

SESSION 3

COPING WITH STRONG EMOTIONS

Session Goals

In this session, group members will:

- Define the range and function of emotions commonly associated with MST
- Learn about the connection between thoughts, feelings, and behaviors
- Identify more adaptive coping strategies for managing difficult emotions

Session Content

Setting the Agenda

- A. Explain that experiencing MST can be highly emotional at the time that it is happening and thereafter.** Survivors may experience a mix of emotions that feel overwhelming – fear, anxiety, sadness, regret, guilt, and shame. They may have received messages growing up or while in the military that they should “control” how they feel or that they should “suck it up.” It is not helpful that “bad” or “negative” emotions don’t feel comfortable, making us want to get rid of them. On the other hand, we assume that “good” or “positive” emotions are ideal. However, we can’t be happy or joyous all the time; and sometimes negative emotions “fit” the reality of what has been experienced.
- B. Review session objectives. The goals of this session are to increase awareness of one’s emotions and ways to cope when one feels overwhelmed or triggered.**

Opening Exercise (optional) – “Find the Hidden Objects”

- A. Set up.** You will need printed copies of the “Hidden Objects” handout in Appendix A.
- B. Review instructions.** This game is played in two rounds. **Round 1:** Give group members 10-15 seconds to find all seven objects. **Round 2:** Now give everyone one to two minutes to find the hidden objects. Although an answer key is provided in Appendix A, completing this activity is not important.
- C. Process reactions to the exercise.** You may ask the group, “Which round was easier and why?” or “What did you learn from this game that you might be able to apply to your life?” **The exercise demonstrates how easily we can become overwhelmed when we focus on too many things at once.** But if we slow ourselves down, we can concentrate on the current emotion or an emerging one and react appropriately.

SESSION 3

COPING WITH STRONG EMOTIONS

Purpose of Emotions

- A. State that emotions, like pain receptors, serve an important function.** When our skin receptors are activated, we experience pain. You may ask the group, “Would we want to get rid of our pain receptors? If we did, what would happen if we put our hand on a hot stove?” The answer: We would severely burn our hand. Pain receptors let us know when something is hurting us like an alarm or alert. Emotions are similar. They tell us when something isn’t right, when we like something, or when we need to act.
- B. Discuss the function of listed emotions. Refrain from labeling emotions as “good” or “bad,” “positive,” or “negative.”** This gives the impression that some emotions are more useful than others. Instead, you want to emphasize that all emotions have a purpose, including the emotions that feel unpleasant (e.g., sadness, shame, guilt). You want to cultivate a willingness in group members to embrace and listen to any emotions that show up. This will help them make informed decisions about the best ways to cope with their emotions in the moment.

Identifying How You Feel

- A. Explain the relationship between thoughts, behaviors, and feelings.** Emotions can be broken into three components – thoughts, behaviors, and bodily reactions. These components interact with one another such that changes in one area influence changes in another. This is shown in Figure 3.1.

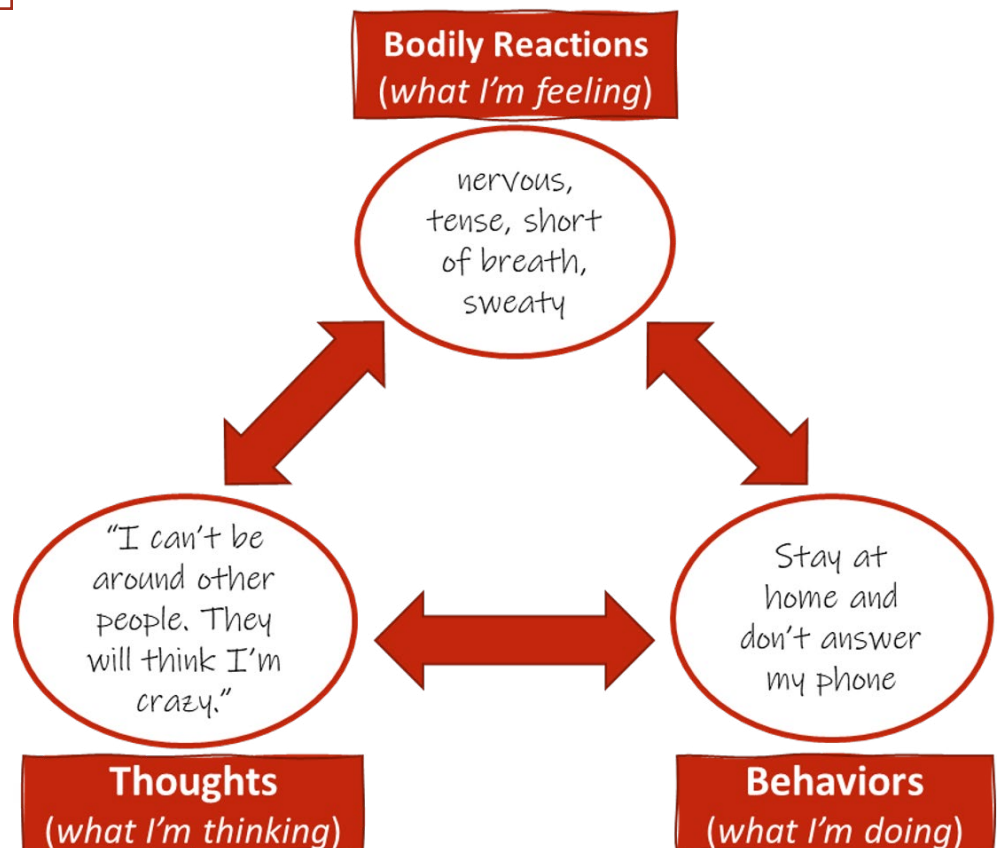


Figure 3.1. Three components of emotions

SESSION 3

COPING WITH STRONG EMOTIONS

- B. To illustrate this, use the example on page 20 of the patient workbook to describe the bidirectional relationships between thoughts, feelings, and behaviors.** Make sure group members understand the interrelationship between these three components. To begin, have group members imagine that they are getting ready for a party.
- 1. Elicit examples of thoughts:** Maybe they start thinking, “I can’t be around other people” or “These people already think I’m crazy.” As you discuss different thoughts, you may ask what emotions that specific thought brings up. For example, the thoughts listed above may make individuals feel nervous.
 - 2. Elicit examples of physical signs of anxiety (or other emotions named during group discussion):** Signs of anxiety include a racing heart, sweaty palms, shortness of breath, “butterflies” in stomach.
 - 3. Elicit examples of behaviors to deal with anxiety:** Ask group members what behavioral urges they have when they start to feel different bodily sensations. For example, when they feel nervous, they may choose to stay at home or not answer a friend’s phone call.
- C. Give a trauma-related example that elaborates on the model described in Figure 3.1.** For instance, someone might smell something that reminds him or her of the offender(s). The person may first recognize changes in his or her physiological response (e.g., increased heart rate, shallow breathing, sweaty palms). He or she then feels an urge to escape and has thoughts suggesting that something bad is about to happen or that he or she is not safe. These thoughts can intensify physical reactions or lead to further avoidant behaviors that ultimately reinforce beliefs that he or she is in danger.
- D. Note that there are many ways to cope with strong emotions.** Effective coping may include learning skills to manage physical reactions, challenge unhelpful thoughts, or reduce avoidant behaviors. Specific skills will be discussed in the next activity “Staying Ahead of Stress.”
- E. Note that emotions are not behaviors.** Many people confuse feelings with actions. But feeling angry is not the same as attacking someone. There are countless times when we think or feel something and don’t act on it. For example, some survivors of MST may think about hurting themselves or wanting to die. But these thoughts and feelings are not actions. It’s okay to talk about these thoughts and feelings; talking about them can actually help prevent taking actions.

Note: You may provide contact information for the **Veterans Crisis Line** (call 1-800-273-8255 press 1, text 838255, or chat online at [veteranscrisisline.net](https://www.veteranscrisisline.net)) or local emergency services.

SESSION 3

COPING WITH STRONG EMOTIONS

Staying Ahead of Stress

- A. **Discuss potential triggers of trauma-related distress.** There are times when strong emotions seem to come out of nowhere. There are other times, however, when survivors can anticipate when they will become upset or anxious.
- B. **Elicit examples of internal and external trauma reminders (or triggers) that elicit strong emotional responses.** External triggers can be any person, place, thing, or activity that reminds survivors of their trauma experience. Possible external triggers include trauma anniversaries; news stories about sexual trauma; being around other Veterans; and certain smells, sounds, or sights. Internal triggers include trauma memories, thoughts, and bodily sensations (e.g., pain).
- C. **Brainstorm ways to cope with anticipated triggers.** The more survivors can anticipate triggering situations (e.g., anniversaries, thoughts like “I’m not good enough”), the more time they have to prepare/cope in advance. Strategies may include healthy distraction (but not avoidance), exercise, self-expression, mindful awareness. Avoidance is not a long-term solution or always possible.
- D. **Remind group members to do what works and get support.** It is okay to feel upset when we are triggered, but remember how to productively manage this and stay safe.

Closing Exercise - “Changing Your Emotional Experience”

- A. **Explain how to complete the thought record.** Ask group members if anyone would be willing to share a recent situation in which they had a strong emotional reaction. It would be preferable to start with a situation that is not trauma- or MST-related. A traffic example is provided on the handout.
- B. **Practice completing recording using one to two examples.**
 - **Situation/Trigger.** Describe a situation in which you had a strong emotional reaction, felt triggered, or wish you had reacted differently. The description should be based on facts (e.g., “A car cut me off in traffic”) not interpretations (e.g., “The driver tried to run me off the road”).
 - **How I felt.** Write in how the situation made you feel. Emotions are usually described in 1-2 words.
 - **What I thought.** List thoughts or memories that came to mind during the situation. This may include interpretations (e.g., “He/she was trying to run me off the road”).
 - **What I did.** Describe how you behaved either during or after the situation occurred.

SESSION 3

COPING WITH STRONG EMOTIONS

- ***Did it work?*** Write down whether the behavior/outcome improved the situation. For example, yelling might make you feel more frustrated, leading to more aggressive behavior that could make the situation worse. On the other hand, if you slowed down and let the person in front of you, then the situation may have improved because you felt less distressed.
- ***What else can I do?*** If you didn't get the desired outcome (i.e., situation worsened or you felt worse), then consider other ways to handle similar situations in the future. Select behaviors that you think will improve the situation or lead to the desired outcome.

Homework (Optional)

- Complete one to two “Changing Your Emotional Experience” handouts (found in Additional Resources section of patient workbook and Appendix B in manual).