

BREATHE

(Brief Relaxation, Education and Trauma HEaling):

A Brief Intervention for Persons with PTSD and Co-Occurring Serious Mental Health Conditions

Treatment Program Manual

Kim T. Mueser, Jennifer D. Gottlieb, & Stanley D. Rosenberg

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GENERAL OVERVIEW

I. Components of the BREATHE Treatment Program for PTSD

This program focuses on the treatment of posttraumatic stress disorder (PTSD) symptoms in individuals who are experiencing symptoms of comorbid mental health conditions, such as schizophrenia, schizoaffective disorder, bipolar disorder, chronic depressive disorder, and/or borderline personality disorder. The BREATHE program should be delivered in the context of ongoing team-based care for individuals receiving general mental health or specialty mental health outpatient treatment. All of the handouts and worksheets referred to in this manual for the BREATHE program can be found in the book accompanying the manual (*Treatment of Posttraumatic Stress Disorder in Serious Mental Illness* by Kim T. Mueser and Jennifer D. Gottlieb).

The treatment program is designed to be completed in three sessions, although additional sessions can be provided based on the individual's learning style and needs. It consists of two main parts:

- 1) **Breathing retraining**: Breathing retraining is taught in the first session (and reviewed in the subsequent sessions) as a way for clients to immediately begin to manage their anxiety.
- 2) **Psychoeducation**: The client is provided with basic information about trauma symptoms and related problems so he or she understands that his/her own reactions are normal. This information is presented using information handouts, worksheets, and discussion.

You may also find that after completing all of the BREATHE treatment program sessions, it will be beneficial in some future work with the client to check in on the individual's use of the breathing retraining skill and the knowledge gained from the psychoeducational materials.

II. Trauma Symptoms and PTSD

When a person experiences a traumatic event, or a series of traumatic situations, it is common to have distressing feelings as a result, even long after the event. Although each person responds to trauma in a unique way, there are also a number of common reactions. One common reaction may be the development of PTSD. The core symptoms of PTSD are:

- Reexperiencing the traumatic event or events
- Avoiding things that remind the person of the trauma
- Experiencing negative changes in cognitions and mood associated with the traumatic event(s)
- Being overaroused

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Another common reaction is less severe and involves experiencing some (but not all) of the core symptoms outlined above.

Each person receiving services should be screened for trauma exposure and PTSD symptoms, using the two screening instruments: the Difficult Life Events Inventory (DLEI), an 18-item trauma screen found in Chapter 3 (Table 3.3) of the book accompanying this manual (*Treatment of Posttraumatic Stress Disorder in Serious Mental Illness* by Kim T. Mueser and Jennifer D. Gottlieb) and the PTSD Checklist-5 (PCL-5), which is available online (<https://www.ptsd.va.gov/professional/assessment/index.asp>).

This manual is designed for use with those individuals who have a diagnosis of PTSD or “probable PTSD.” To determine whether this intervention is the right fit for a particular client, individuals should first be administered the DLEI which is a short measure listing commonly occurring traumatic events that may qualify for a PTSD diagnosis. Should the client endorse one or more of the items on the DLEI, they should then be administered the PCL-5. Probable PTSD is indicated by a score of 33 or higher on the PCL-5. The PCL-5, which is used as both a screening measure and as a clinical process measure in this intervention, should be administered (along with the Beck Depression Inventory II [BDI-II]) before starting the treatment program, towards the end of the third session, and then one month after treatment has ended (and potentially three months, if desired).

It is important to note that not everyone who has symptoms related to trauma may want treatment for those symptoms. The delivery of treatment for trauma should be discussed with the client and provided in the context of a shared decision-making process.

III. Utility of the BREATHE PTSD Treatment Program

This BREATHE treatment program serves to help clients with their PTSD symptoms in three important, (and overlapping) ways:

- 1) Normalizing and “Objectifying the Subjective”: People with PTSD often feel as though their experiences and reactions to their traumas are highly unique, in the sense that the events they experienced are uncommon, and that their psychological responses to these events are abnormal. As a result, they have emotions, cognitions, and actions reflective of the belief that, “no one else has these problems and symptoms” which can be very alienating and also maintain or exacerbate their PTSD symptoms. The psychoeducation piece of this intervention serves to teach clients about the commonness of trauma, the frequency of PTSD, and the ways in which the specific symptoms impact people in their daily lives who have the diagnosis.
- 2) Decreasing Arousal: A defining symptom of PTSD is increased physiological arousal. The breathing retraining skill taught in this intervention directly impacts arousal levels and is a tool that clients are encouraged to use anytime they experience overarousal, or pre-emptively in times when they anticipate arousal due to an upcoming trigger.
- 3) Undoing the Fight/Flight Response: Similar to increased arousal, people with PTSD have an

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exaggerated fight/flight response. This creates both a physiological impact (i.e., heart racing as “preparation” for fight or flight) as well as a behavioral (bracing to avoid or flee a perceived threatening situation) and a cognitive response (having the thought, “I feel scared so I must be in danger”). Both the breathing retraining skill and the psychoeducation portions of this intervention can help clients decrease or undue this automatic response.

IV. Steps Prior to Session 1 of the BREATHE PTSD Treatment Program

A. Prior to providing the BREATHE program to clients, review the person’s chart as well as the screening/assessment measures (described above). Note diagnoses, history and trauma related precipitants of past crises or hospitalizations.

1) List traumatic events endorsed:

2) Note “most upsetting” trauma and PTSD symptoms (this incident should be the client’s choice, and the client should be directed to choose the event that is currently most distressing to them in their daily life).

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SESSION ONE

I. Introduction of the Brief PTSD Program and Agenda Setting

Consider the following introduction to share with the client:

“We’re meeting because you have said that you experienced X (where X is the traumatic event or events or “the index trauma”) and its effects are an issue for you. Today we will begin a brief treatment program that has been designed to help people deal with the difficult effects of traumatic experiences. Today we’ll talk about what you and I will be doing together during this program, about some of the experiences you’ve had, and how they’re affecting you now.

In each session, we will set a short agenda, just so we can keep on track, and to make sure we can cover all we need to discuss that day. Today, our agenda will include the following:

- 1) An introduction to the parts of the BREATHE program and how it works
- 2) Completing some short measures of your current symptoms
- 3) Starting to discuss commonly occurring experiences with trauma and PTSD
- 4) Learning a helpful, use-anywhere skill for anxiety and feeling overaroused called “breathing retraining”

Is there anything else you’d like to add to today’s agenda to make sure we cover?

OK, let’s start with a little bit about this treatment program:

The BREATHE treatment program involves meeting for three sessions, the first one being today. During the time you’ll be meeting with me, the regular appointments you have with other members of the treatment team will not change; you will continue to see the people you would be seeing normally.

The focus of this treatment will not be on retelling your traumatic experiences. Instead, I will be teaching you about trauma and some of the common symptoms that people may experience and that you may be having. I will also teach you a new skill to help you manage anxiety and symptoms of physical tension that often go along with trauma symptoms. Because this program involves learning new information and skills, after each session we will work out a schedule for you to practice these skills between sessions. Practicing at home is a very important part of the work we’ll do together because it gives you a chance to review and build on what you’ve learned in the session.

II. PCL-5 and BDI Pre-Treatment Assessments

Before you begin with the Session 1 Psychoeducational Material, reintroduce and administer the PCL-5 completed at screening (and baseline, in some cases) and introduce the Beck Depression Inventory-II (BDI-II).

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“Before we begin today, I will ask you to complete two short assessments. We will complete this together today, then and again at the end of our third session, and then again one month later [*or other follow-up times as appropriate*]. This is to help us better understand your PTSD symptoms.

The first assessment (PCL-5) is a repeat of the measure that you completed prior to your referral to this treatment – it asks about your trauma and its current impact on you and your life. When you fill this one out, please complete it while thinking about the traumatic event that we talked about initially, the one you had said is the most distressing. We had noted that this was X [*note specific index trauma aloud, and then write it down on the assessment as directed*]. I’d like you to complete this measure based on that trauma. Do you have any questions about that?

The second assessment (BDI-II) asks about symptoms of depression, which are very common in people who have experienced trauma and PTSD. Please complete this measure based on your experience over the past two weeks.”

Provide reading or comprehension assistance as necessary to help the client complete the measures. Be sure that the client is completing the PCL based on the index trauma that had been previously evaluated prior to treatment. Once the measures are completed, score them quickly, and initiate a very brief discussion with the client about the scores and a couple of the highly endorsed symptoms. Spend about 5 minutes on this initial discussion. Note that you will likely have the opportunity to come back to the items that the client has endorsed on these measures, in the context of personalizing the psychoeducational material presented throughout the BREATHE program.

Provide validation/normalization of the client’s experience with these symptoms, as well as a positive message of hope that with treatment, participation in this intervention, and following through with home assignments to practice breathing retraining, these symptoms can improve.

III. Initial PTSD Discussion

“Do you have any questions before we begin with the rest of the session?”

Today I want to give you some information about trauma and how clinicians and doctors determine whether someone has trauma symptoms. We will start by reading together some handouts that provide useful information about trauma and PTSD symptoms. We’ll pause to discuss these topics so we can talk a bit about how these might line up with your own experience. Then at the end of today’s session, I will teach you a new skill that, once you learn it, can be very helpful in reducing anxiety – that skill is called breathing retraining. OK, let’s start with the first handout.”

Take out *Common Reactions to Trauma I: PTSD Symptoms* handout.

The clinician should present a brief introduction to common trauma symptoms, noting that they will be discussed in greater detail in future meetings. The four categories are:

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- a. Reexperiencing the traumatic event or events
- b. Avoiding things that remind the person of the trauma
- c. Being overaroused
- d. Experiencing negative changes in cognitions and mood associated with the traumatic event(s)

This handout can be read aloud by the clinician, or by the client, or the clinician and client can take turns, depending on the client's comfort level. Regardless of who does the bulk of the reading, the clinician should strive to make the discussion of the handout information understandable, conversational, personalized, and collaborative.

Some suggested discussion questions below:

Discussion Questions

1. You said that you experienced X (and possibly Y and Z, referring back to a trauma that they described). What kind of impact did that experience have on you? How did you react at the time? Do you remember what feelings you had?
2. Have you experienced reactions like those described in this handout? Like what?
3. Do you think that some of those reactions could be related to the traumatic experience(s) you've had? How?
4. Have you ever talked to someone about your traumatic experiences? What was that like?

The clinician's goal is to gather helpful information about the client's experiences, giving the opportunity for the client to share the basic nature of these experiences and how it has impacted them, while making sure the client is comfortable and doesn't become overly distressed. This means that the clinician needs to take care to have this discussion without encouraging or veering into the client describing or recounting excessive details of the traumatic event(s), as this is not the purpose of the intervention (it is not an exposure-based intervention). Clients may need to be reminded about this as the sessions progress, for example:

"I completely understand how what we are talking about brings up a lot and maybe a flood of upsetting memories. I'm here to help you with these, and what we do together in this program will help you cope better with this distress you are experiencing. I want to remind you that the purpose of this treatment is not to dredge up these upsetting details, and so we'll be careful to make sure that we don't do that. This will help keep us focused and help you learn more about your PTSD and how to use the breathing retraining skill to cope with these symptoms. Does that sound OK to you?"

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IV. Breathing Retraining

Teaching breathing retraining (Reserve about 15 minutes to teach and practice breathing retraining):

“Now we’re going to spend a little time helping you learn a skill called breathing retraining. It is very common for people with traumatic experiences to experience symptoms of physical tension and anxiety. Breathing retraining is a skill that can help you deal with and reduce physical tension or anxious feelings. I want to teach you this now so you can begin using it right away.

Before I teach you this skill, I’m wondering if you’ve ever learned any relaxation techniques before. [If so], what have you learned, and have they helped? [If not], Great, then I think you’ll find this very useful. [If yes], OK, I am still going to teach you this skill and I would like you to give it a try. We will check in over the next sessions and see how it’s working for you.”

Take out *Learning Breathing Retraining* handout.

“Most of us realize that our breathing affects the way we feel. For example, when we are upset, we often think of taking a deep breath to calm down. However, taking a deep breath usually isn’t helpful. Instead, in order to calm down, one should take a normal breath and exhale slowly. It is exhaling slowly that is associated with relaxation, not inhaling. While you exhale, say the word CALM or PEACE, or any word that you feel is soothing or that you associate with relaxation, to yourself very slowly. Like this, ‘C-a-a-a-a-a-l-m. [*Therapist briefly demonstrates breathing retraining, saying ‘C-a-a-a-a-a-l-m’ out loud.*]

Do you prefer a different word? If so, what word would you like to use to help you feel calm or relaxed?”

Notes for Helping Clients Choose a Relaxing Word:

- 1) It is easier to use a one-syllable word (i.e., “calm” or “peace”) than a two-syllable word, as the combination of the long exhalation and saying a longer word aloud can be quite challenging. Clinicians should encourage clients to use a short word whenever possible
- 2) Be sure the word the client chooses is actually one that elicits calm and relaxation and is not in any way arousing or activating. If unclear, ask the client directly why he/she chose a specific word, and brainstorm some alternatives if it seems that the chosen word is not healthy or useful for the purposes of this skill.

“Now I am going to show you how to inhale through your nose and exhale through your mouth.”

[Demonstrate]

“Was that clear to you? OK, now I would like you to try it while I talk you through it:

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In addition to concentrating on slow exhalation while saying ‘Calm’ to yourself, I want you to slow down your breathing. Very often, when people become frightened or upset, they feel like they need more air and may hyperventilate in response to that feeling.

Hyperventilation, however, does not have a calming effect. In fact, it causes anxious feelings because it increases the amount of oxygen in the brain. Unless we are preparing for a really dangerous situation, we often don’t need as much air as we are taking in.

When we hyperventilate and take in more oxygen, it signals our bodies to prepare for danger. If we feel anxious and want to calm down, what we really need to do is to slow down our breathing and take in less air.

Now take a normal breath and exhale very slowly and repeat your word silently to yourself.”

***Repeat the entire sequence 10 to 15 times in the session. Some clients may feel self-conscious or distracted during this practice, knowing that they are trying this skill for the first time while being observed by the clinician. To reduce any client discomfort, the clinician may want to tell the clients that he/she will practice right along with them, pausing to guide the client through the task as necessary. Also, note that some clients may be uncomfortable closing their eyes during the skill practice—this is completely fine, and clients can be assured that doing the skill with eyes open is also effective (particularly when using the skill in public). ***

“OK, now that you have practiced, what was that like for you? Can you think of a situation where you can try using this?”

Note that it can be helpful to either start or end (or both) the BREATHE treatment sessions by leading the client (and eventually having the client lead the clinician) in some brief breathing retraining. This can serve to at once center the client, buffer against high levels of PTSD-triggered distress, and provide another opportunity for in-session practice of the skill.

V. Practicing at Home

“Before we meet again next time, it would be really helpful to you if you can practice this exercise at home every day. For most people, it works best if you can practice breathing retraining every day when you are not feeling upset or stressed in any way. For some people, a good time might be when they first get up in the morning. What is a good time of the day for you to feel comfortable when you practice?

What would be the best times/places for you to practice breathing retraining over the next week?

When you really have the breathing retraining down pat, you will be able to use the skill in situations when you need it. It will be a great tool for you to reduce anxiety and stress.

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This handout will help you go over the steps of breathing retraining.”

Give the client handout: *Learning Breathing Retraining*

“And this worksheet will help you track your progress each day that you practice. Let’s review how to complete this worksheet.

Give the client handout: *Practice Breathing Retraining Tracking Form 1*

“We will meet again for our second session on (give appointment date), and I hope that the breathing practice goes well for you.”

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SESSION TWO

I. Agenda Setting

It is important to set a brief agenda at the beginning of the session, to help pace the session and let the client know what to expect during it. Briefly describe the focus of the session (e.g., brief review of previous session, discussion of the breathing retraining home assignment, continued discussion about trauma symptoms, etc.). It is also important to ask the client if he/she has any questions from the previous session or has anything he/she would like to add to today's agenda (in keeping with the topics at hand).

Suggested Agenda for Session 2:

1. Home assignment review and discussion (*Practice Breathing Retraining Tracking Form 1*)
2. Continued learning about PTSD and its impact via discussion (*Common Reactions to Trauma I: PTSD Symptoms*)
3. Breathing retraining practice (as needed)
4. Review of session
5. Home assignment development for next visit (*Breathing Retraining Tracking Form 1* or *Breathing Retraining Tracking Form 2*)

II. Homework Review

Review the client's *Practice Breathing Retraining Tracking Form 1*

“How did the practicing go for the breathing retraining? How many times did you get to practice the skill? Did you find any obstacles to practicing breathing retraining, such as finding a comfortable, safe place to practice it or remembering to practice? Did the breathing seem to be helpful?”

[If not]: “Sometimes, people find that they need more practice with breathing retraining so that they can use it when they really feel stressed. It would be great if this week you practiced enough so that you can really use the breathing retraining in tough situations.”

If the client did well with the practice and reported some reductions in anxiety or overarousal, suggest that he/she move on to starting to use the skill when distressed. A new tracking sheet (*Breathing Retraining Tracking Form 2*) can be provided to the client and a detailed home assignment can be developed at the end of the session.

If the client did not practice the breathing retraining, review and practice the skill in the session, and then at the end of the session troubleshoot obstacles to the client's following through on the home assignment and develop a new assignment to practice the skill, using the same tracking form as before (*Breathing Retraining Tracking Form 1*).

If the client tried practicing breathing retraining but did not experience any reduction in anxiety or overarousal, then review and practice the skill in the session, troubleshooting any difficulties the client

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experiences using the skill. At the end of the session, develop a new home assignment with the client to practice the skill, using the same tracking form as before (*Breathing Retraining Tracking Form 1*).

***REMINDER: It can be helpful to either start or end (or both) the BREATHE treatment sessions by leading the client (and eventually having the client lead the clinician) in some brief breathing retraining. This can serve to at once center the client, buffer against high levels of PTSD-triggered distress, and provide another opportunity for in-session practice of the skill.

III. Today's Session Content: Psychoeducation Material and Discussion:

Briefly review the previous session's content.

"Last session you will recall that in addition to learning the breathing retraining, we also began to learn about trauma and trauma symptoms.

We also began to learn about some reactions that are common after experiencing a traumatic event. Today, we are going to learn about the specific symptoms of trauma and PTSD for people in general, and what those symptoms might be for you specifically.

Review *Common Reactions to Trauma I: PTSD Symptoms*: "PTSD is one diagnosis that can be used to describe common trauma symptoms. Some people who have experienced traumatic events may experience all of the symptoms of PTSD, and others may experience only some of them. As you may remember from our Session 1, there are four different groups of symptoms that are all part of having PTSD: 1) reexperiencing symptoms, 2) avoidance symptoms, 3) overarousal symptoms, and 4) negative changes in thoughts and mood. Let's start with the first group: reexperiencing symptoms."

The clinician should ask the client if he/she remembers and/or the clinician should reiterate the definition of the reexperiencing symptoms, defined below:

- Reexperiencing symptoms: The first group of symptoms involves reexperiencing the trauma, such as flashbacks, nightmares, memories popping into the client's mind.

Turn to the *Reexperiencing Symptoms Worksheet* in the *Common Reactions to Trauma I* handout and initiate a discussion about the specific types of reexperiencing symptoms and the client's personal experiences with these, completing the worksheet together as indicated.

Some suggested discussion questions below:

Discussion Questions

1. Have you ever had any flashbacks? Nightmares? Memories of the trauma that just pop into your mind?
2. What were they like for you?
3. How have you coped with these symptoms?

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“Again, there are four sets of symptoms. We have just discussed the reexperiencing set of symptoms. The second set of PTSD symptoms is called avoidance symptoms, let’s review together...”

The clinician should ask the client if he/she remembers and/or the clinician should reiterate the definition of the avoidance symptoms, defined below:

- Avoidance symptoms: The second group of symptoms involves avoidance. As a result of their traumatic event(s), people may avoid memories, people, places, thoughts, or feelings that remind them of these experiences.

Turn to the *Avoidance Symptoms Worksheet* in the *Common Reactions to Trauma I* handout and initiate a discussion about the specific types of avoidance symptoms and the client’s personal experiences with these, completing the worksheet together as indicated.

Some suggested discussion questions below:

Discussion Questions

1. Have you ever had any avoidance symptoms?
2. Do you avoid certain memories? People? Places?
3. Do you ever avoid particular places that remind you of X?
4. How about people?

“OK, we have talked about 2 of the 4 sets of trauma symptoms, reexperiencing and avoidance. The third set of symptoms is the overarousal symptom group. Let’s learn about it from this handout.”

The clinician should ask the client if he/she remembers and/or the clinician should reiterate the definition of the avoidance symptoms, defined below:

- Overarousal symptoms: The third group of symptoms involves increased arousal, such as having trouble falling or staying asleep, feeling watchful of danger, having an exaggerated startle response, and feeling angry and irritable.

Turn to the *Overarousal Symptoms Worksheet* in the *Common Reactions to Trauma I* handout and initiate a discussion about the specific types of overarousal symptoms and the client’s personal experiences with these, completing the worksheet together as indicated.

Some suggested discussion questions below:

Discussion Questions

1. Have you ever had any of these overarousal symptoms (e.g., having trouble falling or staying asleep,

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- feeling watchful of danger, feeling jumpy or constantly irritable)?
2. What were they like for you?
 3. Which of these overarousal symptoms is the hardest one to cope with?
 4. Did you know that these symptoms were related to having experienced a traumatic event?

If less than 15 minutes remain in the session, the clinician should stop here, explain that the fourth set of PTSD symptoms will be discussed in the next session, and move onto Section IV: Practicing at Home and wrap up. Otherwise, proceed by following below.

“The fourth (and final) set of symptoms is experiencing negative changes in cognitions and mood associated with the traumatic event(s).”

The clinician should ask the client if he/she remembers and/or the clinician should present the definition of negative changes in thoughts and mood associated with the traumatic event(s), described below:

- Negative changes in thoughts and mood: The fourth group of symptoms involves changes in your thinking or feelings, such as not being able to remember important aspects of the traumatic event(s), strong negative beliefs about oneself or others, inaccurate or distorted thinking about the cause or consequences of the event(s) that lead the person to blame him/herself or others, strong negative feelings such as fear, guilt or shame, diminished interest in things, feeling detached from others, or not being able to feel positive emotions.

Turn to the *Negative Thoughts and Mood Worksheet* in the *Common Reactions to Trauma I* handout and initiate a discussion about the specific types of negative changes and mood symptoms and the client’s personal experiences with these, completing the worksheet together as indicated.

Some suggested discussion questions below:

Discussion Questions

1. Have you ever had any of these symptoms?
2. Do you have negative beliefs about yourself or others?
3. Do you often feel fearful, guilty or angry about the event(s)?
4. Are you unable to experience positive emotions?

So, let’s review, we’ve discussed four types of symptoms (reexperiencing, avoidance, overarousal, and negative thoughts and feelings). Let’s summarize your particular symptoms:

Reexperiencing: _____

Avoidance: _____

Overarousal: _____

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Negative thoughts and mood: _____

If the four worksheets have already been filled in, then this above review can be orally done. If there are parts of the worksheets that still need completion, the clinician should help the client fill these in at this point.

IV: Practicing at Home

“This week, it would be useful if you could practice breathing retraining every day. Let’s make a plan for how you can best do that. I’m going to give you this clean tracking sheet, so you can record your experience. [Briefly review *Breathing Retraining Tracking Form 1* or *2*, as appropriate].”

At this point, if the client has had some experience practicing breathing retraining and has experienced some benefit, it is ideal for the client to start to use the skill during times when they are experiencing distress and using the *Breathing Retraining Tracking Form 2* to record their use of the skill. Take a few minutes at the end of the session to orient the client to this handout and as needed, briefly discuss potentially distressing upcoming situations the client may be anticipating in the week ahead, in order to help the client know when to use out the breathing retraining skill.

For clients who did not practice breathing retraining as a home assignment or did not experience any reductions in anxiety or overarousal, effort should focus on troubleshooting obstacles to the client practicing the skill and getting some mastery over it in calm, non-distressing situations (and using the *Breathing Retraining Tracking Form 1*), as well as making any adjustments needed to the breathing retraining skill to make it more effective for the client.

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SESSION THREE

I. Agenda Setting

Set a brief agenda at the beginning of the session to help pace the session and let the client know what to expect during it. Briefly describe the focus of the session (e.g., brief review of previous session, discussion of breathing retraining home assignment, continued discussion about trauma symptoms, re-administering the PCL/BDI-II, program wrap-up, etc.). It is also helpful to ask the client if he/she has any questions from the previous session. During agenda setting, remind the client that this is the last session of the program.

Suggested Agenda for Session 3:

1. Home assignment review and discussion (*Breathing Retraining Tracking Form 1 or 2*)
2. Continued learning about PTSD and its impact via discussion (*Psychoeducation II: Associated Problems*)
3. Breathing retraining practice (as needed)
4. Plan for continued use of breathing retraining skill post-treatment
5. Re-administration of the PCL-5 and BDI-II, and discussion of score changes
5. Summary, feedback, next steps, and treatment termination

II. Home Assignment Review

Review client's *Breathing Retraining Tracking Form 1 or 2*, as appropriate.

“How did the practicing go for the breathing retraining? How many times did you get to practice the skill? In which situations? Did you find any obstacles to practicing breathing retraining, such as not being able to find a comfortable, safe place to practice it or remembering to practice? Did the breathing seem to be helpful?”

[If not]: “Sometimes, people find that they need more practice with the breathing retraining so that they can use it when they really feel stressed. Although this is our last session, it would be great if this week and going forward you practiced enough so that you can really use the breathing retraining in tough situations.”

“Do you feel that you have it down, or would you like to review the relaxation breathing skill together?”

REMINDER: It can be helpful to either start or end (or both) the BREATHE treatment sessions by leading the client (and eventually having the client lead the clinician) in some brief breathing retraining. This can serve to at once center the client, buffer against high levels of PTSD-triggered distress, and provide another opportunity for in-session practice of the skill.

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III. Today's Session Content: Psychoeducation Material and Discussion

If the fourth set of symptoms (negative thoughts and mood) was not covered in the previous session, follow the guidelines for that in Session 2 and proceed below. If it was covered, begin below.

“OK. Let’s review the four groups of symptoms that were learned in the last session. Can you tell me what the four types of symptoms are? [*If not, review with client.*]

As you know, this is our final session together and I want to end this program with you by helping you understand some of the other types of difficulties that people who have trauma symptoms may face. These may include strong distressing feelings, relationship problems, hearing voices or other distressing experiences, difficulties managing your health, and drug and alcohol use.”

Take out handout: *Common Reactions to Trauma II: Associated Problems*

Begin to discuss the other types of associated problems with the client:

“Often, people who have PTSD experience a range of distressing feelings. The most intense negative emotions reported by people who have had traumas include fear/anxiety, sadness/depression, guilt/shame, and anger. These feelings are common after experiencing a traumatic event. Let’s discuss these four distressing feelings in more detail.”

In the *Common Reactions to Trauma II: Associated Problems* handout, turn to the *Fear and Anxiety Feelings Worksheet*, the *Sadness and Depression Feelings Worksheet*, the *Guilt and Shame Feelings Worksheet*, and the *Angry Feelings Worksheet*, and initiate a discussion about these specific problems and the client’s personal experiences with these, completing the worksheets together as indicated.

“Sometimes people with PTSD hear voices or noises that other people don’t hear or see things that other people don’t see. Often hearing voices or seeing things is related to the person’s trauma experiences, such as hearing the voice of someone who harmed you or seeing or feeling the presence of someone who passed away. These experiences can be frightening or contribute to other negative feelings.”

In the *Common Reactions to Trauma II: Associated Problems* handout, turn to the *Hearing Voices and Other Distressing Experiences Worksheet*, and initiate a discussion about these specific problems and the client’s personal experiences with these, completing the worksheets together as indicated.

“We know that relationship problems are common for people after traumatic events. These difficulties can arise from the intense negative emotions we just talked about (or talked about last week). Problems may also arise out of difficulty trusting others, especially if your trauma was caused by another person, or you were deliberately hurt by another person.”

In the *Common Reactions to Trauma II: Associated Problems* handout turn to the *Relationship Difficulties Worksheet* and initiate a discussion about these specific problems and the client’s personal experiences with these, completing the worksheet together as indicated.

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“We also know that substance use problems can be related to trauma, often because the person is using substances to help them sleep, to stop nightmares, because they have difficulty falling asleep, or for help with avoidance of memories and intense negative feelings and thoughts.”

In the *Common Reactions to Trauma II: Associated Problems* handout turn to the *Drug and Alcohol Problems Worksheet* and initiate a discussion about these specific problems and the client’s personal experiences with these, completing the worksheet together as indicated.

“Trauma can take a heavy toll on people’s bodies and make them more vulnerable to physical illnesses and problems. In addition, due to the stress of PTSD people sometimes don’t take care of their physical health as much as they could, such as exercising, eating a healthy diet, seeing one’s doctor, or managing a chronic health condition such as diabetes.”

In the *Common Reactions to Trauma II: Associated Problems* handout turn to the *Managing Physical Health Difficulties Worksheet* and initiate a discussion about these specific problems and the client’s personal experiences with these, completing the worksheet together as indicated.

Some suggested discussion questions below:

Discussion Questions

- 1) Have you experienced fear and anxiety / sadness and depression / guilt and shame / anger / hearing voices and other distressing experiences / relationship problems / work and school difficulties / drug and alcohol problems / physical health difficulties as a pattern in your life since the trauma?
- 2) What were these difficulties like for you?
- 3) Did you ever think these types of problems could be related to your traumatic history?
- 4) Have you ever tried to block out or avoid memories of the trauma or intense negative feelings and thoughts about the trauma by using drugs or alcohol? Did it work?

“So, as we discussed before, trauma and PTSD are more common than people may think. However, there are effective treatments for PTSD, such as this program, and a lot of people who have worked through the experience of trauma, and have gone on to lead happier and healthier lives. The work that you and I have been doing these three sessions includes one very important skill, which you have learned well: breathing retraining.”

Initiate a discussion, tying together what has been learned so far, in order to help the client further understand how these particular problems and symptoms have been related to PTSD and how they have impacted his/her life. Start to discuss a way forward for the client, including how this new information may help them better understand and improve their lives, and noting the ways in which the breathing retraining skill can provide continued and augmented coping with stress, distress, and PTSD symptoms as they occur.

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Some suggested discussion questions below:

Discussion Questions

1. Has anyone ever told you that your problems might be related to your trauma history?
2. What have you tried in the past to heal from the trauma you've experienced?
3. What strategies have you found helpful in coping with your PTSD symptoms?
4. Have you ever thought you could be rid of these PTSD symptoms and the related problems?
5. In which specific ways would you most like your life to be different (such as: better relationships, intimate relationship, work, school, health, parenting, leisure activities, self-care, etc.)?
6. Do you feel more hopeful now that you have learned this information and the breathing retraining skill?
7. Do you have any other questions about dealing with PTSD?

IV. Re-Administration of the PCL-5 and BDI-II Post-Treatment Assessments

At this point, clinicians should re-administer the PCL-5 and BDI-II to the client. Be sure to have their initial pretreatment completed assessments at this session, as these pre- and post- assessments will be compared and briefly discussed.

Remind the client of these assessments:

“Before we wrap-up today, I will ask you to complete these two short assessments. As a reminder, the first assessment is a repeat of the measure that you completed prior to your referral to this treatment and then again in Session 1—it asks about your trauma and its current impact on you and your life. When you fill this one out, please complete it while thinking about the traumatic event that we talked about initially, the one you had said is the most distressing. We had noted that this was X [*note specific index trauma aloud, and then write it down on the assessment as directed*]. I'd like you to complete this measure based on that trauma. Do you have any questions about that?

The second assessment asks about symptoms of depression, which are very common in people who have experienced trauma and PTSD. Please complete this measure based on your experience in the past two weeks.”

Provide reading or comprehension assistance as necessary to help the client complete the measures. Be sure that the client is completing the PCL based on the index trauma that had been previously evaluated prior to treatment. Once the measures are completed, score them quickly, and initiate a brief discussion with the client about the scores, comparing them to the screening scores and the scores from Session 1. Discuss any changes in the scores over time, and the client's attributions about those changes.

If the client's scores have decreased: Ask the client what he/she attributes to this decrease, probing to ascertain whether certain elements of this program played a role (i.e., learning that what they experienced for years actually has a name and is somewhat common; using breathing retraining technique to manage

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anxiety, etc.). Praise the client's efforts in the program and encourage continued review of psychoeducational materials and ongoing breathing retraining skill use following program termination.

If the client's scores have stayed the same: Normalize this, as it is very common for one's symptoms not to change too much during participation in a brief program like this. Note how changes sometimes start to happen following the end of treatment, as long as skills learned in the program are continuing to be practiced and used. Praise the client's efforts in the program and encourage continued breathing retraining use.

If client's scores have increased: Normalize this, as it is not very unusual for scores to increase. Ask the client what he/she might attribute this increase to and initiate a brief discussion around this topic. Note how changes sometimes don't start to happen until after the end of treatment and encourage the client to stick with breathing retraining practice and use. If needed, consider creating a specific distress coping plan with the client and the treatment team.

V. Program Review, Future Planning, Wrap-Up, and Termination

"OK, let's review what you have learned in this program:

- PTSD and trauma symptoms
- Skill of breathing retraining
- Four trauma symptom clusters in general, and the client's specific experiences with each set of symptoms
- Other problems commonly associated with trauma: hearing voices and other distressing experiences, relationship difficulties, work or school difficulties, substance use problems, and difficulties managing physical health."

Discuss with the client the following planning topics:

- 1) The ways in which learning the information about PTSD and trauma may help them in the future.
- 2) How and when and in which sorts of situations they will continue to use breathing retraining going forward.
- 3) How the treatment team can support the client going forward in any of these areas.

"I appreciate your efforts in working with me during the program. I know that these types of problems are very difficult to face, and I appreciate you allowing me to help you with them. You've done a really nice job in our sessions, and congratulations on completing this program. Are there any other questions I can answer for you before we end today?"

The clinician should answer any additional questions and/or address any concerns that the client may have. Provide encouragement for effort (and progress, where appropriate), and praise for program completion. Direct the client to any next steps or other sorts of follow-up that might be provided at your particular agency.

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