

What happens to us when we experience distressing events?

After exposure to serious threat or injury most people will emotionally recover with time. Usually there is a period where we all feel an increase in stress or anxiety, or feelings of sadness or anger. After a few weeks or months these symptoms usually reduce and life starts to return to 'normal'. However following some events for some people, this process takes longer. Some people have a harder time coping with distressing events than others, and some events are harder to recover from than others. This will be discussed in more detail in this handout.

Human reactions to distressing events are many and varied. For example, some people argue more with their friends and family, or find themselves not wanting to communicate or socialise with them. Other people develop a lot of fears – for example, fears about returning to the place where the distressing event happened; fears about being in crowded places; fears about having an anxiety attack. Some people lose confidence in themselves and start to doubt their abilities, or they may lose confidence in others, or in the world as a whole, and feel that they are no longer safe in the world. Lots of people have trouble forgetting about what happened, and find themselves thinking about it all the time.

So the answer to the question – “What happens when we experience distressing events?” is that everyone’s response will be different.

WHY DO SOME PEOPLE HAVE MORE TROUBLE COMING TO TERMS WITH BAD STUFF THAN OTHERS?

Some people survive dreadful events and are able to pick themselves up and keep going quite well. Other people will go through the same event and find that their life comes almost to a complete stop. They find themselves unable to stop thinking about what happened, their emotions turn upside down and they feel physically tense and uptight all the time. Why? Why do distressing events traumatise some people and not others? There are a variety of answers to this question. How we respond to serious, life threatening events depends upon several different factors. Please note that none of the following may apply to you, or you may find that several of these factors relate to you.

The event itself

Some events are more difficult to get over than others. Certain events leave more people traumatised. Studies have shown that the following factors all play a role in how difficult it is to emotionally recover following a critical event:

- The magnitude or severity of the stressor (more severe often means more problems)
 - Intensity (i.e., dangerousness of event, or threat to life)
 - Duration of exposure (i.e., how long you were exposed to the threat)
 - Extent of physical injury (whether you were injured or not)
- Preparation for the event (having some time to prepare for the event often means people recover faster)
 - Degree of control available (i.e., how much you felt you could influence the outcome of the event). If you felt you had little or no control, it may feel harder to come to terms with what happened

- Time for preparation before the event happened can sometimes make it easier to cope later
- Training for the event can sometimes help

Pre-trauma vulnerability

Some studies have shown that many traumatised people have already faced some hardship in their lives when they experience another traumatic event, and that this might make it harder for them to recover. The following factors have been found to be relevant for some people:

- **Past life events:** If we have survived more than one traumatising event in our lives, even if it was when we were really young, we may be more vulnerable to experiencing difficulty coping after another traumatic incident. Early traumatising (eg, child abuse, severe illness as a child) may make some of us more vulnerable.

Repeated exposure to distressing events as an adult can also have a cumulative effect, and while we might cope with the first few experiences well, there's a greater risk of problems developing with subsequent events.

- **Parenting/ rearing environment:** Some studies have shown that negative parenting behaviour or early separation from parents may make us more vulnerable to developing emotional difficulties after distressing events.
- **Personality and genetics:** There is some evidence that some of us are biologically more vulnerable to developing certain illnesses, including anxiety disorders and depression. If we have someone else in our family who has suffered from similar problems, it might increase the risk for some people.

Our responses during the traumatic event

None of us really know how we will react when we are confronted by a traumatic experience. Some reactions have been associated with more difficulty coping when the event is over. These reactions include:

- Highly distressing emotional or cognitive experiences (eg, a panic attack or extreme confusion at the time of the event)
- Strong dissociation at the time of the event. Dissociation is when we mentally and emotionally disconnect from an event. The event might feel as though it is not real or as though it is happening to someone else. Time often becomes distorted during the event, and there may be large parts of the experience that are forgotten.
- Coping strategies during the event (i.e., how you tried to cope at the time: if we felt particularly helpless, and really couldn't be active in helping ourselves, we may find it harder to cope later)

Factors occurring after the traumatic event

What happens when the event is over can also determine how quickly we recover and whether we could benefit from some help to do so.

The trauma TRAP

Being traumatised can feel like you're caught in a trap of fear, anger and confusion. The symptoms of posttraumatic stress disorder (PTSD) include:

T

Trauma

You've survived a horrifying event. This event has led to the following symptoms. Note, in all probability not all of these symptoms will be applicable to you. To be diagnosed with PTSD, only one symptom from the R column, three from the A column and two from the P column need to be present. Tick the symptoms that are relevant for you.

R

Re-experiencing

- Recurrent, intrusive distressing images, thoughts or perceptions
- Recurrent distressing dreams of the event
- Acting or feeling as if the event were recurring (a feeling that it's really happening again)
- Intense distress when reminded of the event

A

Avoidance

- Efforts to avoid thoughts, feelings or conversations associated with the trauma
- Efforts to avoid activities, places or people that remind you of the trauma
- Inability to recall an important aspect of the trauma
- Reduced interest or participation in important activities
- Feeling of being detached or disconnected from others
- Feeling really numb (e.g., like you can't feel love or happiness)
- Feeling that your future will be cut short

P

Physical tension

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Feeling you always have to be on guard
- Getting startled really easily (e.g., when someone comes up behind you suddenly, or there's a really loud noise you feel really shocked and then find it hard to calm down)

To meet criteria for PTSD, the above symptoms will be causing significant disruption in your life: negatively affecting your school or work, family or friendships. The symptoms will also have been present for at least four weeks.

The trauma TRAP

Being traumatised can feel like you're caught in a trap of fear, anger and confusion. Note, in all probability not all of the following symptoms will be applicable to you. To be diagnosed with acute stress disorder (ASD), only three symptoms from the T column, and one each from the R, A column and P columns need to be present. Tick the symptoms that are relevant for you. The symptoms of ASD include:

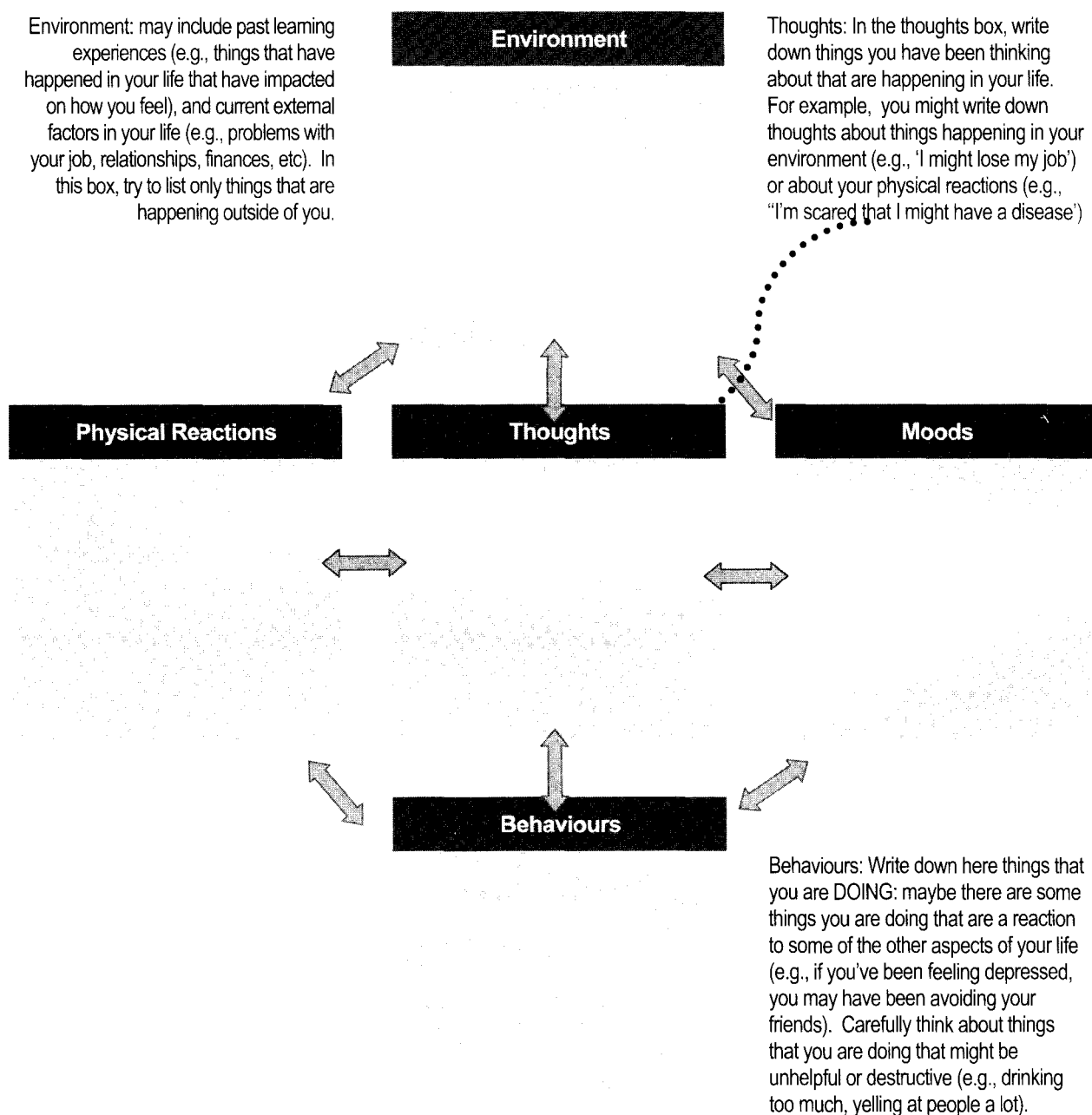
	These feelings might have happened during the traumatic event or after it
T Trance	<input type="checkbox"/> A sense of being numb, detached, or unable to respond to things with emotion <input type="checkbox"/> A reduction in awareness of your surroundings (e.g., "being in a daze") <input type="checkbox"/> Derealisation (feeling that things aren't real: "It's like this is a movie") <input type="checkbox"/> Depersonalisation (feeling like you're not in your body, or feeling disconnected from yourself: "It's like I'm a puppet or a robot") <input type="checkbox"/> Dissociative amnesia (i.e., inability to recall an important aspect of the trauma)
R Re-experiencing	<input type="checkbox"/> Recurrent, intrusive distressing images, thoughts or perceptions <input type="checkbox"/> Recurrent distressing dreams of the event <input type="checkbox"/> Acting or feeling as if the event were recurring (a feeling that it's really happening again) <input type="checkbox"/> Intense distress when reminded of the event
A Avoidance	<input type="checkbox"/> Efforts to avoid thoughts, feelings or conversations associated with the trauma <input type="checkbox"/> Efforts to avoid activities, places or people that remind you of the trauma
P Physical tension	<input type="checkbox"/> Difficulty falling or staying asleep <input type="checkbox"/> Irritability or outbursts of anger <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Feeling you always have to be on guard <input type="checkbox"/> Getting startled really easily (e.g., when someone comes up behind you suddenly, or there's a really loud noise) <input type="checkbox"/> Restlessness

To meet criteria for ASD, the above symptoms will be causing significant disruption in your life: negatively affecting your school or work, family or friendships.

The CBT map

We can use this map to help us make sense of what is happening in your life right now. This map shows that our thoughts (our beliefs, images and memories); our moods (feelings and emotions); our behaviours; physical reactions; and our environment (past and present) are all interconnected. They all influence one another. If we are having problems in one area of our lives, this often influences all of the other areas on this map. On the up side, however, if we can make a positive impact in one of the areas, this makes a positive impact in all of the other areas.

Let's fill one of these maps in so that it encompasses what's happening in your life at the moment.



The S.U.D Scale

The SUD Scale (Subjective Units of Distress Scale, or SUDS) is a measure of self-reported distress levels. It can be used by you to rate how you felt during a situation.

You can use the SUD scale to rate 'distress' generally, or more specifically to rate depression, anxiety, anger, pain, physical tension or even happiness.

The first letter of SUDS stands for SUBJECTIVE, which means how YOU feel about it. There are no right or wrongs here – it's how you feel. Keep in mind though that 10 is the absolute highest number on this scale – you can't be an 11 or a 50, no matter how stressed you are. 10 out of 10 means the worst you have ever been – the worst you have ever felt.

10	This is the highest level of distress possible
9	
8	
7	
6	
5	
4	
3	
2	
1	
0	This is the lowest rating of distress, that is, no distress

Daily Mood Monitoring Form

This is a form for recording your mood each day. There are three basic questions asked of you. When did you feel your best that day?, When did you feel your worst?, and, How would you rate that day? You are also asked to indicate the time of day and what you were doing and thinking when you felt at your worst and at your best during the day. It is recommended that you complete this form at the end of the day shortly before going to bed. When making the rating of the average mood for the day, try to recall how you felt most of the time today.

Each rating of mood is made on a scale, using numbers to indicate how you felt. The numbers from 1-10 are listed below, and the approximate feeling is written beside each number.

1. The best I could ever imagine feeling.
2. Very happy.
3. Fairly happy.
4. Feeling cheerful.
5. Feeling pretty good. OK.
6. Feeling a little bit low. Just so-so.
7. Sort of sad and somewhat unhappy.
8. Depressed and feeling low. Definitely blue and unhappy.
9. Very depressed. Feeling terrible, miserable; just awful.
10. Completely down. Wish it were all over. The worst I can imagine feeling.

	Day	Date
A. When you felt the best:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
What were you doing?	_____	
What were you thinking?	_____	
B. When you felt worst:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
What were you doing?	_____	
What were you thinking?	_____	
C. On average, most of the time:	Please rate (from 1 to 10) how you felt: _____	

	Day	Date
A. When you felt the best:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
What were you doing?	_____	
What were you thinking?	_____	
B. When you felt worst:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
What were you doing?	_____	
What were you thinking?	_____	
C. On average, most of the time:	Please rate (from 1 to 10) how you felt: _____	

	Day	Date
A. When you felt the best:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
B. When you felt worst:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
C. On average, most of the time:	Please rate (from 1 to 10) how you felt: _____	

	Day	Date
A. When you felt the best:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
B. When you felt worst:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
C. On average, most of the time:	Please rate (from 1 to 10) how you felt: _____	

	Day	Date
A. When you felt the best:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
B. When you felt worst:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
C. On average, most of the time:	Please rate (from 1 to 10) how you felt: _____	

	Day	Date
A. When you felt the best:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
B. When you felt worst:	Time of day: _____	Please rate (from 1 to 10) how you felt: _____
	What were you doing? _____	
	What were you thinking? _____	
C. On average, most of the time:	Please rate (from 1 to 10) how you felt: _____	

The breath waltz

The Breath Waltz is used to slow your breathing rate down.

WHAT HAPPENS WHEN WE OVEBREATHE?

Breathing too quickly can cause lots of weird and sometimes scary physical sensations. There needs to be a specific balance between oxygen and carbon dioxide for the energy reactions in the body to be regulated correctly. This balance is maintained through the correct rate and depth of breathing. If you breathe too fast, or take in too much air too often, the balance is thrown out. Breathing too much will decrease the levels of carbon dioxide and increase the alkalinity of the blood. This is not dangerous, but it will send a signal to your brain, and will lead to a constriction, or a narrowing, of certain blood vessels around the body. In addition, the haemoglobin in the blood does not release the oxygen it picks up as effectively. So even though we're taking in more oxygen by breathing too much, it doesn't get used as effectively by the body. Because of this slight reduction of oxygen to the brain and other parts of the body when we overbreathe, a variety of symptoms may occur. These might include:

- ◉ **feelings of confusion**
- ◉ **breathlessness**
- ◉ **disorientation/ inability to concentrate**
- ◉ **blurred vision**
- ◉ **dizziness/ feeling 'light headed'**
- ◉ **feelings of unreality**
- ◉ **an increase in heart rate**
- ◉ **chest tightness or chest pain (due to breathing more from the chest than the diaphragm)**
- ◉ **stiffness in the muscles**
- ◉ **numbness and tingling in the extremities**
- ◉ **feeling hot, flushed and sweaty**
- ◉ **feelings of tiredness or exhaustion**

If overbreathing continues, the body's automatic regulatory response will actually force us to slow our breathing down in order to make our carbon dioxide levels go back to normal. What this means is that we feel like we suddenly can't get enough air. This is not dangerous, but it can feel awful, and is very frightening for some people. The feelings this can cause in your body can include:

- ◉ **A crushing sensation or sharp pains in the chest**
- ◉ **A choking, or 'closed' feeling in the throat, some people experience this as a 'lump' in the throat, or have difficulty swallowing**
- ◉ **Feelings of vertigo – dizziness and nausea**
- ◉ **"Blackouts" or momentary lapses in consciousness, during which the body automatically corrects the breathing rate**
- ◉ **Fear or terror (eg. that one will suffer a heart attack, will go crazy, or will die)**

If the above feelings happen to you, you should re-breathe your 'old' air. You can do this by cupping your hands together and breathing your expelled air, you can breathe in and out of a paper bag, you can put your head under your jumper, or even under the sheets if you are in bed, and re-breathe the air you have breathed out. This will correct the oxygen/ carbon dioxide balance in your blood. When the symptoms have gone, use The Breath Waltz.

HOW DO I DO IT?

You can correct your own breathing rate to avoid the above symptoms. The Breath Waltz involves taking about 1 breath every 6 seconds. Breathe in and out slowly in a six-second cycle. Breathe in for three seconds and out for three seconds (you should use the second hand of a watch to determine timing). This will produce a breathing rate of 10 breaths per minute. Say the word "relax" to yourself every time you breathe out. Try to breathe in a smooth and light manner. Continue breathing in this way until all the symptoms of overbreathing have gone.

'Buddha Belly' Exercise

This exercise helps to correct breathing patterns. Many people who are prone to overbreathing tend to take very shallow breaths from their chest region – almost as though they are panting. The chest region is not made for sustained and relaxed breathing however, and can cause muscle tension and tightness in this area. Relaxed breathing should come from the diaphragm.

The Buddha Belly exercise physically demonstrates how to breathe from the diaphragm.

HOW DO I DO IT?

1. Either lie down flat on your back or sit up very straight in a chair
2. Place your hands flat upon your diaphragm area, just below your chest (where your belt buckle would go)
3. Move your hands so that your finger tips are just touching each other
4. Make sure your hands are resting lightly on your diaphragm and your finger tips are only just touching
5. Now start to take deep, slow breaths from your diaphragm. You will know if you are breathing from your diaphragm because if you are, your finger tips will move slightly apart from one another as you breathe in
6. Practise this until you are breathing slowly and deeply from your diaphragm with your finger tips moving gently away from one another then back to touching each time you breathe in and out
7. Remember that this is the area you should be breathing from normally during the day

ARE THERE ANY OTHER WAYS TO DO THIS?

Another way to make your diaphragm rise and fall as you breathe is to lie on your back and place a book or a magazine on your diaphragm area. Concentrate on 'pushing' you breathing down into your belly, so that as you breathe in, the magazine or book rises. Remember what this sensation is like, and try to practise breathing from this area when you are standing up.

Another way to try this is to stand sideways in front of a mirror and watch your belly expand as you breathe in. Children can imagine that they are making 'tummy balloons'. When you breathe in, your stomach should expand, and when you breathe out it should deflate again.

WHAT DO YOU THINK?

Try each of the above exercises. Which one did you find easiest? Did any of these exercises make you feel more relaxed?

Visualisation exercise

This breathing exercise is useful for people who are good with visual imagery. It is used by some people to help them to meditate as it helps block other thoughts as you focus only on your breathing.

AM I A GOOD VISUALISER?

We all process information differently. Some people are naturally better at creating images in their mind than others. Let's try a little imagery test... Imagine that you are walking up to a set of traffic lights. Can you 'see' them? Look to your left – there's a man with a dog standing there. Look down at his dog. What colour is the dog? If you immediately can 'see' a dog, and know what colour he is, you're good at using your visual imagination. If you couldn't, or found it difficult, you probably process information from a different modality. If you're not so good at visual imagery, don't worry, apparently Albert Einstein wasn't very good at creating visual images either! This just means you might like using a different breathing technique more than this one.

HOW DO I DO IT?

1. Sit or lie down somewhere and close your eyes
2. Imagine that you have a movie projection screen in front of your forehead and that on this screen is a big Number 1
3. Now imagine that as you breathe in slowly through your nose, the Number 1 is drawn closer and closer to your forehead until finally it is stuck to the middle of your forehead
4. Then release that breath – slowly, slowly – and imagine that as you breathe out, the Number 1 slides from your forehead, down through your face and is blown out of your mouth
5. Now see the Number 2 on your screen in front of you. Repeat the procedure, remembering to breathe deeply and slowly, in through your nose and out through your mouth
6. Repeat this procedure until you reach Number 20

ARE THERE ANY OTHER WAYS TO DO THIS?

Sure, and those of you who are really good at visualising can make this as detailed an exercise as you like. Try changing the numbers into different colours as they move towards you, or make them flash on and off, or see them written as words, (ONE, TWO, instead of 1, 2). Or, instead of numbers on a movie screen, imagine that the images moving towards you as you breathe are objects. Try waves, or candle flames moving in as you breathe in, and blowing out as you breathe out.

This exercise can be very useful when you are worrying about something. It helps to slow your breathing, but because you are focusing on modifying the imagery, it can also block out racing thoughts.

The healing light

This breathing exercise is useful for people who are good with visual imagery.

AM I A GOOD VISUALISER?

We all process information differently. Some people are naturally better at creating images in their mind than others. Let's try a little imagery test... Imagine that you are walking up to a set of traffic lights. Can you 'see' them? Look to your left – there's a man with a dog standing there. Look down at his dog. What colour is the dog? If you immediately can 'see' a dog, and know what colour he is, you're good at using your visual imagination. If you couldn't, or found it difficult, you probably process information from a different modality. If you're not so good at visual imagery, don't worry, apparently Albert Einstein wasn't very good at creating visual images either! This just means you might like using a different breathing technique more than this one.

HOW DO I DO IT?

1. Sit or lie down somewhere and close your eyes.
2. Choose a colour that you find most soothing and relaxing.
3. Focus upon your breathing and begin to breathe slowly.
4. Now imagine that there is a light above your head, and the light is a soothing and relaxing colour. Every time you breathe in, some of this light washes over you.
5. Imagine that everywhere the light touches it soothes and relaxes you. Every time you breathe in, more and more light washes over you. It washes over your forehead and eyes, everywhere it touches it soothes and relaxes...It washes over your jaw and neck, soothing and relaxing wherever it touches... (Continue on right through body).
6. Remember that the light comes from an endless source, and the more light that you breathe in, the more light that is available...breathe in more and more light... more and more... more and more...

WHAT DO YOU THINK?

What colour did you choose?

Could you 'see' the coloured light?

Do you think you could use this exercise to help your body relax and slow your breathing?

Self-Safe Hypnosis

This technique can help you to take your mind off your thoughts, and it also makes you aware of things in your environment which can help your body to calm down and make you realise you are safe. You don't have to close your eyes to do this. The more you practise it, the better you will get.

HOW DO I DO IT?

Say 5 things you can SEE around you

Say 5 things you can HEAR around you

Say 5 things you can FEEL touching the outside of your body

Say 4 things you can SEE around you

Say 4 things you can HEAR around you

Say 4 things you can FEEL touching the outside of your body

Say 3 things you can SEE around you

Say 3 things you can HEAR around you

Say 3 things you can FEEL touching the outside of your body

Say 2 things you can SEE around you

Say 2 things you can HEAR around you

Say 2 things you can FEEL touching the outside of your body

Say 1 thing you can SEE around you

Say 1 thing you can HEAR around you

Say 1 thing you can FEEL touching the outside of your body

It doesn't matter if you get out of order or if you repeat the same thing. Try saying it out loud (even in a whisper), as this can sometimes be more effective.

WHAT DO YOU THINK?

What happened to the thoughts you were having when you started the exercise? Did you notice anything happening in your body as you were using the exercise?

Isometrics Exercises

The aim of these exercises is to help you to notice how tense your muscles are, and then to relax them; and to slow your breathing rate down. They can be done at home or while you're out, sitting down, or standing up, they can even be done while you are waiting in traffic while driving a car.

WHAT ARE ISOMETRICS EXERCISES?

Isometrics involves pushing two opposing forces against one another. In this case, we use our muscles. The aim is to concentrate upon one muscle group, put some tension into the area, and then relax the tension – we always end up releasing more tension than we put in, so we end up with that muscle group more relaxed at the end of the exercise. If you combine the isometrics exercise with slow breathing – breathing in for the count of five as you hold the tension, and then breathing out for the count of five as you release it – you'll be able to increase the relaxation response by slowing down your breathing.

HOW DO I DO IT?

The basic idea behind isometrics is to pick one muscle group, and to tense it. While you are tensing those muscles, breathe in through your nose, and count to 5 fairly slowly. Then slowly release the muscles, letting your breath out slowly as you do. As you release the tension, allow the muscles to become as relaxed as you possibly can, and say the word "RELAX" to yourself several times. Here are some positions to try. Remember to follow the basic procedure explained above, and don't forget to breathe.

Sitting Down:

- Tense your leg muscles by raising your feet off the floor (knees bent).
- Do the same as above, but with legs straight out in front of you.
- Press your feet down into the floor.
- Press your arms back into the sides of the chair.
- Press your palms down on the arms of the chair.
- Push your shoulders/back into the chair.

Standing Up:

- Put your arms behind your back and clasp your hands together.
- Stand on tip-toe.
- Press your palms together in front of you, flexing your chest muscles.
- Join your hands behind your head and stretch backwards.
- Crouch down slightly, stretching your calves.

Try to think of some of your own, or combine some.

Distracting Your Thoughts

Worry: If we experience worrying thoughts, this will cause emotions like anxiety and fear. Anxiety and fear often leads to overbreathing. Overbreathing leads to physical sensations in our body. When we start to notice our body becoming anxious, we may start to worry about these sensations. This in turn will make us more anxious. This increase in anxiety creates more changes in your body which makes us more anxious and the cycle escalates.

Anger: If we dwell on things that have made us angry, we can become more and more stressed out. Often these things are beyond our control, and the only thing that thinking about them does is make us angrier.

In situations like these, it's important to have something to take your mind away from your thoughts, something to distract you. Try the following exercises.

OTHER PEOPLE'S LIVES

Observe what is happening around you. Look at people and try to imagine what kind of house they live in, whether they have any pets, what they do for a living, whether they would be easy to get along with or not, what kind of underwear they have on! etc. ... Before you know it, you have lost the train of thought you had before.

OBJECTS AROUND YOU

Look at an object around you, and really notice it in great detail. For example, look at a tree. Try to guess how old it is, who planted it, what it would feel like to touch it, smell it, or climb it. Try to remember the last time you climbed a tree. Who were you with? What did it feel like up the tree? Would you ever consider climbing a tree again?

PICTURE YOURSELF ...

Look at a painting on the wall. Try to imagine the person who painted it. Try to imagine them actually in the process of painting it. Imagine yourself inside the painting, walking around inside there looking at it, touching the things in the picture. What would you be able to hear, feel and smell if you were in the picture; what would be around the corner of the objects in the picture?

LISTS

Think of a girl's name that begins with each letter of the alphabet. Now try a food that begins with each letter of the alphabet. Remember the aim is to concentrate on things other than worrying thoughts.

TRACE THE ROOM

Name the objects in the room. Start in one corner and label each thing that you see; go around the room until you reach the place that you started. Of course you don't have to say the words aloud. When you've finished, try closing your eyes and saying the objects from memory.

Relaxation Monitoring Form

	DATE	TIME	TENSION RATING BEFORE 0 - 10 10 = extremely tense 0 = no tension at all/ completely relaxed	TENSION RATING AFTER 0 - 10 10 = extremely tense 0 = no tension at all/ completely relaxed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

Facing your fears (in vivo exposure therapy)

When we have faced distressing situations, we are left with a lot of confusing emotions. One of the emotions may be fear or anxiety. During or after the distressing event that you survived, you may have felt a lot of fear. Because these feelings are unpleasant we tend to avoid doing anything that makes us feel that way again. You may find that you now avoid situations that directly remind you of the traumatic situation you were involved in. You may also find that you have been avoiding situations where you feel out of control, for example, catching public transport. Some people who have survived upsetting events will begin to avoid more and more situations where they do not feel they can monitor their environment at all times, or escape if they begin to feel anxious. These situations may not be directly related to the original trauma experience at all.

IRRATIONAL FEAR

Fear is rational when something is objectively dangerous (eg, a car speeding towards us). Rational fear leaves us when the danger goes away. Irrational fear does not. It stays, even when the threat to our safety is over. We respond to irrational fear in three ways:

1. Physiologically: The Fight/ Flight system is activated.
2. Behaviourally: For example, running away, 'freezing', avoidance, withdrawal.
3. Subjectively:
 - Thoughts (e.g., "I can't cope"; "I must get out")
 - Emotions (e.g., anxiety, fear, worry, frustration)

These reactions maintain the problem. Avoidance maintains the anxiety because it makes it difficult to learn that the feared object or situation is not in fact dangerous, or not dangerous to the extent that is believed. Instinctively, whenever we encounter a situation or stimulus that leads to us experience a negative sensation or emotion, we tend to pull away from it and avoid it in the future. Escaping from the situation makes us feel better – our anxiety goes down – this has reinforced the behaviour of escape. If the situation that we escaped is not of itself dangerous, we have reinforced an irrational fear.

Effective treatment for irrational fear will involve targeting all of the above three of levels:

1. Arousal reduction exercises to 'turn off' the flight/fight response at stage one;
2. Exposure therapy for stage two; and,
3. Cognitive restructuring to challenge unhelpful thought patterns (stage three).

EXPOSURE THERAPY

When fears are irrational and create dysfunction in your life, exposure therapy may be needed. People who suffer from phobias, for example, have a fear of an object or situation that is out of proportion to the source of danger (e.g., someone with a phobia of spiders may fear walking down a tree-lined street in case a spider attacks them). Common fears include fear of crowds, fear of dogs, fear of having a panic attack in public, fear of heights, fear of public speaking, etc.

Exposure therapy involves repeatedly making contact with the things that you fear and remaining in contact with them until the fear starts to subside. This gives you back control of your life.

If you hate feeling anxious, avoidance is your enemy. Even though it feels good in the short-term, it maintains your anxiety over the long-term.

If something feels awful we tend not to repeat it. If something feels good we tend to do it again. Instinctively, whenever we encounter a situation or stimulus that leads to us experience a negative sensation or emotion, we tend to pull away from it and avoid it in the future. Escaping from the situation makes us feel better – our anxiety goes down – this has reinforced the behaviour of escape. If the situation that we escaped is not of itself dangerous, we have reinforced an irrational fear. Consider the following example:

Susan

Susan was asked to give a talk at work one day. When she got up to speak her throat became dry and she had trouble speaking. She started to cough and had to leave the meeting (ESCAPE). Now whenever Susan just thinks about having to give a speech she starts to get scratchy feelings in her throat and starts to cough. She now avoids public speaking altogether (AVOIDANCE).

Exposure breaks the vicious cycle that maintains anxiety symptoms, and facilitates new learning. By facing the things that are feared you learn how to deal with them effectively.

A V O I D A N C E M A K E S F E A R S P R E A D

Avoidance feels like it's a good thing. When you stay away from something that makes you anxious, you feel OK for a while. The problem is that avoidance 'spreads' and you find yourself staying away from more and more things because you are too afraid to do them. In the long term avoidance rules your life and cuts you off from living life to the fullest.

If the tendency to escape or avoid irrationally feared objects or situations is reversed the opportunity to learn that the situation is not dangerous is provided.

Therefore, exposure therapy is designed to extinguish (or reduce) anxiety and avoidance by exposing you systematically to feared situations. This is done totally under your control and at your pace. No-one does this TO you. You choose this kind of treatment only when you are ready.

T H E P R O C E S S

The basic principle is this: A graded hierarchy of things that are avoided is created. One of these situations or objects is broken down and an exposure ladder is created. Then when you're ready you deliberately face the situation on the bottom of your ladder and stay there until your anxiety has reduced by 50%.

If you face a realistically safe situation that you have been avoiding, at first you'll feel scared, but if you stay there long enough, your anxiety will turn off by itself. Do this a few times, and you have conquered your fear. You are on your way to regaining control of your life!

The task has to be easy enough for you to feel confident that you can stay in the situation for as long as it takes to reduce your anxiety by at least 50%.

Remember, exiting the task early will reinforce the escape behaviour and will make it harder for the anxiety to reduce the next time the task is attempted.

General exposure hierarchy

On this ladder write down things that you've been avoiding since the traumatic event. Rank them from most scary (10) to least (1).

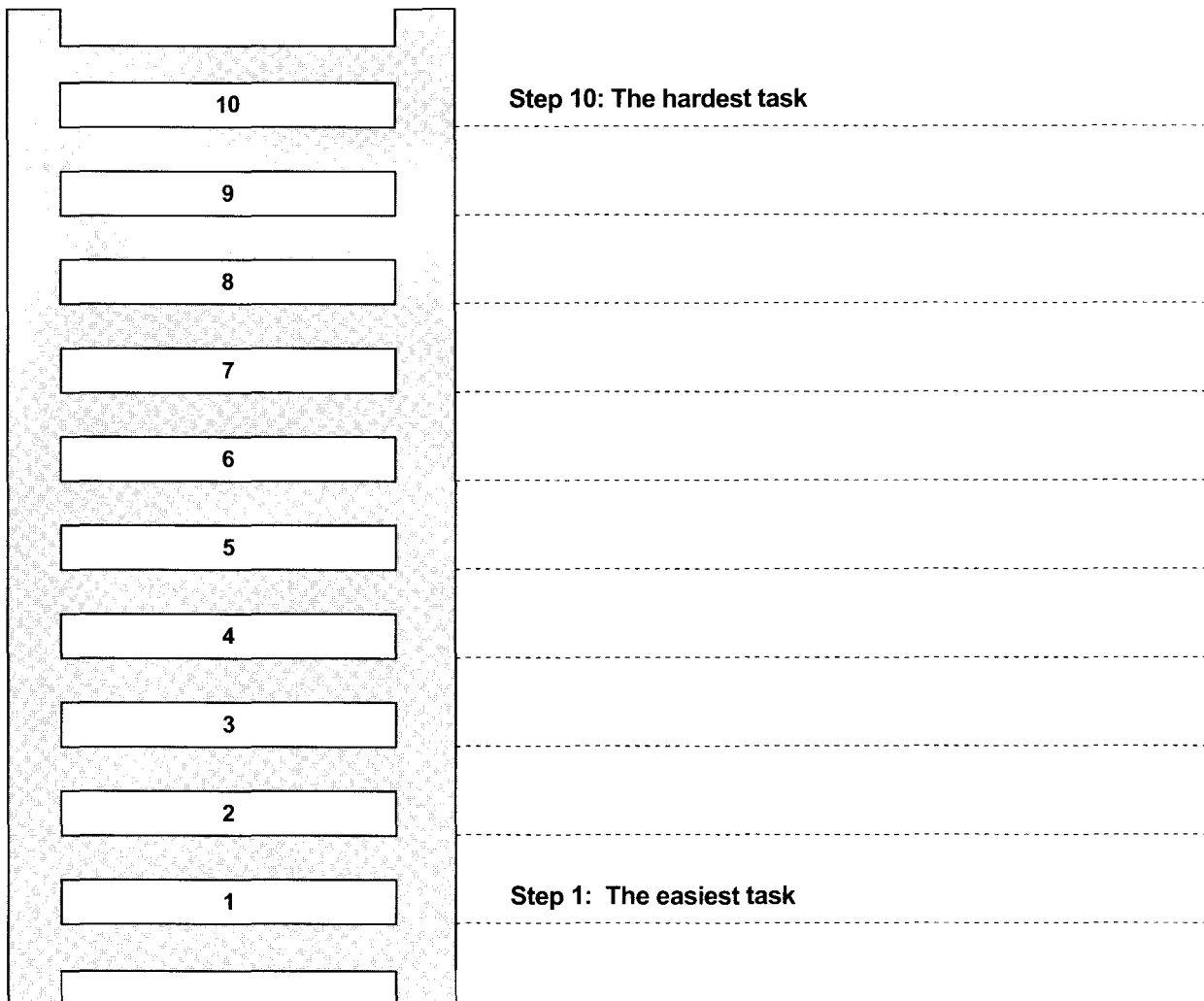
A vertical ladder-shaped form with 10 rungs. Each rung is a rectangular box containing a number from 10 at the top to 1 at the bottom. To the right of each rung is a horizontal dashed line for writing.

10	
9	
8	
7	
6	
5	
4	
3	
2	
1	

Creating an exposure ladder

You're going to be using exposure therapy to face some situations you've been avoiding. Following find instructions for creating an exposure ladder for a feared situation.

- Step 1** Choose a situation or object that is avoided because of a disproportionate fear (e.g., fear of going shopping because of fear of having a panic attack).
- Step 2** Write down the conditions that would make it *hardest* to attempt this task (e.g., alone, in a crowd, etc). Label this as the highest rung on the ladder – a 10.
- Step 3** Write down the conditions that would make it *easiest* to attempt this task (e.g., with someone trusted, no crowds, just to the car park, etc.). Label this as the first rung on the ladder – a 1. This might just be *imagining* doing the task.
- Step 4** Now increase the difficulty of the number 1 condition just slightly. Make it a little harder to attempt the task. This becomes number 2 on the ladder.
- Step 5** Continue making each step a little harder until you have rungs 3, 4..... 10 on the ladder. To do this, just change one of the conditions from the previous step (e.g., you may change from doing the task with someone, to doing it alone). You may need to move things around a little so that the steps go in order, and each step up is just slightly harder than the last.

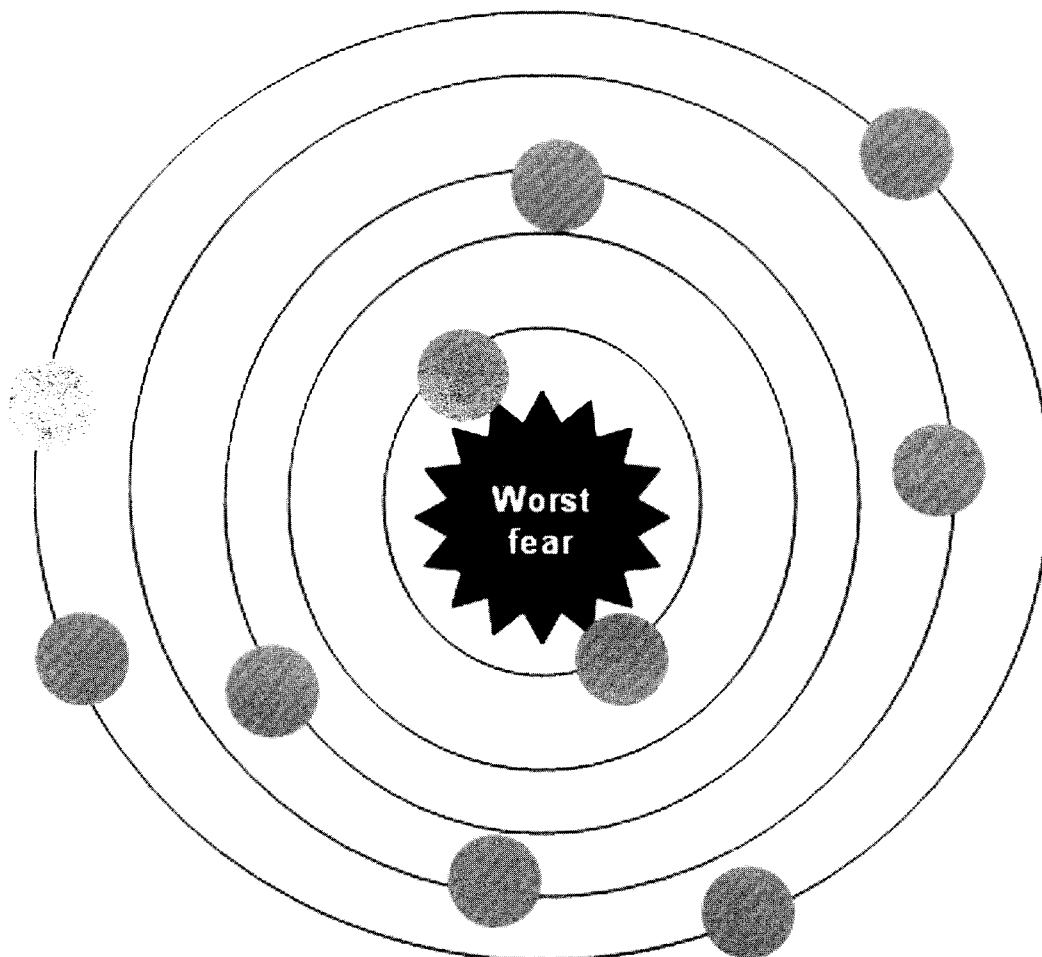


Exposure hierarchy

You're going to be using exposure therapy to face some situations you've been avoiding. Use the chart below to make a list of the situations you've been staying away from because you feel too anxious to do them.

HOW DO I USE THIS CHART?

You should list situations that make you most anxious on circles closest to the centre. As you move away from the centre, list situations that cause less fear. You can add nodes if you need to.



In vivo exposure therapy homework sheet

REMEMBER!

- ◆ Ensure that you stay in each situation until your anxiety (SUDS level) has reduced by at least 50%.
- ◆ Record your SUDS level on the attached sheet.
- ◆ When you are in the situation you may initially experience anxiety symptoms such as sweaty palms, your heart beating rapidly, feeling faint, or have a strong desire to leave immediately. Remember to use your arousal reduction exercises, and have your head override what your body wants to do. Keep telling yourself that you are safe.
- ◆ Don't forget that there might be little blips of anxiety as your distress goes down. This is normal – make sure you stay through them – they'll pass.
- ◆ Once your SUDS has reduced by 50%, you can leave. Remember that if you leave when you are very anxious, you will be convincing yourself that the situation is dangerous and the next time you go into the situation your anxiety will probably be higher, and you'll have to go through it all over again. However if you stay there, your anxiety will decrease, and eventually you will be able to enter it without fear – you'll get your life back!
- ◆ The more frequently you practise each situation on your list, the easier they will become.

RECORD FORM

Date: _____

Situation practised: _____

Instructions: Before confronting the situation, answer the following questions in the spaces provided.

What is the worst thing that could happen in this situation?

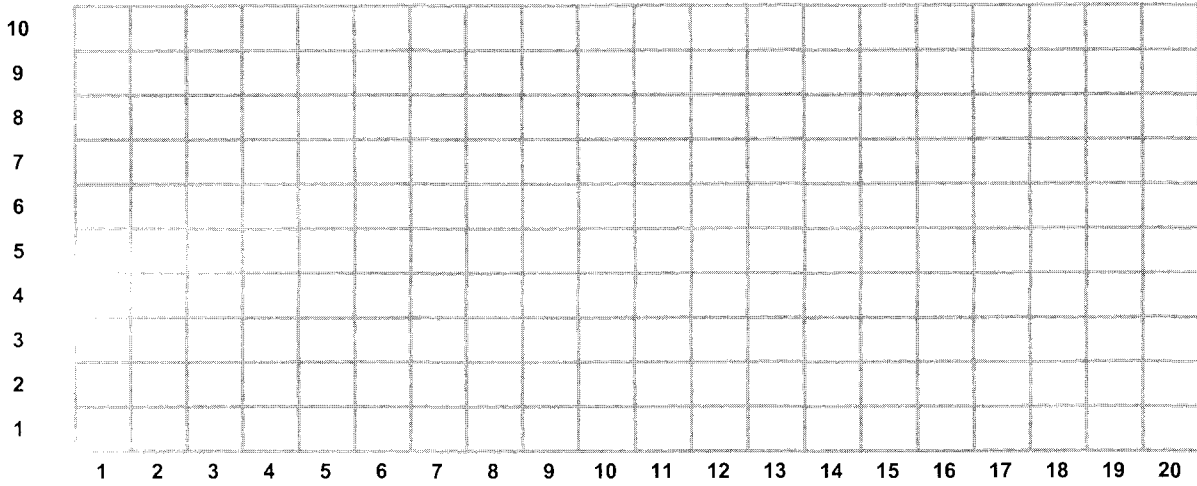
What is the likelihood of this happening? Evaluate the evidence for and against the likelihood of this happening.

Evidence for:

Evidence against:

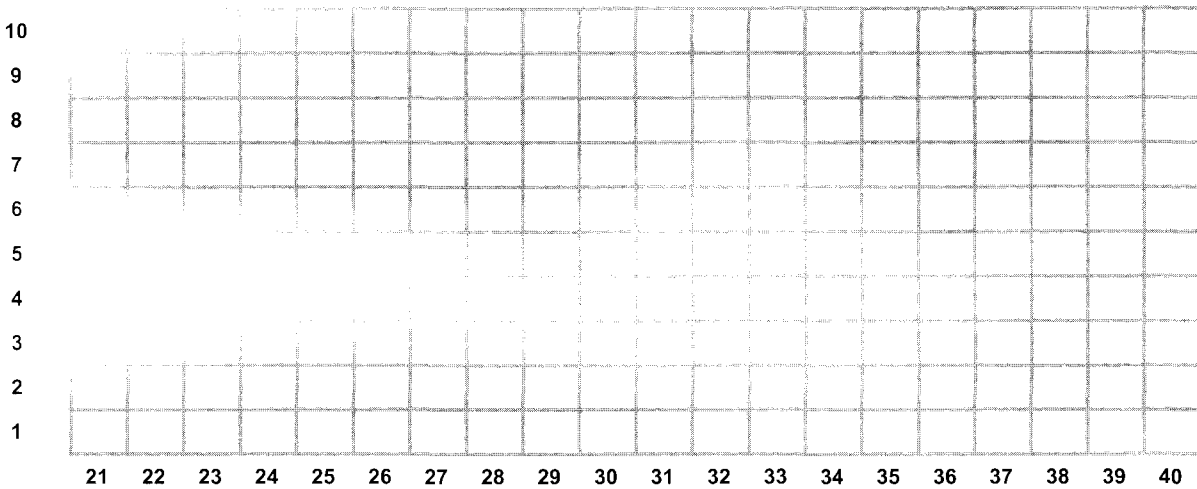
Desensitisation charts

SUDS



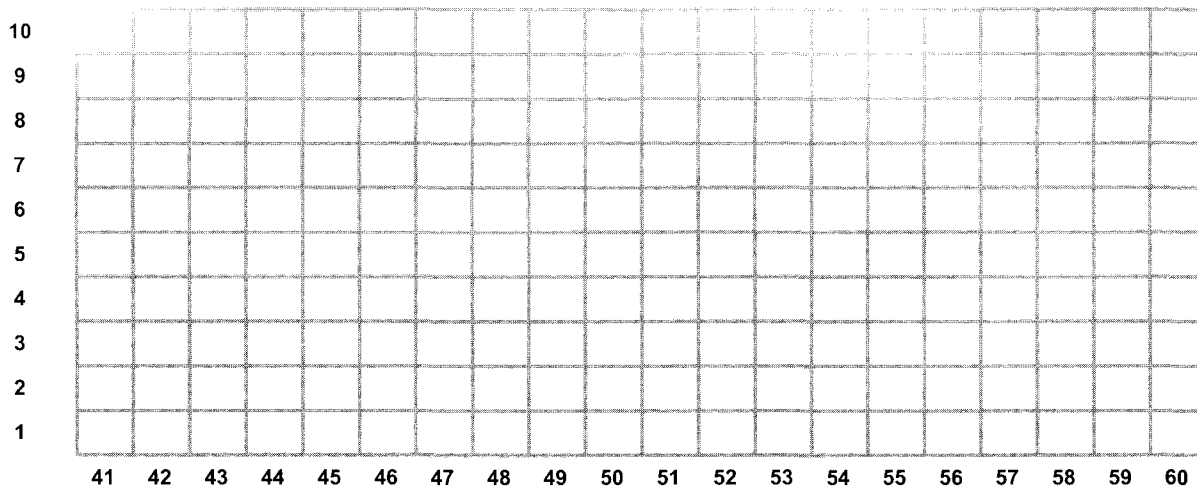
Number of Minutes/ Number of Attempts

SUDS



Number of Minutes/ Number of Attempts

SUDS

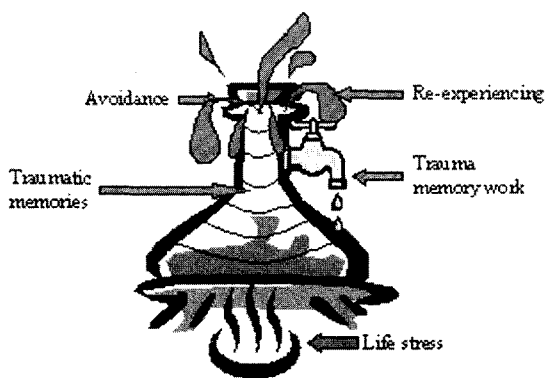


Number of Minutes/ Number of Attempts

Traumatic memory work

Working on your traumatic memory using exposure therapy means going through the memory in great detail, not just once, but over and over and over again until your distress when you review the memory has habituated. But, you hate thinking and talking about the memory – why would you want to deliberately face it so many times in a short period of time? The main reason is that it works. Research has shown that this is one of the most effective techniques for treating traumatised people, for reducing their distress and the re-experiencing symptoms they hate so much, but you have to be committed to it and see it through for it to work properly. This sheet contains some analogies that try to give an idea of what this technique aims to do. You might like one of these analogies more than the others. You should talk about them with your therapist if you're unclear about any of them.

THE BUNSEN BURNER



Remember Bunsen burners from science class? You can think of having PTSD as a bit like being a beaker on top of a Bunsen burner. Traumatic memories are full up inside the beaker, and a cork is shoved in the top to keep them all in. This is your avoidance of the memories. At the bottom of the Bunsen burner are flames that represent general life stress (e.g., the mortgage, job stress, relationship problems, financial issues, physical health, etc). Sometimes these stressors are low, and the memories don't seem as troubling. At other times, however, everything seems to go wrong all at once, and the flames (life stress) are turned right up

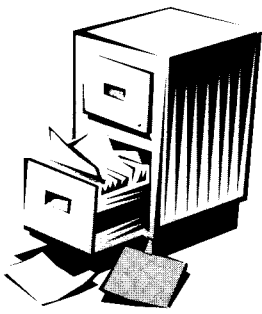
high, and all of the distress associated with the memories seems to spill over at the same time. Therapy often works by assisting you to solve problems, 'turning down' the life stress, but life stress is inevitable at different points in our lives, so another way to reduce the re-experiencing symptoms is to 'drain' some of the distress from the traumatic memories, using exposure therapy.

LANCING A BOIL OR EXTRACTING A TOOTH

To be honest, these analogies are pretty gross! Both of them refer to the pain that one carries around when an infection is allowed to simmer without being properly treated. In each case the treatment is messy and painful, but ultimately the pain settles down and we can live our lives without the constant reminder that we have an unaddressed health concern that requires attention. Take for instance a boil under the skin. We can smooth some salve onto the skin on top of the boil and wrap a protective bandage over the area so that it is not as easily bumped causing pain. This is like some of the avoidance strategies you use to try to keep the pain of your traumatic memories at bay (e.g., not watching certain movies, not going certain places, because they bring back reminders of what happened). Ultimately, to treat the boil properly, the infection must be excised; opening the skin and draining the pus, which is painful and smelly (told you it was yucky). The wound then heals and there is no need to go out of one's way to protect the area (although a faint scar might remind the person the wound was there). Exposure therapy for traumatic memories is also most often painful in the short-term, but in the long-term the pain goes right down, and one is not constantly reminded of the event by constant intrusive thoughts and images.

THE WET DOG

This analogy states that having PTSD is a bit like trying to relax in a nice warm study by a comfortable fire, when outside is a raging rainstorm and a howling dog. The dog is huge, wet and smelly, and is covered in mud. Whenever you try to relax by the fire he howls and scratches at the door, begging to come in. It is impossible to relax with the noise, but you know that if you do let him in, he will shake his mud, dog hair and rainwater all over your den. You have a choice: you can choose to stay inside your comfortable study, putting up with the howling, shivering dog (which is like trying to avoid the traumatic memory 'scratching' at the back of your mind all the time), or you can choose to open the door and let him in. If you do let him in, you know full well he will shake his messy hide everywhere, causing some short-term disruption in your peace, but eventually he will settle down by the fire and be still, allowing you to properly relax. The same can be said for traumatic memory work. In the short term there is some disruption and disturbance, but in the long-term it is far easier to relax and feel at peace.



YOUR BRAIN IS LIKE AN OFFICE

This analogy states that our brain is like a nice, neat office or a filing cabinet. It likes all of our experiences to be carefully catalogued, labelled and archived as soon as they are entered. It then stores these meticulously away as our memories. When we are traumatised, however, there is too much information for the brain to properly process the experience. It floods the office/ filing cabinet with material and the brain cannot tolerate the mess left all over the floor. Whenever we are at rest, the brain sends up the material to our consciousness for us to look through so that it can match it to other memories and find the right code and drawer to file it away (these are the re-experiencing symptoms). For as long as we try to push these thoughts away, the brain will just as relentlessly present them up to us again, as it cannot bear the disorganisation. Traumatic memory work is a systematic way of once and for all helping the brain to code and file away the experience so that it becomes like any other memory – never a pleasant one – but at least not one that continually intrudes into our current life.

CLIMBING OUT OF HELL ON AN ALUMINIUM LADDER

Addressing painful memories can also be thought of as like climbing out of hell on an aluminium ladder. One can choose to stay in hell trying to shelter from the flames, or make a run for it, climbing the ladder to get out. Touching the ladder burns however, because it's right in the middle of the flames, but as we climb, the heat reduces, and eventually we are able to get out of hell. This process happens also with traumatic memory exposure – at first 'touching' the memory hurts, and holding onto it is very painful – but the more we stay with it, the more the pain decreases, until eventually we have climbed out of hell.

DIGESTION

Living with an unprocessed traumatic memory can also be compared to like trying to sleep with a huge, undigested meal inside us. Trauma memory work 'digests' the traumatic memory, allowing you to feel comfortable again.

Traumatic memory work

You've recorded your memory of the traumatic event (well done!), and now it's time to reduce the distress associated with it.

Your 'homework' is to go over and over the script, just as we did in session, until your distress comes down by at least 50%.

This is what to do, starting tomorrow, and each day until our next session:

1. Listen to your tape
2. Write down any thoughts that come up as you are listening, just as we did in session. These might be little details you thought you had forgotten; thoughts that you had then, or thoughts that you have now; and especially any details about any particular sounds, smells, tastes, feelings, or things you saw. Remember, you're aiming to 'knit' all of this information together to make one whole story, instead of lots of little pieces. When this is done, the memory won't keep intruding into your mind all the time.
3. Rate your SUDS level on the chart attached
4. Repeat steps 1-3 (listen to the tape, write down any thoughts that come up, and rate your SUDS). Read your notes through each time you listened to the tape.

Aim to do this for at least 90 minutes each day, but you can spend up to four hours doing this if you're up to it. Remember that the longer that you spend on it each day, the faster you'll get relief in the long run.

Keep going until your distress on the SUDS scale comes down by at least half (so if it went up to a 10 when you were recording it, keep going until it goes down to a 5). This could take several days. We'll work on it again in the next session.

You might find that when you begin work on the memory each day, your distress is a little higher when you first listen to the tape than it was when you finished the work the night before. This is normal. If you find that excuses keep coming up, or you get urges to have breaks all the time, fight the urges. Have some breaks, but don't cheat yourself. Remember, this is for you, and the harder you work on it now, the more relief you'll soon have. What you are trying to do is to show your body that this event is a memory, that it's over now, and that your fight/ flight system can switch off. The only way to do this over the long term is to keep facing the distress (the fear, rage, sadness, etc), until your body calms down. It will happen, and you'll be glad you worked so hard.

Do you have any questions to ask? Jot them down now, and ask before you start:

It's a good idea to give yourself a reward after doing this work. What are you going to do for yourself when you get there?

Learning to monitor your thoughts

Learning to listen what we say to ourselves, or to the thoughts that seem to come automatically is very important. If we can learn to pay attention to these thoughts, we can decide whether or not they are helpful.

Complete this form after a situation that left you feeling angry, anxious or depressed.

It is usually easier if you complete the details of the situation (A column) first, then how you felt and behaved as a result (C column); and then try to decide what you may have been thinking at the time (B column). When completing the thoughts column (the B column), ask yourself “what was I thinking just before I reacted the way I did?” You can also ask yourself, “What does that thought mean about me?”

A Actual Event	What happened?
B Beliefs/ Thoughts	What did you think?
C Consequences	How did you feel? What did you do/say? SUDS ____ /10 What physical reactions did you have?

A Actual Event	What happened?
B Beliefs/ Thoughts	What did you think?
C Consequences	How did you feel? What did you do/say? SUDS ____ /10 What physical reactions did you have?

Automatic negative thoughts (ANTS)

Our thoughts aren't always accurate or helpful. Below are listed four common types of distorted thinking. There are several other types of distorted thinking, but these four are probably the most common.

BLACK AND WHITE THINKING

An all-or-nothing thinking habit where everything is seen in black-or-white categories. For example, when a situation is anything less than perfect it is seen as a total failure, or a single event is seen as a never-ending pattern. People who use this thinking a lot might be called perfectionists or even obsessive, and they often use the words always, never, everything, nothing. Examples of this type of thinking include: "Nothing good ever happens to me"; "She only came fourth in the race. She may as well not have even entered".

CRYSTAL BALLING

Jumping to conclusions: Interpreting things negatively when there are no facts to support the conclusion. Two types are: MIND-READING (eg. arbitrarily concluding that someone's reaction towards you is or will be negative) and FORTUNE-TELLING (assuming or predicting that things will turn out badly). Examples of this type of thinking include: "They're all looking at me. They must think I look terrible"; "I just know no-one will ask me out".

CATASTROPHISING



Assuming that the worst will happen, even when you have no evidence that this is the case. Colloquially referred to as 'making mountains out of molehills'. Catastrophising involves exaggerating the importance of problems, or minimising positives. For example, one word of criticism erases all praise received, insisting the praise "doesn't count", or that anyone could have done as well. Note: the use of words like "can't", "dreadful", "awful". Also common here are the words "What if...?" and then the person considering the worst possible scenario; e.g., "What if she's 10 minutes late because she died in a car accident?!"

'SHOULDING' ALL OVER YOURSELF & 'MUST-ERBATION'

Telling oneself that things should be the way that they were hoped or expected to be. Many people try to motivate themselves only with shoulds or shouldn'ts (rather than using internally motivating phrases such as "I'd prefer to..." or "I would like to..."), almost as if they had to be punished before they could be expected to do anything.

CAN YOU SPOT THE ANTS?

Consider the following statements. Which ANTS can you find (there may be more than one in each example). Underline the words that make you identify a particular ANT.

Statement	ANTs
Jeremy and Kylie have started a new fitness regime. Jeremy says, "If you can't exercise seven days a week, there's no point exercising at all".	
Amanda is a busy part-time GP and mother of seven month old Ben. She frequently laments to herself, "I can't believe I haven't read all of the literature that has been piling up in my office. I'm so slack!"	
Simone's husband is 15 minutes late arriving home from work. She's thinking, "What if he's had a car accident?"	
Jacinta's friend didn't respond to her last email. She says to herself, "what did I do wrong? I bet I said something tactless last time we spoke. She's probably getting sick of me".	
Kyle got a High Distinction for his last essay. He said to his friend, "He must be an easy marker. He must have given out plenty of HDs. I bet I won't even pass the next essay".	
Christine's on a diet, but she just ate a chocolate biscuit. "Oh well", she tells her mum, "Might as well finish the packet. I've stuffed up now anyway!"	
Aaron walked into a party, and several people turned to look at him. He thinks, "Oh God! They think I look like I freak! Why the hell did I wear these jeans"!?	
Gloria's doctor told her that she thinks that her stomach pains are caused by tension. Gloria thanks her GP and leaves, thinking, "She thinks I'm making it all up. She must think I'm neurotic or something".	

SQUASHING ANTS

The following questions can be useful in helping you to challenge automatic negative thoughts. You can also use these questions to help you to challenge thoughts in the D column of the ABCDE form.

1. What would my best friend/ mum/ sister say about me in this case, or could they find any evidence against this statement?
2. Are there any other possible explanations for what's happening?
3. Am I jumping to conclusions?
4. Have I forgotten any relevant facts here, or over-focused on irrelevant ones?
5. Is there anything I have done in the past that serves as evidence against this thought?
6. What is the literal (dictionary) definition of the word that I am using?
7. Is it strictly true that my behaviour fits this literal definition?

Becoming more assertive

WHAT IS ASSERTIVENESS?

Assertiveness means you are able to stand up for your rights while respecting the rights of others.

When you are assertive you have the ability to stand up for your own rights. You respect the opinions and feelings of others as well as your own. Assertiveness means you see yourself as equal to others, not as inferior to them (passive), or superior to them (aggressive). When we are being assertive we are usually being rational and reasonable. Some people believe that we are instinctively either submissive or aggressive, and that assertiveness is a skill that can be learned by anyone. There may be people who are more assertive than others because they learned to be so as children. Other people however learned that they were not allowed to challenge their parents or express themselves, and they may have more trouble being assertive.

WHERE DO YOU USUALLY FIT IN?

You're at home and someone you really care about shouts at you. You can see they're upset and can understand why, but you hate being shouted at. In this situation you could do one of three things – shout back at them (FIGHT), leave the room or withdraw (FLIGHT), or be assertive (FLOW). If you picked one of the first two options – either to fight back and be aggressive, or to back down and be passive, ask yourself the following questions:

If Fight is your typical reaction to conflict-

- ❑ Why do I need to be in control?
- ❑ How would I feel if I found out I was wrong?
- ❑ Do I make myself feel good by proving I am better than others?
- ❑ Do I feel that everyone should think the same way as me?
- ❑ Should I question some of my own opinions?
- ❑ Am I being fair to this person?
- ❑ How do I feel when someone that I know is wrong has a go at me?

If Flight is your typical reaction to conflict-

- ❑ What damage to the relationship is my withdrawal causing?
- ❑ Is it fear or habit that prevents me from speaking?
- ❑ Are my feelings as important as the other person's?
- ❑ How frightened am I of their anger?
- ❑ How frightened am I of my own anger?
- ❑ How frightened am I of damaging the relationship?
- ❑ What's the worst that can happen if I speak up?

WHAT IS AGGRESSIVE BEHAVIOUR?

When we behave aggressively we are treating our rights as important, but are ignoring the rights of others.

Aggressive people usually try to win arguments at all cost. They may ignore the opinions of others, dominate the conversation, put people down, and even humiliate them in order to get their own way. They usually insist that they are right and do not want their opinions challenged. People are usually aggressive in order to gain control, but aggressive behaviour actually reflects a loss of control. Some people may be aggressive around one group, but not another. For example, sometimes we may be aggressive at home, but behave in a passive manner in the workplace.

The message being given here is “I matter, you don't”.

Aggressive behaviours include over-use of eye contact (staring people down); standing too close to people when speaking, or physically standing over people; raising the voice; constantly interrupting another person's speech; belittling or ignoring another person's point of view; using the discomfort of somebody else to make yourself look good; using intimidating gestures (e.g., waving fist, banging hand on table to make a point).

Advantages of Aggression

- Getting your own way
- Winning arguments
- Not having to explain your actions

Disadvantages of Aggression

- Damage to relationships
- Often disliked
- Sabotage by people you have not respected

WHAT IS PASSIVE BEHAVIOUR?

When we behave passively or submissively we are treating our rights as less important than the rights of others.

When behaving in a passive way we are unable to assert our own point of view. We may go along with others just to 'keep the peace', or to avoid being noticed or criticised. This often means that we ignore what we would really like to do or what we really feel. When unpleasant situations arise a passive person will try to avoid the conflict and leave it up to others to settle.

The message being given here is "You matter, I don't".

Advantages of passivity

- Avoiding conflict and responsibility
- Avoiding being wrong (by not giving your opinion)
- Fitting in

Disadvantages of passivity

- Damage to relationships- lack of honesty, resentment
- Loss of confidence and self-esteem
- Unexpressed feelings = stress, tension, depression

PASSIVE-AGGRESSIVE BEHAVIOUR

When we behave passively and do not own our feelings or opinions honestly we may swing from being passive to 'exploding' and becoming aggressive. All of the unsaid things we have not acknowledged can build resentment and anger, and we may release this anger in an inappropriate way over something that is minor. People may not understand why you are so upset, and you might not either for that matter, so your real feelings and needs still get ignored. We may take the built up aggression out on people we love.

Another way of behaving in a passive-aggressive manner is to outwardly appear very cooperative and go along with everyone else even though we feel differently (passive behaviour), but then go about sabotaging a decision or process that we outwardly agreed to (passive aggressive behaviour). Sometimes this is done deliberately, but sometimes we sabotage things unconsciously because we didn't want to do them in the first place but didn't speak up at the time. For a while this type of behaviour may go unnoticed, but eventually people will see the inconsistencies between what you say and what you do and resentment will build.

SO HOW DO I CHANGE?

Deciding to become more assertive means that you may have to give up the advantages that you were getting through behaving otherwise. If you typically behave in an aggressive manner, you will have to give up always wanting to be right or getting exactly what you want every time. If you behave in a passive manner or a passive-aggressive manner, you will have to give up the luxury of avoiding conflict and always appearing cooperative.

We also have to be persistent because if others are used to you behaving in a non-assertive manner, they may attempt to lure you back into your old behaviours in order to keep the system operating the way it always had.

Don't give up though. You don't have to change all your behaviours overnight. Start with one situation per day. Even the most assertive of us behaves in a passive or aggressive manner sometimes. Some situations are harder than others. Let's consider that for a moment. In which situations and with which people do you think you would find it easiest and most difficult to be assertive?



Easier Situations/ People

- _____
- _____
- _____
- _____
- _____

Difficult Situations/ People

- _____
- _____
- _____
- _____
- _____

Start with the easy ones first. Choose one situation now in which you will try to be assertive today or the next time it occurs.

WHAT DOES ASSERTIVE BEHAVIOUR LOOK LIKE?

When you are behaving assertively you will be:

- Making appropriate eye contact
- Sitting or standing firmly and erect without fidgeting too much
- Having an open body posture facing the person you are speaking to
- Speaking in a clear, steady tone of voice
- Using relaxed, appropriate facial gestures, e.g., smiling when happy, frowning when angry

Do you know someone who looks like this when they're speaking? Watch them for a while. Try to model that behaviour next time you are trying to behave assertively.

KNOW YOUR RIGHTS

As stated previously, being assertive means standing up for your rights while respecting the rights of others. Read the following 'Bill of Rights'. These apply to you and to everybody else.

- *You have a right to your own values and opinions*
- *You have a right to express your feelings, including anger*
- *You have the right to not have to off reasons and excuses for your behaviour*
- *You have the right to make mistakes and be responsible for them (accept the consequences)*
- *You have the right to change your mind*
- *You have the right to say "I don't know" or "I don't understand"*
- *You have the right to praise yourself and feel good*
- *You have the right to say "No" without feeling guilty or selfish*
- *You have the right to use your time in ways you choose*
- *You have the right to ask for affection, help or information*



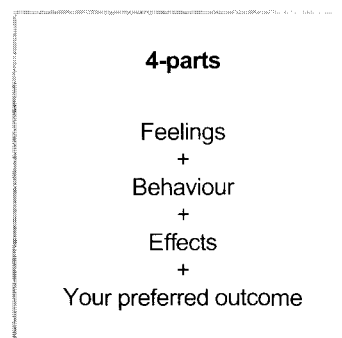
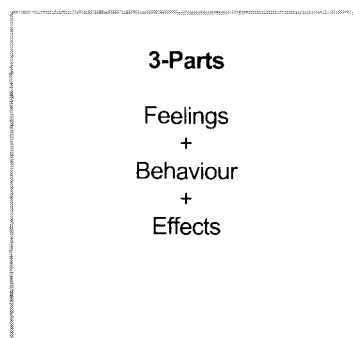
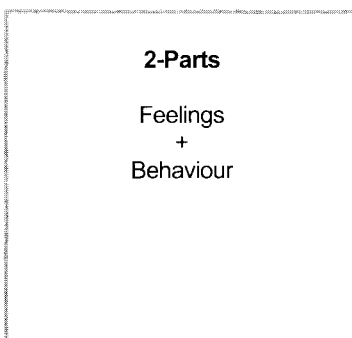
If you are aware that you are not exercising all of your personal rights make a goal to work on one per week. Write it in your diary that week and all week work on ensuring that you assert that particular goal.

USE 'I' STATEMENTS

People who are assertive own how they feel and that they are responsible for the way that they feel. Some people believe that others are responsible for the way that they feel. If you say things like "You made me angry", "She always upsets me", "You make me happy", then you are making another person responsible for your feelings.

A way to accept your own feelings is to use "I statements". "I statements" tell the other person how you feel without blaming them or demanding that they change. In this way you are expressing yourself and asserting your rights without ignoring the rights of others.

The following formulas might at first seem artificial, but with practise and repetition they become smoother and are very effective. There can be 2, 3 or 4 parts to an 'I' statement.



Examples

"I feel annoyed when you interrupt me like that"

"I feel threatened when you raise your voice"

"I feel encouraged when you compliment my work"

"I feel intimidated when you stand over my shoulder while I work"

"I feel hurt when I'm left out of decisions like that"

Formula

"I feel...When..."

Examples

"I feel impatient when you don't answer me because I'm not sure what to do next"

"I feel tired when you don't help with the dishes because it takes me longer"

"I feel annoyed when you are late because it interrupts my schedule"

Formula

**"I feel...When...
Because..."**

Examples

"I feel ignored when you go out every day of the weekend because I don't get to talk to you much. I'd like it if we could spend Saturday nights together"

"I feel annoyed when you are late because it interrupts my schedule and I would like it if you would call in future to let me know"

Formula

**"I feel...When...
Because...I would like..."**

SOME REFERENCES

There are many more places you can read about ways to become more assertive. The following are useful references:

Cole, K. (1993). *Crystal Clear Communication: Skills for Understanding and Being Understood*. Sydney, Prentice Hall.

Cornelius, H. & Faire, S. (1994). *Everyone Can Win: How to Resolve Conflict*. Sydney, Simon and Schuster.

Dwyer, J. (1993). *The Business Communication Handbook* (3rd Ed.) Sydney, Prentice Hall.

Lake, D. (1996). *Strategies for Stress: Changing Your Mindset, Coping with Negativity, Resolving Conflict at Work and Home*. Sydney, Health Books.

Tanner, S. & Ball, J. (1996). *Beating the Blues: A Self-Help Approach to Overcoming Depression*. Sydney, Doubleday.