



Modified Culture Based Treatment Manual of Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder Patients

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Abstract

Instructional Manual for PTSD is a program designed for the people of Kashmir. It provides them with better understanding of the symptoms of PTSD and provides coping strategies and skills to help them to make the new adjustments and live life to the fullest. In this manual, the aim is to make the patient's aware to PTSD and educate them so they can live purposeful lives once again. This manual is based on the FAMP model and recommendations made by various stakeholders such as psychiatrists, social workers, psychologists and, practitioners, and others. The manual includes elements of exposure therapy, cognitive behavioral therapy, RST, Stress management techniques, prayer, and elements of Acceptance and commitment therapy, Mindfulness, Anger management, and interpersonal skills. This is an individualized and eclectic approach. The Instructional manual is comprised of 10 sessions that are given weekly lasting for 60 minutes. It is important to give instructions individually because people have different symptoms, needs, triggers, and safety behaviors. Our patients are all Kashmiri Muslims who have experienced conflict over the last several years. Before starting the session first the therapist should explain to patients what the program will accomplish.

Session 1ST

- ❖ **PRE-TEST**
- ❖ **Orientation of PTSD Instructional Manual**
- ❖ **Rules and Guidelines for Each Session**
- ❖ **Introduction of PTSD (Explain Symptoms)**
- ❖ **Facts Regarding PTSD**
- ❖ **PTSD Common Reactions**
- ❖ **Explore Triggers, Avoidance and safety measures of patient**
- ❖ **Breathing and Relaxation Techniques**
- ❖ **Homework practice**

Pre-test

Note for the Therapist: It is the job of the therapist to introduce the patient to treatment program and show them that they are in a safe place now where they are not misunderstood and they can improve their symptoms of PTSD by learning various skills. A therapist should focus on the present, but this does not mean that the patient's past experiences are unimportant. The therapist should use the patient's past in a healthier way and make the patient realize that he or she cannot change the past but can learn from it.

Orientation of PTSD Instructional Manual: In the beginning, the therapist should inform the patient about the purpose and focus of session. On a therapeutic level, orienting the patient with psycho-education about PTSD and its related conditions can be helpful. It is also helpful to reassure patients that PTSD is normal reaction to traumatic events of life. You may notice changes in your body. You will not be the same. You will feel that you have got modified physically additionally as mentally all of those symptoms are because of PTSD. Physically your body reacts otherwise than before showing emotion you may react in an exceedingly totally different manner than before. You pay longer in thinking than before. You feel threats and loneliness. Socially you've got transformed you'll feel change in tolerance you'll feel that you simply are misunderstood by others. You don't trust others. Spiritually you're feeling you are transformed. Your believe have changed, your belief in god has changed due to these symptoms you continue on high aware of anything that you simply feel dangerous for instance waiting during a line, noise of the children, noisy restaurants you will take all of the regular expressions as dangerous and you react during a same way you're reacting to a dangerous stimulus. These symptoms activate your arousal system which continuously warns you about the danger. Your senses become more active even if you are during a normal situation. The work of the therapist is that to make them understand that it is your arousal system which continuously sends message of danger and you're unable to discriminate between actual danger and therefore the problems of your normal life. As results of this you're taking normal situation as dangerous but actually they're not dangerous. You become vigilant anxious, unsafe, and misunderstood etc. This is often how PTSD curbs your life. During this session we'll specialize in how PTSD has curbed your life and the way anxiety influences and prevents you of not doing things which you're capable of doing. During this program we'll taught you necessary skills in order that you became ready to manage your PTSD symptoms efficiently and your quality of life are going to be improved.

Rules regarding the treatment program

- ❖ Attend session weekly on time.
- ❖ Maintaining confidentiality
- ❖ Don't attend program under the influence of alcohol or drugs

- ❖ Switch off cell phones
- ❖ Not allowed of missing a sessions continuously
- ❖ Complete your homework which are exercise based
- ❖ Instructions in this program are time limited. Focused on specific goals.
- ❖ Needs both participation and practice

Introduction of post-traumatic stress disorder

Post-traumatic stress disorder is a trauma-and Stressor-Related Disorder. The person must be exposed to witnessing a death, threatened death, actual or threatened serious injury or actual sexual violence. One of the main symptom experienced by the traumatic patients are as

1. Re-experiencing symptoms.

- ❖ Re-experiencing traumatic memories that are unwanted and upsetting
- ❖ Nightmares regarding trauma
- ❖ Flashbacks
- ❖ Emotional disturbances
- ❖ Physical reactivity

2. Avoidance symptoms

- ❖ Inability to recall important aspects of trauma
- ❖ Blaming oneself for causing trauma
- ❖ Feeling loneliness
- ❖ Decreased interest in activities which was previously enjoyed by the patient
- ❖ Difficulty in experiencing a positive feeling

3. Arousal symptoms

- ❖ Aggression, irritability and destructive behavior
- ❖ Hyper vigilance
- ❖ Startle responses
- ❖ Difficulty in concentration
- ❖ Difficulty in sleeping

Symptoms must produce functional, occupational, and social impairments.

Common Reactions of trauma

Most people have experienced a traumatic event at some point in their lives, such as a motor vehicle accident, injury, natural disaster, abuse etc. It does not matter what the event is as it leaves its mark in the brain. Traumatic events and treatments affect people differently. At the present time knowledge about trauma reactions is often helpful for patients. They feel they have hundreds of problems, including they've sleep problems, anger problems, and problems associated with hyperarousal and concentration. The problems will make them feel like they're crazy and they're not normal.

Note for the Therapist: The therapist role is to help them understand that they have only one problem namely: PTSD and all other symptoms are different faces of the same problem. To make them realize that they're not crazy, they're normal it's manageable, and it's treatable and whatever they experience is a normal reaction to trauma. Give them awareness regarding the common reactions of the trauma. Some common reactions of PTSD are as:

1. Re-experiencing Reactions: Traumatized individuals complain that they are re-experiencing the trauma in the form of nightmares, flashbacks. They may often have unwanted thoughts, memories, or images of events which upset them and they cannot get rid of them.

Note for the Therapist: The role of the therapist is to make them understand that when you face a cue related to your trauma it triggers your arousal system which continuously warns you about the danger. When you keep paying attention to that cue, and you can no longer differentiate between actual trauma or danger and normal situation.

2. Nightmares Reactions: PTSD is often accompanied by nightmares and related symptoms. Traumatic events shock the nervous system. Nightmare may not be in the form of an exact trauma; it may be a vision of danger or death.

3. Flashbacks Reactions: PTSD is also associated with Flashbacks. Trauma cue trigger trauma memories and make you feel like the trauma is happening again.

4. Fear and Anxiety Reactions: Anxiety is a common reaction to a dangerous event. Even after the trauma has ended, victims continue to feel anxiety and fear. Our sense of safety changes when we try to remember the trauma, and we become fearful and anxious. As a part of this process triggers play an important role in reminding you of a traumatic event. Different patients are triggered differently by noise, crowded places, specific smells, or places etc.

Note for the Therapist: The role of the therapist is to make them understand that when you give attention to these cues, it may trigger fear and anxiety.

Increased Arousal Reactions: you may feel jumpy, shaky or have difficulty concentrating or being patient as constant state of arousal leaves you with irritability. Our fight or flight system plays a significant role in our arousal responses. Additionally, it protects us from danger. In order to avoid danger, we fight or run away and this process requires great amount of energy than usual. Trauma victims often feel the world is a dangerous place and that their body is constantly on high alert. Whenever a dangerous event occurs, they respond immediately. An increase in arousal can be helpful in truly dangerous situations but it is unhealthy when it remains unchecked for a longer period of time especially in safer situations since it affects our sleep.

Avoidance Reactions: Trauma management and pain reduction are important factors in the management of trauma. Traumatized victims often avoid pain by avoiding as much as possible. Generally, the patient avoids the recollection of the trauma, for example avoiding the site of the murder. Trauma-related pain can also be avoided by experiencing numbing also i.e., pushing painful memories and emotions. Due to this, you were in a state of emotional insanity. You sometimes feel like wood when your mind blocks out all the memories of trauma altogether you are unable to feel love, pleasure, or joy. You feel like you are made up of wood.

Anger and irritable reactions: Trauma victims easily become angry, irritable confused and annoyed. Their anger is most often directed at people close to them.

Guilt and shame reactions: Victims who directly witness trauma often blame themselves for causing it. They feel guilty and find themselves responsible for the same.

Note for the Therapist: It is the therapist's role to explain to them how they are responsible for the trauma.

Depression and Grief Reactions: Traumatic stress results in depressive and grieving reactions which are common reactions to PTSD. You may begin to lose your interest in activities that seemed fun to you earlier and begin to avoid people and feel lonely and depressed. You may develop negative feelings about yourself and about your future and may become self-critical. There may be a feeling that life is not worth living and as a result of this you may develop suicidal and self-harming thoughts.

Reactions related to self-image: The trauma victim may become self-critical and pessimistic and may develop feelings of worthlessness and often tell themselves that they are stupid, they are not good human beings and that they are worthless and do not deserve this life. They may find it difficult to built intimate relationships with others due to trauma.

Use of Alcohol or Drugs: As a way of coping with trauma, trauma victims often use alcohol or drugs.

Note for the Therapist: Let them know how alcohol and drugs can lead to addiction and other problems.

Triggers, Avoidance, and Safety behaviors: Loud sounds, sights, smells, people, physical sensations, places, activities, and situations act as triggers for people with PTSD and can lead to anxiety and the victims feel a strong desire to escape. An important part of treating PTSD is learning how to recognize triggers. Here is a worksheet that will help you this week in recognizing your triggers.

My Triggers

Instructions: This week, notice what makes you feel anxious, threatened, angry, or otherwise uncomfortable. An important part of treatment is recognizing triggers.

My triggers:

Note for the Therapist: Encourage the patient to recognize personal triggers. In the case where patient feels comfortable, ask them about their triggers on a daily basis

Avoidance and Safety Behaviors

When you are uncomfortable and distressed by a situation, activity, or anything there is a natural tendency to avoid it or escape from it altogether as quickly as possible. A person with PTSD attempts to avoid triggers in their physical environment because he develops PTSD. Avoidance behaviors of patients with PTSD include staying away from a shopping malls, theaters, restaurants, and other crowded places, and refusing to shop during a daytime in order to avoid people. It is common for a patient to develop safety

behaviors, which may be rituals or habits, as a way of reducing distress. Some examples of safety behaviors for patients with PTSD include Continuous visual scanning for threats and dangers, these behaviors may temporarily reduce distress, but they do not make you safer. There are some patients who carry weapons and others who check locks on windows and doors to ensure their safety. Worksheet helps you to recognize your avoidance and safety behaviors which play a key role in the healing process.

Note for the Therapist: encourage the patient to recognize avoidance and safety behaviors related to his or her trauma. Ask the patients to share day to day experiences related to their triggers if they are comfortable.

Avoidance and Safety Behaviors

Instructions: Pay attention to all the situations, places avoidance behaviors that you have intentionally avoided, and recognize your safety behaviors that you have used to try to protect yourself and to manage your distress.

What I avoid: (Example: going to the shopping mall or any other crowded public place.

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Safety Behaviors which I Use: (Example always carry weapon when going outside)

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Checklist for Triggers, Avoidance and Safety Behaviors in case of PTSD

Tick mark the box which is relevant to you

Interpersonal factors	Environmental factors	Any sensory experience
Gatherings	Going outside	Wearing military uniform or boots
Military or police officers	Going to shopping mall or restaurant	Hearing sound of crackers
Crowded places	While passing through the police station	Smell of gasoline
Closed spaces	Going to hospital	Burning of wood
While explaining trauma		Watching news regarding trauma
While talking to strangers		Hearing or reading regarding similar event
If any stranger sits behind me		Scanning environment

Breathing Relaxation technique

U can begin by teaching them breathing and how to control it, which is an easy and effective technique to reduce stress and tension but slow breathing is better than deep breathing. Follow these steps and practice them as much as you can

1. Inhale normally through your nose, counting to four while keep your mouth closed.
2. Exhale slowly through your mouth (exhale until count up to four)
3. While you exhale, say silently to yourself the word "relax" very slowly. For example: R-e-e-e-e-e-e-e-e-l-a-aa-a-ax or c-a-a-a-a-alm

4. Pause and again count up to 4 before you inhale again.
5. Repeat this exercise for 10 minutes.

Note for Therapist: Breathing is the first simple and most important skill that is taught through the treatment Program to relax the body and calm the mind. It might be helpful to use an anxiety checklist to assess anxiety before and after a breathing exercise session. It may take 5-10 minutes to model how breathing and relaxation practice should be performed. In case there are patients who say breathing wasn't helpful for them, encourage them to continue practicing. With time and practice, it becomes more perfect and effective. Patients should practice this new skill at least three times a day for at least 10 minutes. Practice this skill regularly so that it becomes effective and available when they need it (car analogy).

Homework Assignment:

1. Practice breathing and relaxation exercise at least three times in a day_____
2. Recognize your personal triggers, safety, and avoidance behaviors and remember the things which produce distress in you. _____

Session 2

- ❖ **Assess patient's triggers, avoidance, and safety behaviors. Recall and revise universal triggers.**
- ❖ **Real-time exposure Therapy**
- ❖ **Check homework**

Note for the Therapist: Each session should begin with checking out their homework and asking about it. Checking homework highlights the importance of doing practice outside hospital, which is an integral part of any recovery process. After briefly assessing homework, revise the whole material covered in previous sessions to help the patient to remember what is being taught. With this review, the patient can remain actively engaged in the subject matter which he has learned so far. It helps in reminding them that each session focuses on a specific PTSD symptom, and today's session focus on avoidance. Here are some instructions for the week review:

Explain: why Triggers, Avoidance, and Safety Behaviors, are necessary

Unfortunately, while avoidance helps us cope with triggers in the short-term, it doesn't help us at the long-term because, it interferes our ability to cope with real-life challenges. While avoidance may temporarily reduce emotional distress for a short period however, in the long run, it *makes PTSD worse* as triggers are not naturally dangerous but we perceive them dangerous, when you avoid those triggers,

you never learn that they are safe, so the amygdale continues to label them as connected with trauma, and they continue to create fear over time. Avoiding people and activities leads you towards **isolation**, which can result in **depression** and other **related problems**. Learning to face your fears directly without relying on safety behaviors is what helps with PTSD.

Note for Therapist: The purpose of Explaining instructional material is to stimulate the patients' motivation to change behavior, and one way to do this is to clearly describe the consequences of their personal avoidance behaviors. This is a good opportunity to discuss some of the negative effects of avoidance and numbing. when the brain is exposed to repeated fearful memories through real-life experiences and when safety behaviors are employed, PTSD become less damaging. It is important to repeat the exposure exercise repeatedly for the brain to recalibrate the alarm system.

Real-time exposure

People with PTSD experience high anxiety in congested public places like supermarkets, restaurants, etc. They perceive these places to be targets for deadly attacks and use safety behaviors while scanning for threats continuously. Real-time exposures significantly reduce anxiety in a place that seems dangerous. After repeatedly facing the feared object or place for a long period of time, the body's alarm system starts to recalibrate and the person's distress begins to lessen because they feel that time passes but nothing terrible occurs.

Adapted from Atlanta VAMC Trauma Recovery Team (2009)

For Effective Real-Time Exposure Therapy Following Points Should Kept In Mind.

- A. Anxiety provoking situations should be presented to participants mildly to moderately
- B. It should be given for longer period of time which means patient should remain in the situation until the level of felt anxiety is reduced.
- C. Repeatedly Practice real-time exposure exercise
- D. Start low and go slow

To help patient's better comprehend exposure therapy, discuss real –life examples where they have overcome anxiety provoking situations. At first, walking through a military camp was frightening to most of the patients, but with repetition it became routine or at least raised lower levels of anxiety. After joining few sessions, most of them will feel more comfortable than they were on the first day. Exposure therapy does not mean approaching things that are **truly dangerous**, but it means approaching things that we feel dangerous because of our past traumatic experiences. In other words, walking through military camp alone at night could actually be dangerous and should be avoided. As the patient chooses triggers, avoidance strategies, and safety behaviours they want to practice, make sure they are aware of their involvement in the process.

Anxiety depression scale

Real-time exposure practice sheet

Homework Assignment:

Note for the therapist: while concluding the session, ask each patient to choose one item from the hierarchy of triggers in order to expose themselves. Help them understand that it is not only a challenge to give you exposure; it is an effort to make better lives. Therapists should help patients to plan exposures, and should encourage them to practice exposure therapy 3-5 times per week. Since therapist's need to expose patients to things that cost no or little money, they can recommend something like walking around a shopping mall as a means of obtaining a frequent exposure. Therapist can also record their weekly exposure practices and keep track of their anxiety ratings.

Homework: Practicing breathing and relaxation.

Session 3

- ❖ **Check homework and communicate results of real-time exposure**
- ❖ **What works and what not really work during exposure**
- ❖ **Revision of past material**
- ❖ **Jacobson Muscle Relaxation (JPMR)**

The main focus of this session is on Jacobson Muscle Relaxation Technique (JPMR)

Patients should be given instructions before and during exercise, make sure that these instructions are simple and that they comprehend how to cooperate during the exercise. The general instructions are as follows: Tell the patient to lie down on a bed comfortably and feel free and keep your body loose as well as free and light.

Close your eyes

Avoid vagrant thoughts

Avoid any extra movements of the body

Concentrate your attention towards the body part you are exercising, tense the muscle you are exercising tightly hold it for 5 seconds.

While in relaxing phase relax the muscle quickly as well as completely and allow your mind to relax and appreciate how you feel after relaxing for 10 seconds.

All other body muscles should be relaxed except the ones you are exercising.

While exercising from head to toe feel tightness and soothing sensations.

After completing each step, inhale through nose and take deep three breaths and exhale slowly through your mouth. Keep your body loose free and light Let us get started with exercise

Procedure of JPMR

- **Hands**

Tighten each fist independently (right & left), in such a way that you feel tension in the fist and forearm for 5 seconds and free the fist, relax for 10 second

- **Arms**

Lift both arms independently up to the elbow and tense the biceps while keeping the hand and other body parts relaxed. Feel the tension in the arm for 5 seconds, and release the tension in the arm and relax for 10 seconds. Feeling relaxation is very important. Tense your triceps for 5 seconds then relax your hands for 10 seconds and feel the relaxation.

- **Facial Muscles (Eyes and brows)**

Raise your forehead in such a way that your eyebrows touch your hairline which creates a tension, hold the tension for 5 seconds, release the tension, and relax for 10 seconds.

Keep your eyes closed and tighten and tense the muscles around the eyes for 5 seconds, release the tension and relax for 10 seconds.

Session 4

- ❖ **Active coping and Anxiety management tool kit including**

- ❖ **Practicing breathing**

- ❖ **Self-calming phrase**

- ❖ **Homework**

Active coping help trauma victims to feel less symptoms and helplessness. Active coping is a way of accepting the effect of trauma on one's life and to taking necessary actions to improve it. Trauma patients experience stress reactions and realizing that recovering from the trauma is a continuous process and takes time will help the patient to feel more in control and control. Constant responding to trauma is normal. Recovery is gradual, daily, and little by little process. It is not cured in one attempt you have to

learn various skills for effective responding. Healing doesn't imply that you forget your traumatic event and doesn't feel pain and bad memories but it simply means you feel fewer symptoms and they bother you less. It also means feeling more confidence that you are able to cope and manage your traumatic memories and symptoms and approach life in a new way that you avoided earlier.

Healthy coping mechanisms

There are certain things you can do to alleviate your uncomfortable symptoms and make things better. These activities can also change you in ways that last longer and that you can use in the future. Here are a few helpful coping mechanisms:

Learn more about trauma, PTSD symptoms and signs and reactions

It is useful for patients to learn more and more about trauma reactions and PTSD symptoms. Find out what is normal and when you find out that PTSD symptoms are common, you feel that you are not alone, you are not crazy, or weak and your problem is faced by thousands of others. Knowing this will help you cope with your PTSD symptoms more effectively.

Talk to others for support

When patients share their problems and issues with others, it results in something helpful. It is necessary not to detach yourself from others instead make some effort to be with others. You should ask for support from those close to you who are caring and with whom you feel more understood and less detached.

Practice relaxation methods

Try some different ways to relax, including:

Breathing and Muscle relaxation exercises

Meditation

Swimming,

Stretching

Prayer

Listening to soft music

Spending more time with nature

At first, relaxation techniques can be helpful, but they can also increase distress in some people. This can occur because you focus your attention on disturbing physical feelings and you reduce your contact with people and the outside world. Practicing relaxation continuously in small amounts will help you in reducing negative reactions. You may also combine relaxation with music, walking, or any other activity.

Distract yourself with positive activities

Recreational or pleasant work activities help a person to distract from his or her traumatic memories. For example, art is one of the ways for many trauma patients to express their feelings in a positive and creative way. Enjoyable activities improve mood, decrease PTSD pain, and help in rebuilding your life. Using resources around you is a part of taking care of yourself.

Coping while dealing with the symptoms of PTSD: Assist them in coping with and reliving the specific PTSD symptoms.

For Unwanted Distressing Images, Thoughts or Memories

- Remind that they are just memories of trauma.
- Remind and understand that it is normal to have some traumatic memories.
- Talk about your trauma and share with someone you trust.
- Keep in mind that trauma reminders can be overwhelming at first, but they usually fade away over time.

For panic and anxiety symptoms

PTSD patients often experience feeling of heart pounding and lightheadedness. This is generally caused by rapid breathing. If this happens, remember that:

These reactions are not dangerous. If you experience them while exercising, they would not harm you, so feel relaxed and don't worry.

These feelings come with frightening thoughts that are untrue. Such as, you may think, "I" am losing control on myself "I'm going to die," "I have symptoms of a heart attack," these terrifying thoughts are what cause your traumatic reactions to be so distressing.

You can benefit from slow breathing or calm breathing.

The feelings will pass soon by practicing calm breathing, but it is necessary to respond to anxiety or panic symptoms in a positive way. Daily practice helps you to cope.

Skill of self-Talk

Say calming and encouraging statements to yourself:

"I am a kind person but presently going through a rough time."

"There is nothing dangerous; I am really safe right now."

"I can manage this."

"This time will pass soon."

"It might be horrible or irritating, but it is not dangerous at all."

"I've gone through worse than this: I will be OK after gone through this as well."

"I can use my skills."

"This is not the end of the world."

"I can manage this."

"I can do anything and get better"

Add your own self-calming statements here:

1) _____

2) _____

3) _____

4) _____

5) _____

Choose one calming statement that works best for the patient, tell him memorize it, and say it right after doing breathing.

Note for the Therapist: When introducing self-talk, explain them how they can use this tool in combination with calm or deep breathing. While explaining, make them understand that always do breathing first and then practice self-talk. Encourage patients to choose at least one statement in order to start their calming self-talk.

Practice Sheet of Real- Time Exposure

Homework

Note for the Therapist: Ask each patient to share one thing they learned from this session. Furthermore, at the end of the session ask them to choose an item from their hierarchy of triggers in order to expose themselves for homework.

Session 5

- ❖ **Check out results of homework (real-time exposure therapy)**

- ❖ **Share experiences what work and what not work.**

- ❖ **Revise common symptoms of PTSD (focus on flashback)**

- ❖ **Practice 2 skills: Breathing and self-calming phrase**

- ❖ **Introduce grounding skill**

- ❖ **Introduce positive imagery exercise**

- ❖ **Homework**

The grounding technique is very beneficial for people experiencing flashbacks. Sometimes you feel that you are losing touch with the present moment experiencing this symptom of PTSD is not only frightening

for you, but it can also be distressing for those around you, e.g. friends and family. Grounding is a tool that helps you to focus on the present and the external environment rather than the past or the internal one. In other words, grounding helps refocus the senses from the “then and there” to the “here and now.” Grounding is particularly useful for managing re-experiencing symptoms such as nightmares, flashbacks, and intrusive memories and is also helpful in distracting oneself from the intense emotional pain like anger. We can teach you some grounding techniques which you can try and choose which one works best for you. A grounding technique teaches you how to stop losing touch with the present moment by concentrating and focusing on the present or by focusing your attention on something else.

1. Describe your environment by using your senses. Put your attention on non-triggering things.

Look and touch the objects around you, and describe their texture and color in detail. For example, “I am sitting on a couch, and the stuff is really soft; it is velvet. The carpet is fawn in color, and there is a blue chair in the corner.”

Say some grounding statement such as. "My name is _____; I am at----- which is safe place. The time is _____; and today is _____"

3. Pay attention to your favorite song. Focus on words and the melody.

4. Focus your attention towards your breathing, how you inhale and exhale. Each time while exhaling, say a calming self-talk statement to yourself (e.g., “relax,” “calm” or “safe”).

5. Put your hands in cool water and describe how it feels.

6. Make note of and describe the feelings you experience when you touch things such as a table, a copy, keys, your clothes, and notice how they feel. Notice the texture, describe the color, temperature, materials, weight, etc. of these objects.

7. Put your feet flat on the ground and push your heels into the surface. Remind yourself that you are connected to the ground because you notice the sensation of pressure in you heels.

8. Stretch your muscles.

Name the different types of flowers and describe it in detail. Name some domestic animal

9. Give a detailed description of what you ate.

Repeat alphabet in backward direction.

Other Helpful groundings techniques:

10. _____

11. _____

12. _____

-Adapted from Najavits (2002)

Note for the Therapist: It is recommended that during a grounding exercise, the therapist ask questions to the patients about their immediate environment such as, tell me “how many chairs there are, what color is the chair, and what kind of material is the table made of.” When doing grounding exercise, tell the patient to keep your eyes open and focus on things which is around you right now. It is also good to speak out loud, while explaining what you are seeing. Patients should be asked to discuss their experience and any changes in their stress levels. As part of their homework, patients should practice grounding exercises every day.

IMAGERY EXERCISE FOR PTSD

Put down everything you have in your hand. Sit comfortably in your chair and Place your feet flat on the floor and also place your hands in your lap. Start doing this exercise with your eyes open or closed, as you feel comfortable. Now, take three slow, calm, and deep breaths. Concentrate on your breathing. Notice and feel, your breathing changes as you pay more attention to it because you become more aware of it. It may slow down and may become more rhythmic, you may feel your heartbeat more clearly. You may also feel calm and relaxed body. Imagine taking all your tension with each inhale and letting all your tension go with each exhale. Breathe in a calm and relaxed way. Notice that you are becoming more and more relaxed with each breath. Now, begin to imagine a place that is safe and secure. It may be a real place or an imaginary place such as a beach, mountain, lake, garden, or room in your imagination. Imagine it in your mind's eye. Look and notice that you are starting to relax more and more. Now, you are in this safe place. Observe the objects in your safe place, notice their color, and imagine their shape. Look around and start to pay attention to the sounds in your safe place. It may be a sound of birds chirping,

sounds of nature it may be the sound of a wave, breeze, or the sound of the wind. Look at your safe place carefully and listen to the other sound, you feel more safe and comfortable. Notice your calm and relaxed breathing. Now, notice the smells in your safe place. There may be smells of food or flowers. Breathe deeply and enjoy the smells and look around your safe place. Listen to the sounds. Smell and experience the warmth, safety and comfort. Then, notice how your body recognizes this safe place and feels even more comfortable, relaxed, and safe. Now, in imagination walk around your safe place and look at the objects that are there, Pick them up, notice their shapes, and touch them. Notice if they are rough or smooth, warm or cold, soft or hard. Keep walking around; touch what you see, every object, everything that is there is safe. Feel the fresh air as you breathe in it. Feel more comfort, spend more time in your safe place, relax and enjoy it, feel more safe, warm, and comfortable and now, when you are relaxed, slightly turn from your safe place, remember that you can return to your safe place at any time, and it will be available for you. Now focus on the room again.

Note for the Therapist: Before starting this exercise, it is essential to discuss the difference between grounding and relaxation techniques. Grounding helps us to focus on the external things in order to remain in the present moment and remove distractions. On the other hand, relaxation helps us to focus internally in order to find a relaxing and comfortable, place that is soothing. Before starting this exercise, it becomes also important to remind patients to think of a **safe** and **soothing** place. Remind them while imagining this place, if any distressing or traumatic thought come into their mind, let those go and focus your attention on the therapist's words. At the end of the exercise, ask patients to notice any change in their stress level and share their experience. Encourage patients to practice this exercise twice in a day early in the morning and before sleep.

Homework

Exposure

Session 6

- ❖ **Check-out results of real-time exposure.**

- ❖ **Explain and Introduce Emotional Numbing exercise**

- ❖ **Give awareness about PTSD and substance abuse.**

- ❖ **Practice skills: Breathing,**

- ❖ **Practice sleep Restriction Therapy**

- ❖ **Practice breathing relaxation self-talk**

- ❖ **Introduce worksheet for anger**

- ❖ **Introduce concept of anger**

- ❖ **Anger management**

- ❖ **Review gains which you made during previous weeks**

- ❖ **Check-out and homework**

Therapist tip: At the beginning of each session ask patient about their home work. During the next two sessions, we will talk about emotional numbing and anger and how they are related to men's health.

Worksheet for Emotional Numbness

1) What type of emotions you don't feel.

2) Is it easier not to feel anything? How did you learn not to feel?

3) Do you have fear of what would happen if you feel sadness?

4) What would happen if you feel joy?

5) What do you fear would happen if you felt fear?

6) What you fear of what would happen if you feel anger?

7) What type of emotions you like to feel again?

8) How does emotional numbing affect your relationships?

Note for the Therapist: During this session, one of the important concepts to introduce is numbness and how we handle emotions. Patients with PTSD often avoid emotions because they find them overwhelming. In some cases, patients may believe that if they allow themselves to be sad, they will remain in an overwhelmed state and become depressed forever. Make them understand emotions don't work like that. They come and go.

Exercise for Emotional Expression

- Take little steps in order to show your care to your loved ones and let them know you care for them. Express your care by writing a card, leaving a small gift, or call someone and say hello. Take part in activities that you enjoyed before, even if you don't enjoy it, don't discontinue it once you start doing it, you may begin to enjoy it.

- **Worksheet for enjoying activities**

Tell me the situations that you experienced last week that made you feel, glad sad, and frightened.

1) I experience feelings of madness

when _____

2) I experience feelings of sadness

when _____

3) I experience happy feelings when _____

4) I experience feelings of apprehension

when _____

Note for the Therapist: The aim of this exercise is to help patients to practice how to identify their emotions. At first, it may be difficult for patient to identify and express their emotions, so it becomes important for the therapist to encourage patients to identify their emotions by describing their experiences. While describing their experiences they, can name an emotion which they experience. For example, “My daughter did not take the garbage out this morning which made me sad” or I saw my old friend which made me glade etc. Encourage patients to practice this exercise daily. By identifying their emotions, patients learn to identify their actual emotions, which can lead to communication of their feelings with others, potentially establishing bonds of empathy.

Self-Statement

Complete the sentence

Tell me what type of person you want to become.

I want to become who is _____ and _____

(Example: I want to become a person who is kind_____ and __ independent____.)

This is the third main coping skills taught in this treatment program. While breathing helps to bring down arousal and self-talk activates the mind, this self-statement tool is helpful in reminding patients of who they want to become. Encourage patients to tell me the two words about yourself that would you like to become. Make them understand that everybody faces problems but focus on our best-self. Make sure patients choose traits over which they have some control, for instance kindness or independence rather than qualities over which they have little control. The therapist should assign them home work like visiting their close friend or relative so they can notice those people whom they love.

PTSD, substance abuse

PTSD and substance abuse are crucial issues that the therapist must address. Patients with PTSD may use alcohol or drugs to numb themselves in order to cope with their painful emotions. Whenever you drink or abuse drugs remind yourself how beneficial it is to cope with PTSD symptoms. Is drinking effective for changing mood? You are more likely to suffer sleep disturbance, depression, Anger, arousal, numbing, irritability, social relationships, and suicidal ideation when drinking or drugging, in addition to nightmares and flashbacks. Taking drugs with drinking is a deadly combination, as well as preventing medication from working. Drinking or drugs may make you feel better for a short period but in the long run they make things worse. Drinking and drug use is a choice that leads to substance abuse.

Note for the Therapist: At the beginning of each session, it is helpful to check homework this session continues on the numbing cluster. After checking homework, review what was covered in previous sessions.

Sleep Restriction Therapy (SRT): It is a behavioral treatment for those patients who have insomnia problem. With the help of this therapy depth of sleep can be increased by decreasing variability in the timing of sleep. The main focus of this therapy is to decrease the time spent in bed so that sleep can be consolidated. Following are the instructions for the Sleep Restriction Therapy.

1. Calculate Average Total Sleep time (ATST): Average total sleep time can be calculated by making a sleep log for two weeks. Calculate the total number of hours you slept each night which is your Average total sleep time. Add more 30 minutes to your ATST. In other words, we can say that you are only allowed to stay in bed for only those hours.

Time stay in bed=Average total sleep time+30 minutes.

2. Set a particular time for waking up: Wake up every morning, no matter how many hours you slept last night.
3. Set your bedtime: Set your bedtime on your wake time; for example, if you're ATST is 6 hours this means you are allowed to stay in bed for 6 hours only and your wake time is 6 am. So your bed time is 12 mid night you are not allowed to stay in bed before 12 midnight no matter how much sleepy you are feeling.
4. Strictly follow your sleep schedule for at least two weeks.

Note for the therapist: Ask your patients if they feel good during the day then strictly follow the sleep schedule, if they feel sleepy they can add 15 minutes per week to their bedtime until they feel better at night and during the day.

5. Use bright light in the morning and dim light in the evening as light is one of the strong controllers of the sleep wake cycle.
6. Avoid napping during the day as it decreases your sleep drive at night.

Note for the therapist: It is mandatory that start by spending at least 5 hours in bed, so the patient's job performance will not suffer and he will be able to function effectively during the day.

Anger analysis and how you deal with Anger

1. Who makes you angry most often? _____

2. In the end, what do you really want from conflict?

3. How do you feel about yourself after the conflict?

4. Are you concerned with how others will perceive you after a conflict?

5. What is your greatest fear when angry? _____ -

6. How do you avoid anger and conflict? _____

8. Do you avoid anger or conflict? If yes what are the consequences of avoiding your anger or conflict?

9. How you manifest your angry? _____

10. How did your anger affect the person? _____

11. What are your body signs of anger?

Note for the Therapist: Anger can be a crucial issue for many patients with PTSD. Patients usually manage anger in one of two ways, either by exploding or avoiding. Patients avoid people and situations that produce anger in them or we can say it is an effort to stop them from exploding and expression or repression of anger can affect their health and relationships. In this session, we will cover a variety of anger management skills. As part of this session, we will also discuss various methods of interacting with others. Describe anger from their point of view, then discuss it in depth with them.

Skills for Anger Management

Many persons with PTSD struggle most with anger. Use coping mechanisms, get control over your anger, and stop letting it rule your life.

Anger Tool Box

- 1) Breathing and relaxation as it reduce body tension and relives stress
- 2) Grounding add more techniques
- 3) Remind your best-self statement: I want to become a person who is kind_____ and caring_____.

Discuss Different Ways of Interacting with others

Aggressive or Explosive way

No care for others, thrusting your will on them,

Respecting one-self but disrespecting others.

Alarms system in this situation: ***Fight.***

Passive or Avoidant way

Giving up, isolating your-self, avoiding your-self, and not caring for your-self.

Respecting others but disrespecting one-self.

Alarm system in this situation: ***Flight.***

Assertive

Standing up for his own rights and for himself, without abusing others, being stable and good-mannered
Respecting your-self as well as respecting others.

Alarm system in this situation: *Turned off.*

Note for the Therapist: At this point, it is necessary to mention that avoiding anger is better than exploding because it may lead to conflicts with the law and it is also good for preserving physical safety. It is also important for the therapist to make them understand and discuss with them that the most effective way of interacting with others is to be assertive. Make them understand what does assertive means, as avoiding is not good for health and discuss their cooling down behaviors and coping strategies.

Anger Analysis Sheet

Examples of ways to react in an anger provoking situation:

Example of Assertive way:

Ask for clarification; ask clear questions instead of blaming others

Use of “I” statements (e.g., “I am angry” rather than “You make me angry”)

Used polite language (e.g., no swearing or insults)

A constructive approach and tone were used in approaching the problem.

Despite the other’s reaction, you managed your anger.

____Add your own: _____

Aggressive way:

Using threats verbally

Became physically destructive

Use of bad language (e.g., cursing or insults)

Use sarcasm or shout

Frowned at or made another person feel inferior

Add your own: _____

Passive:

Not able to express feelings or thoughts

“Slow burn”

Feeling paralyzed by anger or fear

Affected withdrawal or walk away in order to avoid addressing a problem

Abided on feelings of anger and defeat without attempting any constructive problem solving approach

When challenged, became apologetic, timid or unsure

Use of negative distraction (risky behaviors, substance abuse)

Add your own: _____

Cooling down behaviors:

Exercising or engaging in physical activity to release anger

Consulting a professional or friend who is sympathetic

Creating a soothing environment (e.g., listening to music, taking a shower)

Scheduled a break from the problem in order to resolve it later

Wrote down your feelings

Practicing deep breathing or relaxation exercise

Add your own: _____

Therapist tip: This page can be used to illustrate the concepts of aggressive, passive, and assertive behaviors when interacting with others. It is also important to point out the suggestions for cooling down behaviors at the bottom of the page.

Revision

Revise what you learned during previous sessions of the treatment program. Tell me the various benefits you gain from these sessions.

What is your understanding regarding PTSD now?

What coping skills did you learn from these sessions?

Which coping skill is most effective and why

What new behaviors you learned during these sessions

In the remaining weeks, focus on what you want to accomplish.

Note for the Therapist: The review gives patients the opportunity to evaluate their progress so far, as well as focus on problematic areas that they would like to continue working on in remaining sessions.

Exposure practice sheet

Home-work

Session 7

- ❖ **Check-out real time exposure**

- ❖ **Practicing Breathing and relaxation**

- ❖ **Introduce acceptance and commitment therapy**

- ❖ **Homework.**

- ❖ **Same beginning tip for therapist**

- ❖ **Introducing ACT(Adapted from ACT for clergy and pastoral counselors by K Faith Yavuz)**

The ACT puts emphasis on value- based living which is related to individual's cultural and religious values. One of the main goals of this session is to introduce patients to ACT, introduce the concepts of pain, presence, and absence of pain in light of Quran. It also helps patients to identify the various ways they have used to suppress pain and what they have paid for it. It focuses on

- ❖ Saber
- ❖ Dhikr
- ❖ Waswasa
- ❖ Tawba
- ❖ Values
- ❖ Being in the present movement
- ❖ Prayers
- ❖ Self/Nafs
- ❖ Committed actions
- ❖ Worksheet of Pain of PTSD
- ❖ **Homework:**

Session 8

- ❖ **Practicing skills breathing and relaxation**
- ❖ **Introduce ABC model and NATS**
- ❖ **Explain common errors in thinking**
- ❖ **Introduction of recovery thinking**
- ❖ **NATS**

Note for the Therapist: During this session, patients will learn how thoughts, feelings, and behaviors are related to one other. Previous sessions focused on changing behaviors and learning of skills in order to recover from PTSD by approaching life in a more positive way. In this session, we will identify and challenge negative automatic and unhelpful thoughts and replacing them with more helpful and realistic ones.

Common errors in thinking

- All-or-nothing thinking
- Emotional reasoning
- Catastrophizing
- Discounting the positive
- Labelling
- Mental filter or tunnel vision
- Magnification or minimization
- Overgeneralization
- Mind reading
- “Should” and “must” statement
- personalization

All-or-nothing thinking or black and white thinking: Thinking in absolute terms, like “always” or “never.” For example, if you perform well but it falls short of perfection, you perceive yourself as a total failure. It becomes important for therapists to make patients understand that nothing is 100%. Nothing is all good or bad.

For example

“No one is trust worth”

“No one loves me”

“All places are dangerous ”

Emotional reasoning: Means taking decisions on the basis of feelings rather than facts and reality. People who base their decisions on emotional reasoning become blinded to difference between feelings and facts. Even though going to a crowded place may feel dangerous, but that does not mean it is.

Examples:

“I will lose control if I am angry.”

“It is impossible to wait in line at the grocery store.”

Thinking error analysis sheet

Note for the Therapist: In order to control thinking errors, it might be useful to explain to the patient that, most of the people make thinking errors frequently. Discuss with them how thinking errors are harmful and how they negatively affect their feelings and behaviors. Identify thinking errors that patients make and how these errors affect them.

Balanced thinking

Patients should be given necessary instructions regarding balanced thinking including

Always ask your-self if there is any evidence that this thought is true

Is there any evidence that this thought is not true?

If my thought is true what is the worst thing that could happen to me

If my automatic thought is true what is the best thing that could happen to me.

When evidence is gathered, combine it with more realistic and balanced thinking.

Example

(Negative thought) "I can't do anything."

(Realistic thought) "As everyone, I make mistakes sometimes."

1. What type of negative thought do you have most often?

I don't care

People are senseless

I can't trust anybody

Everyone is just out for themselves

I can't trust friends

Every crowded situation is dangerous

No one loves me

Other _____

Other _____

2. How has your stinking thinking affected your life and your relationships?

3. Tell me your negative self-views

“I am useless”

“Nobody loves me”

“I am not normal”

“I am guilty

“I am failure

*Example: (Negative thought) “I can’t do anything right.”

Note for the Therapist: The purpose of this exercise is to help patients identify negative automatic thoughts, challenge these thoughts, and rethink about them in order to make them more realistic and balanced. Patients not only have negative thoughts about others or the outside world, but they also have negative thoughts about themselves. Discuss with them what could happen if they challenge the negative thoughts which they have about themselves and replaced them with more realistic ones.

Real time practice sheet

Home work

Session 9

- ❖ **Check-out results of real time exposure**
- ❖ **Practices sleep restriction therapy (SRT)**
- ❖ **Breathing and relaxation.**
- ❖ **Introduce concept of**
- ❖ **Relapse**
- ❖ **Recovery**
- ❖ **Resiliency**

Homework.

Note for the Therapist: At the beginning of each session it is helpful to check home work assignment which is purely practice based

Relapse: Means slipping back into the old way of handling problems or it is returning to your old way of solving problems. For example, if you smoke two packs of cigarettes a day for so many years and then quit for five months, if you return to smoking two packs once again, you would relapse.

Note for therapist: Make sure the patient understands that relapses are a normal part of getting better. Relapses give you the chance to practice your new skills.

Recovery: Recovery occurs when you recognize that you are using your old patterns or are slipping back into your old habits and then decide to use your new skills instead of the old ones.

Resiliency: It is a quality that enables you to not quit when you are challenged and to learn you can overcome whatever obstacle has been put in the way of your success. In addition to thinking new thoughts, learning involves changing your behavior. When you use your new skills and resist your old habits and patterns, you learn something new. The ability to use new skills when you have reverted to your old patterns and habits is resilience.

Relapse, Recovery, and Resiliency are three important things for getting better.

Remember: The important thing is how many times you fall down, but how many times you get back up.

Signs for Relapse

There is less chance of relapsing in case of PTSD. Always look and notice relapse signs in your behavior.

Relapse signs:

Signs in Sleep patterns

Signs in anger expression

Signs in case of nightmares

Signs in case of avoidance

Signs in case of safety measures

Signs in case of numbing difficulties

Signs in case of drug use

Signs in case of depression

Signs in case of maintain relationships

Make a Relapse Plan for yourself: Remember if you slip back or relapse you will:

Use your tool kit

Breathing and relaxation,

Self-talk.

Remind all PTSD management skills

Talk to your old friend or any loved one

Talk to your counselor

Note for the Therapist: The PTSD skill management you have learnt is an effective way to manage with your PTSD. As you practice them more and more they become part of your daily routine. These PTSD management skills are designed to teach you more effective ways to cope with your anxiety.

Exposure practice sheet

End note for therapist

Session 10

- ❖ **Check-out results of real time exposure**

- ❖ **Practicing skills: breathing and relaxation**

- ❖ **Recovery process**

- ❖ **Post intervention (CAPS, HADS and Quality of Life)**

- ❖ **Discuss treatment process.**

- ❖ **Termination and say good bye**

Note for the Therapist: Ask patients to share their experiences and to review past material as well as to report how much progress has been made since the last session. Make them understand that this treatment program is ending but do not forget what you have learned every day. Use a questionnaire (CAPS, HADS and quality of life) and take the post test scores at the end of the treatment program. Thank them for their efforts and say good bye.

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