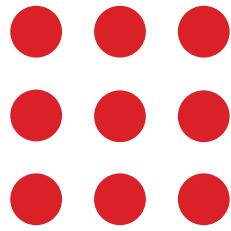




An Active Approach to Recovering from Trauma: Breaking the Cycle of Safety Aids and Avoidance

Joseph W. Boffa, PhD | Amanda M. Raines, PhD | C. Laurel Franklin, PhD | Jason T. Goodson, PhD





Veterans Crisis Line

DIAL 988 then PRESS 1

Free, confidential support 24/7/365

Trauma and all the things that come with it can be overwhelming. As a result, many Veterans have thoughts about harming themselves or someone else. Those thoughts may be distressing, but you don't have to suffer alone. Crisis line responders are available 24/7 to provide free, private consultation on ways that you can help yourself cope through any crisis. You can even call if someone you know is in crisis. Do not wait; make the call. Your life and the life of others may depend on it.

DIAL: 988 and press 1

TEXT: 838255

CHAT: VeteransCrisisLine.net/get-help/chat

For immediate help to stay safe: Call 9-1-1 or go straight to your local VA or community emergency room for help.

ACKNOWLEDGMENTS

Edited by Mary O. Shapiro, PhD, and Frank W. Weathers, PhD

The contents of this manual do not represent the views of the Department of Veterans Affairs (VA) or the U.S. government.

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AN INTRODUCTION TO THIS GUIDE

How will this guide help me?

This guide will help you to understand how trauma affects your life and help you recover from any lasting reactions to trauma that are keeping you from living life to the fullest. You will learn to identify behaviors that are keeping you stuck in your recovery and learn a step-by-step method for changing them. We want this guide to give you hope for recovery and the confidence to accomplish your goals.

I have a hard time concentrating after trauma. Do I have to read all of this at once?

Of course not – that is why we broke it up into sections! We know addressing trauma is difficult, so we want the approach to be manageable. Go through this guide at your own pace. We think the guide works best by working through a couple of sections at a time. You might approach it like this:

- Sections 1-4: Learn about common reactions to trauma, and identify specific ways it has impacted your life.
- Sections 5-6: Understand how problematic avoidance behaviors (we call these “safety aids”) keep you stuck in your recovery from trauma.
- Sections 7-9: Identify what safety aids you currently use to deal with distress, and plan ways to learn how to live without them.
- Sections 10-11: Learn about other resources that can assist your recovery from trauma. Feel free to use this information before, during, or after you work through this guide.

It may be helpful to take a couple of days to review and reflect on each set of sections before moving to the next set. Sections 7 and 8 are specifically designed to be done over several days or weeks. This is where most of the work will be done as you learn how to break the cycle of avoidance and safety aids.

SECTION 1

UNDERSTANDING TRAUMA

Before we think about solutions, it might help to think about the problems caused by traumatic events. *Where* did the problems come from? *Why* are they happening? *How* do they affect your daily life? In this section we will start to answer some of these questions.

What is trauma?

Trauma is a general term that describes an event that:

- You experienced, witnessed, or learned about
- Threatened your physical safety or life
- Affected you or someone that you are very close to

What events might count as “traumatic”?

Trauma takes *many* forms. Some of the most common forms of trauma for Veterans include:

- Combat experiences such as IED blasts, being wounded, seeing others who were killed or injured
- Physical or sexual assault, including military sexual trauma (MST), domestic violence, child abuse
- Major car or motorcycle accidents, work-related accidents, or military training accidents
- Sudden loss of a close friend or relative to causes such as suicide or an unexpected ailment
- Natural disasters such as hurricanes, tornados, flooding, earthquakes, fires
- Terrorist attacks, mass shootings, stabbings, explosions

Who experiences trauma?

Research estimates that up to 90% of people will experience a trauma at some point during their life.

How might trauma affect me?

Reactions to trauma are different for everyone. Immediately following a trauma, you may have memories of the trauma that just “pop up,” sometimes out of nowhere. You also may try to avoid things that remind you of trauma. You may feel like you are on “high alert.” These reactions may fade after a few days, weeks, or months or may become more intense and problematic over time. Intense reactions to trauma that interfere with life may qualify as a trauma-related disorder. The most well-known trauma-related disorder is posttraumatic stress disorder (PTSD).

SECTION 2

SOME GENERAL EFFECTS OF TRAUMA

Mario's Experience

Mario, an Army Veteran of Operation Iraqi Freedom, did two tours in Iraq. After returning from his second deployment, Mario felt relieved to be home with family – but that did not last. Mario tried to jump back into the routines of daily life with his wife and children, like driving the kids to school, going out to eat, and spending time with his wife's extended family. But no matter where he went, Mario could not shake this lingering sense that something bad was about to happen. Sometimes he could push the feeling down, but he was constantly looking over his shoulder, which made it hard to enjoy being with the people he loved. Other times the anxiety became so uncomfortable that he would have to return to his car or even head home. Soon, this was affecting him in places where he used to be able to unwind. When visiting his wife's parents, Mario started to spend more time outside by himself. Even in his own home, he always seemed to be monitoring the security cameras. At night, he would awaken at the faintest sounds and do a perimeter check. That made it hard to get a good night's sleep, and it began to affect his wife's sleep, too, since he was getting out of bed so much. Eventually, Mario found it easier to sleep in a recliner, from which he had a view of the front and back doors. One night, when he was feeling on edge, Mario found that he felt much better with his pistol on the table next to him. He was even able to sleep. This became a nightly routine, although it made his wife incredibly worried about the family's safety. What if she or the kids startled Mario in the middle of the night, and he mistook them for an intruder?

Mario felt stuck and frustrated. He was not able to enjoy activities away from the house, and he was even on edge in his home. This strain was making it hard to connect with his family. Eventually, Mario recognized the need to make a change. That is when he found us and worked through the steps in this guide to reclaim control over his life.



SECTION 3

UNDERSTANDING REACTIONS TO TRAUMA

There are four general ways that individuals react to a traumatic event. Some reactions are more likely to occur, and some are more troubling than others. Use the examples below to identify which reactions you have experienced. If you feel comfortable doing so, have a close friend or family member review this section with you – they may notice things you do not.

1. Reliving the trauma

The most common reaction after trauma is to have memories of the event that come to you, even if you are not trying to think about it. Images, sounds, smells, or verbal thoughts about the trauma may “pop up,” even though you try not to think about it. These can become repeated, intrusive, and unwanted. You may also have dreams that are similar to your trauma. When these reminders occur, it is common to experience uncomfortable emotions (such as fear, anger, guilt, and sadness) or intense physical sensations (such as a rapid heartbeat, sweating, or breathing heavily).

2. Avoiding things that remind you of the trauma

Since trauma-related reminders can be uncomfortable, it is natural to try to avoid them. You might stay away from objects, people, topics of conversation, or places that remind you of your trauma. You may also try to not have thoughts or emotions about trauma by distracting your mind with games, staying busy all day long, or using substances to remain “numb” or forget your trauma.

3. Negative changes in thoughts and feelings

Unwanted thoughts and emotions may continue for weeks and months despite your trying to avoid them, leading you to feel stuck. Over time, you may notice feeling more and more like you are weak, other people cannot be trusted, or that you are not safe anywhere. As a result, you might cut people out of your life and become physically and emotionally isolated. If you spend all this time consumed by negative emotions (such as fear, guilt, or anger), you may notice that you have a hard time enjoying anything or being happy.

4. Changes in your levels of physical arousal and reactions

The more that your traumatic event is on your mind, the stronger your instinct is to behave as if you are actually in danger – even if you are in a safe situation. Where you used to practice situational awareness, now you are constantly “on guard,” scanning your surroundings, planning escape routes, and repeatedly checking for threats. When you are physically on edge, you are more prone to startling or jumping at unexpected noises. This carries over to bedtime, too. Being on edge makes it difficult to relax, which makes it difficult to fall asleep and easier to be awakened throughout the night by noise.

Being “on guard” all the time is stressful for your body and mind. Stress makes it difficult to concentrate, which makes it harder to remember things. It also makes it difficult to control emotional impulses. This means you may develop a “short fuse” that can make you lash out at others or act aggressively.

Over time, all these reactions to trauma become distressing and may cause you to feel out of control. This can lead to behaviors that can be harmful, such as dangerous driving, using a lot of substances, and hurting yourself. Without hope for change, this can lead to thoughts of suicide.

If you or someone you know is having thoughts of suicide or harming someone else, immediate help is available.

Call 988 and press 1 to speak with a someone about getting help for service members. Mental health professionals are available 24 hours a day, 7 days a week, 365 days a year – there is no need to wait. More information is available in Section 11: Additional Resources (Page 34).



SECTION 4

HOW TRAUMA LEADS TO PTSD

Everyone reacts differently to trauma, and some reactions may affect you more than others. The most severe and long-lasting reactions are classified as PTSD. So how do reactions to trauma become PTSD? Usually, it is a combination of unwanted thoughts and avoidance that develops shortly after trauma.

1. Unwanted and repeated reminders of a trauma

Perhaps the most notable reaction to trauma is the way that certain places, images, sounds, and smells remind you of the traumatic event. Why does your brain keep thinking about trauma, even if you do not want to?

To answer this question, it can help to think of your brain as a filing cabinet. Your brain is designed to learn and store information in case you need it later. It is constantly sorting and filing information about your daily experiences, like which stores sell food instead of clothes. This way, the next time you need to buy groceries your brain can open a specific file that tells you exactly where you need to go and what to expect when you get there. Even if you decide to shop at a new grocery store, you have a file that gives you some idea of what to expect.

Unlike a trip to the grocery, a traumatic experience is usually distressing, unexpected, and uncommon. With nothing to compare it to, your brain does not know how to file a memory about trauma. It recognizes that it is important to remember the trauma. The trauma threatened your safety. Your brain wants to be ready if it happens again.

Your brain's solution is to file many individual pieces of the traumatic event with other cues related to the trauma. One memory may go in a file for the time of day it happened; another memory in a file for the place it occurred; and yet another for the things you saw, heard, or smelled. Your brain holds on to these details in case they are clues about whether the trauma will happen again.

After that, your brain is on "high alert" for anything that resembles the traumatic event or trauma cues. Your brain wants to keep you safe, so it does not miss an opportunity to sound the alarm if you encounter a trauma cue. Unfortunately, because bits of the trauma memory are filed alongside many harmless cues from everyday life, this leads to a lot of false alarms.

False Alarms: False alarms occur when your brain notices something that reminds you of trauma (a "trauma cue") in a safe environment. This cue may remind you of trauma, but it does not mean the current environment is dangerous. Think of it like someone yelling "Fire!" because they see a flame inside your grill at a barbecue. The flame, in this situation, is not dangerous, and the response is a false alarm.

2. Avoiding things that might remind you of a trauma

Your brain is very good at learning what does and does not work to keep you safe, using two simple rules:

1. If it feels bad or dangerous, avoid it at all costs.
2. If avoiding it helps you feel better, keep avoiding it.

These rules absolutely make sense for protecting you from actual danger. For example, if on deployment your convoy encountered an IED placed among roadside debris, it would make sense for your brain to remember certain details of that event to protect you from IEDs in the future. Each time your convoy encountered a similar situation, your brain could alert you to the potential for danger so that you could make decisions to protect yourself.

Unfortunately, your memory of that event would be filed with trauma cues that exist in your current environment, like trash bags on the side of the road, the sound of radio chatter, or the smell of gasoline. This leads to a lot of false alarms for danger. Because these cues trigger the feeling of danger (anxiety), your brain may tell you to avoid them *just in case* – even though it is highly unlikely that there is an IED on your way to the grocery store. Driving in the middle lane, not listening to talk radio, or having others fill your gas tank might help you to avoid feeling anxious; but they do not make you any safer than you already are being home from deployment.

The same is true for emotions and physical feelings of anxiety, especially if they are similar to those you experienced during a traumatic event. Your instinct may be to get rid of them with distraction, burying them deep down, or using substances to numb yourself from them. **It is important to recognize that thoughts and feelings are not dangerous in the same way as the trauma.** Although uncomfortable in the here and now, they are not truly harmful.

Everyone has reminders of trauma after it occurs. The way you respond to those reminders makes it more or less difficult to move forward in your recovery. If you continue to fall for false alarms and avoid the *feeling* of danger, you stay stuck. If you can recognize that trauma cues trigger false alarms and not *actual* danger, you can reset the alarm system and begin to feel comfortable again.



SECTION 5

PROCESSES TO RECOVER FROM TRAUMA

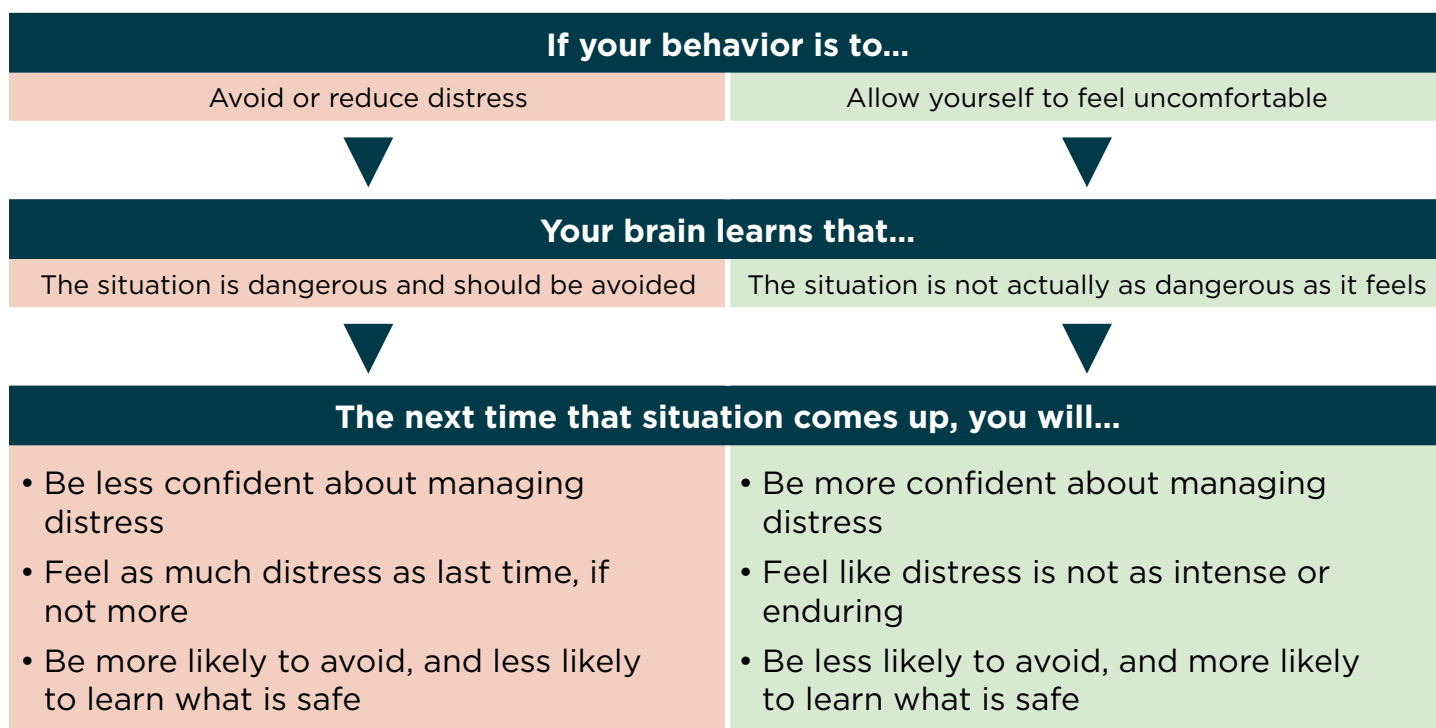
Learning to Limit Avoidance of False Alarms

Recovering from trauma is a process, but it is possible. Think back to the section “Understanding Reactions to Trauma” (Page 8-9). Did any of those reactions seem specific to your experience? If so, the steps outlined in this guide may help you to quiet those “false alarms” that keep you stuck in your recovery.

Every day your brain works to understand your trauma memory, trying to learn what is safe and what is dangerous. Your job is to give your brain new chances to learn. To move forward in recovery, that means doing things a little differently than you may be right now.

Stepping out of your comfort zone can feel uncomfortable. It takes time for your brain to quiet the false alarms and learn that you are safe in new situations. Unfortunately, the way you choose to act in those situations determines what your brain will learn. The diagram below outlines how patterns of avoidance can keep you stuck with negative experiences (left), and facing your discomfort will result in more positive outcomes (right).

When you begin to experience distress in a realistically safe situation:



THE BOTTOM LINE: Avoidance feeds the idea that discomfort is dangerous. When you stop avoiding things that make you uncomfortable, you learn that you can tolerate discomfort and it eventually goes away. You also learn that some uncomfortable situations you have been avoiding are not actually dangerous. In the end, the behaviors that you think are keeping you safe are really keeping you from feeling like you can live a normal life. So, how do you reduce avoidance?

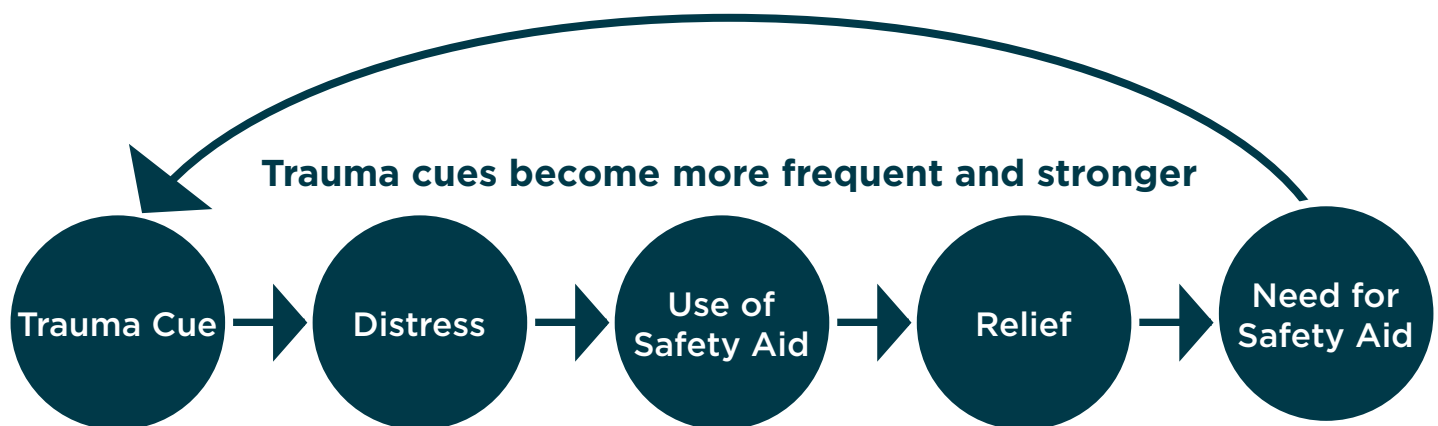
Understanding the Role of Safety Aids in the Cycle of Distress

Trauma results in “false alarms” for danger. When you avoid trauma cues that might trigger a false alarm, you are not avoiding actual danger, you are avoiding discomfort. We call these efforts to avoid discomfort “safety aids.”

Safety aids can take the form of behaviors, certain objects, places we sit, and even people or pets. Think about Linus, Charlie Brown’s friend in the Peanuts cartoon. Linus brings his blanket wherever he goes. Although the blanket helps him to feel secure, a blanket does not protect him from harm. Starting out, Linus only knew safety and comfort at home with his blanket. When he started to go to new places, he probably felt uncomfortable. His solution was to bring his blanket, which reminded him of safety. Pretty soon, he could not imagine being without it.

When you use safety aids your brain cannot learn the situation itself is safe. Because the brain prefers to learn about things that feel good, it focuses on the safety aid instead of the situation. With a safety aid present, the brain thinks, “Why would I need this if I am safe?” In this way, safety aids maintain a sense of threat in these situations.

Trauma cues trigger distress, and distress triggers a desire to use safety aids. If safety aids are not available, the discomfort often gets worse, resulting in the need to always have safety aids available. Eventually this leads to trauma cues occurring more often or causing more distress. This means you will feel a need to use safety aids more often or in more situations. This can become a greater burden on you and your family.



To recover from trauma, you need to break this cycle. That means you need to learn that anxiety will eventually go away, and you can feel comfortable in your surroundings without safety aids. Getting rid of all safety aids at once would be too uncomfortable, but you can gradually start to reduce your use of them.

THE BOTTOM LINE: False alarms create discomfort. Safety aids provide a false sense of security. They don’t make you safer. However, they do keep you from getting better.

SECTION 6

UNDERSTANDING SAFETY AIDS

Understanding How to Identify Safety Aids

It can be hard to recognize safety aids. Behaviors designed to protect you from actual harm are not necessarily bad nor entirely unnecessary. For example, using crutches to walk when you sprain your ankle will keep the injury from getting worse. However, safety aids that are used too often, when not needed, and for the main purpose of feeling better quickly become a problem. Imagine if you sprained your ankle last year but continue to bring your crutches with you when you leave the house, just in case you sprain it again.

Below are some examples to help you figure out whether certain behaviors are truly helpful or just an unnecessary problem (a safety aid).

Problematic Safety Aids	Helpful Behaviors
Are a response to a false alarm in the context of low-level risk, like bringing a loaded firearm outside because a car you've never seen is parked in front of a neighbor's house	Limit the chance of very real danger, like leaving a restaurant or bar if people you don't know get into a physical fight with one another
Function only to reduce or avoid distress, like using alcohol, drugs, or medications to "take the edge off" when you're anxious	Are practical for maintaining your well-being, like taking a daily mental health medication as prescribed for anxiety or depressed mood
Might shut down any conversation at any time, "just in case" things could get heated	Help you keep your cool and have appropriate interactions with other people, like counting to 10 when you are angry
Are used repeatedly and excessively, like finding each exit and making plans for escape in every building you enter	Are used only when truly needed, like locating the nearest stairwell when a fire alarm goes off
Are used rigidly in nearly all situations, like surveying and assessing for risk every person who enters the room	Come and go depending on the situation, like briefly looking at a loud group of people who enter a room

One behavior can have two different purposes. If it is hard to tell if something is a safety aid, ask yourself why you are using it. If it is to distract from or get rid of anxiety, fear, or discomfort, there is a good chance it might be a safety aid, especially if there are other people around you who do not seem to need it.

Understanding How to Identify Safety Aids

It is also important to understand the difference between situational awareness (a helpful behavior) and hypervigilance (a common reaction to trauma that maintains distress).

During military service you were taught to maintain situational awareness. This was meant to keep you “battle ready” in combat, where it is difficult to remain safe. In reality, your life today is much safer than combat. In your daily life it is okay to maintain situational awareness, which helps you to understand the place you are and what is happening around you. Most people practice situational awareness to have information, not to avoid discomfort or prepare for danger.

On the other hand, hypervigilance is a reaction to trauma that involves constant or repeated checking of your surroundings. This is almost always done when you feel anxious and is used as a safety aid to feel like you are well prepared, even though little has changed since the last time you checked, and the chance of danger is still low. Hypervigilance will prevent you from living your life and keep you stuck in the cycle of distress and avoidance (Page 13). Here are a few examples that highlight the difference between the two.

Hypervigilance	Situational Awareness
Monitoring other passengers who walk down the aisle of the plane, in case of danger	Paying attention to the safety demonstration on an airplane to locate the exits in case of emergency
Watching the door to see if anyone enters and assessing everyone for threat	Looking up when the door opens
Repeatedly checking mirrors to see if someone might rear-end you	Checking your side and rearview mirrors when changing lanes
Identifying escape routes and developing plans for different dangerous situations that could happen	Taking one quick glance around when you enter a new room
Repeatedly checking your pulse or blood pressure to prevent panic attacks, fainting, or “losing control”	Noticing when you feel anxious and trying to understand what is making you feel that way

Understanding Mario’s Experience

Take a moment to go back to Page 7 and review Mario’s experience. Notice the parts that are underlined. Do those behaviors fit with our examples of situational awareness or safety aids? If those behaviors seem excessive and unnecessary given the situation, what types of behaviors (or with what frequency) would be more in line with situational awareness?

SECTION 7

IDENTIFYING YOUR SAFETY AIDS

SAFETY AID CHECKLIST

On these pages you'll find some common ways that people use safety aids to help get rid of distress in situations that seem dangerous or remind them of trauma. Take a moment to think about whether you use any of these strategies, and if so, how often? This assessment will help you brainstorm what specific actions will help with your recovery from trauma and allow you to track your progress.

Rate how often you use each safety aid using the scale provided below.

0 = Never 1 = Sometimes 2 = Often 3 = Always

<i>Safety in Public</i>				
Staying along the back wall or in the corner	0	1	2	3
Constantly scanning for exits, escape routes, or potential threats	0	1	2	3
Having a "safe person" or emotional support animal with you	0	1	2	3
Talking to a "safe person" on the phone while in public	0	1	2	3
Carrying a weapon (e.g., firearm, knife, taser, mace) weapon	0	1	2	3
Avoiding being outside after a certain time of day or night	0	1	2	3
Rushing through stores or going directly to specific items on your list and leaving as quickly as possible	0	1	2	3
Avoiding eye contact or conversation with others	0	1	2	3
Leaving events early or as soon as you feel anxious	0	1	2	3
Refusing to travel farther than a certain distance from home	0	1	2	3
<i>Safety at Home</i>				
Establishing layered home security measures (e.g., perimeter lights, cameras, alarm system)	0	1	2	3
Repeatedly checking locks on home doors, windows, and cars	0	1	2	3
Sleeping with a weapon that is easily accessible	0	1	2	3
Sleeping in strategic locations for safety (e.g., on the couch near a door, away from a window, facing the stairs)	0	1	2	3
<i>Substance Use</i>				
Using alcohol, drugs, tobacco, or anti-anxiety medication (e.g., Xanax) to reduce distress, forget trauma memories, or fall asleep	0	1	2	3
Using alcohol or drugs to feel comfortable around people or in crowds	0	1	2	3

Note. Sometimes our use of safety aids lessens; sometimes it increases. It's also common for new safety aids to develop. It may be helpful to check back with this list occasionally. You may find it helpful to fill out this form with close family members or friends since they may be aware of safety aids that you forget you're using.

SAFETY AID CHECKLIST

Rate how often you use each safety aid using the scale provided below.

0 = Never 1 = Sometimes 2 = Often 3 = Always

<i>Mental Distraction and Worry</i>				
Using distractions (e.g., your phone) to reduce or prevent distress	0	1	2	3
Trying to prevent or eliminate distressing thoughts by “erasing” thoughts, replacing thoughts with another thought, or praying	0	1	2	3
Avoiding topics of conversation or subject matter in TV and movies that might trigger trauma memories	0	1	2	3
Checking on family to make sure they’re safe, not mad at you, etc.	0	1	2	3
Worrying about future catastrophes, or dwell on the past	0	1	2	3
<i>Driving</i>				
Driving only on city streets or backroads to avoid the highway	0	1	2	3
Driving in the slow lane or under the speed limit	0	1	2	3
Driving in the middle/far lanes to avoid debris on the roadside	0	1	2	3
Repeatedly checking mirrors while driving	0	1	2	3
Driving without distractions like the radio or conversation	0	1	2	3
<i>Stress and Emotions</i>				
Procrastinating, avoiding making decisions, or planning	0	1	2	3
Passing off important or major tasks to others	0	1	2	3
Limiting expression of emotions (positive or negative)	0	1	2	3
Rejecting compliments	0	1	2	3
Avoiding or limiting conversation with others to prevent possibility of losing temper, harming someone, or being judged as “crazy”	0	1	2	3
Avoiding being around people drinking alcohol because the situation feels unpredictable	0	1	2	3
Distancing yourself from family members or other Veterans	0	1	2	3

Think about whether there are any other ways that you try to manage distress in every-day situations. Write them in the blanks below, and rate their use.

	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3

SECTION 8

PLANNING TO FADE YOUR SAFETY AIDS

Rather than stopping the use of safety aids all at once, it is often helpful to gradually reduce your use of them. This is often referred to as “fading” safety aids.

Looking Backward, Moving Forward

Before designing a specific plan to reduce safety aids, it might be helpful to reflect on a couple of questions that will help bring your goals into focus.

First, identify why you want to fade safety aids from your life:

- ☐ They keep me stuck in my recovery from trauma.
 - ☐ My husband doesn't think that I need to use them.
 - ☐ They take up too much of my resources (time, money, etc.).
 - ☐ They make it hard to accomplish much.
 - ☐ I might get into legal trouble if I keep using them.
 - ☐ They cause problems with my family.
 - ☐ I would sleep better without them.
 - ☐ My life would be easier without them.
 - ☐ My family would be safer.
 - ☐ I'm afraid of becoming addicted.
 - ☐ In my mind I know they don't actually keep me safe.
 - ☐ Other reasons I want to fade safety aids: _____
-
-

Second, identify why you use the safety aids you noted in the checklist:

- ☐ I'm worried I can't handle the distress.
 - ☐ I just do; it's habit.
 - ☐ They're the only thing I've tried that helps with anxiety.
 - ☐ I feel better after I use them.
 - ☐ They're the only things that make me feel safe.
 - ☐ I didn't once, and something bad happened.
 - ☐ I'm worried something bad will happen if I don't.
 - ☐ Other reasons I use safety aids: _____
-
-

Compare and Contrast:

You may notice two important differences between reasons for using versus fading safety aids.

First, the reasons you use safety aids center around the *feeling* of danger – not actual danger. On the other hand, you are motivated to fade safety aids because of actual difficulties they create in daily life.

Second, you use safety aids to get rid of temporary discomfort. The motivation to fade them comes from recognizing that you become dependent on safety aids and stuck with the lasting problems they create.

If you can eliminate safety aids, you can also eliminate some of these actual problems.

Imagining Your Future:

Take a moment to look over the reasons you identified for wanting to fade your use of safety aids. Think about how your life would be different if you could learn to break this cycle of distress and avoidance, and free yourself from your trauma. Imagine what your life would be like in one month, six months, or a year. Use the space below to write about what this would look like for you.

Where would you be able to go that you cannot now?

What activities would you like to do that are not currently an option?

How would it feel to not be so anxious in every-day life?

Now that you have:

- ✓ Identified your safety aids (Page 16)
- ✓ Identified reasons why you want to fade those safety aids from your life (Page 18)
- ✓ And envisioned all the new possibilities in life once you have faded those safety aids (above)

It is time to outline your personal plan to jumpstart your recovery from trauma!

Once you identify what safety aids you are using to feel comfortable, you can begin to develop a plan to gradually reduce how much you use them. As you use them less and less, you will start to feel more and more comfortable in these same situations. It is like getting into a cold pool. Diving headfirst may be too uncomfortable all at once. Walking in one step at a time is a little uncomfortable; but bit by bit, you get used to it. Eventually you can swim comfortably.

Before jumping into action, let's talk about how to develop your first goal for fading a safety aid. We like to suggest using the SMART Goal framework. SMART Goals are:

SPECIFIC: Identifying and clearly describing a specific safety aid helps you to know how, when, and where you use it. It helps you to know where to start with goal setting, what strategies might help fade that safety aid, and when you have achieved your goal.

MEASURABLE: Measurable goals can be tracked. Tracking how much you use a safety aid helps you know where you are starting out, how much it is changing as you fade out your use of that safety aid, and when you have achieved your goal.

ACTIONABLE: We want goals that we can act toward without relying on others. It is important that the steps you take toward your goals are within your control.

REALISTIC: Fading safety aids is challenging, and you can expect some discomfort. Setting realistic goals means they will be challenging but not overwhelming. We want you to test yourself but not become so afraid or frustrated that you give up entirely.

TIMEBOUND: Setting a time frame for achieving your goal helps you stay on track and moving forward in your recovery. It can also help you figure out if your goal is realistic. One day may not be enough time, but one month may be too long. We find somewhere between 5 – 10 days/situation to be enough for people to achieve realistic goals.

SMART Goals help you break up big challenges into manageable chunks. Once you develop a SMART Goal, you will likely have to update it to keep working toward fading a safety aid entirely. On the next page you can see how Mario used the SMART Goal framework to reduce his use of a safety aid (Steps 1-3), and his plan to continue fading it until it was no longer interfering in his life (Step 4).

Mario wanted to reduce his safety aid of checking locks in his house, because no matter how much he checked them he still never felt comfortable – and it kept him up all night.

Name: Mario

Step 1. Identify a Safety Aid.

The safety aid I want to fade is:

Checking all the locks in my house (front door, back door, garage door, windows)

When/where/how do I use this behavior?

When I wake up, whenever I come home, twice before bed, at least 6 times at night

How much do I do this?

On average, 12 times a day

Step 2. Develop a Target Achievement.

My first target for fading this safety aid:

Decrease the number of times I check the locks to 9 times a day – 1 A.M., 1 after work, 2 before bed, 8 at night

I will work to accomplish this goal within:

1 week

Step 3. Track Your Progress.

<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>
12 times	11 times	9 times	9 times
<u>Day 5</u>	<u>Day 6</u>	<u>Day 7</u>	<u>Day 8</u>
10 times	9 times	9 times	

Step 4. Update Your Plan.

SMART Goal #2:

Check 6 times a day – only 3 times at night

SMART Goal #3:

Check 3 times a day – once after work, once before bed, once at night

Mario identified the **SPECIFIC** behavior he wanted to reduce.

Mario identified the **SPECIFIC** times he was using it.

Mario used a log to **MEASURE** his use of this safety aid for a few days to identify a starting point.

Mario's first **ACTION** was to limit his checking to nine times a day, during very **SPECIFIC** times. This seemed like a **REALISTIC** goal.

Mario felt it **REALISTIC** to meet this goal within a **TIMEFRAME** of one week.

Mario made sure to **MEASURE** his checking each day with the tracking log included in this guide. That helped Mario know when he had met his goal.

After meeting his first goal, Mario made a second goal that reduced his checking to six times. He also made it more specific by limiting his nighttime checking.

After meeting Goal #2, for Goal #3 Mario identified specific times of day to match how often his wife checked. This strategy also matches checking on a schedule

You can also use this template to fade as many safety aids as you wish. A complete tracking form and more examples of fading plans can be found on the next few pages of this section.

Now that you understand SMART Goals, let's talk about how to use them to to reduce your use of safety aids.

Steps to Fade the Use of Safety Aids

Step 1. Identify a specific safety aid you want to fade.

Think of a few situations that make you uncomfortable. Challenge yourself to do those for 10-30 minutes and take notes. It may be hard, but you will learn a lot about safety aids you can work on.

Step 2. Choose a strategy to reduce your safety aid use.

There are two basic strategies for fading safety aids: delay or decrease. Examples of each strategy are given below, related to the safety aid of avoiding crowded stores:

Fading strategy	How do I do it?
1. Delay	Increase the amount of time you wait before you use an aid <i>Example: If you usually spend 10 minutes shopping for groceries, delay your exit by 5 additional minutes each week.</i>
2. Decrease	Limit the number of times you use an aid <i>Example: If you use curbside pick-up for groceries twice a week, use it once per week and go into the store once per week.</i>
	OR
	Limit the degree to which you use an aid <i>Example: If you go shopping at 11:00 pm to avoid crowds, go one hour earlier each week so there are more people each time.</i>

The main idea is to engage in uncomfortable activities while limiting how much you use a safety aid. Do your best to remain in situations without using your safety aid more than you planned. Leaving a situation because of distress is a safety aid, too!

Step 3. Track your progress.

Find situations during the week to fade your safety aid. Track how much you are using it in each situation to see the progress you are making toward your goal.

Step 4. Eliminate your safety aid.

Once you achieve your first goal, use the same strategies in Step 2 to continue reducing that safety aid. Continue tracking and updating your plan until you feel comfortable and safe in those situations without using safety aids at all.

MY PLAN FOR FADING SAFETY AIDS

Step 1. The safety aid I want to fade is: _____

Use this log to track where you use, and how often or how much time you spend, using this safety aid:

	Time 1	Time 2
Where and when did I use it?		
How much did I use it?		
Why did I use it? What was I hoping it would prevent?		

Step 2. Select one of these strategies to help set your new goal:

☐ Decrease the number of times ☐ Decrease the degree ☐ Delay time before use

• My goal for fading this safety aid is to: _____

• I will work to reach this goal within: _____ days / weeks

Step 3. Track your use of this safety aid during each new day, situation, or time it comes up.

	Situation 1	Situation 2	Situation 3	Situation 4
Where / when did I use it?				
How much did I use it?				

Step 4. Once you have reached your goal on multiple days/situations (you may need to record more than four situations), return to Step 2 and adjust your goal to fade this behavior a little more. You are on your way to entirely fading this safety aid and taking control of your life!

SECTION 9

EXAMPLE MATERIALS AND FREQUENTLY ASKED QUESTIONS

EXAMPLE PLANS FOR FADING SAFETY AIDS

These pages include some general examples of plans that you can use to fade certain safety aids. This is not a complete list. It is meant to give you an example of different ways you can use the same basic strategies to develop your own safety aid fading plan.

Example 1.

The safety aid I want to fade is: Rushing through stores so that I'm out within five minutes.

Strategies to fade this aid: Increase the time before using an aid (escaping from crowds).

My goals for fading this safety aid:

- Goal 1: Increase each trip to seven minutes in the store.
- Goal 2: Increase each trip to 10 minutes.
- Goal 3: Increase each trip to 15 minutes.
- Goal 4: Go to the store without a grocery list, and walk around for 30 minutes.

Example 2.

The safety aid I want to fade is: Going to stores when I know no one is shopping.

Strategies to fade this aid: Decrease the degree to which I use this aid (avoiding a crowd).

My goals for fading this safety aid:

- Goal 1: Go to the store at 9:00 pm on a weeknight.
- Goal 2: Go to the store at 7:30 pm on a weeknight.
- Goal 3: Go to the store at 5:00 pm on a weeknight.
- Goal 4: Go to the store at 2:00 pm on a Sunday afternoon.

Example 3.

The safety aid I want to fade is: Sitting in the corner at restaurants with my back to the wall.

Strategies to fade this aid: Decrease the degree to which you use an aid (being able to see an entrance/exit).

My goals for fading this safety aid:

- Goal 1: Sit at a table halfway to the center of the room, facing the door.
- Goal 2: Sit at a table in the center of the room, facing the door.
- Goal 3: Sit at a table in the center of the room, door to left/right of me.
- Goal 4: Sit at a table in the center of the room, back to the door (without looking behind me).

Example 4.

The safety aid I want to fade is: Drinking alcohol before weekly family BBQ to calm my nerves.

Strategies to fade this aid: Decrease number of times I use an aid (number of drinks).

My goals for fading this safety aid:

- Goal 1: Only four drinks before leaving my house next week
- Goal 2: Only two drinks before leaving my house
- Goal 3: No drinks before leaving my house

Example 5.

The safety aid I want to fade is: Driving 10 mph below the speed limit in the slow lane to avoid accidents.

Strategies to fade this aid: Decrease the degree to which I use an aid (driving speed and distance to slow lane).

My goals for fading this safety aid:

- Goal 1: Increase my speed by five mph (five mph below speed limit) in the slow lane.
- Goal 2: Increase my speed by five mph; drive the speed limit in the slow lane.
- Goal 3: Drive the speed limit in the middle lane for half the commute.
- Goal 4: Drive the speed limit in the middle lane for the whole commute.

Example 6.

The safety aid I want to fade is: Sleeping with an unsecured, loaded gun under my pillow.

Strategies to fade this aid: Decrease the degree to which I use an aid (loaded gun).

My goals for fading this safety aid:

- Goal 1: Move the gun to a bedside table drawer when I sleep.
- Goal 2: Move the gun to a closet shelf when I sleep.
- Goal 3: Always keep the gun in the closet with a gun lock.

Example 7.

The safety aid I want to fade is: Using happy thoughts or my phone to push away trauma memories the moment they come up.

Strategies to fade this aid: Delay distracting myself with something else.

My goals for fading this safety aid:

- Goal 1: Wait 10 seconds before trying to distract myself.
- Goal 2: Wait 30 seconds before trying to distract myself.
- Goal 3: Wait one minute before trying to distract myself.

FREQUENTLY ASKED QUESTIONS ABOUT SAFETY AIDS

Q: What if I have multiple safety aids?

A: These strategies are remarkably useful for all safety aids. With some creativity you should be able to make a fading plan for any of them.

Q: Can I fade multiple safety aids at once?

A: It is definitely possible! But it all depends on what you're comfortable with. If you want to fade two different safety aids that you use in two different situations, just make two separate fading plans, and use them when the time comes. Fading two behaviors that you use in the same situation may be more challenging but not impossible. If that proves to be too distressing, fade one first, then the other.

Q: Is it possible for new safety aids to develop?

A: This is common. Removing a safety aid causes distress, so your brain is going to look to replace it with a new one. It's important to remember that all safety aids provide a false sense of safety, but you aren't really in danger. It's best to catch and eliminate new safety aids early.

Q: Why can't I use alcohol, drugs, or prescription meds to help my distress in these situations?

A: Using substances is a safety aid too – one of the most problematic ones. Substances override distress by triggering positive reward centers in the brain. The brain learns that substances are good for eliminating distress, rather than learning that our distress was just a false alarm. Next time that situation comes up, the brain won't recognize a false alarm, but it will crave substance use.

Q: Why would I want to work on going to large retail stores? I hate them.

A: No one loves going to a crowded store, and we don't expect you ever will. But most people can walk through them without feeling so distressed that they need to escape. You don't hate those stores; you hate how you feel at them. The purpose of working on this is to help you feel comfortable enough that you have the option to go shopping and take care of your needs.

Q: I use things to distract me when someone is annoying me or making me angry. Is this a safety aid?

A: Likely not. We can have different reasons for the way we behave; sometimes it just depends on the situation. When you are angry, distractions help to keep you from hurting others (physically or emotionally). This helps you keep others safe from you. When you are anxious, distractions keep you from thinking about all the ways you could be hurt – not from actually getting hurt. This helps you feel safe, but doesn't make you safe. That makes it a safety aid. Coping skills like counting to 10, removing yourself from a situation, or playing on your phone can be helpful for anger but are problematic safety aids for anxiety.

Q: I got rid of my safety aid. Why am I still anxious in that situation?

A: It's possible to have more than one safety aid in a situation, and sometimes they're hard to recognize. If you fade one safety aid but still use another, you may still experience distress. For instance, if you achieved your goal of moving from sitting in the corner to sitting in the middle of the restaurant, but you are still scanning exits and looking over your shoulder repeatedly, your anxiety might remain. It may also just take a while for anxiety to go away after you've faded safety aids. As long as you continue to expose yourself to those situations without using safety aids, your brain will eventually learn to ignore false alarms, and your anxiety will decrease.

Q: I was starting to feel less anxious but had a setback and am right back where I started. Why?

A: The road to recovery is not always a straight line. Some safety aids may be easier to fade than others, and some may be more challenging one day to the next. The important thing is that you remain consistent with your efforts. Runners, swimmers, and weightlifters don't hit personal records every single time they train; they have ups and downs. They do, ultimately, improve because they keep training. The best bet for progress is to practice consistently, not perfectly. Make sure that you are using your fading plan exactly as you designed it, and stay consistent.

As discussed above, if your distress is not changing, take a step back to see whether anything about those situations have changed. Are you using new safety aids? Are there things about the environment that changed without your noticing? Do you need to readjust your SMART Goal to be a little less challenging? Go back to the drawing board, reaffirm your SMART Goal for that safety aid, and stay consistent.



SECTION 10

NEXT STEPS

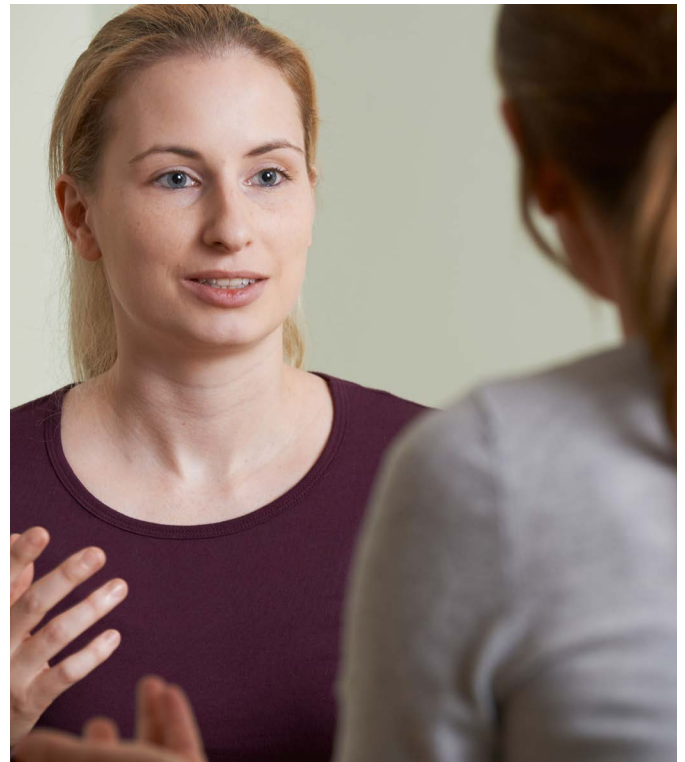
Now that you have identified where your path to recovery begins, here are some additional steps that will help to keep you moving forward.

- 1. Be consistent with your plan for fading safety aids.** Tracking your progress and updating your goals is the most important thing you can do. There may be some setbacks along the way, and that is okay. Once you know the ropes, you can always go back to this formula and develop a plan to move forward. If friends or family are willing to help, involve them in your plan!
- 2. Find a coach.** If you feel like your progress stalls, you lose motivation, or you cannot quite figure out the next step in your recovery, a behavioral health clinician can help coach you through those speed bumps. Whether it is your psychologist, psychiatrist, social worker, etc., having an outside perspective to help you game plan can be helpful.
- 3. Lean on the professionals.** Fading safety aids is a great way to reduce trauma-related avoidance and distress, but do not be afraid to ask for help! Years of clinical research show that interventions like medication and trauma-focused psychotherapies aid in recovery. Behavioral health professionals can help unlock answers to the questions you have. For now, a brief overview of these things can be found on the next few pages.

A note about trauma-focused psychotherapy:

The treatments discussed in this section, Prolonged Exposure and Cognitive Processing Therapy, are proven to work for many different types of trauma. They are also time-limited, meaning you are not expected to be in therapy forever. It is normal to be hesitant to participate in these treatments because it can be overwhelming to think about trauma. However, if your goal is to put trauma behind you and feel better, these programs are worth the effort. Trauma-related symptoms may control your life right now, but the moment you commit to one of these treatments, you will be back in the driver's seat.

If you want more information about treatment options than this guide provides, see our list of **ADDITIONAL RESOURCES** (Page 32).



PROLONGED EXPOSURE THERAPY FOR TRAUMA-RELATED SYMPTOMS

What is it? Prolonged Exposure (PE) is a cognitive-behavioral therapy that is proven to reduce reactions to many types of trauma.

How will it help? PE will help you manage distress about a trauma memory and reduce your avoidance of trauma reminders. It involves three important goals. The first is to understand your reactions to trauma. The second is to reorganize your trauma memory to help your brain make sense of it. The third is to spend more time doing activities you enjoy while learning to quiet false alarms. The approach is closely related to this guide, which makes it a good option for continuing the progress you made fading safety aids.

How long does it take? PE is usually completed within two to four months, with one 90-minute session per week.

Where can I get this therapy? Most VA medical centers have specially trained mental health professionals who provide PE. PE can also be completed virtually if you are unable to travel to a clinician.

Are there risks with this therapy? There shouldn't be any physical risks, but it may be emotionally challenging. It is often said that if you do not want to do PE, it is probably the right thing for your recovery. PE is not easy. But as you have learned from this program, tolerating discomfort for the moment will help provide long-term relief.



COGNITIVE PROCESSING THERAPY FOR TRAUMA-RELATED SYMPTOMS

What is it? Cognitive Processing Therapy (CPT) is a cognitive-behavioral therapy that is proven to reduce reactions common to many types of trauma.

How will it help? CPT will help you recognize beliefs that have changed as a result of trauma. Because of false alarms and unhelpful beliefs, you may see the people or world around you as more dangerous than it actually is. This leads you to isolate, which means you are stuck with negative thoughts and emotions. You will learn to challenge those beliefs and gain a more balanced perspective. With fewer unhelpful thoughts, you will also experience fewer uncomfortable emotions like fear, anger, and guilt. This will help you develop a sense of self-esteem, trust in others, and safety. This approach can complement behavioral changes made using this program.

How long does it take? CPT is usually completed within three months, with one 60-minute session per week.

Where can I get this therapy? Most VA medical centers have specially trained mental health professionals who provide CPT. CPT can also be completed virtually if you are unable to travel to a clinician.

Are there risks with this therapy? There shouldn't be any physical risks, but it may be emotionally challenging. CPT is by no means easy, but, hopefully, at this point you understand how and why this approach works for recovering from trauma. The goal is to give it your all for a couple months for a lifetime of relief.



MEDICATIONS FOR TRAUMA-RELATED SYMPTOMS

What are they? Medications called selective serotonin reuptake inhibitors (SSRIs) and selective norepinephrine reuptake inhibitors (SNRIs) are helpful for reducing trauma-related symptoms.

How will they help? Trauma taxes our body and brain so that the systems responsible for managing stress are not as effective as they should be. This results in common reactions to trauma such as feelings of anxiety or depressed mood. These medications rebalance the brain systems that are responsible for managing stress. This helps to reduce feelings of anxiety or being “on edge” and improves mood.

What is the timeline? Most Veterans notice an effect within a few weeks. Medications often work as long as you are taking them. However, it is common for symptoms to return if you stop taking them and have not also participated in trauma-focused therapies.

Can I take medications while using this guide or starting therapy? Yes. Since SSRIs and SNRIs help manage stress and anxiety, they can be especially useful when making behavioral changes, such as fading safety aids. On the other hand, benzodiazepines like alprazolam (Xanax), lorazepam (Ativan), or clonazepam (Klonopin) may reduce the effect of therapy or act as a safety aid.

What are the risks? Most medications will cause some side-effects that can be uncomfortable. Be sure to ask your doctor about any risks that might come with these medications. It may be a couple of weeks before you notice an improvement in side-effects or symptoms, but it is important to stick with it. Your clinician can help you decide what changes to make if it is not working as expected.

Who should I talk to? A primary care physician or psychiatrist can answer your questions about which medications might be a good option for your recovery.



SECTION 11

ADDITIONAL RESOURCES

We hope the information in this guide has helped you to move forward in your recovery from trauma. If you feel like other strategies and resources may benefit your recovery, please see below for other great options.

VA AboutFace – *Learn more from Veterans like you and the professionals who work with them.*

AboutFace was developed by the VA National Center for PTSD to help Veterans learn more about trauma, PTSD, and trauma-focused treatments through a collection of personal stories. Veterans and clinicians alike share their experiences with trauma-related symptoms and recovery in short videos. You can customize which stories you watch, based on Veteran gender, trauma experience, treatment type, etc. To explore this site, visit: ptsd.va.gov/apps/aboutface/

PTSD Treatment Decision Aid – *Make an informed decision about which treatments are right for you.*

The PTSD Treatment Decision Aid is an interactive site that will help you learn more about and compare effective trauma treatments. It includes videos and comparison charts that allow you to match treatment components, weigh pros and cons, and develop a personalized summary of your considerations. This will allow you to have all the information necessary to make an informed choice when the time comes to talk to your clinician. To explore this tool, visit: ptsd.va.gov/apps/decisionaid

National Center for PTSD – *Find resources, get connected, and set up trauma-related services.*

The VA National Center for PTSD website has everything you need to continue forward in your recovery – including links to the AboutFace and Treatment Decision Aid listed above. It also includes helpful information about VA benefits and claims, care for women Veterans, and how to find a VA or community-based clinician that can assist your recovery. To learn more or start your search for a clinician, visit: ptsd.va.gov/gethelp/find_therapist.asp

VA Mobile Apps – *Take your tools for managing trauma recovery everywhere you go.*

VA has developed and tested many different mobile apps that can be downloaded on your phone or tablet. Below we have listed a few that are relevant to managing trauma recovery.



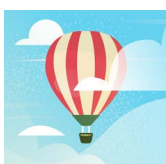
PTSD Coach. Learn about, track, and manage your trauma-related symptoms.



PTSD Family Coach. Family members can learn how to support Veterans with PTSD.



PE Coach. Track the work you do with a clinician in PE.



CPT Coach. Track the work you do with a clinician in CPT.



Virtual Hope Box. Customize your coping plan for managing distress.

Veterans Crisis Line – *Help yourself and others stay safe if you are thinking about harming yourself or someone else.*

Trauma and all the things that come with it can be overwhelming. As a result, many Veterans have thoughts about harming themselves or someone else. Those thoughts may be distressing, but you don't have to suffer alone. Crisis Line responders are available 24/7 to provide free, private consultation on ways that you can help yourself cope through any crisis. You can even call if someone you know is in crisis. Do not wait, make the call. Your life and the life of others may depend on it.



DIAL: 988 and press 1

TEXT: 838255

CHAT: VeteransCrisisLine.net/get-help/chat

For immediate help to stay safe:

Call 9-1-1 or go straight to your local VA or community emergency room for help.

