



# Posttraumatic Stress Disorder

## Patient Treatment Manual

This manual is both a guide to treatment and a workbook for persons who suffer from Posttraumatic Stress Disorder. During treatment, it is a workbook in which individuals can record their own experience of their disorder, together with the additional advice for their particular case given by their clinician. After treatment has concluded, this manual will serve as a self-help resource enabling those who have recovered, but who encounter further stressors or difficulties, to read the appropriate section and, by putting the content into action, stay well.

From: *The Treatment of Anxiety Disorders*.  
Andrews G, Crino R, Hunt C, Lampe L, Page A.  
New York: Cambridge University Press (1994)

*Purchasers of the book may wish to photocopy portions of the text of this manual for use with their patients. This is acceptable to the publisher, who, nevertheless, disclaims any responsibility for the consequences of any such use of this material in clinical practice. It is not necessary to write to Cambridge University Press for permission to make individual photocopies. This permission does not extend to making multiple copies for use by the purchaser, for use by others, or for resale. Individuals or clinics requiring multiple copies may purchase them from Cambridge University Press using the order form at the back of the book.*

Clinical Research Unit for Anxiety Disorders  
St. Vincent's Hospital Sydney

© 2010

[www.crufad.org](http://www.crufad.org)

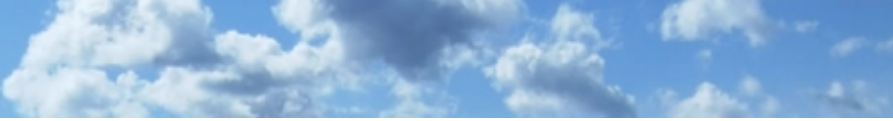


## Section 1

### Introduction

Experience of a traumatic event can shatter a person's life, leaving them feeling vulnerable and frightened. It is very important to remember that recovery is possible and that you can lead a normal, happy life again. This does not mean that you will forget what happened to you or that you will never again be distressed by memories and reminders of the event. A certain amount of distress when you think about what happened is part of being a normal, caring human being and we certainly do not want you to have no feelings. However, the distress will become less frequent and more manageable - it will no longer control your life as it may do now. Recovery also does not mean that you will be exactly the same person that you were before the trauma. Such powerful experiences may change people in many ways, not all of them negative. As people recover from trauma, they may find themselves stronger than before, perhaps more caring and with a more balanced and sensible view about what is important in their lives.

By seeking some help, you have taken the first steps to recovery. The purpose of this manual is to help you through the treatment process in a step by step fashion. There is a great deal of information here - take it slowly and read each section as often as necessary until you understand it before moving on. You will be asked to write things down from time to time, so we suggest that you find an exercise book to use for those tasks that you will keep adding to throughout your recovery. Try not to worry if it all seems too difficult at the moment - recovery from trauma is often a long process and you need to take things one day at a time, recognising small improvements as they occur. It can be a long journey, but it will be worth it.



## **1. The Nature of Traumatic Stress and PTSD**

At some point in our lives, nearly all of us will experience a very frightening or distressing event that will challenge our view of the world or ourselves. Virtually everyone develops some kind psychological reaction following such experiences - this is part of a normal human response to extreme stress. Most people will recover over the weeks and months following the incident with the help of caring family members and friends. For some, however, recovery does not come so easily and more serious problems develop. In those cases, professional help is often required.

Some individuals who experience a traumatic event will go on to develop a chronic condition known as Posttraumatic Stress Disorder (PTSD). The exact numbers are difficult to specify, but anywhere between 5% and 40% of trauma survivors may develop PTSD. The question of why some people are affected more than others has no simple answer - many factors are involved. It seems to be a complex mix of what the person was like before the trauma, their experience of other frightening events in the past, the severity of the current trauma, and what else is happening in their lives as they try to recover. Regardless of the causes, effective treatment does a great deal to improve the chances of recovery.

### **1.1 What Is a Traumatic Event?**

Trauma is a very personal thing. What traumatises one person can be of less significance to others. This variation in peoples' reactions occurs because of their individual personality, beliefs, personal values, and previous experiences (especially of other traumatic events in their life). It occurs also because each person's experience of the incident is unique. However, in all cases the individual has experienced a threatening event that has caused them to respond with intense fear, helplessness, or horror. The threat or injury may be to themselves or to others close to them. Typical



traumatic events may be of human origin (such as war experiences, physical assault, sexual assault, accidents, and witnessing the death or injury of others) or of natural origin (such as bushfires, earthquakes, floods, and hurricanes). Overall, there are no hard and fast rules to define trauma.

## **1.2 What is PTSD?**

PTSD is a psychological response to the experience of intense traumatic events, particularly those that threaten life. It can affect people of any age, culture or gender. Although we have started to hear a lot more about it in recent years, the condition has been known to exist at least since the times of ancient Greece (more than 2000 years ago) and has been called by many different names. In the American Civil War it was referred to as “soldier’s heart”, in World War I it was called “shell shock”, while by World War II it was known as “war neurosis”. In civilian life, terms such as "shock neurosis", "railway spine", and "rape trauma syndrome" were used in the past.

Traumatic stress can be seen as part of a normal human response to intense experiences. While most people recover over the first few months, for many the symptoms do not seem to resolve quickly and, in some cases, may continue to cause problems for the rest of the person's life. It is also common for symptoms to vary in intensity over time. Some people go for long periods without any significant problems, only to relapse when they have to deal with other major life stress. In rare cases, the symptoms may not appear for months, or even years, after the trauma.

## **1.3 Common Symptoms of PTSD**

PTSD is characterised by three main groups of problems. They can be classified under the headings of intrusive, avoidant and arousal symptoms:

### **1.3.1 Intrusive Symptoms**

Memories, images, smells, sounds, and feelings of the traumatic event can “intrude” into the lives of individuals with PTSD. Sufferers may remain so captured by the memory of past horror that



they have difficulty paying attention to the present. People with PTSD report frequent, distressing memories of the event that they wish they did not have. They may have nightmares of the event or other frightening themes. Movement, excessive sweating, and sometimes even acting out the dream while still asleep may accompany these nightmares. They sometimes feel as though the events were happening again; this is referred to as “flashbacks”, or “reliving” the event. They may become distressed, or experience physical signs such as sweating, heart racing, and muscle tension, when things happen which remind them of the incident. Overall, these “intrusive” symptoms cause intense distress and can result in other emotions such as grief, guilt, fear or anger.

***Intrusive Symptoms of PTSD:***

- Distressing memories or images of the incident
- Nightmares of the event or other frightening themes
- Flashbacks (reliving the event)
- Becoming upset when reminded of the incident
- Physical symptoms, such as sweating, heart racing, or muscle tension when reminded of the event

**1.3.2 Avoidance Symptoms**

Memories and reminders of traumatic events are very unpleasant, causing considerable distress. Therefore, people with PTSD often avoid situations, people, or events that remind may them of the trauma. They try not to think about, or talk about, what happened, and attempt to cut themselves off from the painful feelings associated with the memories. In their attempts to do this, they often withdraw from family, friends, and society in general. They begin to do less and less, no longer taking part in activities they used to enjoy. This may help them to shut out the painful memories, but it can also lead to feelings of isolation and of not belonging to the rest of society. In



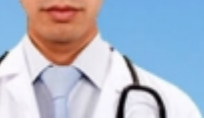
this way the person can become “numb” to their surroundings and not experience normal everyday emotions such as love and joy, even towards those close to them. Such reactions can lead to depression and problems within the family. They can also lead to severe problems with motivation - people with PTSD often find it hard to make decisions and to get themselves going. They may have difficulty making the effort to help themselves or even to do things that they would previously have found enjoyable or easy. This can be very hard for family and friends, who often think that the sufferer is just being lazy or difficult.

***Avoidance and Numbing Symptoms of PTSD:***

- Trying to avoid any reminders of the trauma, such as thoughts, feelings, conversations, activities, places and people
- Gaps in memory - forgetting parts of the experience
- Losing interest in normal activities
- Feeling cut-off or detached from loved ones
- Feeling flat or numb
- Difficulty imagining a future

**1.3.3 Arousal Symptoms**

People who have experienced a trauma have been confronted with their own mortality. Their assumptions and beliefs that the world is safe and fair, that other people are basically good, and that "it won't happen to me", have been shattered by the experience. After the event, they see danger everywhere and become “tuned in” to threat. As a consequence, they may become jumpy, on edge, and feel constantly on guard. This can lead to being overly alert or watchful and to having problems concentrating (for example, not able to read a book for long, getting only a small amount of work completed in a few hours, easily distracted). It is common for sleep to be very disturbed - difficulty



getting off, restlessness through the night, or waking early. Sometimes people find that they are frightened to go to sleep because of the nightmares or because they feel unsafe.

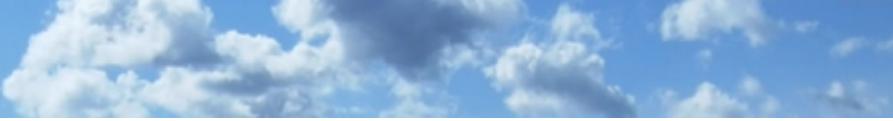
Anger is often a central feature in PTSD, with sufferers feeling irritable and prone to angry outbursts with themselves, others around them, and the world in general. In part, the anger is one way of expressing the feelings of being tense and on-edge that are associated with PTSD - for some people it is easier to acknowledge anger than fear. In addition, however, this anger results from the feelings of injustice caused by the trauma - a reaction to the gross unfairness of it all. Anger and irritability frequently causes major problems at work, as well as with family and friends.

***Arousal Symptoms of PTSD:***

- Sleep disturbance
- Anger and irritability
- Concentration problems
- Constantly on the look-out for signs of danger
- Jumpy, easily startled

**1.4 Associated Problems**

PTSD is not the only psychological response to trauma. People may develop a range of other problems that can affect their quality of life, their ability to relate to other people, and their capacity for work. These problems may occur on their own, or as part of the PTSD. Many of these problems are thought to be the result of people trying to control either themselves and their symptoms (such as alcohol and drug abuse) or their environment (such as avoidance behaviour and angry outbursts). Also, many of the signs are directly related to stress (such as skin complaints and general aches and pains). Overall, the most commonly associated problems in PTSD are those relating to anxiety, depression, and alcohol or drug use - we will discuss each of these briefly. They can be very disabling



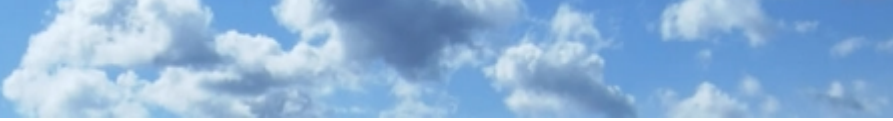
to the sufferer, and may affect family members and work colleagues. Many of the following problems develop over time as the person struggles to cope with the PTSD. If you are in the early stages following a trauma, some of the following may not apply to you.

**Anxiety:** Anxiety is a state of apprehension and worry that something unpleasant is about to happen. It is often accompanied by a range of physical symptoms (such as sweating, heart racing, and breathing difficulties) which are, in themselves, very frightening. Sometimes people experiencing these symptoms believe that they are going to die from a heart attack or go crazy. Anxiety can be specific to certain situations (such as social events, crowded places, or public transport), or it can be a general state of worry about many things in our lives. If you are having significant problems in these areas, be sure to tell your therapist. Treatment (as outlined in other chapters in this book) can be very effective.

**Depression:** Depression is a general state of low mood and a loss of interest or pleasure in activities that were once enjoyed. Life becomes flat and grey, and nothing seems fun, exciting, or enjoyable anymore. These depressed states can be very intense, leading to a total withdrawal from others and a state of numbness, or they can be lower in intensity - just feeling "down in the dumps". They may last for as little as a few hours or as long as months or even years. In more severe cases, the person may believe that life is no longer worth living. Many people who suffer from PTSD over a long period develop significant problems with depression. Again, it is important to tell your therapist if these problems apply to you. It can be treated effectively with psychological treatments and/or prescription drugs.

**Guilt:** People with PTSD often report strong feelings of guilt, shame, and remorse. This may be about the fact that they survived while others did not; it may be about what they had to do to survive; it may be related to how they have coped or acted since the trauma. Guilt is often the most difficult thing to talk about, especially if you feel that you did something wrong or acted in a bad way.



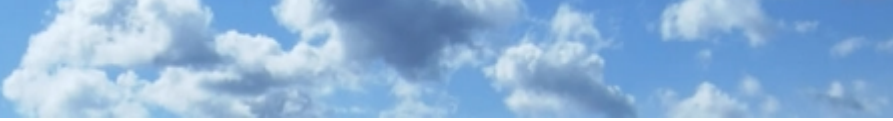


However, it is very important that you work on those feelings as part of your PTSD treatment so be sure to tell your therapist about those feelings.

***Alcohol and Drugs:*** In an attempt to cope with the unpleasant symptoms, many people turn to alcohol or other drugs. Although they may seem to help in the short term, they prevent the person from recovering effectively and lead to long term problems. Drug and alcohol abuse impairs the person's ability to function effectively and to relate to other people. It can cause great difficulties in areas such as relationships, work, finances, and violent behaviour.

***Impact on Relationships and Work:*** Traumatized people can become "consumed" by their feelings, which may lead others to believe that they are selfish, thinking only of themselves. Difficulty feeling and expressing emotions (for example, love and enthusiasm), loss of interest in sex, and reduced participation in activities and hobbies that they used to enjoy before the trauma are common. Traumatized people are often tired and can become cranky and irritable. They may say hurtful things without really considering the implications of what they are saying. All of these symptoms may cause partners to feel rejected and unloved, and the absence of shared enjoyable activities makes it difficult to have a normal family life. It is very important to keep communicating about what is happening - try to be reasonably honest with each other about how you are feeling.

People with PTSD may have difficulty coping with pressure at work. Irritability, jumpiness, mood swings, poor concentration, and memory problems may lead to disputes in the workplace and frequent job changes. Some people with PTSD adopt a workaholic pattern, shutting themselves away in their work and putting in very long hours. This seems to be part of the avoidance component of PTSD - keeping very busy helps to prevent the memories and unpleasant thoughts coming back - but it does not help in the long term. Others find that their problems prohibit them from working effectively at all.



## 1.5 Why Do Traumatic Stress Reactions Develop?

It is important to understand where the signs and symptoms of PTSD come from. One of the leading clinicians in the area, Mardi Horowitz, described trauma as an experience that is, by its very nature, overwhelming. It contains lots of new information that is hard to accept or understand. It does not fit with our view of the world or ourselves - the way we think things are or should be. Human beings have a natural tendency to try and make sense of things that happen around them. When people experience a trauma, the event keeps coming back into their mind in an attempt to make sense of what happened. This is the body's natural way of trying to deal with, or come to terms with, difficult experiences and seems to work well for many stressful life events. However, due to the high level of distress associated with memories of more severe trauma, the thoughts and feelings tend to be pushed away to protect the person from this distress. The result is that, whilst the memory may go away for a while, the need for it to be dealt with has not been addressed and it keeps coming back. The movement backward and forward from intrusive thoughts and feelings about the trauma to avoidance and numbing can then continue almost indefinitely unless the cycle is addressed in some way.

Throughout this alternating between short bursts of painful memories and periods of avoidance and numbing, the sense of feeling keyed-up persists. The traumatised person has been through an event that threatened their life, or the life of someone else, so the mind and body stay on alert to make sure that no future potential dangers will be missed. It is safer to get it wrong by overestimating potential threat than to risk the possibility of missing any future threat. The persistent activation of this threat detection system, however, leaves the traumatised person feeling keyed-up or on edge much of the time. In addition, the threat detection system is so sensitive that it is constantly going off when there is no danger in such a way that interferes with the person's capacity to live a normal and happy life.



Traumatic stress reactions, therefore, are sensible and adaptive both as part of survival during the trauma and in attempts to come to terms with the trauma afterward. Once we recognise where these symptoms come from, it is easier to understand the typical traumatic stress reactions. The difficult part is letting go of these reactions now that they have ceased to provide benefit and are interfering with the traumatised person's quality of life.

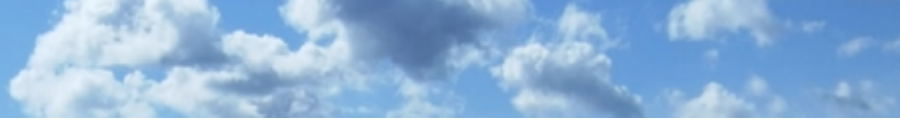
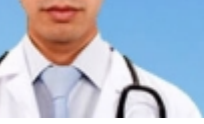
### **1.6 The Process of Treatment And Recovery**

You have already started the first stage of recovery by acknowledging your reactions to the traumatic event. Presumably, you have also taken the next step of seeking appropriate treatment from a mental health professional. Getting help is often frightening - for many, it is a leap into the unknown - but trying to recover from PTSD on your own is much more difficult. Treatment usually involves several stages; we will go through each of these in turn.

**PTSD: Stages of treatment:**

1. Crisis stabilisation and engagement
2. Education about PTSD and related conditions
3. Strategies to manage the symptoms
4. Trauma focussed therapy (confronting the painful memories and feared situations)
5. Cognitive restructuring (learning to think more realistically about what happened)
6. Relapse prevention and on-going support

It is important to remember that treatment can be painful and hard work. Unfortunately, there is no easy way to get rid of the memories or make them less distressing. There is no magic



wand that your therapist can wave or tablet that you can take to make it all go away. But the long-term gains can be enormous: effective treatment can dramatically assist your recovery, helping you to live a normal life once again.



## Section 2

### 2. Stabilisation of a Crisis and Engagement in Treatment

People who have been through a trauma often have other difficult situations to deal with in the aftermath. These may be legal issues, family disruptions, financial problems, or a multitude of other crises. It is important that any current life crises are resolved, or at least put "on hold", before the real treatment of PTSD can begin. It is not possible to devote the necessary concentration, time, and energy to your recovery if you are constantly worried about your job, your relationship, your children, or other important life areas. That is not to say that you have to be able to solve all those problems before you can work on your PTSD, but you will need to be able to put them to one side for a while to concentrate on your treatment. Therapy is hard work - there is no easy way to do it - and you will need to devote all your personal resources to the task. If other life issues are worrying you, it is important that you discuss these with your therapist as they arise so that they do not interfere too much with your treatment.

The first part of treatment will often be devoted to developing a relationship with the therapist (or the treatment team if you are taking part in a group program). You will need to spend some time getting to know each other, and building trust, if you are to work on the difficult issues. We call this process "engagement". For many people with PTSD, this is a very difficult process - experience of a traumatic event often makes it very hard to trust another person, particularly someone who you have never met before. In many cases, you will need to tell your therapist about experiences and feelings that you have never discussed with anyone. We need to recognise that this is a difficult process that will take a lot of courage, but it will be worth it and it is the only way to recovery.

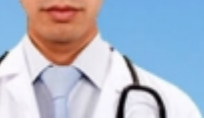


## Section 3

### 3. Education and Information

PTSD can sometimes feel like an incomprehensible cloud that hangs over all areas of the person's life. The first step in treatment is to understand exactly what trauma is, why we have the symptoms we do and, therefore, why it is treated the way it is. In this regard, you have come a long way already by reading the sections above. You need to know what the common signs and symptoms are, and you need to recognise that you are not alone - many people who have experienced traumatic events have responded in exactly the same way as you have. You need to understand why the symptoms have appeared - the fact that they were very useful for survival while the traumatic events were happening but that they are no longer useful. They have become "maladaptive" and now only serve to create problems and distress for you. You need to understand what treatment will involve and how it may affect you. It is very important that you feel able to ask your therapist questions about the nature of your problems and the process of treatment. He or she will not have all the answers, but together you will reach a better understanding of what has happened and how you will recover.

Sometimes, people who have been through a traumatic event have trouble understanding what happened and why it happened. You may find yourself constantly asking questions such as "how did this happen" or "why me?" This is partly because, when we are under threat, our attention is very focussed on the source of the danger and we do not take in all the other things that are happening around us. We may end up with a distorted and confused memory of the experience, so that it becomes difficult to understand and make sense of the event. This confusion often stops us from being able to put the experience behind us. For this reason, your therapist may help you to find out more about what happened during the event. This process is important in being able to "put the pieces of the jigsaw puzzle together" and make sense of your experience. A good understanding of



exactly what happened, and why it happened, often facilitates recovery.

Although we have put this under the heading of "Education and Information", it is actually something that may happen at several stages throughout treatment and you need to make sure that you are ready before you pursue these options. When you are feeling reasonably confident, however, ask yourself what other information you need to help you understand what happened and why it happened:

- Is there anyone else you can talk to who may be able to clarify things for you and help you reach a better understanding of your experience (such as others who were there, police officers, or ambulance officers)?
- Is there anything you can read that will help to fill in the missing pieces (such as media reports, police statements, or reports from a trial or Coroner's Inquest)? Sometimes, reading accounts written by other survivors of trauma can be useful in understanding your reactions.
- Occasionally there may even be video footage available from news reports or other sources: Is there anything you can watch that will help you fill in the gaps?

Unfortunately, of course, it is not always possible to fill in all the gaps in your understanding of the event. Sometimes we may never find out exactly what happened (or, more commonly, why it happened) and treatment needs to focus on helping us learn to live with that uncertainty.



## Section 4

### 4. Managing Anxiety and Distress

The next step is to help you feel more in control of your reactions. We will do this in several parts. First, there are many simple things you can do in your day to day life that will make you feel more in control and less distressed. There is nothing magical about these "Hints For Coping" - most are simply common sense - but they can make a real difference. The second part involves more specific strategies that your therapist will teach you to control your anxiety and distress. Some of these are useful in lowering your overall level of tension and stress - the more relaxed you are in general, the better you will cope when the memories return or you are confronted with other unexpected difficulties. Everyone experiences increases in anxiety and distress at those times. If your overall level of stress is high, these escalations will take you up into the level of high anxiety and panic (the top line in Figure 1). If your overall level is lower, the shape will be the same - you will still react to negative events - but your anxiety and distress will not reach the same heights (the lower line in Figure 1). We will call these "routine strategies" since we want them to become part of your everyday routine. Examples would be regular exercise, rest, sensible diet, and relaxation (see below). Other strategies are designed to help you deal more specifically with difficult situations when you can feel your anxiety escalating and you are beginning to feel overwhelmed. These require a lot of practice, but are very useful to use when the feelings of distress and anxiety are particularly strong.



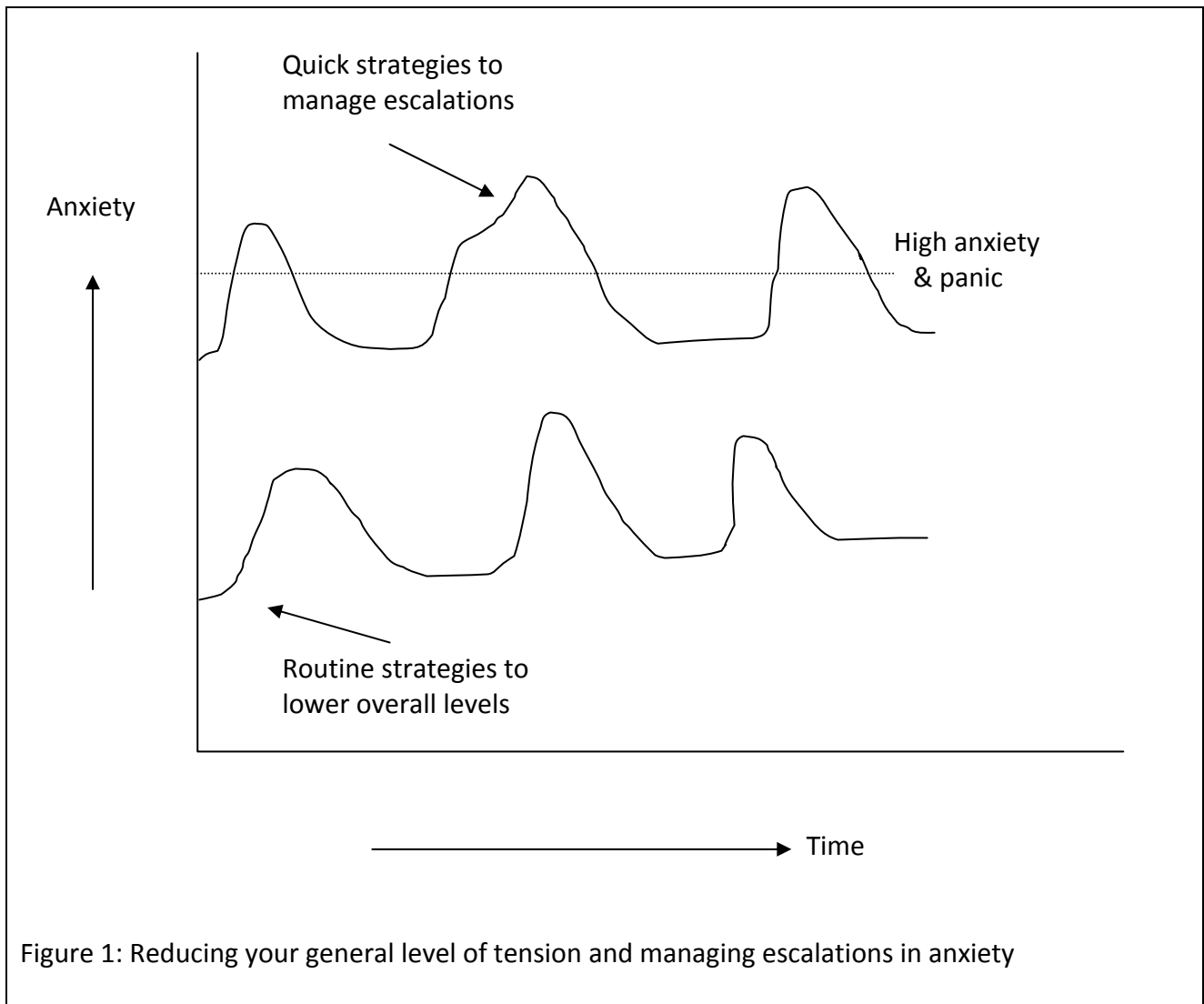
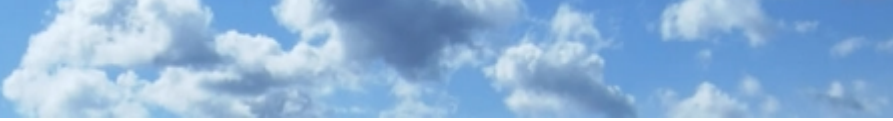


Figure 1: Reducing your general level of tension and managing escalations in anxiety

#### 4.1 Hints For Coping

The following is a list of tips that many people find useful. Do not try to do everything at once. When you have read the following sections, you may wish to stop for a while and work out a "plan of action". Which strategies sound particularly useful for you? Which ones are you prepared to try? We suggest that you select only one or two to begin with. Work out a plan to achieve them, one at a time, and set yourself some realistic goals for the next week. At the end of the week, review your progress: modify your goals if necessary and/or try some additional strategies for the following week. Over time, you will gradually develop a range of coping strategies and changes to your lifestyle that



will help you to feel more in control of your symptoms and get more out of life.

- Eat healthy meals. This sounds so simple, but how many of us actually do it? A poor diet (especially junk food with lots of sugar) will increase your stress levels - if in doubt, talk to your general practitioner or a dietician.
- Get regular aerobic exercise like walking, jogging, swimming, or cycling. Exercise is very effective in managing stress. If you have PTSD, your body is constantly geared up for "fight or flight". Exercise helps to burn up those chemicals (like adrenalin) that are hyping you up and it will help you to become more relaxed.
- Get enough rest, even if you can't sleep. Rest will help to increase your reserves of strength and energy. (See also the section below on "Sleeping Better").
- Establish, and try to stick to, daily routines (e.g., go to bed and get up at a set time, plan your activities for the day). Routine is very important in helping us to feel in control and to function effectively. If you feel able, return to work, study, or other routines as soon as possible but take it easy - don't expect too much of yourself and don't use work as a way of avoiding painful feelings.
- Ask for support and help from your family, friends, church, or other community resources when you need it. This is not a sign of weakness. In general, other people are very keen to help as long as you let them know what you want. If they do not offer, it may simply be because they are unsure of what to do.
- Spend time with other people, but don't feel that you have to talk about the trauma. Talk about football, books, or the weather; go to a movie or a concert; try to do some enjoyable things with others. This is part of resuming a normal life.
- Focus on your strengths and coping skills. It may not feel like it at times, but you have many strengths and strategies to deal with difficult times. Remember that you are not



alone. Lots of other survivors over the centuries have experienced these kinds of problems and the vast majority have recovered well.

### ***Hints For Family And Friends***

Partners and close friends are often at a loss as to how to help someone with PTSD. There are several things that loved ones can do to help the traumatised person. You may find the following suggestions useful.

- If possible, listen and empathise when the traumatised person wants to talk. Remember that it may be very hard for them to express what they are going through. A sympathetic listener is important in minimising the tendency of people with PTSD to withdraw and "shut down".
- It is best not to say "I understand what you're feeling" (you probably don't, since you haven't been through the same experiences). Instead, show your empathy by comments such as "it must be really difficult for you; I can see that it upsets you; is there anything I can do to help?"
- Spend time with the traumatised person. There is no substitute for personal presence. Just keep doing the usual things that people do together. Do not feel that you have to talk about the trauma or be their counsellor. Just being with people who care about them is very important for traumatised individuals. Equally, try to respect the person's need for privacy and private grief at times.
- Don't tell survivors that they are "lucky it wasn't worse" or to "pull themselves together and get over it". They are not consoled by such statements. Tell them, instead, that you're sorry they were involved in such an event, and that you want to understand and assist them.
- Re-assure them that they are now safe.

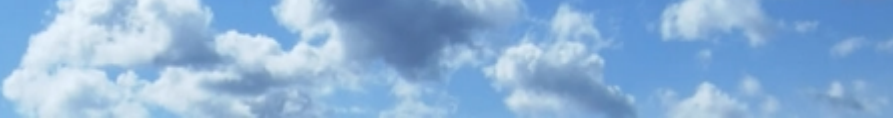


- Care about each other. Give hugs. Tell each other how much they are appreciated. Offer praise. Make a point of saying something nice to each other every day. Good relationships are characterised by lots of positive interactions, but they require hard work.

### ***Hints For Sleeping Better***

Sleep disturbance is very common in both PTSD and depression. Medication sometimes helps, but it should be used with caution and only as directed by your medical practitioner. There are several simple "non-drug" strategies you can try that can be very helpful in improving sleep:

- Get into a regular routine. In particular, get up at the same time each morning even if you haven't slept well.
- If you are not asleep within 30 minutes, get up for a while before returning to bed. If you don't drop off within 30 minutes, get up again and so on.
- Try to avoid caffeine (coffee, tea, cola, chocolate) from 6 pm onwards. Avoid alcohol and, if possible, cigarettes from dinnertime onwards. Try not to eat a meal within a couple of hours of going to bed.
- Starting a gentle exercise routine and losing some weight often helps with sleep.
- Don't do anything in bed except sleep (and, perhaps, sex): don't watch TV, read, do crosswords, or think about worrying things. Reserve bed for sleeping.
- Get into the habit of doing something relaxing before bed: listen to a relaxation tape or some relaxing music, have a warm bath, slow down!
- Try not to worry about not sleeping: the more you worry about it, the less likely you are to drop off to sleep. You can survive without much sleep, even though you will be tired.
- Sleep, like any habit, takes a while to change. Try to stick to the above guidelines for at least two weeks before deciding whether or not they help



## 4.2 Overview Of Anxiety Management

When we experience a very frightening or unpleasant event, our body gears itself up to fight the threat or to run away (the "fight-flight" response). If the threat is small and passes, our body quickly returns to normal. If the threat has been major, however, or if there is on-going danger (or stress), our body remains in a state of alertness ready to react immediately if the threat reappears. This chronic state of alertness affects us in many ways. First, we tend to stay physically hyped up and aroused all the time. Our heart rate and breathing are increased, and our muscles remain tensed up, leading to all sorts of unpleasant physical sensations, aches, and pains. Second, our thinking is affected. We may find it hard to concentrate, remember things, and make decisions. Memories of the trauma, or thoughts of future danger, seem to constantly come to mind even when we do not want them to. Third, our behaviour is affected. Experience of the trauma, as well as the unpleasant signs and symptoms that may follow, causes people to feel scared and vulnerable. In an attempt to cope, they may try to withdraw from other people and the outside world, shutting down as a means of self-protection. If we are to effectively manage the anxiety and distress that follows a traumatic experience, we will need to address all three aspects: the physical components, the thoughts, and the behaviour.

It is important to remember that the goal is not to make the unpleasant feelings go away altogether - that is neither possible nor desirable. Rather, the goal is to keep them manageable - to keep them under control and to stop them escalating into extreme anxiety and panic. Practice is essential to master most of the following techniques. Try to set aside some time each day (preferably twice a day) to practice. If you wait until you are tense and frightened before you try the technique, it will not work. Once you have practiced them regularly, however, they will become more automatic and effective. They will become important tools in helping you to manage anxiety and distress. Keep a diary of your practice sessions, noting down the SUDS level (see below) before and after. This will

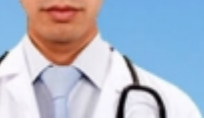


give both you and your therapist a good idea of how you are progressing.

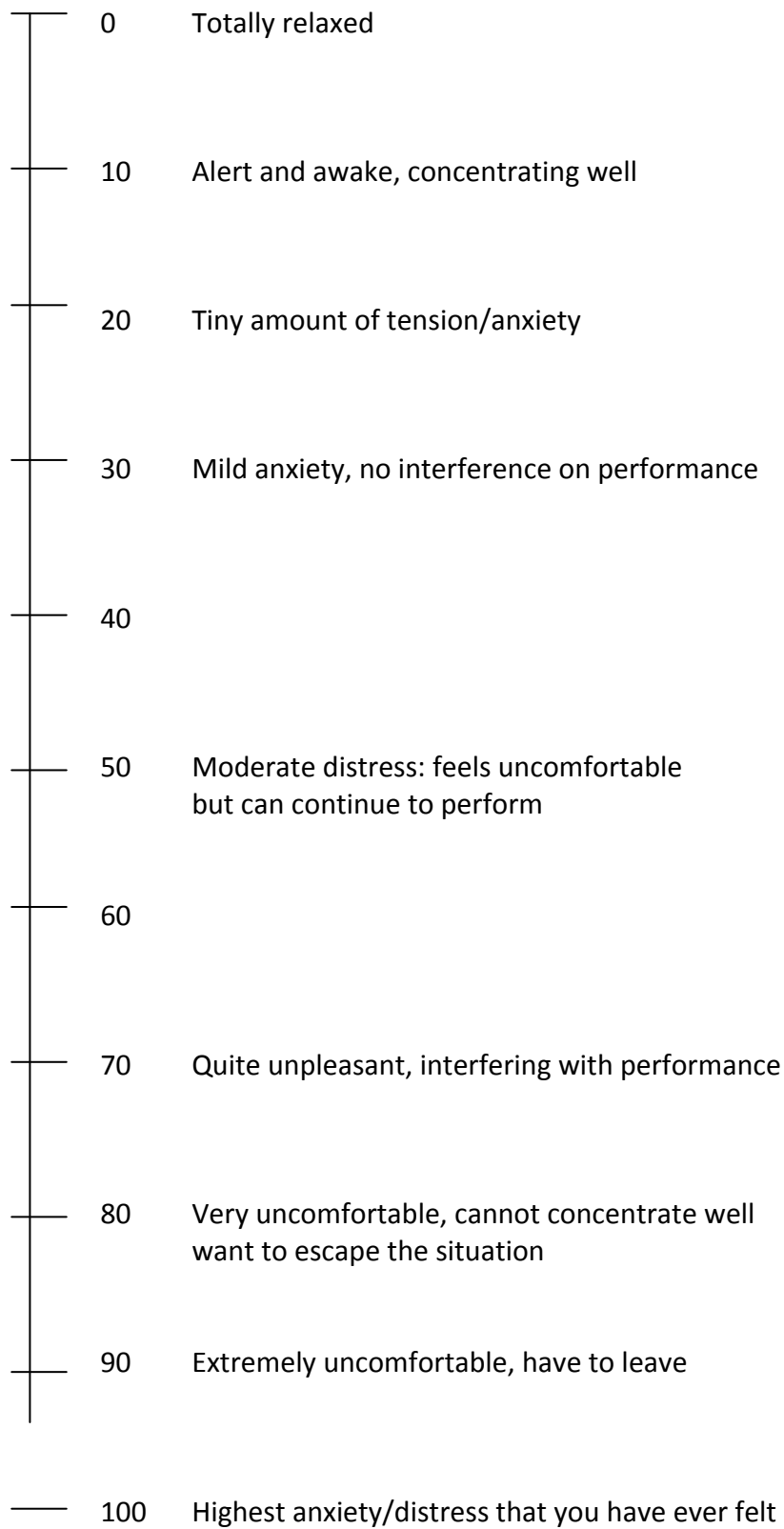
The following sections discuss strategies in each of the three domains. Other chapters in this book contain very good descriptions of several anxiety management strategies. You may wish to talk to your therapist about getting copies of some of the relevant sections.

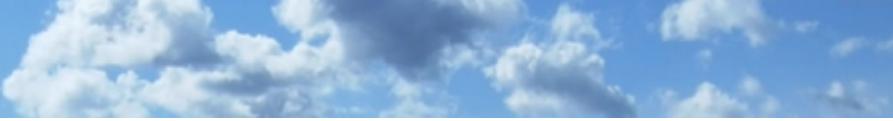
### **4.3 Subjective Units of Distress (SUDS)**

As you start to conquer your fears, it becomes very important to have a means of measuring your level of anxiety and distress. We suggest that you use a SUDS scale ranging from 0 to 100 - a kind of fear thermometer - where 0 is feeling perfectly relaxed and 100 is the worst anxiety and distress you can imagine. It is useful to get into the habit of rating your anxiety. That way, you become more in touch with your feelings and have a better chance of controlling them. Without some kind of measure, people tend to think in black and white terms - either you are anxious or relaxed - when, in reality, there are many shades of grey. Using the SUDS scale will help you to keep your distress level in perspective; for example, you may be feeling anxious, but it's only 40 - you can handle that. In the exercises that follow, try to rate your distress (using the SUDS scale) before you try the anxiety management strategy and again afterwards. Hopefully, it will have come down (if only a little).



### SUDS: The Fear Thermometer





#### 4.4 Managing The Physical Symptoms

Several strategies will assist in managing the unpleasant physical symptoms associated with traumatic stress and PTSD. Some of these have been discussed above under the heading of "Hints For Coping". If you can get some regular gentle exercise, eat properly, get enough rest, and try to cut down on stimulants (such as coffee, tea, cola, chocolate, and cigarettes), you will go a long way towards reducing the chronic arousal that is part of PTSD. In this section, we will look at two specific strategies to reduce arousal. The first is a simple breathing control strategy designed to reduce your rate and depth of breathing and help you to feel more relaxed and in control.

Often when people are frightened or upset, they start to breathe faster. An increase in breathing is part of the "fight-flight" response - we need more oxygen if we are to fight or run away. However, breathing too deeply and too fast when we are not using up a lot of energy tends to make us more anxious and often causes unpleasant physical symptoms such as dizziness, tightness in the chest, and a feeling of being short of breath. When we are upset, we may be told to "take a few deep breaths". This is not quite right, however. When we are feeling anxious or frightened, we don't need to take a *deep* breath; we need to take a normal breath in and exhale slowly. Breathing out is associated with relaxation, not breathing in. While concentrating on a long, slow exhalation, it is a good idea to say a word like "relax" or "calm" to yourself. Any word that is associated with feeling peaceful and at ease will do fine. Try to drag out the word to match the long, slow exhalation, as in "r-e-e-l-a-a-x" or "c-a-a-a-l-m".

The next thing to remember is to slow your breathing down. Remember that taking in too much air causes an increase in anxiety and unpleasant physical symptoms. So, what we need to do is to slow our breathing down and take in less air. We do this by taking smaller breaths and by pausing between breaths to space them out. It is also important to try and breathe in through your nose, not through your mouth. When you have taken a normal breath in through your nose, hold your breath





for a count of four before exhaling slowly.

Now, try putting it all together:

- Take in a normal breath through your nose with your mouth closed
- Pause briefly while you count to four
- Exhale very slowly (mouth open or closed, whichever feels most comfortable)
- Say “calm” or “relax” to yourself as you exhale
- Repeat the whole sequence 6 - 10 times

Practice this type of breathing at least twice a day. That way, when you become frightened or anxious, you will be ready to use the technique to help you calm down.

The second physical intervention we will discuss is relaxation training, or progressive muscle relaxation (PMR). The breathing control described above, once you have mastered it, is an excellent strategy for dealing with rapid increases in anxiety that may occur when you experience memories of the trauma or find yourself in a frightening situation. PMR is designed to deal with the more pervasive, chronic tension and stress associated with PTSD. If you can lower your general level of arousal or "uptightness", you will be much less likely to overreact in response to minor perceived threats. This is just like a coiled spring - the more wound up it is, the more likely it is to explode under pressure. The world will seem like a safer place.

PMR is usually done by listening to a tape, which will take you through a series of exercises in which you will be asked to tense up and relax various muscle groups. By gradually working through your whole body, from head to toe, you will achieve a state of physical relaxation that, with practice, you will be able to maintain through much of the day. Your therapist will make a tape for you to use at home. Alternatively, many libraries or community health centres will be able to provide one for you. Excellent descriptions of relaxation training appear in other treatment manuals contained in this



book and will not be repeated here. If you decide to try this approach (and we strongly recommend that you do), ask your therapist to copy one of the relevant sections for you. Making relaxation a regular part of your daily routine will go a long way to help you in managing the physical symptoms of PTSD.

#### **4.5 Managing Problems With Thoughts**

People with PTSD are often troubled with memories or other unwanted thoughts about the trauma. It is important that you do not try to get rid of these thoughts and memories completely - thinking about what happened is an important part of coming to terms with it and putting it behind you. Equally, it is not helpful to be thinking about it all the time - that simply causes unnecessary distress and prevents you from getting on with your life. So, it is a good idea to learn a few strategies to control these unwanted thoughts so that you can limit them to times that do not interfere too much with other activities.

##### **4.5.1 Distraction**

One simple way that, with practice, can be very effective, is distraction. An obvious example would be getting on with an activity that is absorbing (and hopefully enjoyable) to occupy your mind. Can you think of something that you could do to distract yourself? Passive activities (like reading or watching television) do not usually work, as your concentration may not be good enough. Rather, you will need to do something more active that involves both physical and mental aspects. Games, crafts, and other creative activities are often good.

It is also good to practice a purely mental distraction technique that you can use anywhere, anytime. There are many things that you could try and the following list provides some examples. They are particularly good because no-one else can see you doing them. Do not try to do them all - pick one or two that feel as though they may work for you and practice regularly. Even with practice,



you must expect the thoughts to intrude again from time to time. That's OK - just go back to the distracting thoughts as often as necessary.

#### **Strategies for mental distraction:**

- **Count & Relax:** Breathe normally, like you might when you're just about to drop off to sleep. As you breathe in, count to yourself. As you breathe out, say "relax" to yourself. That is, when you breathe in, think "one"; as you breathe out, think "relax"; as you breathe in, think "two", as you breathe out, think "relax"; as you breathe in, think "three", and so on for ten slow breaths several times a day. Don't worry if other thoughts intrude, just go back to the count and relax.
- **Focus on a small area** (e.g., a square metre on the wall opposite), or on an object, and describe it in minute detail - every line, shadow, and shape.
- **Focus on your surroundings with all senses:** describe in detail to yourself what you can see around you, what you can hear, what you can smell, what you can feel (sensory perceptions of touch, not emotions or anxiety symptoms). Try to describe 5 things you can see, 5 you can hear, 5 you can feel, and so on. This is particularly good as it keeps you in touch with reality "here and now".
- **Mental exercises:** for example, counting backwards to yourself from 100 in 7's or naming an animal beginning with each letter of the alphabet
- **Describe to yourself in great detail a happy experience from the past** (e.g., a holiday, a family occasion, a favourite walk). Try to go through every aspect from start to finish.
- **Describe in detail a place** (perhaps from your past) where you feel safe, secure, relaxed, and happy. Where is it, what does it look like and smell like, who is there with you, what time of day is it, how does it feel, and so on.



#### 4.5.2 Thought Stopping

Another strategy to deal with unwanted thoughts and memories is known as "thought stopping". This is a simple technique, but surprisingly effective if you are troubled by constant thoughts or "ruminations" about the trauma - if you find yourself thinking about what happened (or might have happened) over and over again. (**Note:** It should not be used for the brief and very vivid memories that jump into your mind for shorter periods of time). If you wish to try thought stopping, practice it several times in the following manner. Place an elastic band round your wrist. Now, deliberately bring the unwanted thoughts into your mind and let them run for a minute or so. Then shout the word "STOP" loudly (it's best to practice this one on your own!) and snap the rubber band against your wrist. This will interrupt your train of thought. Repeat this process over and over again, gradually saying STOP more and more quietly until eventually (after a dozen or so times) you are whispering it and then saying it just to yourself in your head. Keep snapping the band each time. If you practice that whole process a couple of times a day for several days, you will gain much more control over your thoughts. You will be able to stop the thoughts when you are in public without saying anything out loud (although you may wish to keep the rubber band there for a while as a reminder).

#### 4.5.3 Self Statements

One final area we would like to discuss under the heading of managing thought problems is that of "self statements". At present, it is likely that many of your thoughts are negative: worrying about the safety of yourself or others, concerned that you will never recover, and so on. These negative thoughts feed into your anxiety and distress, making it much worse. We will address this issue again later. For the time being, we are going to suggest that you simply work out some simple things that you can say to yourself to help you calm down and relax when you are in a difficult



situation or when you are feeling overwhelmed by painful memories. A famous psychologist, Donald Meichenbaum, has suggested that we should break up each event into several stages. First, what can we say to ourselves when we are preparing for something difficult? This helps you to re-evaluate the actual probability of the feared negative event happening - following trauma, most people overestimate the likelihood of danger. Second, what can we say as we approach and enter the difficult situation? This will help to reduce the desire to avoid and run away (which will only make it more difficult next time). The third stage is dealing with the feelings of anxiety and distress as they arise (to prevent them from becoming overwhelming), and the final stage is when looking back on the episode. Several example of things you could try saying to yourself are provided below.

**Examples of self-statements for coping with stress:**

1. Preparing for a stressor:

- What is it I have to do?
- What is the real likelihood of anything bad happening?
- Don't focus on how bad I feel; think about what I can do about it.
- I have the support of people who are experienced in dealing with these problems.
- I have already come a long way towards recovery; I can go the rest of the way.

2. Confronting and Handling a Stressor:

- One step at a time; I can handle this.
- Don't think about being afraid or anxious, think about what I am doing.
- The feelings I'm having are a signal for me to use my coping exercises.
- There's no need to doubt myself. I have the skills I need to get through.
- Focus on the plan. Relax ... breath easily, I'm ready to go.

3. Coping with Feelings of Being Overwhelmed:

- Take a gentle breath and exhale slowly.



- Focus on what is happening now, not what might happen; what is it I have to do?
- I expect my fear to rise, but I can keep it manageable.
- This will be over soon. I can do it.
- This fear may slow me down, but I will not be incapacitated by it.
- I may feel nauseated and want to avoid the situation, but I can deal with it.

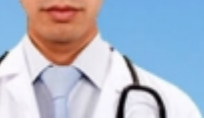
4. Reinforcing Self-Statements:

- It was much easier than I thought.
- I did it - I got through it, each time it will be easier.
- When I manage the thoughts in my head, I can manage my whole body.
- I'm avoiding things less and less. I'm making progress.
- One step at a time - easy does it. Nothing succeeds like success.

Read the examples carefully and work out a few self-statements that you feel comfortable with. Then write them on a card that you can carry with you so that it's handy when you need it. When you know you are about to do something difficult, it's a good idea to set aside some time to prepare specific cards for the occasion. For example, if you are going into the city, you may write something like this on a small card that you can carry with you:

It's natural to be nervous about going into the city given my traumatic experiences, but the likelihood of anything bad happening is very remote. Just relax and slow down my breathing. I may not feel great, but I can cope. Now, what is it that I need to do?

Like everything else, the more you practice using these self-statements, the more effective they will be in helping you to manage your anxiety at difficult times. This will become especially



important as we move on to the next stage of treatment.

#### 4.6 Changing Behaviours

As we noted above, one feature of PTSD is that people lose interest in normal activities and withdraw into themselves, cutting off from friends and things they used to enjoy. This is a particular difficulty if you are not working. It is important to address this problem directly, even if you do not feel like it. Doing nothing provides lots of opportunities for the memories to come back and is a sure way of making you feel depressed and anxious.

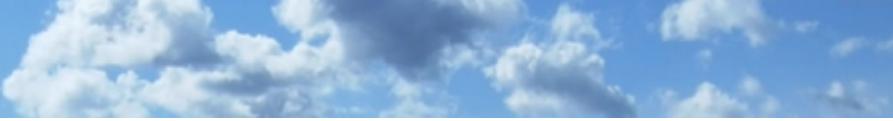
When you get up in the morning (or the night before), make a plan of what you will do that day. Take a sheet of paper and write down the hours (say, from 9.00 am to 9.00 pm) on the left hand side. Then fill in each hour with what you intend to do. If you are working, that will take up much of the day. If not, you will need to try to find worthwhile activities to take up your time. Having some structure and routine to your day will do a great deal to help you feel more in control. Try to put in a broad range of activities but do not expect too much of yourself.

##### **Possible activities for your daily timetable:**

- Some exercise: walk, swim, cycle ride, gym
- Some work: jobs around the house, study, chores, voluntary work
- Something for fun: a movie, museum, art gallery, zoo, window shopping
- Some social activities: visit friends, meet someone for coffee, a club or society
- Some anxiety management practice: relaxation, breathing, self-statements
- Some time for other therapy homework

#### 4.7 Arousal and anger

The strategies above are important in helping you deal with anger as well as anxiety. Anger often acts as a stumbling block to recovery, preventing you from moving on to the next stage of



treatment. The physical aspects of tension and high arousal are similar in both anxiety and anger, but the triggers that set off the feelings will often be different. Try to identify the kinds of situations that lead you to become angry - the first step in managing your anger is being prepared for it. Take a sheet of paper and jot down a list of things that are likely to set you off. A major difficulty with anger is that it escalates so quickly that it becomes very hard to control. If you can recognise the warning signs and intervene early, you will have a much better chance of doing something about it. Think back to the last time that you were angry and jot down a list of the first signs that appeared. (What happened to you physically? What happened to your thoughts? What happened to your behaviour?). Once you are more aware of the triggers and the early warning signs, you will be in a much better position to use the strategies described above to control your anger.

We will briefly look at three extra strategies that people find useful for dealing with anger in PTSD. They are all common sense, but can be very effective:

- **Delay:** As we said, anger escalates very quickly so you need to find a way to stop yourself making that first angry response. Take a few slow, easy breaths and count to ten before you react.
- **Time Out:** If you feel the anger beginning to escalate, try to remove yourself from the situation. This does not mean storming out in a rage. It means explaining to the person you are with that you are not thinking too clearly and that you need a five minute break. Go outside or into another room and use some of the strategies described above to calm down. Then go back and try again.
- **Planning:** Once you have identified the triggers, it is important to use that information to prepare yourself for high-risk situations. If you are going to do something that you know is likely to make you angry, choose a good moment (e.g., no other distractions, not too tired or hungry, plenty of time). Practice what you will do or say in your head beforehand.

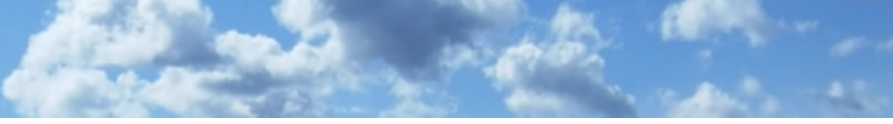
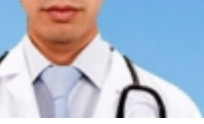


## Section 5

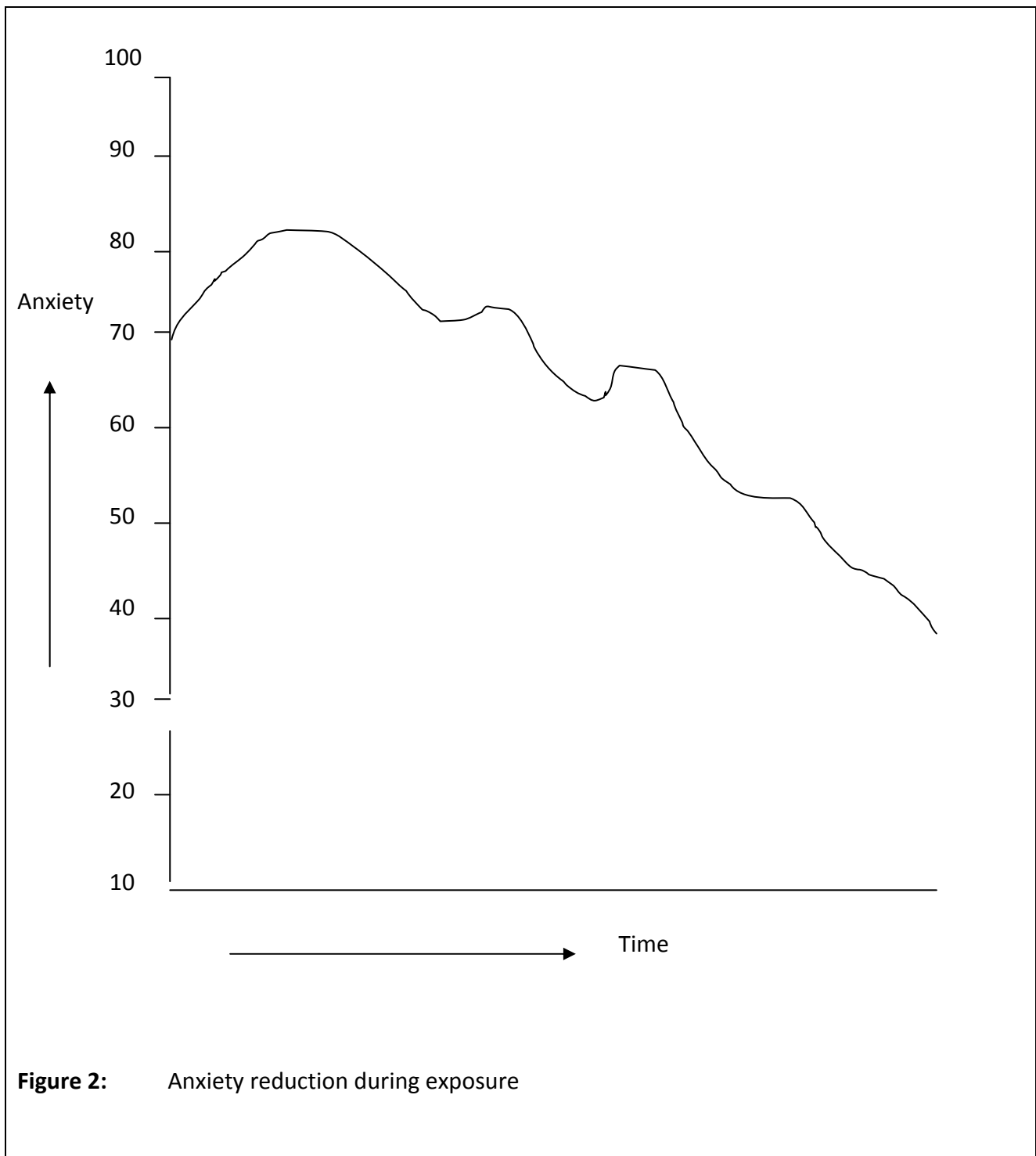
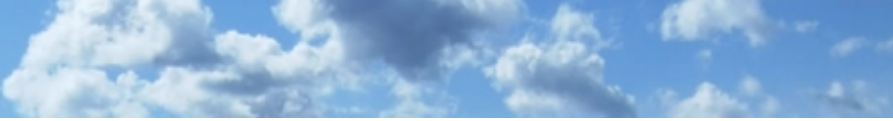
### 5. Exposure Therapy: Confronting Feared Situations

The next part of treatment is the most difficult and painful - confronting the feared situations and traumatic memories. It is also the most important. Your therapist will not start this process until you are ready and will take you through at a pace that you can manage. Most people find that it is not nearly as difficult as they expect it to be and there is often a tremendous sense of relief and achievement as the feared situations and painful memories are confronted and dealt with.

Not surprisingly, anxiety frequently causes people to stay away from frightening situations. It is quite normal for people to want to escape or avoid situations, thoughts, memories, or feelings that are painful or distressing. However, this is one of the major impediments to recovery. Avoidance and escape provide temporary relief - the anxiety reduces - but the next time the person encounters that situation again, he or she is likely to become anxious long before it is planned to occur. We call this "anticipatory anxiety". The more the situation is avoided, the more the person continues to believe that it is dangerous. Further, even if the person does not avoid, the anxiety may continue to build once they are in the situation. Very often people believe that if they do not leave the situation they will "lose control", "go crazy", "have a heart attack", or have some other dire consequences. At the very least, they are likely to believe that the unpleasant feelings will be intolerable. Exposure therapy aims to show that this is not the case by helping the person to confront the feared situation. The important thing to remember when you are confronting something that you are frightened of (whether it is a situation or a memory) is that the **anxiety will come down** if you stay there long enough. There is no answer to the question of how long is enough. In some cases, the anxiety may drop considerably in 15-20 minutes. In other cases, it may take as long as an hour or more but it will reduce eventually. It is vital that you try to stay in the feared situation long enough for the anxiety to



reduce. It is important to note also that anxiety often increases before it starts to drop. This temporary increase is often enough to make people avoid or escape - it is vital that you stay with the feared situation through this phase until the anxiety reduces. This pattern is shown in Figure 2. You will notice that the drop in anxiety is not smooth - you may notice occasional small increases - but the general trend is downwards. Exposure is done in a controlled and gradual fashion so that discomfort is kept manageable. By building upon repeated successes in facing these feared situations, you will eventually be able to confront them without anxiety and no longer avoid them.



In many ways, this approach is common sense. Let's take an example of a little boy who is standing on the beach when a big wave knocks him over. He becomes very frightened of the sea and refuses to go to the beach the next day. How would his mother or father help? In order to overcome



the fear, his parents may take him for a walk along the beach, staying away from the sea, holding his hand and reassuring him. Gradually, they walk closer and closer to the water's edge. Eventually, the boy is able to go into the sea again unaided. This is a simple example, but exactly the same process applies to treating more severe and complex fears in adults.

This section discusses confronting activities, places, people, or objects that you have become frightened of since the trauma. We call this type of exposure "in vivo". In vivo simply means "in real life". When we are confronting memories, we have to do it in imagination, so we call it imaginal exposure - that is discussed in the next section. In conducting exposure treatment, your therapist will work with you in constructing a hierarchy - a list of feared situations in order of difficulty. Treatment involves tackling each item, one at a time, and moving on to the next only when you are confident to do so. More difficult items may be broken up into several steps. Exposure treatment can be difficult and painful, but it is the most effective way of treating many anxieties.

## 5.1 Planning Your Program

1. Draw up a list of goals that you would like to achieve. These are likely to comprise places and activities that you have avoided since the trauma. The goals should be very specific and should vary from relatively easy to extremely difficult. Don't worry if the worst ones seem unachievable at the moment - they will become easier as you progress through the others. List them in order of difficulty, starting with the easiest. For example:

- To be able to go shopping at the local shopping centre
- To be able to catch public transport into the city
- To go back to where the trauma occurred

As a general rule, as you work through the list you should be aiming to confront situations that produce a SUDS level of around 70. For the first one or two, however, we suggest that you start

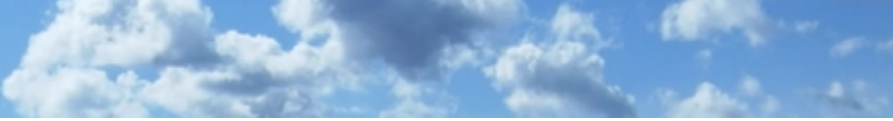


with ones that are a little easier than that (say, around 50) - it is important that you experience some success early on in the process.

2. If something is too hard to try in one go, break it down into smaller steps. For example, if you were assaulted in a particular park, the first step may be to go to the end of the street and look at the park from a distance. The second may be to go to the edge of the park; the third to walk into the park a short distance; and the final one to go back to the spot where the assault occurred.
3. You may want to work on more than one item at any one time, but do not overwhelm yourself. When you have mastered one (that is, you are able to do it with minimal anxiety), move on to the next more difficult one.

## 5.2 Implementing Your Program

1. Try to do at least one of your selected goals every day. Avoiding something one day will set you back, as you will have built up the fear you are trying to reduce. Sometimes you will have bad days and feel that you are not progressing. It is important to still do something, although you may choose to just go over steps that you have already mastered.
2. You will need to do each step several times until you master it. Once you can do it without too much anxiety, it is still important to do it once in a while to make sure you don't slip back. The general rule is: *the more you fear it, the more frequently you need to confront it.*
3. Keep a careful record of your progress. Take a sheet of paper and divide it into columns. In the first, write down your goal. In the second, note the date. In the third and fourth, write the time you started and (when you get back) the time you finished. In the fifth, write down the maximum SUDS you reached and in the sixth the SUDS level when you left the situation. The final column should be used for making any comments about the exercise. This will help both you and your therapist keep track of your exposure progress.



### 5.3 Practicing The Steps

1. Try to relax using the techniques described above before you start. Get yourself as calm as possible.
2. Mentally rehearse the activity. Go through it in your mind and work out strategies to deal with difficult aspects. Practice the coping self statements that you will say to yourself when you become distressed. Good preparation will make success more likely.
3. Go about the exercise in a slow and relaxed manner - give yourself plenty of time.
4. Keep an eye on your SUDS throughout the exercise. If they become very high (80 or more) before you've reached your goal, stop and wait for a while until the anxiety comes down a bit. When you feel ready, move on again slowly.
5. Try to stay in the situation until you feel yourself calming down. Ideally, the SUDS should reduce by half (e.g., from 70 to 35). The longer you remain in the situation, the calmer you will become and the faster you will overcome your fears.
6. Never leave the situation while your anxiety is still high. Try to face the fear, accept it, let it fade away, and then either move on or return. If you leave while the anxiety is still high it will be more difficult next time. Remind yourself that you have done really well to get this far; just hang in there until the anxiety comes down.
7. Congratulate yourself for your achievements. This is very hard work and you deserve a pat on the back. Don't put yourself down by saying that you could do this kind of thing easily before the trauma or that anyone should be able to do it without getting upset. It's a vital part of your recovery.

## Section 6

### 6. Exposure Therapy: Confronting The Memories

A form of exposure therapy is also used to treat distressing memories of the trauma. We call it "imaginal exposure". In section 5, we talked about confronting feared situations such as places, people, and activities. In cases of PTSD, however, the most "feared situation" is actually the painful memories of your experience. These memories are so frightening, and cause so much distress, that the person tries to avoid or escape from them by blocking them out. Imaginal exposure treatments are used to assist in confronting the memories. Exposure is only one term used to describe this process. Some people talk about "trauma focus work", "working through the trauma", "coming to terms with the experience" or simply "confronting the memories".

#### 6.1 What Is Imaginal Exposure?

There are many analogies used to explain this process to PTSD sufferers before treatment commences. The following examples may help you to understand what will happen and why it is important.

“After a trauma, we often try to file away our memory of what happened, putting it to the back of our mind. It's as if we are trying to pack the event away into a box. We then use a little strength to keep the lid tightly closed and try to leave it undisturbed. However, over time, two things happen. Firstly, our strength begins to wane and it becomes more of an effort to keep it sealed (that is, to stop the memories from coming back). Secondly, due to the pressure, the box begins to lose its shape and small cracks begin to appear. What we experience as symptoms (such as memories of the trauma, and having nightmares and disturbed sleep) is like the content of the box



spilling out through these cracks. This is usually very frightening, so we try to avoid anything that reminds us of the trauma. We try to stop thinking and talking about what happened and how we felt. In this way, the content of the box becomes a “ghost” which we have learned to fear and which we are terrified of confronting. As part of therapy, we are going to open the box and inspect the content for what it really is. We will talk through what happened and how you felt. We will be inspecting the “ghosts” that have been created and throwing away any maladaptive and distressing beliefs you may have about the event. We find that once the trauma has been dealt with in this manner the symptoms become much less severe and less frequent.”

Another analogy talks about the dentist:

"When dentists work on a decayed tooth, they don't just slap the filling on top of the decay. If they did, it may be fine for a few weeks or months, but the problems would keep coming back as the tooth continued to deteriorate. Instead, they spend some time drilling and scraping, cleaning out all the decay before putting the tooth back together. This is a very unpleasant and painful process, but we know it is worth going through this short term pain for the long term gain. Traumatic memories are a bit like tooth decay. We need to make sure that we have confronted all aspects of the trauma before we try to put the event behind us. We need to give ourselves time to face up to even the worst parts of the experience so that there are no skeletons in the closet to come and haunt us in the future. Like the dentist's drilling, it is a painful process but an important part of recovery".

A final analogy comes from the work of Edna Foa, one of the leading experts in the treatment





of PTSD:

"Suppose you have eaten a very large and heavy meal that you are unable to digest. This is an uncomfortable feeling. But when you have digested the food, you feel a great sense of relief. Flashbacks, nightmares, and troublesome thoughts continue to occur because the traumatic event has not been adequately digested. Treatment will help you to start digesting your heavy memories so that they will stop interfering with your daily life".

Exposure based treatments are not for everybody. In some cases, if the trauma occurred many years ago and the memories are not causing too much of a problem, it may be best not to drag everything up again. Talk to your therapist about whether this approach would be beneficial for you.

## **6.2 Therapist-Assisted Imaginal Exposure**

Confronting the traumatic memories is a very difficult and painful process, and is best done with the help of an experienced therapist. There are several steps that your therapist will take you through. First, the therapist will provide an explanation of the process, including what you will be doing, why you are doing it, and a reminder on the SUDS scale, as well as answering any questions you may have. Next, the therapist will work with you to develop a hierarchy of painful memories in much the same way as you developed a list of goals for your in vivo exposure above. If you have experienced several traumatic events, this may be simple enough. You will need to think about each event and rank them in order of how distressing they are for you to remember. If you have only experienced one event that is causing you problems, you will not need to generate a hierarchy.

The therapist will then ask you to go through the selected event or experience in great detail, starting at the beginning and continuing through to the end, to a point where you felt relatively safe. In order to keep the distress manageable, you may initially be allowed to keep your eyes open, to talk in the past tense (e.g, "I was walking along the path when I saw him coming towards me"), and to skip



some of the worst details. For the procedure to be fully effective, however, you will need to build up (perhaps over several sessions) to making your account as vivid and detailed as possible. You will need to talk through the whole event with your eyes closed and in the present tense (e.g., "I am walking along the path and I can see him coming towards me"), since this makes it much more real for you. You will need to be careful that you do not miss any of the details, even (or perhaps especially) the worst ones. Remember that we do not want to leave any skeletons in the closet to come out and worry you in the future. Your therapist will repeat this process many times in the same session and/or in subsequent sessions. However, the more often you go through it the quicker you will recover, so your therapist may tape the session and ask you to listen to the tape every day at home. Again, this is not an easy process, but sticking to the following steps will help you through it and help to ensure that it provides the maximum benefit.

#### *Step 1: Preparation*

- Plan an activity to do immediately afterwards: (e.g., go for a walk, visit or ring a friend, do an enjoyable absorbing activity; **not** an addictive activity like watching TV or drinking, or an emotional shutdown like hiding away on your own)
- Choose a private place with no interruptions (take the phone off the hook, let others know you are not to be disturbed)
- Identify two people you can contact immediately if you need help: keep their phone numbers handy
- Briefly relax yourself and try to clear your mind of other thoughts and worries: note down your SUDS level on a piece of paper

#### *Step 2: Confront the memory safely*

- Listen to the tape and try to focus on what is being said: try not to imagine other, more frightening parts - just concentrate on the tape



- Equally, try to imagine it happening as if you were experiencing it again: What can you see, hear, smell, touch, taste? What are you feeling and thinking?
- When reminded to do so on the tape, note your SUDS level. If they are above 90, take a moment to remind yourself where you are; you are safe here and now; you can feel as upset as you need to in the memory
- Don't stop the tape in the middle: stick with the memory through to the end

*Step 3: At the end of the tape, pause and open your eyes*

- Look around, feel the chair, remind yourself where you are and that you are safe
- Note your SUDS level and use an arousal management strategy if necessary (such as breathing control or relaxation)

*Step 4: Process the memory by writing down some or all of:*

- What new (or old) pieces of the memory did you discover or became clearer?
- Are you now thinking differently about any aspects?
- What feelings or thoughts are going through your mind right now?
- What parts of the memory are still too upsetting to remember or accept?
- What do you still want to change about the event or its aftermath? How can you achieve that?
- What did you do that you should be able to feel good about?

*Step 5: Relax and do your planned activity*

### **6.3 Self-Directed Imaginal Exposure**

Many people find it difficult to do imaginal exposure to traumatic memories on their own. The process is too painful and they need the support and structure provided by a therapist. However, it is not impossible. Indeed, many people who recover from trauma without professional help are doing just that. They are thinking about the trauma often enough, for long enough, and in enough detail for

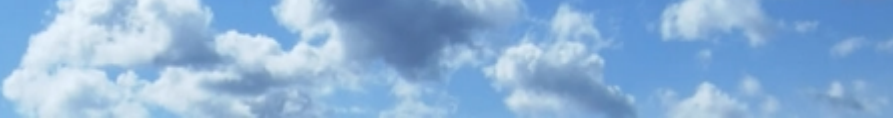


the memory to lose the worst of its associated distress and for it to become modified and "sorted out" in their own mind. If you are going to attempt the process without a therapist, writing down the memory is often a useful way of doing it. (Indeed, it may be helpful to do this even if you are working with a therapist, although we suggest that you discuss it with them first).

The assignment described below (and the one appearing in the next section) is adapted from the work of two American psychologists, Patricia Resick and Monica Schnicke. Follow the steps outlined in the previous section when doing the task (substituting the writing for listening to the tape). Make sure you read through those steps carefully and prepare yourself properly before attempting the assignment. Select a suitable time and place so that you have enough privacy and sufficient time to do the task properly.

This task is important in helping you to sort out exactly what happened. The process of "putting the pieces of the jigsaw puzzle together" seems to be very important in getting over the incident. It also works in a similar way to the imaginal exposure described above - the more you confront the painful memories and the bad feelings associated with them, the less powerful and distressing they will become.

The task is to take a sheet of paper - an exercise book would be ideal - and write out a detailed account of exactly what happened. (Interestingly, research suggests that it is much more effective if you write it out by hand rather than using a word processor). Include as many sensory details as possible (sights, sounds, smells, and so on). Also try to include all the thoughts and feelings that you had during the event. Do not stop yourself from feeling the emotions - although it is painful, that is part of the recovery process. If you become too distressed, you can stop writing for a while but try to continue again as soon as possible. It is important to keep writing until you reach the end (and a point of relative safety), even if that takes a long while. Make a note of your SUDS level in the margin every few minutes - this is important to compare your levels when you re-read or re-write the



account. You can re-write the account as often as you like, putting in more details or different perspectives as they come to you. On days when you do not re-write the account, read it to yourself at least once. Again, stick to the steps outlined above when you do this. If you have kept a note of the SUDS levels in the margin, you will notice them dropping over time as you repeat the process. You will need to repeat the task until your SUDS are reasonably low throughout (say, a maximum of about 30).

#### **6.4 Exposure: Can I Cope With It?**

Exposure is a very difficult and painful process, but it is the only way to recovery. As we noted above, it is usually not as difficult as you fear it will be and most people get an enormous sense of achievement when they have confronted the memory or other feared situation. If you have read (and practiced) the sections above, you now have several strategies that will help you manage your anxiety and distress. These are very useful to use both before and after the exposure exercises. If necessary, you can use them during the exposure exercises also, although we recommend that you only do this if you really need to. It is better to confront the full anxiety and allow it to reduce of its own accord than it is to use other strategies to bring it down. However, it is important that you do not feel overwhelmed at any time. Despite the best of intentions (in terms of preparing your hierarchies and only confronting situations or memories that you feel ready for) the anxiety will, sometimes, be greater than you expect. On those occasions, by all means use your coping strategies if necessary.



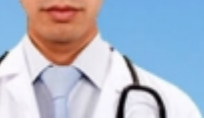
## Section 7

### 7. Cognitive Restructuring

One effect that exposure may have is to bring to the surface unhelpful thoughts and beliefs that have arisen as a result of your experiences. In order to recover effectively from the trauma, it may be necessary to challenge those thoughts and beliefs (we call them "cognitions"), and try to replace them with something more rational and realistic. In PTSD, this process is best carried out in conjunction with the process of exposure, modifying the unhelpful cognitions as they arise.

Following a traumatic experience, people may be left with a range of negative thoughts about what happened, as well as about themselves and the world. For example, many people are left feeling vulnerable and insecure. They may think that the world has become a dangerous place and that other people are nasty, cruel, and out to take advantage. Similarly, many people experience feelings of guilt and shame following trauma. They may think that they are bad or evil for acting in the way they did during or after the incident; they may think that what happened was their fault; they may see themselves as weak or inadequate for not coping better. Sometimes, there may be elements of truth in these thoughts. Usually, however, they are completely untrue or, at least, grossly exaggerated. This kind of thinking leads to all sorts of unpleasant emotions such as depression and guilt, anxiety and fear, and anger. An important part of recovery involves identifying those maladaptive thoughts, challenging them, and replacing them with a more realistic view of yourself and the world.

Cognitive restructuring is a procedure whereby people's thoughts, beliefs and interpretations about past experiences are identified and mistakes in thinking are highlighted. For example, it may be that the person is thinking in "black and white terms" - seeing things (or other people) as all good or all bad - when in reality the world holds much that is "grey". It may not be perfect, but it's not all bad



either. The person may be overgeneralising (e.g., “no-one can be trusted”) or over-focussing on the negatives and minimising the positives about their situation. They may see one negative thing as confirmation that they are not coping, while ignoring other evidence that they are, in fact, coping quite well. A common problem in PTSD is that people base their interpretations about what happened, themselves, or the world upon only a fragment of the memory (the part that repeatedly comes back) rather than on information that places that aspect in a broader context. Once these faulty thought patterns are discovered, it is the goal of cognitive therapy to replace them with more adaptive, realistic and flexible beliefs. This, of course, includes re-evaluating our experiences and, in particular, the traumatic event. It is a difficult process that can take a lot of hard work, but it can be very effective in minimising and managing unpleasant emotions.

### **7.1 The Process of Cognitive Restructuring**

As with several other components of treatment, the other patient manuals in this book contain some excellent descriptions of the process of cognitive restructuring. If you are working with a therapist, you may wish to ask him or her to copy some of the relevant sections for you. In this section, we will talk briefly about how to go about identifying and challenging your unhelpful thoughts with specific reference to trauma. A good starting point is to do another assignment - this one follows on well from the exercise discussed in section 7.3 above.

The task this time is to write at least one page on what your experience of the event *means* to you. In particular, how has it changed your beliefs, views, and ideas about yourself, other people, and the world? What views or beliefs have been strengthened? Which ones have changed? Try to write something under each of the following headings:

- My beliefs about myself have changed since the trauma in the following ways
- My beliefs about other people have changed since the trauma in the following ways



- My beliefs about the world have changed since the trauma in the following ways

In answering those questions, you may want to think about issues like how you feel about yourself (self esteem), your personal safety, trusting others, thoughts about control and power, intimacy with others, what kind of society we live in, etc. Any ways in which you think the event has changed your ideas, thoughts and beliefs.

The next stage is to pick one of the key themes that is leading you to feel an unpleasant emotion. Which one makes you feel angry? Or frightened? Or guilty? Or sad? Try to express it as a single statement of opinion, such as "all men are bad" or "it was all my fault". In particular, look for statements beginning with "I", such as "I'm weak and hopeless" or "I'm not safe anywhere". Write this thought or belief at the top of a clean sheet in your exercise book. Then go through and try to answer the following questions. Some of them may not apply to every thought, but most will - they will help you to re-evaluate whether your thoughts and beliefs are really true.

***What is the evidence?*** Here we want you to become a scientist and really think about the objective evidence for and against the thought. Is it really true? Are you 100% sure? Do the facts of the situation back up what you think or contradict it? Write out all the evidence you can think of for and against the thought. In most cases, you will find that it is not completely true. (Indeed, it may turn out to be completely false).

***What alternative views are there?*** How do other people think about this? Would other people agree with you? Is there another way of looking at it? Are there other explanations? Try to generate as many alternative explanations as you can and review the evidence for and against them. When you look at it objectively, which explanation is most likely to be correct?

***Am I thinking in all-or-nothing, black-and-white terms?*** Am I using terms like all, always, never? Nothing is all bad or all good, no person is either perfect or worthless. Try to look for a more balanced view, with a more realistic assessment of the situation.





***Am I overestimating my responsibility?*** Things happen for all sorts of complex reasons, many of which we may never understand. Be very careful not to take too much responsibility for things over which you do not have control.

***Are my judgements based on how I feel, rather than what is actually happening?*** If you feel guilty, you are likely to assume things must have been your fault. If you feel frightened, you may assume that you are not safe. If you feel depressed, you may assume that things will never get better. Feelings are not a good basis on which to make rational judgements. Put the feelings to one side for a moment and look for objective evidence.

***Am I over-focussing on one aspect and forgetting other aspects?*** Am I looking only at the negative side and ignoring the neutral or positive things? If we focus only on small parts of the whole picture, we will end up with a very distorted view of reality.

***How likely is it?*** Am I confusing a low probability with a high probability? How likely is it that what you fear will actually happen? Understandably, many trauma survivors fear a recurrence of the event but, realistically, how likely is it?

***Am I underestimating what I can do about it?*** Am I putting myself in the role of helpless victim? What can I do to make things better or safer for myself? Taking some control - doing something about it - is an important part of recovery.

***What will happen if I continue to think like this?*** Is this kind of thinking helping me to recover? Will it help me to live a happy and relaxed life? Are there any benefits to thinking this way? If not, it is worth working hard to try and let go of the irrational negative thoughts.

When you have written an answer to all (or most) of the above questions, go back and reconsider the original thought. Do you still believe it? Is it still a rational statement of reality? If yes, try to go through the above process again - talking to others who can be more objective may help. Do not expect all the negative thoughts to disappear at once - it is hard work and you will need to go



through the process many times to shift those ideas. If the thought does not seem entirely rational now, can you come up with a more realistic version of the original thought? Remember that we are not talking here about positive thinking - that is just as unrealistic and very fragile. We do not want to pretend that everything is rosy when it is not. We do not want to minimise what you went through. Equally, we do not want to over-emphasise the negatives. Recovery is difficult, but you can make progress; life will not always be safe, but do not exaggerate the dangers. For example, if the original thought was "all men are bad", a more rational alternative may be "some men are bad, but by no means all - most men are actually caring, safe, friendly people". If the original thought was "I'm not safe anywhere" the rational alternative may be "I am safe in most places most of the time - I will be careful not to put myself in dangerous situations, but I do not need to worry constantly about getting hurt again".

## Section 8

### 8. Relapse Prevention

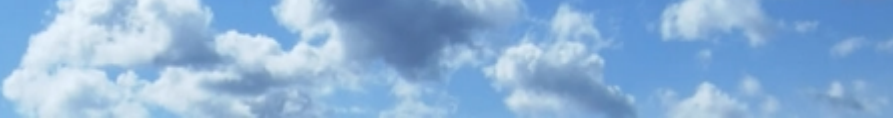
The final stage of treatment will look at relapse prevention. Recovery is not just about getting better, it is about staying better. Some simple strategies will help you get through difficult times in the future. There are a few simple points to remember in relapse prevention:

- ***Lapses are to be expected from time to time:*** When you are reminded of your traumatic experience (such as hearing of a similar event, or experiencing something else frightening) it is natural for you to become a little distressed. This is part of a normal human reaction and, as long as it is not too severe or lasts too long, you should not consider it to be a problem. You can cope with being upset for a while. It becomes a problem if you are not expecting it and you tell yourself that you have "fallen in a heap" or that you are "back to square one". Simply use it as a reminder to practice your coping strategies a bit more for a few days.
- ***Be aware of the early warning signs:*** Keep an eye on yourself and try to notice when you are not coping so well. The early that you can recognise that things are not right, the easier it will be to do something about it. The longer you leave it, the worse it will get, and the more difficult it will become to pull yourself out again. It will be easier to recognise the early warning signs if you are aware of the kind of things that may precipitate a lapse.
- ***Identify high risk situations:*** Spend some time thinking about what kinds of things may cause you to become upset - the more prepared you are, the better you will cope. The kinds of things that upset most trauma survivors are powerful reminders or news of similar incidents; an experience similar to the original trauma; and other life stresses such as financial or family problems. What kinds of things may cause you to become upset and think about the trauma again?
- ***Generate a plan to cope:*** Write down on a card what you will do if and when you are upset again



about the trauma. The kinds of things to include are:

- Who will you call? Write down the names and phone numbers
- Physical coping strategies: Which arousal management strategies worked best for you?  
Write down one or two (such as breathing control, go for a walk, listen to the relaxation tape) as a reminder to do them
- Cognitive coping strategies: Write out a coping self statement that you can use such as "I expect to feel upset when I'm reminded of what happened, but that's OK - I may not like it but I can cope with it. I don't have to make it worse by exaggerating it. Now, what can I do to make myself feel better?" You may wish also to jot down any other strategies that worked well for you such as your favourite distraction technique or thought stopping
- Behavioural coping strategies: Write down one or two things you can do to get you back on track - visit a friend, go to a movie, get involved in an engrossing hobby or task
- **Be positive:** Remind yourself that you expected this from time to time and that you will get over it quickly. Try to view it as an opportunity to practice your skills and become a stronger person
- **Get professional help if necessary:** No matter how well you have recovered from the original trauma, sometimes a relapse may be just too much for you to cope with alone. Don't hesitate to get some professional help if necessary. It does not mean that you are weak or that you are back to square one, simply that you need some extra support to get over a difficult time. It may only require one or two sessions.



## 9. Concluding Comments

If you have worked your way through this manual, with or without a therapist, you will have come a long way to recovering from an experience that changed your life. As we noted at the beginning, you will never be quite the same person again. But over the course of your recovery you have learnt many new skills that will stand you in good stead in the future. Importantly, you have faced one of the worst things that life can throw at you and you have come through it. You have survived. Give yourself a pat on the back and remember that, if you can deal with this, you can deal with almost anything.



## 10. Recommended Reading

The following books are available from most large bookstores, many smaller ones, and some newsstands. If in doubt, ask if the book can be ordered. We also suggest that you use your local library to gain access to many of these books. When you read these or any similar books on the management of anxiety, remember that they are best regarded as guidelines only. Be critical in both a positive and negative sense when reading these books, so that you get what is best for you out of them. Most of these books are inexpensive.

Allen, J.G. (1999) *Coping With Trauma: A Guide To Self Understanding*. Washington DC: American Psychiatric Press.

Matsakis, A. (1996) *I Can't Get Over It: A Handbook For Trauma Survivors (2<sup>nd</sup> Ed)*. Oakland CA: New Harbinger Publications.

Matsakis, A. (1998) *Trust After Trauma: A Guide To Relationships For Survivors And Those Who Love Them*. Oakland CA: New Harbinger Publications.

Rosenbloom, D., Williams, M.B., & Watkins, B. (1999) *Life After Trauma: A Workbook For Healing*. New York: Guilford Press.

**Acknowledgement:** Parts of this manual were adapted from "*What Is PTSD: Information for Veterans and Their Families*" written by Mark Creamer, David Forbes, and Grant Devilly, and produced by the National Centre for War-Related PTSD, Melbourne, Australia.