CHAPTER ONE

Understanding Transition Stress Reactions

The purpose of the first session is to help veterans understand typical responses to combat stress. Reactions to extreme stress—such as experiences associated with spending time in a combat zone—will be different for each individual. However, some elements of stress response are quite common and are likely to be experienced by most people at some point or another. Understanding typical responses often helps people to accept their own reactions without thinking that they are going crazy, or that no one else will understand what they are experiencing.

To fully appreciate that numerous combat stress reactions are typical responses to extraordinary stress (and *not* blameworthy, or indications of going crazy), it is important for veterans to understand that human bodies and brains are well designed to adapt to dangerous situations. Our bodies and brains will up-regulate at such times so as to become better able to detect danger and prepare us to deal with danger. Thus, we describe some of the basic neurobiological foundations of the stress reaction.

In this chapter, we also discuss how to recognize when transition stress reactions are beyond the expected responses and may need additional professional attention. In addition to helping veterans begin to understand some of the reactions they may be experiencing, this chapter includes some basic approaches to healthy coping and also provides background for learning the healthy coping behaviors that are discussed in the next chapter. We also provide a homework exercise to help veterans to begin reconnecting with others. This homework will also help veterans begin to monitor their own stress responses as they adapt to being back from war.

This book is designed to help promote the natural recovery of those who have returned from war. You know that coming home from the war zone *physically* may take a day or days, but coming home *mentally* is a process that can take weeks or months. Your retransition from the war zone is a period for the natural and gradual process of healing to take place.

Before battle, service members are provided with training and equipment to minimize or prevent physical injuries. When you were deployed to war, you used your military training to adapt to a dangerous, foreign environment. You used what

Col. Carl Castro calls your "Battlemind" to survive your hostile surroundings. Readapting to life outside of a combat takes a different type of training, and a different set of skills.

Resilient people have a set of tools that help them cope with and overcome the stressors in their lives. This program is designed to provide you with the training and tools you will need to retransition back from war. The transition home will be an ongoing, daily, and gradual process. Knowing what to expect puts you more in control of the recovery process.

▶ Understanding war-related stress

Post-deployment stress reactions are very common in those returning from prolonged combat deployments. The veteran may be coping with various acute stress responses—such as intrusive memories, nightmares, and strong feelings of agitation. It is helpful not to classify current stress at this stage as symptomatic, in the sense of being indicative of a mental disorder. Instead, it is important to recognize that these combat stress reactions are frequent, predictable, and typically transient reactions to extreme stress. In fact, about 60% of those who experience PTSD symptoms recover on their own, or with a little guidance (Resick & Schnicke, 1993).

Thus, rather than taking a pathogenic perspective, we begin the book by emphasizing a *resilience-wellness approach*. We help veterans understand that resilient individuals are able to withstand the negative impact of adversity and return to a healthy condition. Using this definition, the period of retransition is seen as a period for the natural healing process to take place. In this chapter, we help veterans to understand these reactions and begin to introduce healthy coping approaches. In Chapter Two, we teach specific tools for coping with combat stress reactions day-to-day.

Begin to normalize stress reactions for veterans. Also emphasize that over time the unpleasant reactions should decrease. Allowing veterans to see that such situations are typical of many veterans' reactions to the war zone helps them develop a stronger sense of control. Importantly, providing a plan of action for various reactions will increase their sense of self-efficacy, thus decreasing their levels of stress.

Our first course of action is to help you to understand some of the experiences you may be having following combat experiences. Each person's specific reactions to extreme stress will be different from other people's reactions. Some people may feel sad or numb, some may feel anxiety, and others may feel angry. Most people returning home will have a mix of many emotions, including gratitude and happiness. However, there are some types of reactions that are fairly common for people who have survived extreme situations such as a combat deployment.

■ Section A: Types of combat stress reactions

Take some time to address current combat stress reactions that veterans are experiencing. This is best done through a free-flowing conversation or discussion. This discussion is critical for veterans to begin developing an understanding of common responses to combat stress.

If a writing board is available, it may be useful to write down the symptoms described. It can be helpful to begin by writing the three symptom clusters—reexperiencing, hyperarousal, and avoidance/numbing—as headings so that specific symptoms or indicators can be grouped underneath the appropriate symptom categories. For example, when veterans suggest symptoms such as irritability, anger, and feeling jumpy or on guard, the symptoms can be written in the hyperarousal category. After the veteran has had an opportunity to describe some common symptoms that he or she may be experiencing, describe common reactions to combat stress.

There are several types of common reactions that the body and brain have following extreme stress (Resick & Schnicke, 1993). We are going to talk about four common reactions. One type of common reaction to extreme stress is called *reexperiencing*. Reexperiencing reactions include different ways that combat events may seem to repeat in our mind or body. Reexperiencing can include upsetting memories, thoughts, and images that come into your mind even when you are not trying to think about them, as well as dreams or nightmares about stressful events. Sometimes reexperiencing can occur when something reminds you of the stressful event. The reminders—sometimes called *triggers* or *cues*—can be many different things. Following war, a trigger may occur when veterans see people who remind them of the enemy, when they are in places that are similar to the war zone, or when they hear sounds or smell odors that remind them of their deployment. Reexperiencing often causes physical stress reactions in the body. For example, a person might experience a physical stress reaction (heart beating faster, sweating more, muscles tensing up, etc.) when something reminds them of a severly stressful event.

A second type of reaction includes the experience of being amped-up, also known as *hyperarousal*. Arousal is just energy or activation in the body. We all need some level of arousal or we could not get up and move around. Hyperarousal just means more arousal than we need, or more than is healthy or makes sense. Some veterans may feel like they have to be on guard all the time. They may startle following sudden noises and they may feel "jacked up" or "amped" a lot of the time. Some may feel very anxious or panicky. Some veterans find it hard to concentrate. They might be more irritable or angry than they used to. Also, veterans may have trouble falling asleep or staying asleep due to hyperarousal.

The third type of reaction following extreme stress is *avoidance*. Avoidance refers to going out of our way *not* to think about or to stay away from something. Because the other reactions—reexperiencing and hyperarousal—feel bad, some veterans try to avoid reminders of their deployment or anything that might trigger these other stress reactions. If a veteran feels uncomfortable in a shopping mall, he or she

might begin to avoid going to the mall. If a veteran is triggered by seeing people who remind him or her of the enemy, he or she may begin to avoid being around similar looking types of people. Veterans might try to avoid thinking about the war zone, or talking to people about it. Some people start to keep to themselves, or avoid watching TV or reading the news.

Related to avoidance, some people may experience *emotional numbing,* or may feel depressed. This can include having a hard time relating to other people or having a hard time trusting others. Veterans with emotional numbing may feel fewer positive feelings, like happiness. Often after stressful events people have a harder time enjoying things they used to, such as hobbies or going out with other people. Sometimes veterans lose their interest in food or sex, or may not be able to function sexually. Veterans may feel guilt related to things they did or did not do, such as making it back when others did not. After combat deployment, many people feel that they just don't have as much energy as they used to, or that their memory is not as good as it used to be.

After the veteran has identified reactions they—and others they know—are having, and these reactions have been discussed, it is useful to add a title to the list of reactions: common reactions to extreme stress.

So far we have been talking specifically about deployment-related stress. However, the reactions that we have discussed are not specific to veterans. These reactions are actually common reactions to extreme stress in general. Survivors of motor vehicle accidents, natural disasters, sexual assaults, and other crimes tend to have the same types of reactions. For example, two weeks after a sexual assault, 94% of rape survivors were found to have many of these reactions (Rothbaum et al., 1992).

Remember as we talk about these reactions to stress that we are talking about normal reactions that the body and brain have to very *extreme* events. Another way to say this is that they are normal reactions to an abnormal amount of stress.

■ Section B: Stress and the brain

This section on the neurobiology of traumatic stress response is critical for individuals to help them understand why they may be experiencing some of the reactions they are having. It also provides the background for the following section, regarding the role of avoidance in maintaining or decreasing adverse reactions.

Emphasize that the reactions that group members are experiencing are the result of body and brain reactions to extreme stress, and that these reactions are learned by the system (the body and brain). These changes are not innate—veterans were not born with them. Rather, they are the result of training and experience. As a result, they can also be changed through additional training and experiences.

To help understand why you may be experiencing some of the reactions that you have had, it is very important to understand how our system—meaning our brain and body—works to deal with danger. Our system is very efficient at helping us to detect possible threats and to prepare us to deal with those threats. When we have gone through extreme stress—such as almost being killed or seeing other people get seriously injured—our brain makes changes to become more attuned to danger. In the war zone, our system adapted to surviving in that environment. Parts of our brain actually adapt to be able to detect danger and keep you alive. Any time our brain detects possible danger it can fire the alarms and get us ready to act—to keep us safe.

The amygdala is a part of the brain's alarm system. The amygdala helps produce our emotions—including anxiety and fear (LeDoux, 2002). It is in charge of detecting danger, and then triggering the "freeze, flight, fight" system (Gray, 1988). Many of you may be familiar with the idea of fight or flight. But if we look at how our systems are really wired, the order is little different. First, when a serious threat is detected we are wired to freeze. Freezing protects us from predatory animals, which are very good at detecting movement. Second, the system is wired then to make us flee—to get away from the threat. Only when those options do not work or are impossible, are we wired to fight—as a last ditch effort to survive. Many veterans are embarrassed if they froze or ran when attacked or were in danger in the war zone. However, this is what we are wired for! Military training works to reverse this order, but it is hard to change biology.

It is important to strongly emphasize that the common understanding of the natural response to danger is incomplete. We often hear and think about it as fight or flight. However, more recent research outlines our actual natural wiring as "freeze, flight, fight, fright, faint"—recognizing that our complex system is truly designed to protect us and keep us alive. Training is sometimes effective in changing behavior, but under stress biology exerts a very strong influence. Also, many types of freezing and fleeing can occur—individuals may physically freeze, hide, or experience dissociation. As part of the central nervous system's sympathetic stress response, body functions change. Many changes occur as a part of this, including such things as tunnel vision, auditory exclusion, and bowel release. Although it is rarely talked about—and service members may be embarrassed if this happened to them in combat—bowel release is common and part of our natural physical reaction to danger (i.e., dysregulation of body functions that are not immediately essential to survival).

When we survive an extremely stressful situation, our alarm system (the amygdala) registers what is going on at the time—the temperature, the sounds we hear, the sights we can see, even the odors we smell. The amygdala registers all of these things as signs of danger. The problem is that once we are no longer in danger the amygdala interprets things we may have seen, smelled, heard, or felt as signs that danger is happening again.

When the brain detects something that it considers a sign of danger, the amygdala acts, and it acts fast. It's the amygdala's job to fire all of the alarms to the rest of the brain and body and prepare us to deal with danger. It throws adrenaline into the body, tenses the muscles, quickens the heart rate, stops digestion, and causes us to feel anxious, fearful, and on-guard. Basically, it prepares us for battle. When we have survived extremely stressful or dangerous situations, the amygdala can start to be overactive. That is why when veterans return from war, they often feel alarmed even when they are not in danger (LeDoux, 2002).

At this point it can be useful to give an example of the way that the amygdala associates cues with danger or conditions cues to indicate danger. For example, you can describe to the veteran a very detailed scene of walking down the street, including numerous details of the environment. If a traumatic event occurred—for example being hit by a car or attacked suddenly—then all of the environmental cues (including otherwise neutral or even pleasant cues) can be associated with danger, and can later cause the amygdala to fire the alarm, causing an anxiety or fear reaction. Some of the cues can be quite subtle—for example, innocuous sounds or smells, ambient temperature and humidity, even internal body sensations that occurred during the traumatic event (such as increased heart rate or respiration, tension in the muscles, feeling of dizziness, lightheadedness, or disorientation).

After returning from war, the amygdala often cannot tell the difference between what is really dangerous and what is not dangerous. It cannot tell Baghdad from the basketball court, Mosul from Mom's house, or Qandahar from a candy store. It seems to forget where we are, what year it is, sometimes even who is with us. So even though hot temperatures, or crowds, or enclosed places are not actually dangerous now, if you have been in dangerous situations like these in the past, the amygdala will assume you are in danger and will fire. And when it fires the "alarm," we do not just think, "maybe there's danger here." When our brain tells us something, we believe it. When the amygdala fires, we feel and believe that we are currently in danger.

After trauma, the amygdala changes our system so that the main goal is detecting danger and preparing to deal with danger. When the system has the main goal of detecting and dealing with danger, a lot of other things fall by the wayside. The amygdala tells us "you do not need to sleep—in fact sleeping will not keep you safe. I will keep you safe. Stay awake." It tells us "there is no need to enjoy your old activities—they will not keep you alive. No need to have a regular appetite, no need to feel close to other people, no need to feel sexual desire, no need to go out and enjoy life—those things will not keep you alive. I will keep you alive." As long as the amygdala is overactive, we can believe that we really are unsafe—no matter what is really going on.

Coming back from the combat theatre, you likely feel less safe than you did at home before you left. You may take more precautions now, and feel that the world has changed. However, believing we are unsafe does not actually make us safer—in fact, it can make us less safe. We will illustrate this with an example. If you are familiar with radar systems, you may know the idea of the "signal to noise ratio." The

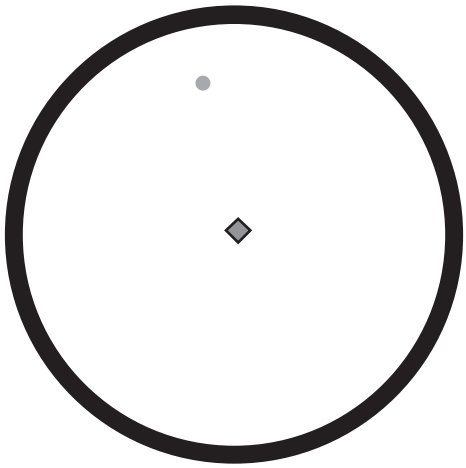

Figure 1.1 A radar system that is accurate or only slightly overactive.

signal to noise ratio is a measure of the amount of true information a radar detects (real threats) compared to false information or "noise." False information (or noise) is when the radar reports an object or threat when there is nothing dangerous there. Well-tuned radar will only register a threat when there is really something there—this is the optimal situation (see Figure 1.1). However, if the sensitivity of the radar is too high—maybe 1 or 2 percent—then you might get an occasional false blip. If the radar is too sensitive we might occasionally believe there is an incoming plane and scramble to intercept it—and find nothing is there. But, if the radar system is far too overactive you get constant blips on the radar (see Figure 1.2). Because every blip has to be investigated, we are constantly scrambling to check every signal. Of course this is very costly. It takes too many resources to check every possible threat. We become tired, overworked, and burned out. We do not know which blip is a real threat or if there is any real threat at all. Over time, the system gets overworked to the point that if a real threat does come, it is more likely to miss it.

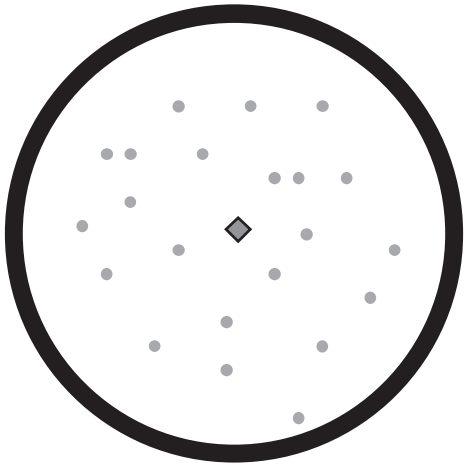

Figure 1.2 An oversensitive radar system.

■ Section C: The problem of avoidance

In this section, we discuss an extremely important and core component to our treatment model, and to the overall recovery process. Although it is certainly natural and understandable to avoid things that cause discomfort—or that trigger an anxiety or fear reaction—it is also critical to recovery not to avoid these things and to resume more normal activities. Indeed, it is critical to the system that the person does not avoid things that are safe, but that have become associated with fear or danger. This principle of nonavoidance—of resuming more normal activities so as to help the system readapt—will be a guiding principle throughout this program.

As mentioned previously, avoidance is when we go out of our way *not* to think about or to keep away from something. Trying to avoid reminders of highly stressful events is a natural reaction. For example, veterans who experience combat stress may try to avoid thinking about their war experiences. They may avoid talking about the war or not watch the news. However, there are a few problems with avoidance. First, there may be a lot of reminders around you, and it can be hard to avoid all the possible reminders.

There is another big problem with avoidance. Usually a lot of the things we are avoiding are things that were signs of danger in combat situations. For example, particular sounds or smells meant we needed to be ready to fight or get away quickly. The problem is that if we look at things here and now, we see that the same things we avoid are not signs of danger now. Our bodies and our brains are still avoiding cues for danger in the war zone—as if they still mean danger today.

If we avoid these reminders of the war zone, our bodies and brains do not get a chance to learn that the things that meant danger in the combat zone are not good predictors of danger here and now. When we avoid things that are not actually dangerous, we are taking away opportunities for the amygdala to learn. Even worse, the more we avoid, the more the amygdala becomes convinced that it really is dangerous.

To be able to get back to where you can go to places and enjoy doing activities you used to enjoy, you have to retrain the amygdala. There are two things that need to be done to overcome your stress reactions:

- For a while, you have to get used to the fact that even though the amygdala is firing the alarm there really is not any real danger there.
- For a while, you will have to allow yourself to feel *uncomfortable* when your amygdala is firing. To do this, you will have to allow yourself to tolerate reminders long enough and often enough—without avoiding them—so that your amygdala can learn that nothing bad is happening.

Accurate signs of danger *do* still exist. However, the cues from the war zone are not very good ones right here, right now. Right now the main thing old reminders do is to keep us really "amped" up and uncomfortable—rather than keeping us safe. Getting better means giving the amygdala enough new training so it relearns what

the cues for real danger are, and stops triggering anxiety and fear when you do not need it. Now we will begin to teach you the tools you will need to manage your stress.

■ Section D: Monitoring stress

Everyone deals with stress in his or her own way. For this reason, it is important to know how *you* deal with stress. In this section, you will learn how to measure your stress levels and to use coping tools to manage your stress in different situations.

- Similar to checking the temperature in your home, we can measure stress level with a gauge. Instead of using a thermometer, the tool we use to monitor a person's stress level is the Subjective Units of Distress Scale (SUDS; Wolpe, 1973).
- The scale goes from 0 to 10, with higher numbers meaning more distress. A SUDS rating of 0 is the least stress you can feel—feeling no stress at all. On the other hand, if you are at a 10, you are so stressed that you can hardly stand it.
- Using the SUDS frequently is a very good way for you to know what is setting you off at a given moment in time.
- If your SUDS level goes above a 5, you should use a relaxation skill to calm yourself down.

On a scale of 0–10, with 0 being the lowest amount of distress you can feel and 10 being unbearable distress or anxiety, what is your SUDS level right now? Please circle the number that fits how you feel now.

■ Section E: Relaxation skills

Now that you have noted your SUDS level, you may be aware that you are feeling stressed. There are a number of skills you can use to calm your body and mind. One is called diaphragmatic or belly breathing. Try using belly breathing any time you feel upset, tense, or stressed out. With practice, it can help relax your body and distract you from what is bothering you.

Take some time now to try the relaxation skills below.

Diaphragmatic (belly) breathing

Something as simple as the way we breathe can help reduce stress. In general, we can say that most people do not breathe properly. We tend to rush our breathing, taking shallow breaths, from the chest. This is not an effective way of breathing. And when we get really stressed, we might even hyperventilate.

Have you ever noticed babies while they are sleeping? How do they breathe? When babies breathe in, their stomachs come out. When they exhale, their stomachs go flat. That is the proper way of breathing. As we get older and deal with life stress, we reverse the process. Adults usually breathe too shallow and too fast. What we want to do is to slow down our breathing to relax and to help our bodies be more efficient and not get overworked.

We are now going to teach a skill called diaphragmatic (belly) breathing. Belly breathing is a great tool to make us feel relaxed and calm. It helps our bodies to slow down and get more oxygen. This bodily change maximizes both our physical and mental abilities, so that we perform at our best. Best of all, belly breathing is very easy, quick, and useful in any situation. You don't need any equipment, and you can do it anywhere, practically anytime.

Before practicing belly breathing for a few minutes, please take a moment to write down your SUDS level before you start (see Figure 1.3):

SUDS: Before relaxation: _____/ 10

To practice belly breathing, sit comfortably in your chair with your hands resting on your stomach and your fingers laced together. Go ahead and take a nice deep breath in. As you do this, your stomach will come out and expand. Hold it for as long as it is comfortable. Then exhale very slowly—as you do, your belly will go back in and deflate. You can think of it as inhaling and filling your belly like a balloon gets filled with air—holding it for a few seconds, and then very slowly letting the air out of the balloon so that it deflates again. This may seem uncomfortable at first, but with a little practice it becomes a very useful relaxation skill.

If you want to, you can close your eyes and take a deep breath in, so your belly expands—hold for a few seconds—and then slowly exhale, so your belly goes in again. Then take another slow breath. Now, please practice belly breathing for at least three minutes. After three minutes, you should feel more relaxed. If you do not feel more relaxed, keep trying. Some people need a while to get the hang of it.

Now that you have practiced belly breathing, please take just a moment again to note your SUDS—estimating your level of distress on the scale from 0 to 10. Please write down your number here:

SUDS: After relaxation: _____/ 10

Hopefully you saw a decrease. If it's not that much of a decrease, do not be alarmed. It takes practice to get the numbers down. It is a skill that needs to be developed over time. Once you get it, you will know it—because you will feel much better.

Figure 1.3 Subjective Units of Distress Scale (SUDS).

You will want to encourage veterans to try out different stress management and relaxation techniques. If you are not familiar with how to do the techniques, we have included resources for you at the end of this chapter. We recommend that you try these methods out yourself and become proficient with them. That way you will feel more comfortable and at ease as you teach them to your veterans.

■ Section F: Treatments for transition stress reactions

It is possible that you or someone you know are experiencing frequent nightmares, unwanted and distressing thoughts, images, or memories, hypervigilance, anxiety, depression, difficulty feeling positive emotions, or feeling very angry. If you are having any of these experiences, please know there is help available.

One of the most common treatments for these concerns is cognitive-behavioral treatment with a professional who is trained in dealing with stress reactions. A trained mental health professional helps to discover what might be setting off these reactions. He or she would then provide clear ways of dealing with these problems. It can also be very helpful to also work with a primary care physician or psychiatrist who can prescribe medication to help ease some of the symptoms.

▶ When to talk to your doctor

Have you or someone you know been:

- Avoiding people much of the time?
- Using drugs or alcohol more than normal or using them as an attempt to numb the pain inside or as the only way to relax or sleep?
- Feeling overwhelmed by your symptoms?
- Thinking of hurting yourself or someone else?

Did the veteran answer YES to ONE or more of these questions? If so, have them talk to their doctor right away.

▶ The heart of the matter

The transition from the war zone will be an ongoing, daily, gradual process. In this book, we provide you with the skills you will need to deal with reactions some people experience following war. We help you begin a plan of action so that you can be better prepared to cope with the transition back into civilian life. Use the SUDS to measure your stress level at least once per day. Then practice your new relaxation skills daily as well.

Brief quizzes are available at the end of each chapter (with answers in the Clinician's Guide *and at the back of the* Veteran's Workbook*). They can be used to evaluate the effectiveness of the material or simply to help veterans remember what they have learned.*

The veteran's copy of quizzes is provided at the end of the workbook as well as in Appendix D of this manual. Please remind veterans to review and complete the quiz.

- Please turn to the end of the chapter and take the quiz. The quizzes are a good way to review some of the important points in the chapter.

▶ Phone calling exercise

We include a Phone Calling Exercise as a useful way to help veterans to begin readapting and reconnecting with others. If treatment is in a group context, then this exercise can also help to begin building group cohesion (Ready et al., in press). There are several goals to the exercise, including helping veterans to connect as a group if in a group context, to begin reconnecting with others in general if in an individual context, and to begin reconnecting with others in a way that may be diminished following stressful military experiences. Further, this exercise provides an opportunity to discover that some experiences that are initially anxiety provoking (and may even cause a false alarm and fear response as discussed during this session) become much easier with practice, and may even become rewarding and enjoyable over time.

■ If treatment is in a group format

The exercise itself consists of each group member calling others in the group, asking each person a simple question, rating their own SUDS before and after making each phone call, and noting the duration of the call. Even though we ask veterans to write down the duration of the call, there is no required duration—we ask simply that they get an answer to their question from each member of the group.

Make a copy of the phone list at the end of this chapter, and prior to the end of the group session ask the veterans to write down their name, best telephone contact number, and the best times to reach them by phone. Compile this information, and give it to each veteran (e.g., by having each person write down the information on the same sheet and making copies for each veteran).

We provide Phone Calling Exercise Worksheets for veterans. Prior to the group, the clinician should prepare a question to assign to each veteran. Questions should be very easy at the beginning of the program, and may get a little more in-depth as time goes by and group members feel more comfortable with each other.

Questions may be as simple as:

- What was your first job?
- Do you have any pets?
- What is your favorite color?
- What is your favorite television show?
- What kind of music do you like?
- What is your favorite food?
- Who do you most admire?

- What was your favorite food when you were growing up?
- Who is your favorite actor/actress?
- What was the name of your best friend as a child?

By the fifth session, we recommend giving them blank forms and asking veterans either to make up their own questions to ask, or simply to make and write down the calls that they made. We typically want veterans to call about 6–8 people each week. If the group size is 10 or fewer, asking them to call each person in the group is beneficial. If the group size is larger, it is reasonable to ask the veterans to call 8 other members.

Veterans should be instructed that they should only ask their question if they initiated the phone call. When they receive a call, it is fine for them to immediately call the other person back afterwards, but part of the exercise is making the phone call itself.

■ If treatment is in an individual format

The same concept can be applied in terms of asking the veteran to call at least 5 individuals during the time between sessions. Of course, because the veteran will not be calling people who are also doing the exercise, they need not ask a specific question. In this case, the veteran should simply have to goal of calling 5 more people and speaking with them on the phone, noting their own SUDS before and after each call, as well as the duration of each call. The phone calls can be to people that they are in frequent contact with, or people with whom they have not spoken much recently. If it is more comfortable for the veteran, he or she can call for a specific reason—such as asking about details for an upcoming event. As with the exercise for the group format, as the treatment program progresses, the use of this exercise may also progress. For example, it may be useful later to ask the veteran to extend his or her phone calling to include individuals with whom he or she has been out of touch. In any case, the overall exercise involves the veteran reaching out by making phone calls to others.

▶ On your own

In the week ahead, try practicing belly breathing when you notice your stress level increasing. Take note of your SUDS level, then practice belly breathing for at least three minutes, then note your SUDS level. With practice, this relaxation tool will become more effective.

Additionally, isolating yourself from other people means losing support, friendship, and closeness with others, and more time to worry or feel hopeless and alone. Many veterans tend to isolate from other people to help avoid reminders and stress that goes along with talking to people. However, support from other people is one of the most important things to help you cope with combat stress. Therefore, one of the tools we will expect you to use is the telephone.

We would like for you make phone calls to others in the week ahead, to help you connect with other people. Complete the Phone Calling Exercise in which you call

other people you know. Take the opportunity to talk to the other person for a few minutes.

Phone Calling Exercise

1. If you are part of a treatment group and were assigned a question, then follow the suggestions from your group leader. Ask your question when you call each group member and note each person's response. Remember that you should only ask your question if you initiated the phone call. When you receive a call, it is fine to call the other person right back after you have hung up.
2. If you are not part of a treatment group, set a goal for yourself to call five or more people in the next week. The phone calls can be to people that you frequently talk to, or to people that you have not talked to much recently. When you start practicing with this exercise, if it is more comfortable for you, you might call for a specific reason—such as asking about details for an upcoming event. As time goes by you may feel more comfortable making more calls. The important thing right now is to start reaching out by making phone calls to other people.
3. Using the Phone Calling Exercise Worksheet, write down your own SUDS before and after each call, as well as how long you are on the phone during each call.
4. Begin to practice using your belly breathing skills at least once a day during the coming week. Find a quiet place where you will not be disturbed. At first it is best to practice these skills when you are already feeling relatively calm. Like any other skill, it is hard to learn it under stress so practice when you do not need it at first. As you get better at using these skills, you will be able to use them more and more even under higher stress.

Remember that learning any new skill means taking the time and energy to practice and focus on learning. Also, as with trying anything new, it may feel a little weird at first. Keep practicing. Like many other skills you have practiced and gotten good at, with time you will get better and better. As you master each of the tools we provide in the workbook, they become easier to use, and more useful.

Phone List

Name	Best Phone Number	Best Times to Call

Phone Calling Exercise Worksheet

Name: _____

Session Number: _____

Question: _____

Person Called	Date	Your Own SUDS Before (0–10)	Answer/Topic	Call Length	Your Own SUDS After (0–10)

▶ Further readings for the clinician

Cash, A. (2006). *Posttraumatic stress disorder: Wiley concise guides to mental health*. Hoboken, NJ: Wiley.

Davis, M., Eshelman, E. R., & McKay, M. (2000). *The relaxation and stress reduction workbook* (5th ed.). Oakland, CA: New Harbinger.

Foa, E. M., Keane, T. B., & Friedman, M. J. (2000). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. New York: Guilford.

Friedman, M. J., Keane, T. B., & Resick, P. (2007). *Handbook of PTSD: Science and Practice*. New York: Guilford.

LeDoux, J. (2002). *Synaptic self. How our brains become who we are*. New York: Penguin.

Litz, B. T. (2004). *Early intervention for trauma and traumatic loss*. New York: Guilford.

Schnurr, P. P., & Green, B. L. (2004). Understanding relationships among trauma, posttraumatic stress disorder, and health outcomes. In P. P. Schnurr & B. L. Green (Eds.), *Trauma and health: Physical health consequences of exposure to extreme stress*. Washington, DC: American Psychological Association.

▶ Chapter 1—Understanding transition stress reactions quiz

Name: _____

Date: _____ _____ / _____ _____ / _____ _____

1. What term refers to going out of our ways *not* to think about or to keep away from something.
   a. Hypervigilance
   b. Avoidance
   c. Reexperiencing
   d. Dropping out

2. It's very unusual to experience unwanted memories after returning from the war zone.
   True or False

3. Although reminders of stressful combat events can feel overwhelming, the reaction to reminders often lessens with time.
   True or False

4. Isolating from other people means loss of support, friendship, and closeness with others, and more time to worry or feel hopeless and alone.
   True or False

5. What does SUDS stand for?
   a. Strong Underpinnings of Denial and Suppression
   b. Subjective Units of Distress Scale
   c. The stuff you find floating at the top of beer
   d. Soap scum Under Da Sink

6. Working all the time to try to avoid distressing memories of the stressful event is a good way to deal with post-war stress.
   True or False