

Handout 1

Rationale for Treatment by Prolonged Exposure

The treatment program you are participating in is called *prolonged exposure* (PE). Exposure in this sense means facing thoughts, feelings, or situations that are usually avoided because they trigger distress. There are two main parts to this program.

The first is *imaginal exposure*, in which you revisit the trauma memory repeatedly in your mind. The second part is *in vivo exposure*, in which you confront safe or low-risk situations that you have been avoiding after your trauma. Many people who have experienced a trauma try to avoid thoughts and feelings associated with that event. Similarly, many people also avoid situations, places, and activities that remind them of the trauma or that just feel scary. However, while avoiding can make you feel more comfortable in the short run, it actually can make the problem worse in the long run because it prevents you from overcoming your fears. Imaginal and in vivo exposures address these problems and work in similar ways.

How does exposure work? When you confront feared memories or situations in a systematic way under relatively safe circumstances, several things happen.

1. Revisiting the memory helps you to emotionally process the traumatic experience and make sense of it.
2. You learn that thinking about a traumatic experience is not dangerous and that being upset or anxious is not dangerous.
3. You become less fearful of other situations that remind you of your trauma.
4. You learn that you can handle your distress, and you feel better about yourself.
5. Finally, you learn that when you repeatedly confront memories or situations you have avoided, the fear and distress gradually decrease. In other words, you again become relatively comfortable in these situations. We call this *habituation*, which is the process by which anxiety comes down on its own. When you stick it out and stay in a frightening but safe situation for a long enough time, and you go back to that same situation often enough, you simply become less frightened of this situation. In a way, it is similar to getting back on a bicycle after falling off. If you refuse to try again, over time you become more and more frightened of riding bicycles. But if you get back on and ride your bicycle despite your fear, you become less and less afraid until the fear is reduced.

Habituation works with frightening memories, too. Letting yourself engage in the traumatic memories rather than avoiding them will allow you to remember the trauma with less distress, and you will learn that the memories are not dangerous. Exposure to the painful memories (i.e., revisiting the trauma in imagination) also allows you to gain control over them so they will be less likely to pop up at times when you do not want them to. The flashbacks, nightmares, and

intrusive thoughts that many trauma survivors often experience are less likely to occur after you repeatedly revisit the trauma memories, and, when they do occur, they are less upsetting.

Following a trauma, people's beliefs about themselves and about the world may change in basic ways. You may view situations as dangerous when, before the trauma, such situations would not have bothered you at all. You may find that your attitude toward people and the world in general has become more negative than it used to be or that your self-image has gotten worse. Many times these changes reflect trauma-related changes in your thinking. Sometimes even the presence of posttraumatic stress disorder (PTSD) may cause you to think and feel negatively about yourself. Because how you think about yourself, the world, and other people affects how you feel, it is useful to pay attention to how the traumatic experience has shaped your thoughts and beliefs. For this reason, as you go through the treatment, you and your therapist will discuss how you think about the trauma, yourself, other people, and situations in your life. You will sometimes explore trauma-related changes in your thinking and see how such changes affect your feelings and whether they are helpful or not.

Treatment by imaginal and in vivo exposure may seem difficult at first, and many trauma survivors are afraid of becoming involved in it. But, with time, you will find that this treatment is challenging and makes you feel good about yourself. Congratulations! You have made the very scary first step in taking back control of your life! You will be glad you did!

Handout 2

Breathing Retraining Technique

Purpose of Exercises

- Slow down breathing
- Decrease amount of oxygen in blood
- With practice, decrease anxiety

Breathing Instructions

1. Take a normal breath in through your nose with your mouth closed.
2. Exhale slowly with your mouth closed.
3. On exhaling, silently say to yourself the word *calm* or *relax* very slowly; for example: *c-a-a-a-a-l-m* or *r-e-e-e-l-a-a-a-a-x*.
4. Pause, holding your breath, for a count of 4, and then take the next inhalation.
5. Practice this exercise twice a day, for 10 minutes each time.

Handout 3

Common Reactions to Trauma

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

Remember, many changes after a trauma are normal. In fact, most people who directly experience a major trauma have severe reactions in the immediate aftermath, similar to yours. Many people then feel much better within 3 months after the event, but others recover more slowly, and some do not recover enough without help. Becoming more aware of the changes you have undergone since your trauma is the first step toward recovery.

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

Negative Emotion

One of the primary reactions that people experience after a trauma are *frequent negative emotions* including fear and anxiety, guilt, shame, or anger. Anxiety is a common and natural response to a dangerous situation. For many people, it lasts long after the trauma has ended. This happens when our views of the world and sense of safety have changed and become more negative. You may become anxious when you remember the trauma. In some people, guilt or shame may be the prominent emotions when they have had traumas in which they experienced or witnessed events that felt wrong, immoral, or personally violating. Feelings of anger may also be triggered by traumatic experiences that felt unjust or violating.

These upsetting thoughts and feelings are sometimes triggered by external events, but sometimes they seem to come on by themselves or out of the blue. *Triggers* or *cues* that can cause distress may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. As you begin to pay more attention to these times, you can discover the triggers for your distress. In this way, you may learn that some of your out-of-the-blue negative feelings are really triggered by things that remind you of your trauma.

Reexperiencing the Trauma

People who have been traumatized often reexperience the traumatic event. For example, you may have *unwanted thoughts* of the trauma and find yourself unable to get rid of them. Some people have *flashbacks*, or very vivid images, as if the trauma is occurring again. *Nightmares* are also common. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that you can't fit it into what you know about the world. So, in order to understand what happened, your mind keeps bringing the memory back, as if to better digest it and fit it in.

Increased Arousal

Another common response to trauma is increased arousal, which includes feeling jumpy, jittery, and shaky; being easily startled; and having trouble sleeping. You may also find that you are having trouble concentrating. This is another common experience that results from a trauma. Continuous arousal can lead to *impatience* and *irritability*, especially if you're not getting enough sleep. The arousal reactions are due to the fight or flight response in your body. The fight or flight response is how we protect ourselves against danger, and it also occurs in animals. When we protect ourselves from danger by fighting or running away, we need a lot more energy than usual, so our bodies pump out extra adrenaline to help us get the extra energy we need to survive.

People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack. The problem is that increased arousal *is* useful in truly dangerous situations, such as if we find ourselves facing a tiger. But alertness becomes very uncomfortable when it continues for a long time even in safe situations. Another reaction to danger is to freeze, like a deer in the headlights, and this reaction can also occur during a trauma.

Avoidance

As has been discussed in earlier chapters, avoidance is a common way of managing trauma-related pain and distress. It is a strategy to protect yourself from situations you feel have become dangerous and from thoughts and feelings that are painful, overwhelming, or distressing. You may be avoiding situations that remind you of the trauma, such as activities or people that are related to the traumatic events. Often situations that are less directly related to the trauma are also avoided, such as going out after dark or being in crowded places. Another way to reduce discomfort is to try to push away painful thoughts and feelings. This can lead to feelings of *numbness*, where you find it difficult to have both fearful and pleasant or loving feelings. Some people feel that they have lost their ability to experience positive emotions like happiness, joy, or loving feelings. Sometimes the painful thoughts or feelings may be so intense that your mind just blocks them out altogether, and you may not remember parts of the trauma.

Anger and Irritability

Many people who have been traumatized feel angry and irritable. It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair.

Guilt and Shame

People often experience changes in their thoughts and beliefs after a trauma. They may see the world as a very dangerous place or themselves as weak or bad. Trauma often leads to feelings of guilt and shame. Many people blame themselves for things they did or didn't do. For example, some assault survivors believe that they should have fought off an assailant, and they blame

themselves for the assault. Others feel that if they had not fought back they wouldn't have gotten hurt. A veteran may feel guilty for hitting an IED (a type of bomb) while he was driving that injured or killed a buddy. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for the trauma.

Feeling guilty about the trauma means that you are taking responsibility for what occurred. While this may make you feel somewhat more in control, it can also lead to feelings of helplessness and depression.

Grief and Depression

Other common reactions to trauma include grief and depression, such as feeling down, sad, hopeless, or despairing. You may cry more often. Trauma survivors often feel a sense of grief for what they have lost or for who they were before the trauma occurred. Sometimes grieving is associated with a loss of the ability to control what has happened to you or to your body, or the loss of your sense of safety. You may lose interest in people and activities you used to enjoy. You may feel that plans you had for the future don't seem to matter anymore or that life isn't worth living. These feelings can lead to thoughts of wishing you were dead or doing something to hurt or try to kill yourself. Because the trauma has changed so much of how you see the world and yourself, it makes sense to feel sad and to grieve for what you lost because of the trauma.

Self-Image and Views of Other People

How you see yourself and others often become more negative after a trauma. You may tell yourself, "If I hadn't been so weak or stupid, this wouldn't have happened to me." Many people see themselves as more negative overall after the trauma ("I am a bad person and deserved this" or "other people experience the same trauma but they remain strong and go on in life").

It is very common to see others more negatively and to feel that you can't *trust* anyone. If you used to think about the world as a safe place, the trauma may suddenly make you think that the world is very dangerous. If you had previous bad experiences, the trauma may convince you that the world is dangerous and others aren't to be trusted. These negative thoughts often make people feel that they have been changed completely by the trauma. Relationships with others can become tense, and it may be difficult to become intimate with people as your trust decreases.

People sometimes begin to behave in a reckless or self-destructive manner after a trauma. This may include driving too fast, making poor decisions, taking excessive risks. Have you been engaging in reckless or risky behavior? Are friends or family worried about you?

It is not unusual to have disruptions in relationships with other people after a traumatic experience, or to struggle with trusting and feeling close with others. Sexual relationships may suffer after a traumatic experience. Many people find it difficult to feel sexual or have sexual relationships. This is especially true for those who have been sexually assaulted since, in addition to the lack of trust, sex itself is a reminder of the assault.

Use of Alcohol or Drugs

Some people increase their use of alcohol or drugs after a trauma. There is nothing wrong with responsible drinking, but if your use of alcohol or drugs has increased as a result of your traumatic experience, it can slow down your recovery and cause problems of its own.

Interconnections

Many of the reactions to trauma are connected to one another. For example, a flashback may make you feel out of control and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are “going crazy” or “losing it.” These thoughts can make them even more fearful. Again, as you become aware of the changes you have gone through since the trauma and as you process these experiences during treatment, the symptoms should become less distressing.

Handout 4

In Vivo Exposure Hierarchy

Name: _____

Date: _____

Therapist: _____

SUDS Anchor Points

0 _____ 50 _____ 100 _____

Item	SUDS (Sess. 2)	SUDS (Final Sess.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

Handout 5

In Vivo Exposure Homework Recording Form

Name: _____ Date: _____

1) Situation that you practiced _____

Date & Time	SUDS			Date & Time	SUDS		
	Pre	Post	Peak		Pre	Post	Peak
1.				5.			
2.				6.			
3.				7.			
4.				8.			

2) Situation that you practiced _____

Date & Time	SUDS			Date & Time	SUDS		
	Pre	Post	Peak		Pre	Post	Peak
1.				5.			
2.				6.			
3.				7.			
4.				8.			

3) Situation that you practiced _____

Date & Time	SUDS			Date & Time	SUDS		
	Pre	Post	Peak		Pre	Post	Peak
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Handout 6

Session 2 Homework Form

Name: _____ Date: _____

Therapist: _____

1. Continue breathing practice.
2. Read Handout 3: Common Reactions to Trauma, several times a week; share with important people in your life.
3. Review the List of Typically Avoided Situations for Trauma Survivors at home and add additional situations.
4. Review the Model of Gradual In Vivo Exposure.
5. Begin in vivo assignments. Use Handout 5: In Vivo Exposure Homework Recording Form to fill in SUDS levels before and after the exposure, as well as your peak SUDS level. Remember to stay in the situation long enough for your anxiety to come down.

Items for practice this week:

6. Listen to recording of entire session at least once.

Handout 7

Imaginal Exposure Homework Recording Form

Name: _____ Date: _____

Instructions: Please record your SUDS ratings on a 0–100 scale (where 0 = no discomfort and 100 = maximal discomfort, anxiety, and panic) before and after you listen to the recording of the imaginal exposure.

Session #: _____

Date & Time				
SUDS Pre				
SUDS Post				
Peak SUDS				

Date & Time				
SUDS Pre				
SUDS Post				
Peak SUDS				

