



Preparation for Therapy

Dr. Barbara Rothbaum

Hello. Welcome to our second module on Exposure Therapy Overview in Session 1. In our first video, we're going to talk about preparation for therapy.

PE for PTSD: Treatment Components



Breathing retraining



Common reactions to trauma



Imaginal exposure



In vivo exposure



Processing

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



Prolonged exposure therapy, or PE, for PTSD includes the following treatment components: Breathing retraining for a few minutes in session 1; education about common reactions to trauma; imaginal exposure, which is the reliving and imagination to the trauma memory; in vivo exposure, which is in real life exposure to trauma reminders in between sessions; processing of themes and emotional material that emerge during exposure.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Schedule



9 to 12 sessions

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



And our schedule is about 9 to 12 weekly, or twice-weekly 90-minute sessions.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Imaginal Exposure

- Recount traumatic memories
- Listen to recordings

In Vivo Exposure

- Confront situations in real life
- Begin with less fearful situations

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



In imaginal exposure, which is the primary component, patients recount the traumatic memories during the sessions out loud and repeatedly, and listen to the tape-recorded recounting between sessions. In vivo exposure involves patients confronting realistically safe trauma-related situations and reminders in real life between sessions beginning with less fearful situations and moving on up to more fearful situations.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Enhancing Motivation



PTSD: Disorder of avoidance

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



When we're preparing the patient for PE therapy, an important area is to enhance their motivation. Remember — and I am going to keep reminding you — that PTSD is a disorder of avoidance. So we really have to pay attention to their motivation.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Enhancing Motivation



Areas disrupted by
trauma



Potential gains



Obstacles

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook*, 2nd edition. New York. Oxford University Press, USA.



One way is to identify areas of the person's life that have been disrupted or are unsatisfying as a result of the trauma. If the trauma was recent enough that the patient can remember life before and after it, then you can assess the discrepancy between these two times of life. For example, you can ask, "What kinds of things did you use to enjoy that you can't do anymore or that you can't do without a lot of anxiety?" or, "Tell me about the life you want to reclaim. We will talk a lot about taking your life back from PTSD. What are some areas of your life that you want to take back from PTSD?" It's important to identify potential gains or positive changes that will result from therapy or from reducing PTSD and the related interference. So you can ask, "What do you hope that you can do at the end of therapy or six months from now?"

We want to identify and problem solve any likely obstacles to successful therapy. So for example, difficulties attending therapy sessions, finding time to do homework. For example, if people have childcare responsibilities, finding a private time and a private place that they can practice their homework will be important. We might need to problem solve with them. For example, asking a partner or a spouse or a friend to watch their kids or identify what's the best time of day to do homework. We don't want people doing the homework right before they go to sleep. And I'll keep reminding you of that as well.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook*, 2nd edition. New York. Oxford University Press, USA.

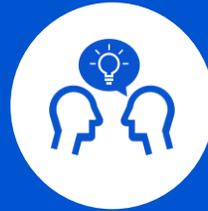
Feeling Worse Before Feeling Better



Temporary



Not associated with worse outcomes



Therapist: "How can I help you through that?"

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.). Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition. New York. Oxford University Press, USA.



Some of the issues to discuss in preparation for PE: We want to tell people that some people may feel worse before they feel better and that these symptoms may increase before decreasing. The good news is that this is usually temporary. It's not associated with worse outcome or even dropout. If it happens, how will it be for you? Is there anything I can do to help you tolerate this temporary worsening? Sometimes, especially if it's a woman and they've had children, I'll use the analogy that in early pregnancy when people will say, "It's great that you're feeling sick, it's great that you're feeling nauseous because that means your hormones are at the right level." I might use that analogy that all of these feelings you're having mean that you're accessing what we need to access. So that's great. But you want to find out, one, you want to anticipate it for them. And two, how's it going to be? How can I help you through that?

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.). Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition. New York. Oxford University Press, USA.

Change for the Better After Trauma



- True for you?
- What have you gained?
- What might you lose?

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- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



We also want to have the discussion, sometimes there are aspects of people's lives that actually change for the better after trauma. Is this true for you? If so, what do you feel you've gained from experiencing the trauma? And conversely, what might you lose if you get better? I've had a few cases, for example, in working with rape survivors that someone came into their lives. I refer to it as the white knight on a horse coming in. And very often, that might be their husband now and that they came in and kind of rescued them after the assault. But their entire relationship has been based on the patient having symptoms. And so very often, it will change the relationship if the patient has fewer symptoms or no symptoms or gets stronger in some areas. So sometimes, that's something that needs to be discussed.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

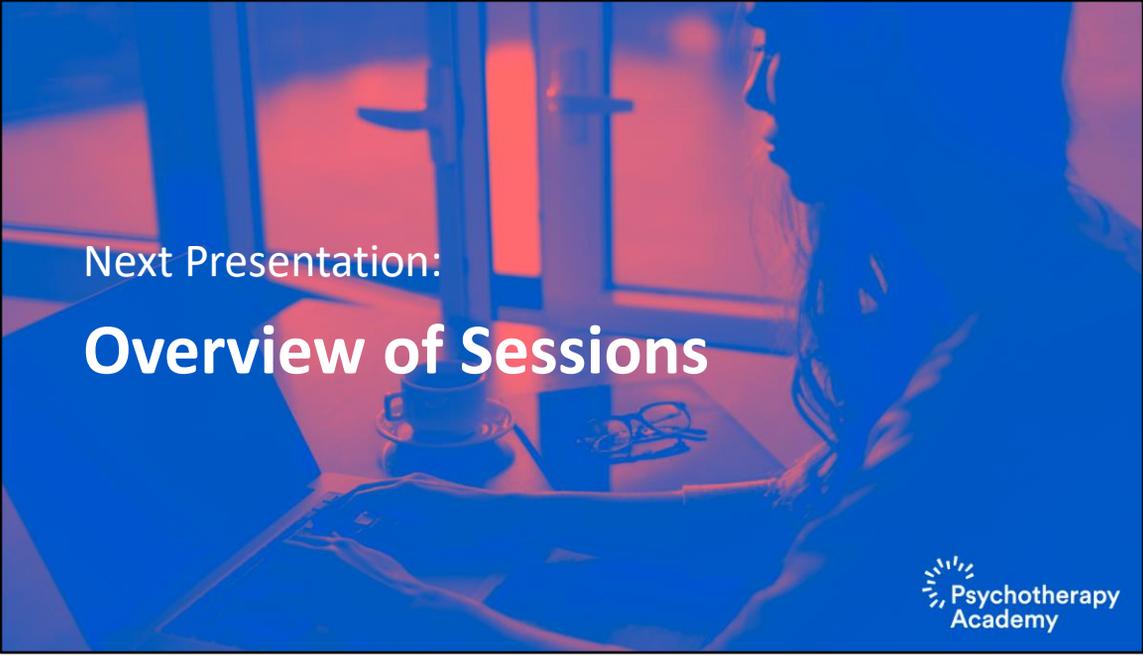
Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Key Points

- The main components of PE are imaginal exposure and processing and in vivo exposure.
- PE takes 9 to 12 sessions.
- Enhance motivation and help the patient anticipate what therapy might be like.



The key points from this video are that the main components of PE include imaginal exposure and processing and in vivo exposure. PE usually takes anywhere from 9 to 12 90-minute sessions and can be delivered weekly, twice-weekly, or up to daily. We advise having conversations to enhance motivation and helping the patient anticipate what therapy might be like and how to get the most out of therapy.



Next Presentation:

Overview of Sessions



Overview of Sessions

Dr. Barbara Rothbaum

In video 2, we're going to have an overview of all of the sessions. I want to give you an overview of what will happen in each of the PE sessions. After this overview, we will review what happens in each session in detail, almost spending a module per session. This is just to give you the broad picture.

Session 1



2 hours



Information
about the
trauma



Trauma
interview



Rationale for
treatment



Orientation



Breathing
retraining

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
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Session 1, we recommend taking 2 hours — 120 minutes — because there's a lot of material to review. The material includes information gathering about what happened, the trauma, their functioning before and after. We use a trauma interview. You can use that or just your regular interview. Discuss a brief rationale for treatment. Orient the patient to treatment and the number of sessions and teach them breathing retraining.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



Session 2: 90 minutes

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



Session 2 and remaining sessions we recommend for 90 minutes, an hour and a half. However, my little trick for myself is if I can schedule 2 hours, I aim for 90 minutes, but in case the patient goes over, I'm not anxious about it because I never like to be late for patients. So if I can schedule in a little buffer after sessions, I recommend that.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Session 2



Check-in



Homework
review



SUDS



Common
reactions to
trauma



Rationale for
in vivo
exposure



In vivo
hierarchy



Assigning
homework

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



Session 2 includes a check-in, reviewing homework, introducing SUDS—that is, Subjective Units of Discomfort or Distress—the common reactions to trauma, presenting the rationale for in vivo exposure, constructing the in vivo hierarchy, and assigning homework.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Session 2: Homework



Imaginal exposure
daily



In vivo exposure
daily



Breathing retraining
daily



Listening to the
audio tape 1 time

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



We assign homework after every session. And in general, the homework will consist of practicing the imaginal exposure daily, practicing the in vivo exposure daily, practicing the breathing retraining daily, and listening to the audio tape of the session 1 time.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Sessions 3 to 5: Imaginal Exposure



Homework
review



In vivo
exposure
review



Rationale for
imaginal
exposure



Imaginal
exposure



Processing



Assigning
homework

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



Sessions 3 to 5 are where we start imaginal exposure. We start that in session 3. The session includes reviewing homework, reviewing the in vivo exposure, presenting the rationale for imaginal exposure, conducting imaginal exposure, processing imaginal exposure, and assigning homework.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Sessions 3 to 5: Homework



Breathing retraining



Listening to tape of imaginal exposure daily



In vivo exposure daily



Listening to tape of session 1 time

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



And for these sessions, homework includes continuing to practice the breathing retraining, listening to the audio tape of imaginal exposure daily, continuing in vivo exposure exercises daily, working up the hierarchy, and listening to the audio tape of the session 1 time.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Sessions 6 to 8: Hotspots



Homework
review



In vivo
exposure
review



PE using
hotspots



Processing



Assigning
homework

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



About session 5 or 6, we introduce hotspots, and we'll talk about that more in future modules. The overview of session 6 to about 8 includes review the homework, review in vivo exposure, conduct PE using hotspots, process PE, and assign homework.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Final Session



2 hours



Homework review



In vivo exposure
review



Imaginal exposure of
entire memory

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



The last session, it can be session 9 or 12 or whenever the final session is, we recommend allotting 120 minutes, or 2 hours, if that's possible. And this last session includes reviewing the homework, reviewing the in vivo exposures, conducting imaginal exposure of the entire memory — so putting it all back together again...

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Final Session



Processing



SUDS for in vivo hierarchy



Reviewing progress



Closure

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



...processing PE and how the patient's perception of the traumatic event has changed, obtaining current SUDS for in vivo hierarchy items, and discussing how they differ from the original SUDS, reviewing progress and closure, saying goodbye to your patient.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Key Points

- The first session of PE explains the rationale for treatment.
- Imaginal exposure begins in session 3.



The key points of the overview include that the first session of PE explains the rationale for treatment. Imaginal exposure begins in session 3 and continues for the rest of treatment.

Key Points

- In vivo exposure begins after session 2.
- Hotspots begin about session 5 and continue until the final session.



In vivo exposure begins as homework after session 2 and continues for the rest of treatment. Hotspots begin about session 5 and continue for the rest of treatment until the final session in which we review the entire trauma memory again.



Next Presentation:

PE for PTSD: Session 1

 Psychotherapy
Academy



PE for PTSD: Session 1

Dr. Barbara Rothbaum

In video 3, we're going to continue talking about session 1, PE for PTSD.

Session 1



2 hours



Information about the trauma



Trauma interview



Rationale for treatment



Orientation



Breathing retraining

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



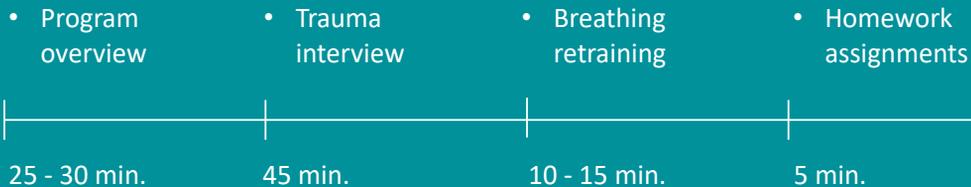
As a reminder, in session 1, we recommend allotting 120 minutes, 2 hours. We will gather information usually with a standardized trauma interview, present a brief rationale for treatment, orient the patient to PE and the number of sessions and the schedule, and teach breathing retraining.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Outline of Activities



- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



I'll go into much more detail giving you the outline and the approximate times of activities in session 1. Obviously, this is going to change depending on your

conversation with the patient — how much they talk — but these are just approximate times.

Presenting an overview of the program often takes about 25 to 30 minutes. We really want to make sure that the patient understands what we're doing for a full informed consent, but also so they can make the right decisions in their real life when something comes up. We want to discuss the treatment procedures that will be used in the program, explain the focus of the program is on PTSD symptoms, collecting information relevant to the trauma. So this is where we might use the standardized trauma interview and that often takes about 45 minutes. We'll introduce the breathing retraining and that takes about 10 to 15 minutes, and assigning homework by the end of the session, which often takes about 5 minutes.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Session 1: Homework



Breathing
retraining



Read rationale for
treatment



Listen to audio of
session

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



The homework from session 1 will include practicing the breathing retraining for about 10 minutes 3 times a day. Usually, I will recommend that they practice in the morning before they even get out of bed. That starts the day off nicely. They can practice during the day if they're at work. I always tell them this is breathing. We're breathing all the time anyway. They can practice anytime. They can practice when they're driving at a stop light. They can practice when they're going to the bathroom. They can practice in a meeting. They're breathing all the time. People don't have to know they're doing anything. Probably the most common time to practice is at night when they're going to sleep and that's great. I just want to make sure they get in a good practice before they fall asleep.

So again, the homework from session 1, practicing the breathing retraining several times a day, reading the handout of the rationale, and listening to the audio tape of the session 1 time.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Teaching Breathing Retraining



The way we breathe affects the way we feel



Exhalation:
Relaxation



Avoid
hyperventilation

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
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In teaching the breathing retraining, we explain that the way we breathe affects the way we feel, that exhalation, not inhalation, is associated with relaxation. So very often, I'll give them the stories that even from the time we're little, if we get upset and we're crying and we're [*breathing sounds*], we might need to take a deep breath to catch our breath. But very often, taking a deep breath is giving our bodies the cues that we need to act, very often to do one of the three F's: fight, flee, or freeze. And it's exhaling where we tell our bodies: relax, code green, false alarm, it's okay. So usually, it's the exhalation, not the inhalation, that's associated with relaxation. What we're going to try to do is slow down the breathing to avoid hyperventilation. And sometimes if people learn, okay, take a deep breath, take a deep breath and then okay, still anxious, they take another breath. And so what's going to happen if people keep taking deep breaths? They're going to hyperventilate. And that's not going to help them feel more relaxed.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Teaching Breathing Retraining



Slow exhalation
("calm")



Pause between
breaths



Recording of exercise

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



So what we're going to try to do is teach them how to take a normal breath and exhaling slowly. We're going to have them concentrate on that slow exhalation while they're saying the word "calm" or "relax" to themselves. When we do it in session and I'm teaching them, I say "calm" out loud. And calm is a good word to use for a few reasons. One, in most cultures, it's associated with comfort and support. From the time we're little if we get upset, someone might say, "Calm down, it's okay." You can also drag it out and it sounds nice. You can say, "Calm..." and it'll sound good. I often check with patients to make sure they don't have any bad associations with the word calm. And if they don't, that's what I'll use.

What we're teaching them is to slow down their breathing. And one way to slow down their breathing is to space out their breaths, taking in fewer breaths per minute. One way to do this is to pause between breaths, basically holding their breath.

Our bodies are really smart in some ways and not so smart in other ways. And what our bodies know is homeostasis, how to maintain the level that we're at. So when we're very anxious, our bodies don't know that we don't have a lion chasing us. So our bodies might want us to stay anxious and that's going to be that feeling you need more air now and that feeling that I need to gulp air. So I tell patients, ignore that feeling. And by holding their breath, it will help that feeling go away. It'll help their bodies downregulate. So they're going to pause, basically holding their breath, and count to 4 before taking their second breath. The therapist makes a tape of this, of his or her voice leading the patient through the breathing exercise.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.

Breathing Retraining Instructions



- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
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So I will explain to them what we're going to do and I'll tell them, "Don't start until I tell you to." And then when I tell them to and I'll start the recording to take a normal breath and everything is through their nose with their mouth closed. Unless we have a cold and our nose is stuffed up or unless we're exercising, we get the right amount of air through our nose rather than our mouths.

Take a normal breath through your nose, exhale slowly. And when I'm doing it with them, I'll say, "Calm... and pause, 2, 3, 4. Normal breath. Calm... and pause, 2, 3, 4."

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Fade Away Instructions



- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
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And I'll tell them I'll gradually fade away my instructions, but I want them to continue. So I will first drop away the saying "Normal breath" because people will continue to breathe, but I will continue to say "Calm... and pause, 2, 3, 4." The next thing I'll drop away is the counting. So I'll continue to say "Calm... and pause. Calm... and pause." Next, I'll drop away the pause. If I'm doing this in person, I am looking at the patient's breathing and trying to put this on top of their own breathing rhythm. So I'm looking at their chest. And when they're inhaling, I'll let them inhale and as they're exhaling, that's when I'll say, "Calm..." And for the last breath, I will fade away all of my instructions and let them go on with it. And then I'll tell them that I'd like them to keep their breathing slow and regular and open their eyes and turn the recording off. And then I'll ask them how that felt.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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- Use recording to practice
- Do not become dependent

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
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I'll tell them to use this recording to practice daily, but I'm also going to ask them not to become dependent on this recording. So for example, practice 1 time a day with the recording and the other times without it. Or practice 1 day with the recording and the next day without it. Most patients tell me after several times practicing with the recording, my voice haunts them and they don't need it anymore. But I don't want them to become dependent on the recording.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Key Points

- In session 1, explain the rationale for exposure therapy.
- At the end of session 1 we teach a breathing technique.
- Breathing retraining is used when exposure is not feasible.



The key points from this video. In session 1, it's important to explain the rationale for exposure therapy to the patient so that they understand what treatment will involve and so that they'll know the right things to do for themselves. At the end of session 1, we teach them a brief breathing technique. This is not to be used during exposure, but at times that exposure is not advised or feasible such as going to sleep at night.



Next Presentation:

Session 1: Rationale for Treatment

 Psychotherapy
Academy



Session 1: Rationale for Treatment

Dr. Barbara Rothbaum

In this video, we'll continue talking about session 1, the rationale for treatment. In session 1, this is when we present the overall rationale for treatment.

Importance of Rationale



Credibility



Client agreement

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



The importance of the rationale has several reasons. One, for treatment credibility. We know that perceived treatment credibility is associated with better PTSD outcome. It's also important for the client agreement. Agreement with the treatment rationale is associated with better outcome in cognitive-behavioral therapy.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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How to Present the Rationale



Be clear



Encourage questions



Demonstrate knowledge



Convey confidence

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How do we present the rationale? We want to present the rationale for treatment clearly making sure that the client understands it. Encourage questions from the client and support the rationale with examples, analogies, or metaphors that fit their presentation. It's important for the therapist to demonstrate knowledge about PE and the research literature supporting its efficacy. I think one of the most important points of presenting the rationale is to convey confidence. You want to convey confidence in the treatment and in your patient's ability to use it effectively. This is what they will remember: your confidence that this treatment will help and that they can do it.

References

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Facilitating Therapeutic Alliance



Acknowledge their courage



Communicate your understanding of the symptoms



Be empathic and nonjudgmental



Work collaboratively

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It also helps in facilitating the therapeutic alliance. It's important to acknowledge the patient's courage in coming for treatment. I'm like a cheerleader when I'm doing PE with patients. I tell them that it involves courage. It involves being brave. And I don't use those terms loosely. Bravery is being scared and doing it anyway. It's important to communicate an understanding of the patient's symptoms. So incorporate examples when describing the treatment, for example, when going through the common reactions. Use the patient's words. Very often in what we're going to be talking about in this training, we'll say the traumatic event. But don't call it the traumatic event. Call it whatever the patient calls it. If they call it the attack, call it the attack. If they call it the rape, call it the rape. If they call it the crash, call it the crash. Use the patient's words.

Validate the patient's experience in an empathic and nonjudgmental manner. This may be the first time that they're relating what happened to them, so your reaction is important. Please, no puppy dog eyes. And what I mean by puppy dog eyes, you've probably seen it, you may have done it, but when someone looks at you and you can see pity in their eyes. They don't need your pity. Don't register shock. Don't register disgust. They really need to see you being an empathic, caring human who's trying to help them but is strong enough to tolerate whatever they have to tell you. They're looking at you and looking at your reaction just like a child looks at a parent. I remember when my kids were little, if they fall down, they look for their parent's reaction to see, "Oh my god, is that bad? Should I be crying? Or is it okay?" And sometimes, I will even tell patients, "Look at this face. Is this face worried? No. I know you can do this."

Another example is, for example, someone who is scared to fly. They will look at the flight attendant, say, when there is turbulence. And if the flight attendant is freaking out, then they're going to freak out. If the flight attendant is calm and acting like nothing important is happening, then they'll use that information.

Also, in facilitating the therapeutic alliance, it helps us to work collaboratively incorporating the patient's judgment about the pace and targets of therapy. I tell patients that I will push them outside of their comfort zones, but not outside of their safety zone. We can't let them completely dictate the pace of therapy because they have PTSD and PTSD is a disorder of avoidance and they're pretty much stuck where they are. So they do need a gentle push, but not outside of their safety zone.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Rationale for Treatment Program



- Focus: Fears, distress, and symptoms
- Factors that prolong problems:
 1. Avoiding situations
 2. Avoiding thoughts and images
 3. Dysfunctional cognitions

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



The rationale for the treatment program focuses on addressing trauma-related fears, distress, and symptoms. The 3 main factors that prolong posttrauma problems include avoidance of trauma-related situations, for example, only sleeping with a light on or avoiding going outside alone; avoidance of trauma-related thoughts and images; and the presence of dysfunctional thoughts or cognitions, for example, the world is extremely dangerous or I'm extremely incompetent or this was totally my fault.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Avoidance



- Prevents:
 1. Emotional processing
 2. Modifying dysfunctional cognitions

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The avoidance prevents the patient from emotionally processing the trauma and from modifying these dysfunctional thoughts or cognitions. For example, learning that trauma reminders aren't dangerous. They can't learn that if they're avoiding all trauma reminders.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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If we can't think about it, we can't think
about it differently

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What I've also learned is we believe our stories of what happened rather than what actually happened.

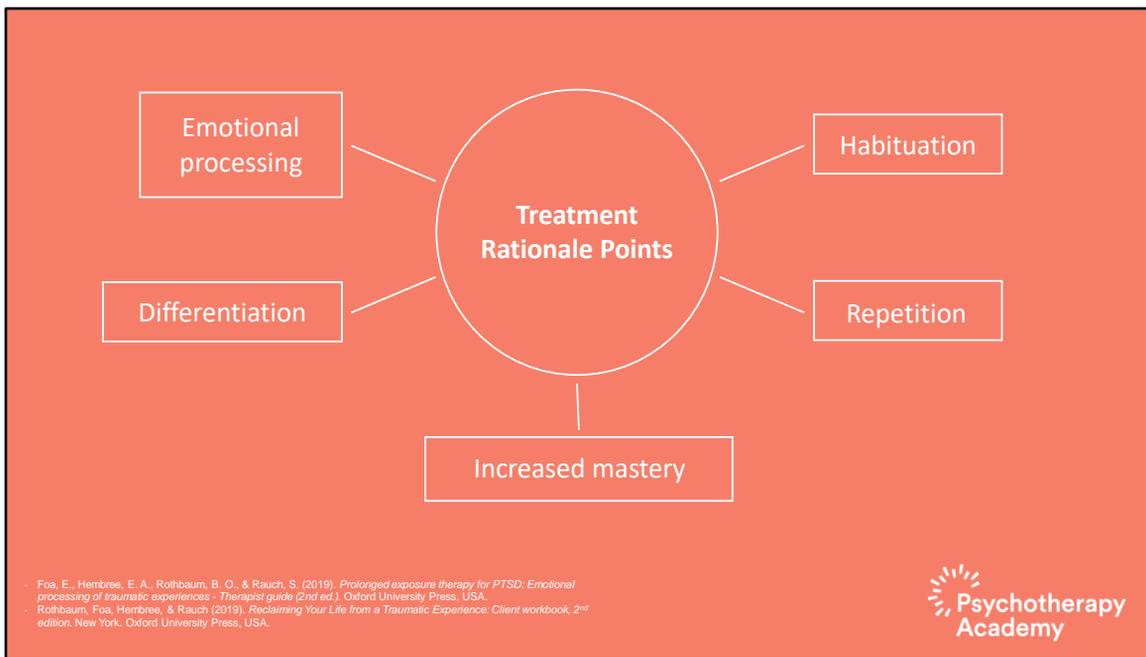
If we can't even think about it, we can't possibly think about it differently. I'll use a common example from our war veterans. A fairly common situation that we'll deal with is that say our patient was driving a Humvee back to base and they hit an IED. It blows up. The Humvee blows up. Everything fills with smoke. And let's say their buddy next to them unfortunately died. They try not to think about it. And if they do think about it, they think in terms of I was driving. It was my fault that Jones died. And if they can't even think about it, then they can't think about it differently. And so when we're going through it over and over and over in the emotional processing and in the exposure that they can come to a different story. And we're going to go through this more as we talk about it but they may be able to come up with a story that's more like driving back to base, hit an IED. There were eight eyes on it. It wasn't just me that was supposed to see it. The insurgent planted the IED so we wouldn't see it. It sucks that Jones died but I did everything I could. It wasn't my fault. And that feels very different to someone.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic*

Experience: Client workbook, 2nd edition. New York. Oxford University Press, USA.



We want to make several points when we're discussing the treatment rationale with patients. One is about emotional processing, that repeated reliving helps organize the memory and process the trauma. The patient will learn that thinking about the trauma is not dangerous and that being anxious or upset is not dangerous. Another point is habituation, that repeated reliving of the experience for long periods of time will lower anxiety and distress and will help disconfirm the belief that anxiety will last forever. The more often and longer that we do it, the better it will work. Another point is differentiation, that exposure will decrease the generalization of the fear from the specific trauma to similar but safe situations. Another point is repetition. Repetition and long exposures are necessary because the fear resulting from the trauma was so intense. It often takes longer to process this kind of memory and decrease the fear. And lastly, increased mastery. Exposure enhances the patient's sense of self-control and personal competence. They'll feel progressively better about themselves as they stop avoiding and feel that they've mastered their fears.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Key Points

- The rationale is important for getting the patient's buy-in.
- Avoidance maintains PTSD.
- PE helps through emotional processing, habituation, differentiation, repetition, and increased mastery.



The key points from this video include that presenting the rationale for PE is very important for getting the patient's buy-in. The rationale emphasizes that avoidance maintains PTSD. PE helps through emotional processing, habituation, differentiation, repetition, and increased mastery.



Next Presentation:

How to Implement Breathing Retraining

 Psychotherapy
Academy



How to Implement Breathing Retraining

Dr. Barbara Rothbaum

Video 5, How to Implement Breathing Retraining. What I'm going to do in this video is talk to you like I'm talking to a patient.

Rationale



Our breathing affects the way we feel

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



I'll give you the rationale that I give a patient and then I'll walk through the breathing just like I do with a patient.

Most of us realize that our breathing affects the way we feel. From the time we're little kids if we're crying and we're upset, someone may tell us if we're crying, someone may tell us, "Take a deep breath and calm down." And if we're crying like that and we can't catch our breath, taking a deep breath might be exactly what we need to do to calm down.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Rationale



Inhaling: Getting ready
to act



Exhaling: Relaxing

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.
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However, most of us when we're anxious, we don't need to take a deep breath. Most of the time when we're anxious, we've actually got too much air on board. When we're anxious, our bodies give us the message we need more air, take in air now. And this usually prepares us to do one of the three F's: to fight, flee, or freeze. For an example, if our ancestors saw a lion walking out in the woods, they may hold their breath preparing to do one of the three F's: to fight, flee, or freeze. If the lion kept walking, then they exhale. And that's where we tell our bodies, "Relax, code green, false alarm, it's okay." So breathing in air is associated with getting our bodies ready to act and exhaling is where we tell our bodies it's okay to relax. So taking in more air might be the exact wrong thing to do.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Rationale



Space out breaths



Relax

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.
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What we want to do when we're trying to relax is take in a little bit less air.

And one way to do that is to space out our breaths. So in a few moments — not

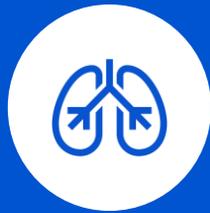
yet — when we start going through the breathing retraining, I'm going to ask you to take a normal breath and exhale slowly, saying the word “calm” to yourself. When we're doing it in here, I'll say it out loud. And then basically holding your breath, pausing before you need to take in more air. And this is similar, for example, a runner before a race is going to take some deep breaths to fuel her body with oxygen to be able to run this race.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.

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Rationale



Hyperventilation



Bodily reactions resemble
fear

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- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



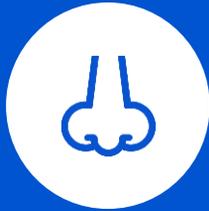
Hyperventilating produces some of these same bodily reactions that resemble fear. So sometimes when people are scared, they'll think, "Okay, I need to take in a deep breath. Take in a deep breath. Okay. That didn't work. I need to take in more. Take in another deep breath." What does that do? It leads to hyperventilating that's going to help our bodies feel like, "Okay, now, I really need to act." But that's going to make us more anxious.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Rationale



Slow down breathing



Exhale and say
"calm"



Comfort and
support

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.
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So what we want to do is decrease the amount of air, slow down our breathing. In a few moments when we do this, I'm going to ask you as you're exhaling slowly to say the word "calm" or maybe relax silently to yourself. Calm is a good word to use for a few reasons. For most people, it's associated with comfort and support. A loved one saying, "It's okay, calm down." It also sounds nice if we can drag it out. We can say "calm..." And if I could sing, it would sound even better.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press, USA.

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Rationale



When we talk about breathing, it doesn't feel normal

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So when we start going through this, I'm going to want you to try to take a normal breath. Now, I realize that as soon as we start talking about breathing that it doesn't feel normal. It's like blinking or swallowing. As soon as we pay too much attention to it, it throws it off. So the idea when I take you through this is to practice it. I am going to try to look at my patient's own breathing rhythms and put this on top of it. But their breathing isn't going to be normal. Your breathing isn't going to be normal now. Later on, when you're not practicing this, catch yourself taking a normal breath to remember what that feels like.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Instructions



Take a normal breath

Exhale slowly
("calm")

Pause

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- Rothbaum, Foa, Hembree, & Rauch (2019). *Reclaiming Your Life from a Traumatic Experience: Client workbook, 2nd edition*. New York. Oxford University Press, USA.



So you're going to take a normal breath. You're going to exhale slowly. You don't need to drag it out as long as you can, but you do want to drag it out a little bit saying the word "calm" silently in your head and I'll say it out loud. And then we're going to pause. I'm going to ask you to pause, basically holding your breath. If what happens when you're anxious is you're actually overfueled with oxygen, what we want to do is decrease some of that fuel. And one way to do that is to take in fewer breaths per minute. And one way to do that is to space out our breathing. So by pausing between breaths, it will help you take in less oxygen.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Ignore the need to
gulp air



Take 10 to 15
breaths



Instructions will
fade away

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Very often during this pause, people may feel the need to gulp air, to take in a deep breath. What that is, is our bodies are really smart in some ways and not so smart in other ways. What our bodies know is homeostasis, how to maintain the level that we're at. So when we get ourselves anxious, our bodies don't know we don't have a lion chasing us. So if we hold our breath, our body is going to give us the message, "Uh-uh-uh, I need more air now." And that's that feeling that you need to gulp air. You just have to know to ignore it. Sometimes, if it gets really strong, by holding your breath and swallowing a couple of times, it helps that feeling go away. Most people tell me that after we do this for a couple of breaths it helps that feeling go away. It helps your body downregulate.

And then we're just going to repeat the process. You don't have to count, but I'm going to take you through about 10 to 15 breaths. Towards the end, I am going to fade away my instructions, but I want you to keep practicing, keep going on with it.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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- Eyes closed
- Comfortable position
- Slow breathing

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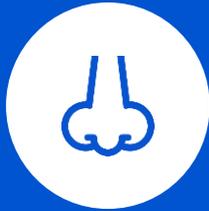
So now, I'd like you to close your eyes and get in a comfortable position. You have things you need to think about, but you can think about them later. This is your time. You will not be hurried. And I want you to focus on slowing down your breathing.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Instructions



Take a normal breath



Exhale slowly
("calm")



Pause

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And when it's comfortable to take a slow regular breath in through your nose with your mouth closed and exhale slowly, saying "Calm... and pause, 2, 3, 4." Good. Normal breath. Calm... and pause, 2, 3, 4. Normal breath. Calm... and pause, 2, 3, 4. Calm... and pause, 2, 3, 4. Calm... and pause, 2, 3, 4. Calm... and pause. Calm... and pause. Calm... and pause. Calm... and pause. Calm... Calm... Calm... Calm..."

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Open your eyes

Notice feelings of relaxation

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Psychotherapy Academy

I'd like you to keep your breathing slow and regular. And open your eyes noticing the feelings of relaxation, knowing that you can become this relaxed whenever you choose.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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At least 2 or 3
times a day



Do not become
dependent on the
tape



Anytime during
the day

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I'd like you to practice this relaxation at least 2 or 3 times a day. If you like using this tape, that's fine. Just don't become dependent on it. You might want to practice once a day with the tape, once a day without the tape, or 1 day with the tape, the next day without the tape. Popular times to practice, a lot of people like to practice this breathing before they even get out of bed in the morning and that starts the day off in a nice, relaxing way. You can practice it anytime during the day. You're breathing all the time anyway so no one has to know that you're doing it. You can do it in a meeting. You can do it at a red light. You can do it when you go to the bathroom. It's also popular to practice it when you're going to bed at night. And that's fine. Just make sure you finish practicing before you fall asleep.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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We can condition relaxation

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And what I found is that just like we can condition anxiety, certain things or certain situations happen and send your anxiety right up there, we can also condition relaxation. If you have this well practiced, then in a situation that gets you anxious and you can, for example, feel your heart start to pound, you can do a few of these breaths and it'll bring it right down. You can condition this relaxation response. But you do need to practice it.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide (2nd ed.)*. Oxford University Press, USA.

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Key Points

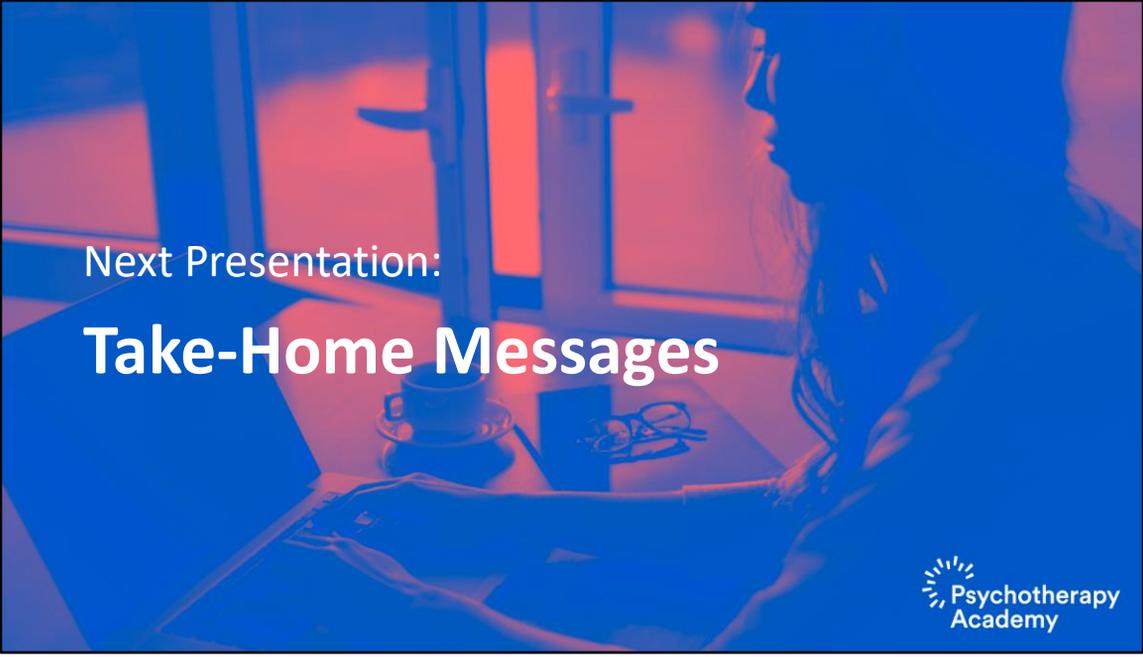
- Our breathing affects the way we feel.
- When trying to relax, space out your breathing.
- We can condition relaxation.



Our breathing affects the way we feel.

Breathing in air is associated with getting our bodies ready to act and exhaling is where we tell our bodies it's okay to relax. What we want to do when we're trying to relax is take in a little bit less air. And one way to do that is to space out our breathing.

Just like we can condition anxiety, we can also condition relaxation.



Next Presentation:

Take-Home Messages

 Psychotherapy
Academy



Take-Home Messages

Dr. Barbara Rothbaum

We'll review the take-home messages from this module in this video.

Session 1: Goals



Educate about PTSD and
PE



Ensure they come
back

The most important goals of session 1 of PE are to educate the patient about PTSD and prolonged exposure therapy and to ensure they come back for session 2.



Your Reaction Is Important

- ✓ Be kind
- ✓ Show confidence

Many patients have never told anyone about what happened to them, so your reaction will be very important. Most of all, be kind; be human. Respond as you would hope someone would respond to you or a family member. Let them feel your confidence that although it wouldn't be easy, you know PE can help them take their life back from PTSD and that you know they can do it and they'll be glad they did.