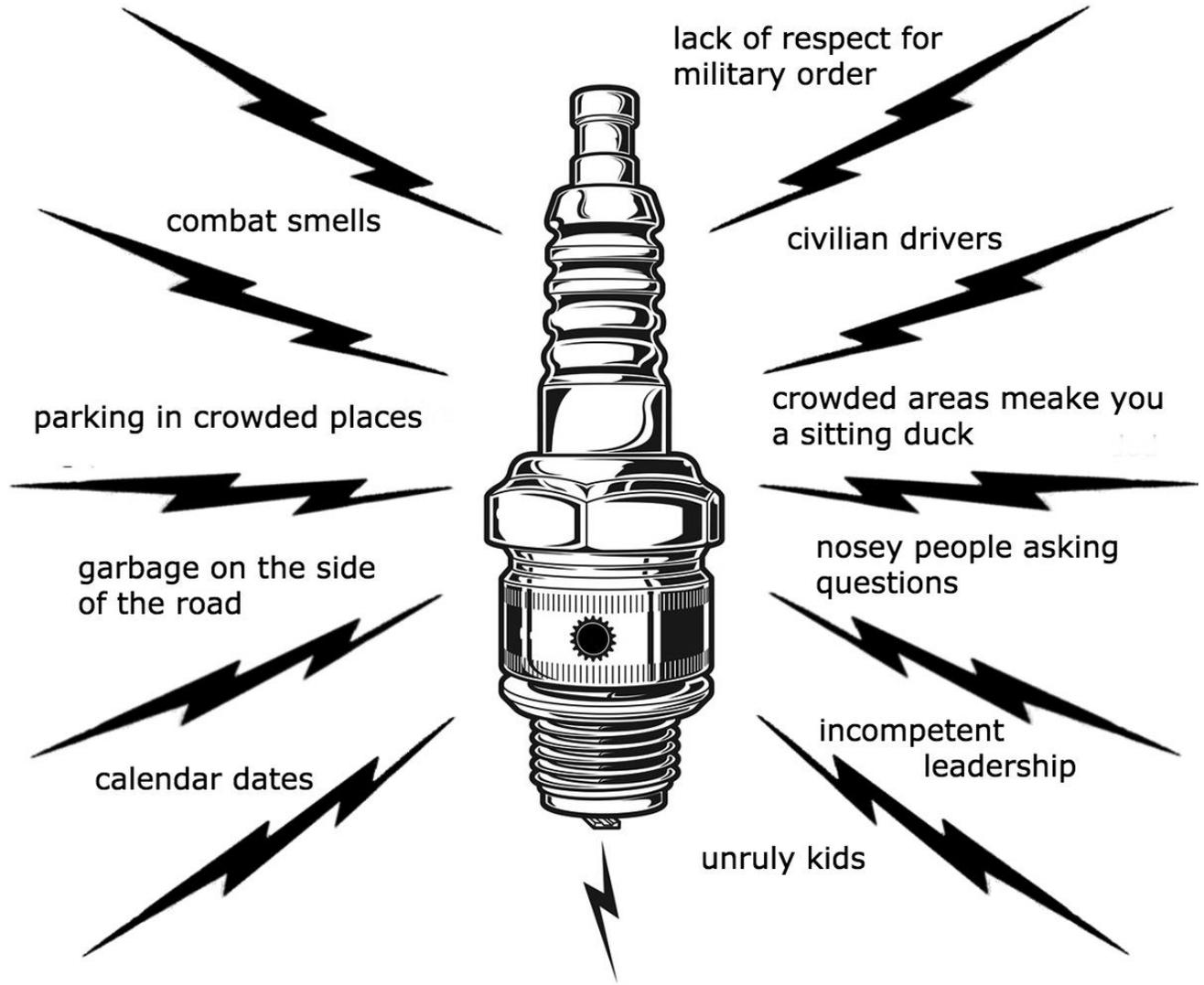
Your Examples Here

Civilian Triggers



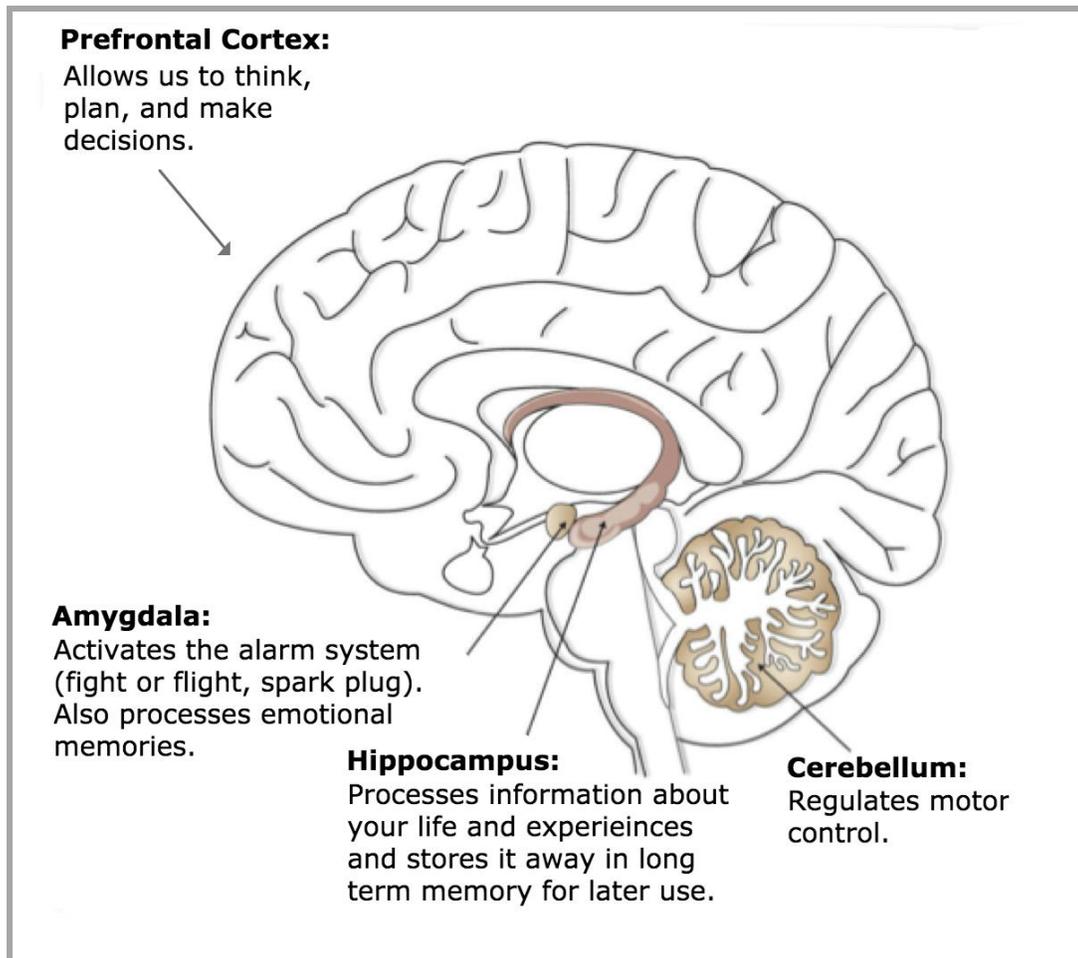
Your Examples Here

Down Range Triggers/Civilian Triggers



Your Examples Here

PTSD and the Brain



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

- However, research has also shown that cognitive-behavioral therapy can work to increase hippocampal volume (Levy-Gigi, Szabó, Kelemen & Kéri, 2013).

AVOIDANCE

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

-Brendon Burchard

Avoidance

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

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

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

Safety Behaviors

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

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

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

Checklist of PTSD Triggers, Avoidance Behaviors, and Safety Behaviors

Check the boxes that apply to you.

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

Breathing Retraining

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

Five Second Breathes

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

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

Homework

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

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

Session 2 Agenda

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

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)

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!

PROLONGED AND REPEATED EXPOSURE TREATS PTSD

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)

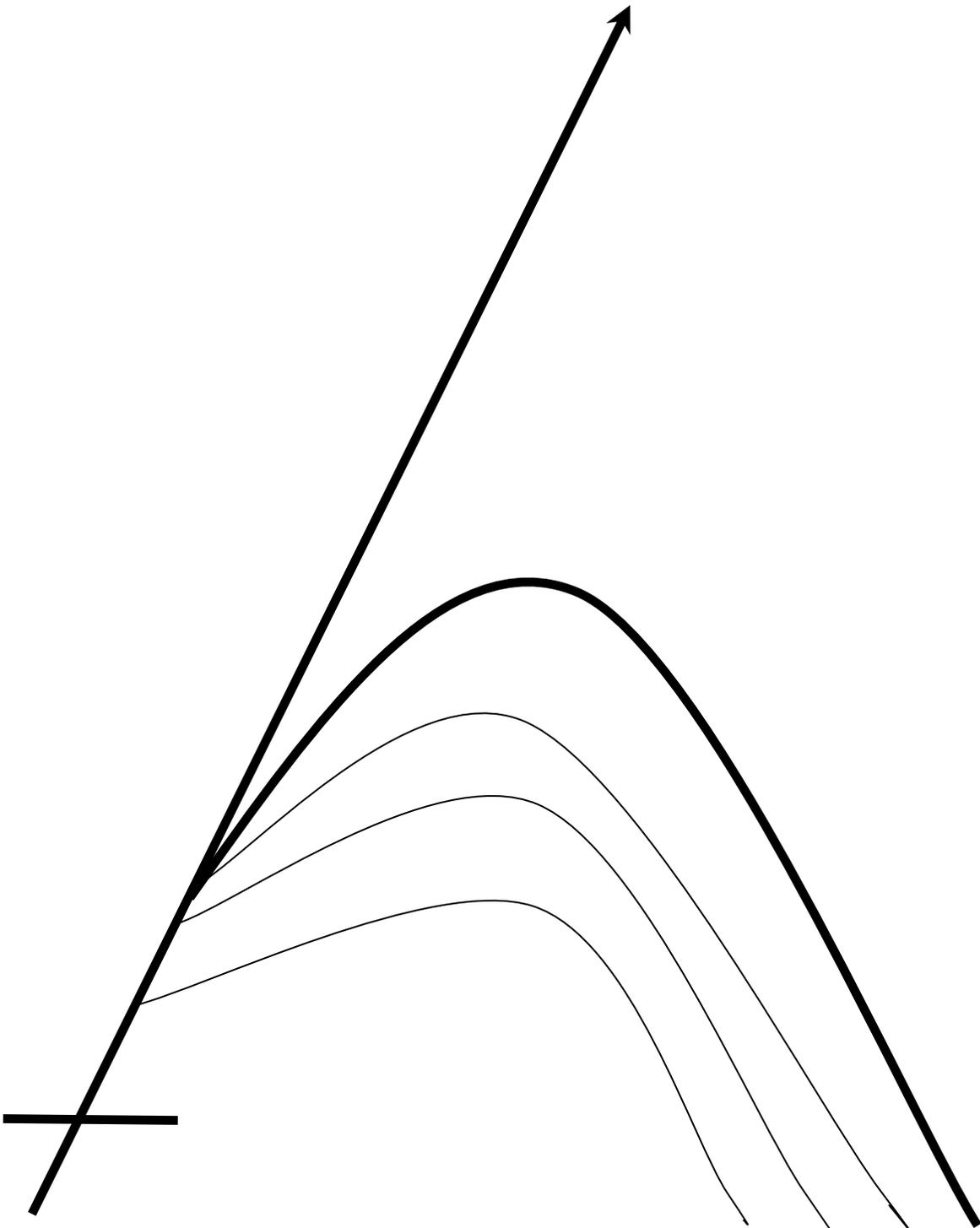
In order to work, Real-time Exposure Therapy should...

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

Why do Exposures?

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

Negative Emotion Diagram



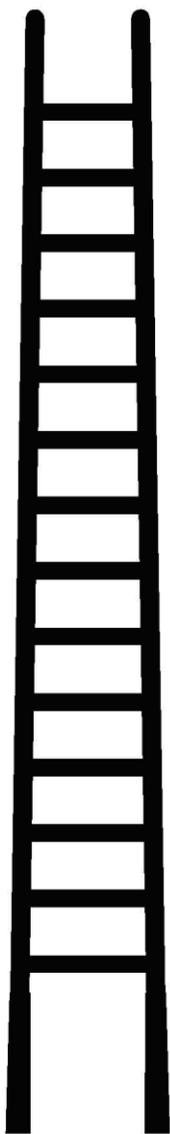
Checklist of PTSD Triggers, Avoidance Behaviors, and Safety Behaviors

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

Avoidance Hierarchy

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

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

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) _____

What is one thing you took away from this session? _____

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

Review: Common Reactions to Trauma

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

Review of Last Session

- How would you define a trigger? _____

 - What are some of your own triggers you recently noticed? _____

- How would you define a safety behavior? _____

- What are some of your own safety behaviors you recently noticed? _____

- What is the spark plug a metaphor for? _____

Drop Three Relaxation Exercise

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

Now notice how you feel. Has anything changed?

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

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

Progressive Muscle Relaxation (PMR)

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

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

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:

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) _____

What is one thing you took away from this session? _____

Session 4 Agenda

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

Review

- Have you been doing the exposure exercises during the week? _____
 - If not, what is preventing you? _____

- How would you describe PTSD to a stranger? _____

- What is the definition of a safety behavior? _____

 - Have you been trying to change any of your safety behaviors? _____
 - If so, what have you tried doing differently? _____

Grounding (Focusing on the Present)

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

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

Other Helpful groundings techniques:

10. _____
11. _____
12. _____

Safe Place Exercise

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

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

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

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

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

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

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

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

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) _____

What is one thing you took away from this session? _____

Session 5 Agenda

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

Emotional Numbing Worksheet

1. What emotions do you numb/not feel? _____

a. How is this related to your military experience? _____

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

a. How is this related to your military experience? _____

3. What do you fear would happen if you felt sadness? _____

4. What do you fear would happen if you felt joy? _____

5. What do you fear would happen if you felt fear? _____

6. What do you fear would happen if you felt anger? _____

7. How does being emotionally numb affect your relationships? _____

a. How often has your partner said, "you are aloof," "you are distant," or "you don't care about me at all?" _____

8. What would emotions would you like to feel again? _____

a. What are you willing to do each day to feel those emotions again? (in 5 minute increments?) _____

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: _____

HAPPINESS

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

-Mike Rowe

Best-self Statement

Complete the following sentence:

I want to be a person who is _____ and _____.

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

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.

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) _____
- 3) _____

What is one thing you took away from this session? _____

Session 6 Agenda

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

Dealing with Anger

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

2. What do you really want to happen when these conflicts are resolved? _____

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

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

5. What changes do you need to make to get what you want when the conflict is resolved?
(What outcome do you want?) _____

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

7. Do you avoid anger and conflicts by...
 - Stuffing your emotions and staying silent
 - Never talking about your problems or feelings
 - Exploding once all your anger has built up
 - Other _____
8. What is the result of your avoidance of anger and conflict? _____

What are your Body's Warning Signs for Anger?

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

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

Breathing _____

Muscle Tightness _____

Temperature _____

Tingling _____

Other _____

Skills for Managing Anger

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

Anger Tool Box

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

Ways of Interacting with other People

Aggressive/Explosive

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

Respecting yourself and disrespecting others.

Alarms system: ***Fight.***

Passive/Avoidant

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

Respecting others and disrespecting yourself.

Alarm system: ***Flight.***

Assertive

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

Respecting yourself and respecting others.

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

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: _____

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?

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) _____

What is one thing you took away from this session? _____

Session 7 Agenda

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

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.

The Serenity Prayer

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

-Reinhold Niebuhr

Group Discussion

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

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?

Group Discussion

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

Real-Time Exposure Practice Sheet

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

Homework Assignment:

1) _____

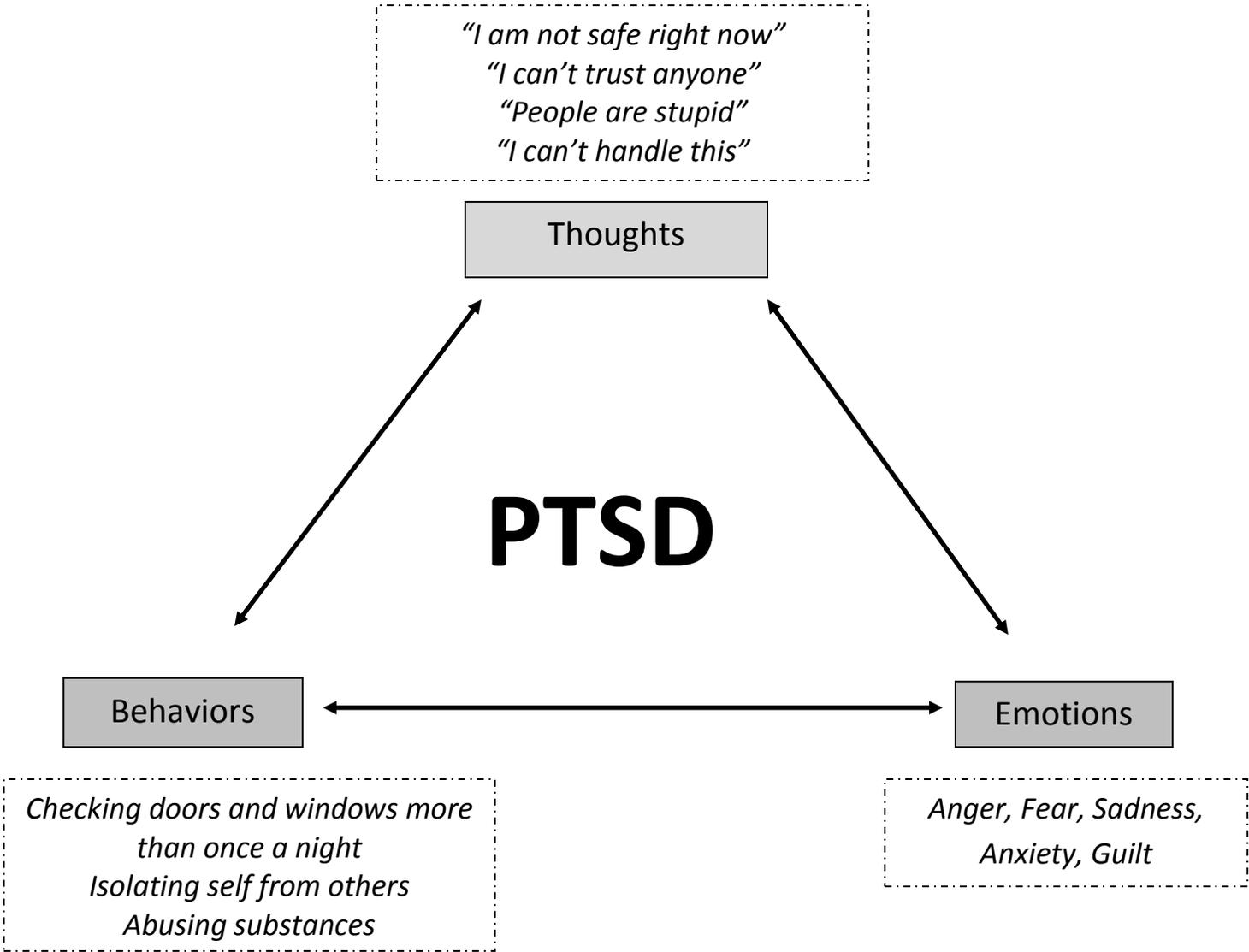
2) _____

What is one thing you took away from this session? _____

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

PTSD Triangle: It is All Connected



Common Thinking Errors (Stinkin' Thinking)

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

What thinking errors to you frequently engage in? _____

Recovery Thinking

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

Negative Thoughts

I don't care

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

People are stupid

→ *Some people are stupid*

I can't trust anyone

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

Everyone is just out for themselves

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

I can't trust civilians

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

Every situation is potentially dangerous

→ *Some situations are more dangerous than others*

Other: _____

→ _____

Other: _____

→ _____

Other: _____

→ _____

2. What do you notice when you change your negative thoughts to the alternative thoughts?

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

4. What negative thoughts do you have about yourself?

"I don't fit in"

"I don't deserve to be happy"

"I am bad for what I did"

"There is something wrong with me"

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

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) _____

What is one thing you took away from this session? _____

Session 9 Agenda

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

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? _____

Relapse Signs

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

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

Additional relapse signs to look for:

3. Sleep patterns:_____
4. Anger expressions:_____
5. Memories and nightmares_____
6. Depression, avoidance, safety behaviors_____
7. Relationship and emotional numbing difficulties_____
8. Alcohol and drug use_____
9. Physical pains:_____
10. Other relapse signs:_____

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

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

Resiliency

Posttraumatic Growth

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

Posttraumatic growth may occur in a variety of areas:

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

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

What Do You Value?

Many Veterans live by the values of LDRSHIP:

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

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

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

My value-based phrase:

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) _____

What is one thing you took away from this session? _____

Session 10 Agenda

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

Group Discussion

- Do you remember what the four symptom clusters of PTSD are?
 1. _____
 2. _____
 3. _____
 4. _____
- What did you enjoy most about this group? _____

- What did you enjoy least about this group? _____

- How would you explain what PTSD is to a stranger? _____

- What is one thing you still need to work on? _____

- How can you keep yourself accountable to continue using your skills? _____

- If you met another veteran whom you thought had PTSD but had never been to therapy, what might you tell him/her? _____

Combat Veterans May Have the Antidote to What Ails Us

Excerpt from Huffington Post article By Peter Yeomans

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

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

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

Treatment Referral Form

Name	Referral(s) requested

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (text revision). Washington, D.C.
- Bremner, J. D., Randall, P., Scott, T. M., Bronen, R.A., Seibyl, J. P.,...Innis, R. B. (1995). MRI-based measurement of hippocampal volume in patients with combat-related posttraumatic stress disorder. *American Journal of Psychiatry*, *152*, 973-981.
- Burns, D.D., & Auerbach, A.H. (1992). Does homework compliance enhance recovery from depression? *Psychiatric Annals*, *22*, 464-469.
- Foa, E.B., Hembree, E.A., Riggs, D., Rauch, S., & Franklin, S. (2009). Common Reactions to Trauma. National Center for Posttraumatic Stress Disorder, Retrieved from www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_commonreactions.html
- Hoyert, D.L., Arias, E., Smith, B.L., Murphy, S.L., Kochanek, K.D. (2001). Deaths: final data for 1999. *National Vital Statistics Report*, *49*(8).
- Karlin, B.E., Ruzek, J.I., Chard, K.M., Eftekhari, A., Monson, C.M., Hembree, E.A., Resick, P.A., & Foa, E.B. (2010). Dissemination of evidence-based psychological treatments for posttraumatic stress disorder in the Veterans Health Administration. *J Trauma Stress*. *23*(6):663-73.
- Levy-Gigi, E., Szabó, C., Kelemen, O., & Kéri, S. (2013). Association among clinical response, hippocampal volume, and FKBP5 gene expression in individuals with posttraumatic stress disorder receiving cognitive behavioral therapy. *Biological Psychiatry*, *74*, 793-800.
- Macleod, A. (2011). Reintegration takes teamwork, communication. Retrieved from http://www.army.mil/article/52897/Reintegration_takes_teamwork_communication/
- Murphy, S.L., Xu, J., & Kochanek, K.D. (2012). Deaths: Preliminary Data for 2010. *National Vital Statistics*, *60*(4). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_04.pdf
- Najavits (2002). *Seeking Safety. A Treatment Manual for PTSD and Substance Abuse*. New York, NY: The Guilford Press.
- Thomas, S. (2004). Men's health and psychological issues affecting men. *Nursing Clinics of North America*, *39*, 259-270.
- Tick, E. (2005). *War and the soul: Healing our nations veterans from post-traumatic stress disorder*. Wheaton, IL: Quest Books.
- Trauma Recovery Team, Atlanta VAMC (2009). PTSD 101 ORF/ OIF Treatment Guide
- Salovey, P., Rothman, A.J., Detweiler, J.B., & Steward, W.T. (2000). Emotional states and physical health. *American Psychologist*, *55*(1), 110-21.
- Williams, D.R. (2003). The Health of Men: Structured Inequalities and Opportunities. *American Journal of Public Health*, *93*(5): 724–731.