

*Yogic Breathing for Post-Traumatic Stress  
Disorder: Designing an Application to  
Supplement Learning and Overcome a  
Stress State*

Supplement A

**SAM ♦ SAT MANUAL**

by

Jennifer Renee Creighton

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2014

S-1

## Contents

Introductory Screen .....	S-3
Key Decision Points .....	S-4
Home .....	S-5
Learn More .....	S-6
Major Symptoms.....	S-7
Relax .....	S-8
Navigation By Topic .....	S-9
PTSD Basics .....	S-10
Depression .....	S-20
Substance Abuse .....	S-28
Aggression And Violence.....	S-36
Sleep Disturbances .....	S-46
Suicide.....	S-54
Symptom Questionnaire .....	S-61
Treatment Options.....	S-85
Other Sources.....	S-96
Select: Other Sources .....	S-97
Relax: Key Points.....	S-101
Relax: Read .....	S-110
Relax: Listen .....	S-118
Relax: Beginner Pose .....	S-122
Author .....	S-125

## INTRODUCTORY SCREEN

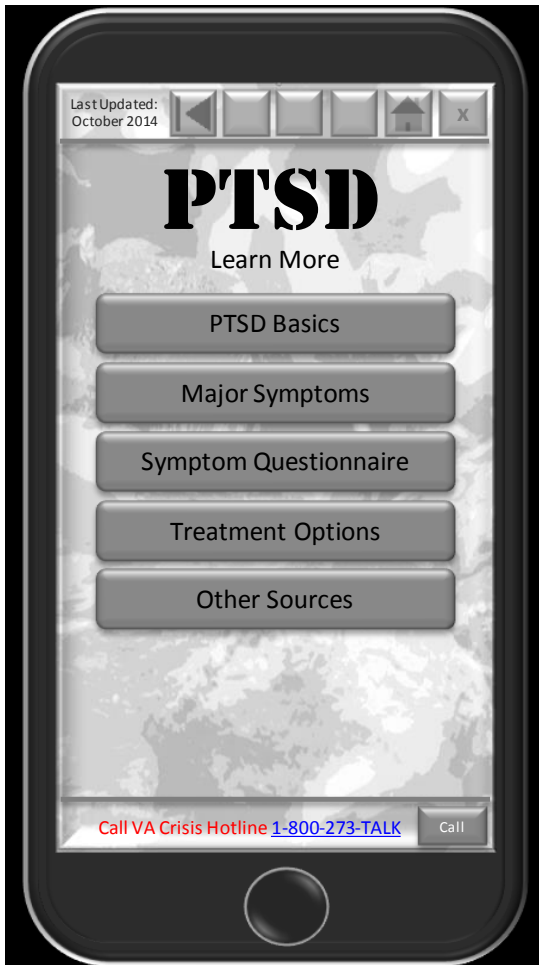


## KEY DECISION POINTS

# HOME



## LEARN MORE



## MAJOR SYMPTOMS



# RELAX



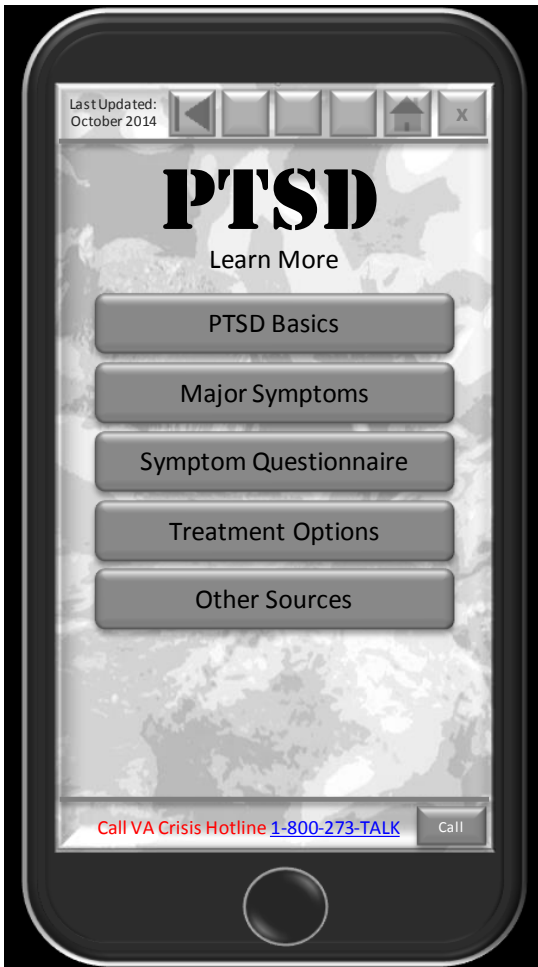


## NAVIGATION BY TOPIC

**PTSD BASICS**  
**SELECT: LEARN MORE**



## SELECT: PTSD BASICS



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# PTSD

## PTSD Basics

Current estimates indicate nearly three million people serve in the U.S. military, with 73% having done tours in Iraq or Afghanistan<sup>6</sup>. Estimates of returning members suggest PTSD prevalence rates between 14-27%<sup>1,4,5,6,7</sup>; however, rates are likely underestimated.

Calculating the accurate prevalence of PTSD is difficult as many studies generally only include those with an official diagnosis of PTSD.

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# PTSD

## PTSD Basics

PTSD is diagnosed as a continued *stress* state resulting from exposure to, or threat of, a traumatic event<sup>1</sup>. The event can either be directly experienced, witnessed, heard of by news from others, or by repetitive exposure to repulsive duties (like firefighters and servicemembers)<sup>1</sup>. The event need not be an *extraordinary* circumstance, such as surviving genocide or massive natural disaster.

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# PTSD

## PTSD Basics

The traumatic event frequently causes persistent symptoms such as fear, anger, depression, insomnia, horror, and helplessness, and is accompanied by intrusive memories, nightmares, and flashbacks. For persons with a traumatic brain injury, the failure to recollect the event does not prevent the diagnosis of PTSD because living with the injury is enough to be considered intrusive awareness.

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# PTSD

## PTSD Basics

The flashbacks and memories causes you to avoid people, places, objects, conversations, and/or situations that remind you of what happened<sup>1</sup>.

Avoidance and intrusive memories is accompanied by negative moods like guilt or anger, asking questions of why you survived and others didn't. It also causes a loss of interest in things that used to bring you joy. It feels like these symptoms prevent you from enjoying life<sup>1</sup>.

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# PTSD

## PTSD Basics

These feelings are also accompanied by reckless behavior (like speeding, driving drunk, or doing drugs), sleeplessness or insomnia, aggression out of proportion to the situation, suicidal ideations, and always feeling like you are “on watch” (hyper-vigilance)<sup>1</sup>. Physical manifestations of PTSD include chronic pain, coronary artery disease, hypertension, diabetes, and obesity, to name a few<sup>2</sup>.

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# PTSD

## PTSD Basics

The duration of the symptoms frequently lasts greater than one month and it impairs your ability to have a stable relationship, hold a job, or interact in social situations, like a party or the movies<sup>1</sup>. The symptoms are also not due to a side effect of medications or other illness<sup>1</sup>. Opinions vary on what increases the risk of developing PTSD, but some believe it is related to genetic predisposition to anxiety, or prior exposure to trauma<sup>3</sup>.

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# PTSD

## Source

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## Source

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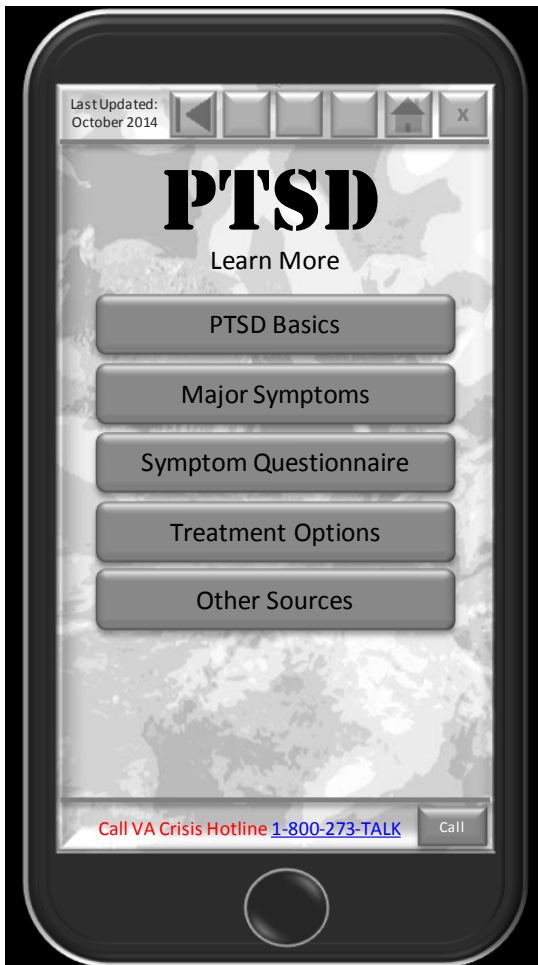
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Call

**DEPRESSION**  
**SELECT: LEARN MORE**



## SELECT: MAJOR SYMPTOMS



## SELECT: DEPRESSION



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# PTSD

## Depression

The most common co-occurring disorder with PTSD is depression, which presents with its own stigma and under-diagnosis dilemmas<sup>1,2</sup>.

Symptoms include, but are not limited to, sleep disturbances, appetite and weight changes, fatigue, motor dysfunction, suicidal ideations, depressed disposition and self-esteem, and difficulty concentrating<sup>1</sup>. Similar to PTSD, the symptoms are persistent<sup>1</sup>.

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# PTSD

## Depression

Careful comparison shows an overlap between the previously described presenting symptoms of PTSD, such as sleep disturbances and anhedonia, and depression, and appreciates how they might compound one another. Depression is compounded for veterans because they have the added risk of injuries sustained in the service, and combat trauma exposure, to increase the instances of health issues to overcome mentally.

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## Depression

Rates of depression increase with exposure to traumatic combat, with new-onset depression rates in post-deployed personnel between 5.7% (men) and 15.7% (women)<sup>3</sup>. Those with PTSD prior to deploying also have a greater risk of developing post-combat exposure deployment depression than their counterparts<sup>3</sup>.

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# PTSD

## Depression

If you believe you are experiencing any of the symptoms mentioned, or have concerns for others, know that you are **not alone**.

Please talk to someone.

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Call

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# PTSD

## Sources

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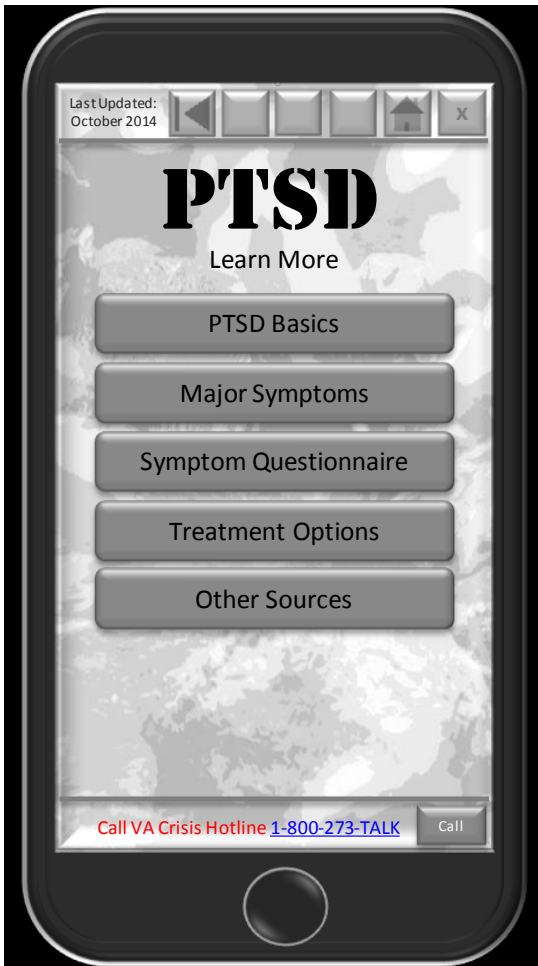
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**SUBSTANCE ABUSE  
SELECT: LEARN MORE**



## SELECT: MAJOR SYMPTOMS



## SELECT: SUBSTANCE ABUSE



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## Substance Abuse

The second most common co-occurring disorder with PTSD is substance abuse, namely alcohol. Unfortunately, PTSD sufferers are more likely to self-medicate with alcohol in relation to worsening symptoms or stressful situations<sup>1,2</sup>. Those with PTSD and depression have increased odds of concurrent substance abuse<sup>2,3</sup>.

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# PTSD

## Substance Abuse

Studies show, after combat exposure, alcohol consumption increases in the number of drinks/day and drinks/week, and the instance of those who drove drunk or performed other activities while impaired<sup>2</sup>. New occurrences of alcohol use also increased, post-combat exposure, in those who had no history of alcohol use<sup>2</sup>.

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## Substance Abuse

Post-deployment, Reservists and National Guardsmen are greatly susceptible to alcohol abuse, with rates higher than active duty personnel<sup>2</sup>. The discrepancy, believed to relate to preparation prior to deployment, is greater for citizen servicemembers due to concurrent civilian lives and households to manage while deployed <sup>2</sup>. A recent study also reported an increase in instances of binge drinking post-deployment<sup>1</sup>.

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## Substance Abuse

If you believe you need help  
controlling your substance use,  
or have concerns for others,  
know that you are **not alone**.

Please talk to someone.

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## Sources

1. Back, S. E., Killeen, T. K., Teer, A. P., & Hartwell, E. E. (2014). Substance use disorders and PTSD: An exploratory study of treatment preferences among military veterans. *Addictive Behaviors*, 369–373.
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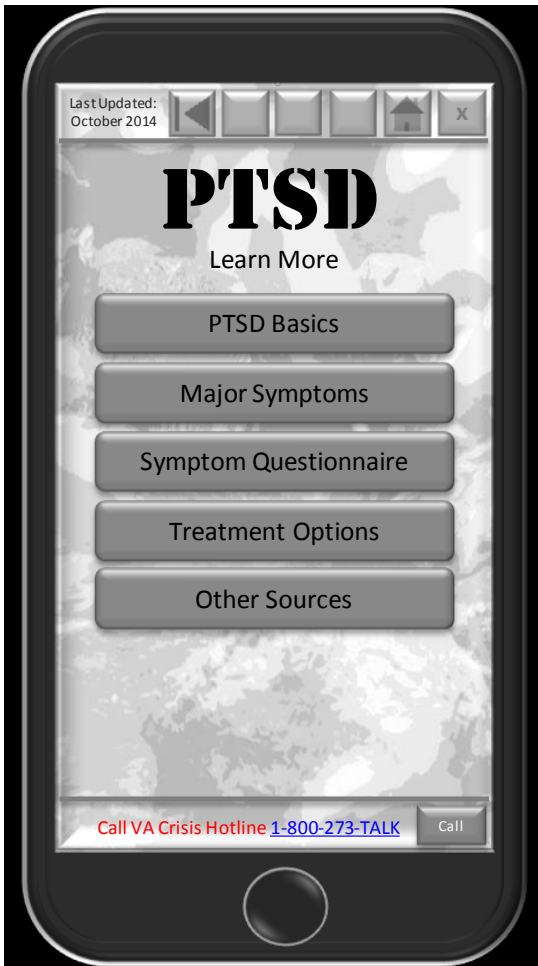
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**AGGRESSION AND VIOLENCE**  
**SELECT: LEARN MORE**



## SELECT: MAJOR SYMPTOMS



SELECT: AGGRESSION AND  
VIOLENCE



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# PTSD

## Aggression and Violence

The noticeable link between aggression/violence and PTSD has been studied for years<sup>1,3</sup>. Research varies regarding the actual cause of the aggression and violence, but many identify the physical acts of violence of which male veterans engage in during combat as a predisposing cause due to a heightened fight-or-flight response<sup>2</sup>. Others suggest it is unrelated.

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# PTSD

## Aggression and Violence

Research continues to grow on factors contributing to violence and evidence suggests a relationship between hyper-arousal, depression, violence, and PTSD<sup>4</sup>. Aggression and violence is of great interest to the public as many point to this as the cause of public shootings and intimate partner violence<sup>4</sup>.

Rates of intimate partner physical violence and verbal aggression is higher in veterans than in the general public<sup>4</sup>.

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# PTSD

## Aggression and Violence

IED, frequently a term used by servicemembers to describe an improvised explosive device,

has taken new meaning for sufferers of PTSD. Intermittent

Explosive Disorder has symptoms described as violent outbursts that do not correlate to the situation<sup>2</sup>, such as,

striking someone who accidentally bumps into you.

Explosive outbursts have a propensity to damage property and harm unknowing bystanders<sup>5</sup>.

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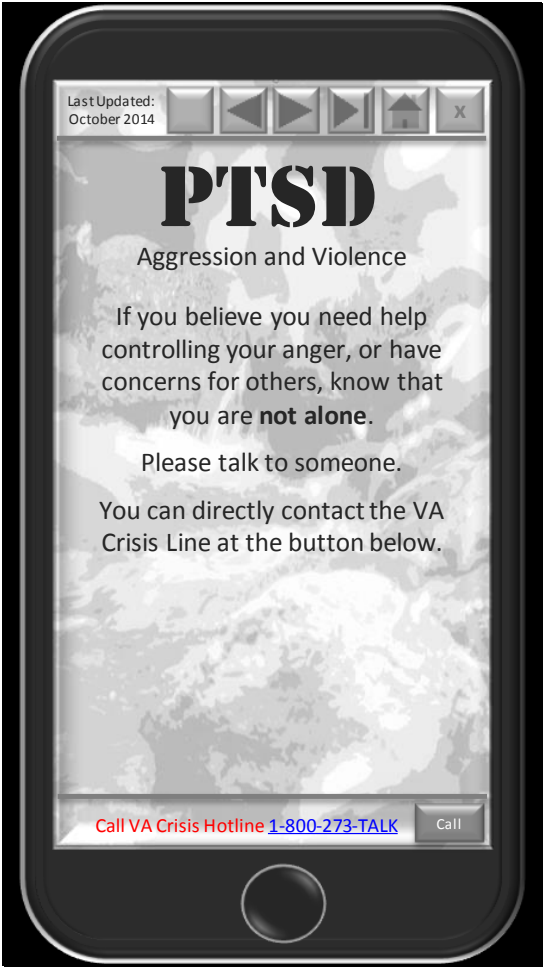
## Aggression and Violence

Recent indications relate a  
increasing prevalence of  
concurrent PTSD and IED, along  
with IED and alcohol abuse ,  
and IED and depression<sup>2</sup>.

Unfortunately, like depression,  
many symptoms of PTSD and  
aggression overlap, making  
symptoms indistinguishable  
from each other.

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## Sources

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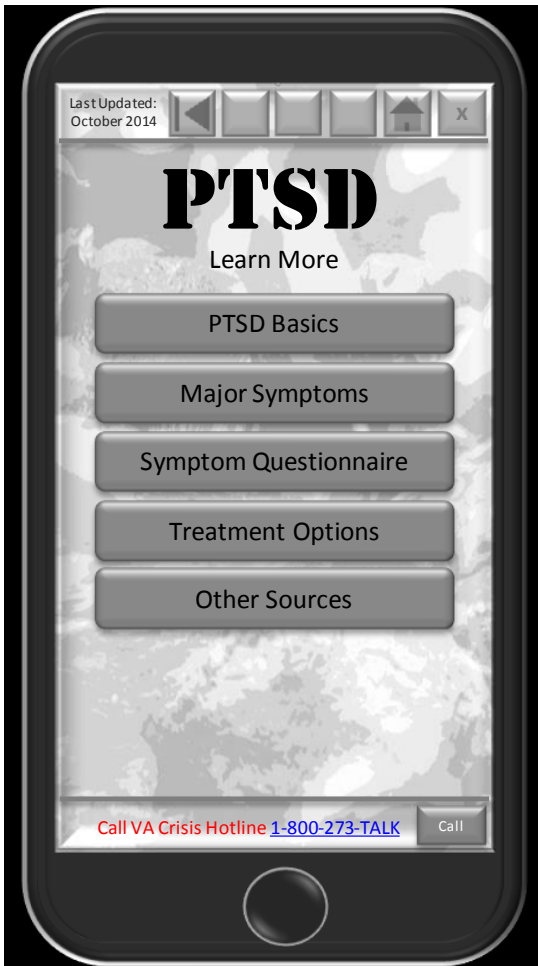
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**SLEEP DISTURBANCES  
SELECT: LEARN MORE**



## SELECT: MAJOR SYMPTOMS



## SELECT: SLEEP DISTURBANCES





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## Sleep Disturbances

Researchers believe dreams may be an attempt to overcome emotions and adapt to the traumatic event in the presence of the normal paralysis and emotional detachment that occurs with sleep<sup>3,4</sup>. Reports note 41% of service members get less than five hours of sleep a night<sup>4</sup>, and as many as 20% and 30% of nearly 39,000 study participants report sleep disturbances of some kind<sup>2</sup>.

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# PTSD

## Sleep Disturbances

Sleep disturbances range from sleep disruption, shortened duration, inability to fall/return to sleep, and deprivation related to night terrors and nightmares<sup>2</sup>. Numbers are likely underreported, increasing concern that a large percent of servicemembers are not obtaining rejuvenating sleep. Such disturbances affect physical and mental wellbeing, and leads to fatigue, irritability, inattention, impaired judgment, and disorientation<sup>3</sup>.

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## Sleep Disturbances

Nightmares also plague PTSD sufferers. Research varies regarding the percentage of veterans who actually relive the traumatic event versus those who only relive symbolic themes and emotions experienced during the actual event<sup>1</sup>. Until we understand the purpose of dreams there will always be disagreement in why persons who experience trauma relive the event during sleep and why it disrupts their sleep cycle.

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# PTSD

## Sleep Disturbances

If you are having trouble sleeping, or have concerns for others, know that you are **not alone**.

Please talk to someone.

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# PTSD

## Sources

1. Germain, A., & Zadra, A. (2009). Dreams and Nightmares in PTSD. In L. Squire (Ed.), *Encyclopedia of Neuroscience* (pp. 665-661). Salt Lake City: Academic Press.
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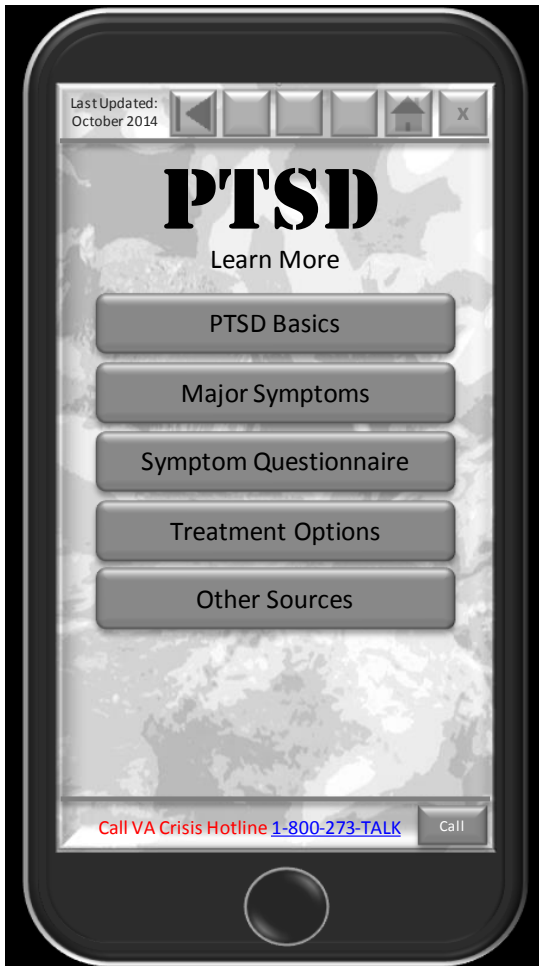
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**SUICIDE**  
**SELECT: LEARN MORE**



## SELECT: MAJOR SYMPTOMS



## SELECT: SUICIDE





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# PTSD

## Suicide

As many of the symptoms that predispose an individual to suicidal ideations overlap (ie. depression, sleep disturbances, and chronic pain), it is difficult to determine the causative agent involved when a veteran or service member takes/attempts to take his or her own life. Research as far back as the Vietnam era identified the risk between a history of PTSD and completed suicides, so the psychological consequence is not new<sup>2</sup>.

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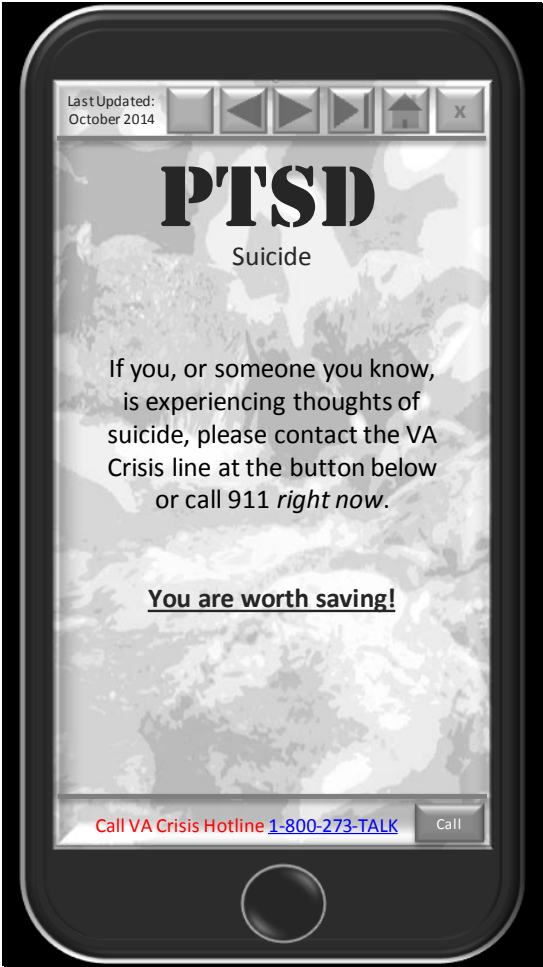
# PTSD

## Suicide

Some report suicidal ideation is tempered in persons with concurrent depression<sup>3</sup>. Others report an increase in suicide when PTSD combines with alcohol<sup>3</sup>. Ultimately, when PTSD combines with two or more disorders (ie. sleep disturbances and aggression), the likelihood of suicidal ideations increases<sup>2</sup>. Rates of suicide attempts in PTSD sufferers is greater than national average<sup>1,3</sup>.

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# PTSD

## Sources

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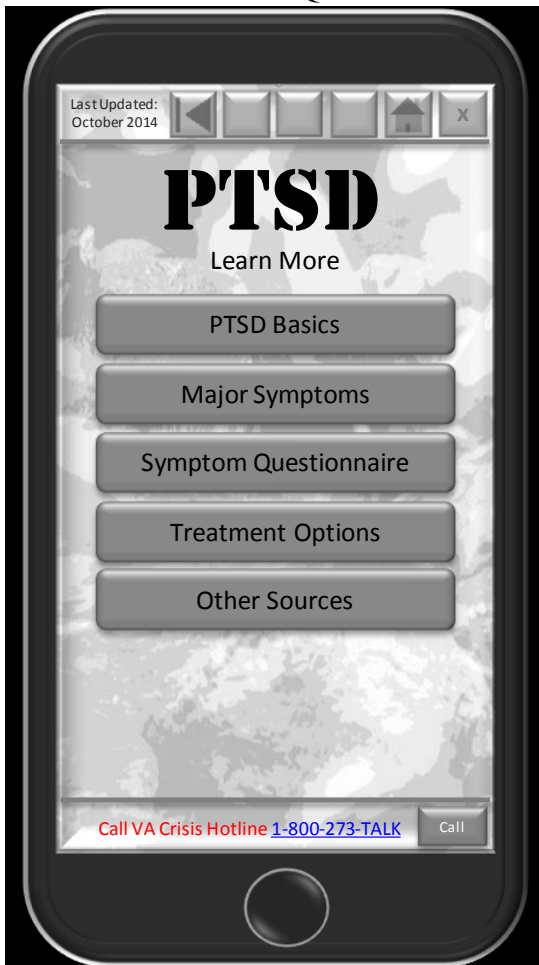
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**SYMPTOM QUESTIONNAIRE**  
**SELECT: LEARN MORE**



## SELECT: SYMPTOM QUESTIONNAIRE



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# PTSD

## Questionnaire

NOTICE: The following 20 questions are measures professional providers use to determine PTSD symptom severity and trending. This questionnaire is not scored, as it is not meant to diagnose, but if while reading along you answer *“a lot”* or *“yeah, sometimes”* to many, you should consider talking to a professional.

Click here to

[Find a VA Center.](#)

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#3. Suddenly feeling or acting  
as if the stressful experience  
were actually happening again  
(as if you were actually back  
there reliving it)?<sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#4. Feeling very upset when  
something reminded you of the  
stressful experience? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#5. Having strong physical  
reactions when something  
reminds you of the stressful  
experience (for example, heart  
pounding, trouble breathing,  
sweating)? <sup>1</sup>

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## Questionnaire

In the past month, how much  
were you bothered by:

#6. Avoiding memories,  
thoughts, or feelings related to  
the stressful experience? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#7. Avoiding external  
reminders of the stressful  
experience (... people,  
places,..., objects, or  
situations)?<sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#8. Trouble remembering  
important parts of the stressful  
experience? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#9. Having strong negative  
beliefs about yourself, other  
people, or the world (for  
example, having thoughts such  
as: I am bad, there is  
something seriously wrong  
with me, no one can be  
trusted, the world is  
completely dangerous)? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#10. Blaming yourself or  
someone else for the stressful  
experience or what happened  
after it? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#11. Having strong negative  
feelings, such as fear, horror,  
anger, guilt, or shame?<sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#12. Loss of interest in  
activities that you used to  
enjoy? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#14. Trouble experiencing  
positive feelings (for example,  
being unable to feel happiness  
or have loving feelings for  
people close to you)? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#15. Irritable behavior, angry  
outbursts, or acting  
aggressively? <sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

#16. Taking too many risks or  
doing things that could cause  
you harm?<sup>1</sup>

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# PTSD

## Questionnaire

In the past month, how much  
were you bothered by:

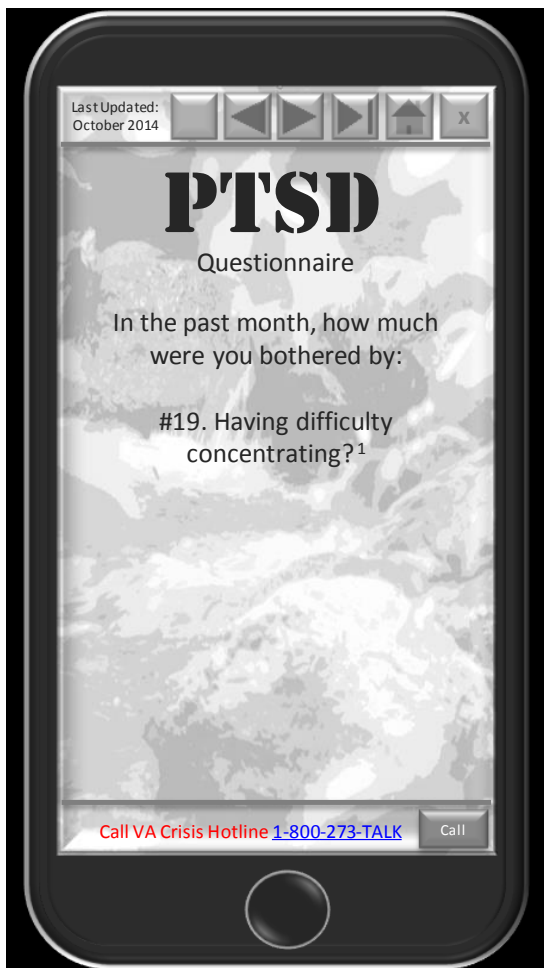
#17. Being “super-alert” or  
watchful or on guard? <sup>1</sup>

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# PTSD

## Source

1. Weathers, F., Litz, B., Keane, T., Palmieri, P., Marx, B., & Schnurr, P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved from National Center for PTSD: [http://www.ptsd.va.gov/professional/assessment/documents/PCL-5\\_081413\\_508.pdf](http://www.ptsd.va.gov/professional/assessment/documents/PCL-5_081413_508.pdf)

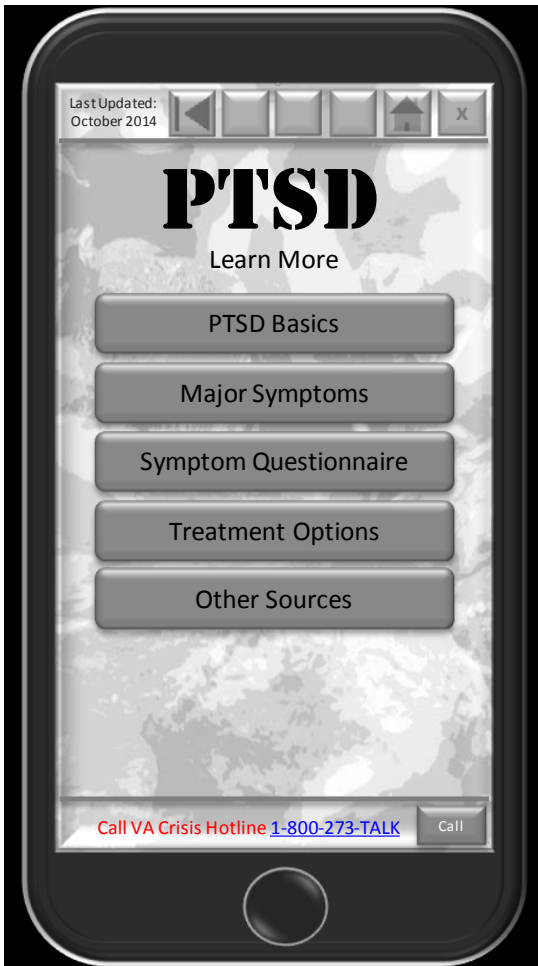
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**TREATMENT OPTIONS**  
**SELECT: LEARN MORE**



## SELECT: TREATMENT OPTIONS



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# PTSD

## Treatment Options

There are many options for treating PTSD and concurrent symptoms. Chosen methods depend on what you and your provider feel works best for you and your lifestyle. Some find relief of symptoms through medications and counseling, others through complimentary alternative therapy<sup>6</sup>. Still others find relief through combinations of all options. Early treatment helps prevent worsening of concurrent symptoms.

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# PTSD

## Treatment Options

Examples of medication therapy includes the treatment of the major symptoms<sup>6</sup>. For instance, treating insomnia with sleeping agents, treating anxiety related to constantly being “on watch” with anticonvulsants, and treating depression with anti-depressants. Treatment through conventional measures requires evaluation and prescriptions from licensed providers.

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# PTSD

## Treatment Options

Counseling is also an effective method of treatment<sup>6</sup>. Sometimes just taking the time to talk to someone about what is bothering you can help overcome the problem. Relief can also be found through sharing your feelings with a group of people who have been where you are.

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# PTSD

## Treatment Options

Alternative therapy examples include guided visualization, massage, light therapy, acupuncture, physical exercise, yoga, meditation, and deep breathing exercises<sup>2</sup>. This type of therapy does not require a licensed provider and can be as simple as taking a walk when you feel stressed. However, before starting an exercise program, always make sure you clear it with your primary care provider to ensure you are healthy enough for exercise.

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# PTSD

## Treatment Options

Another easy approach to stress relief is the use of yoga deep breathing techniques to calm anxiety, lift depression, and decrease hyperarousal.

Yoga, practiced by millions of people worldwide, is more than just proper posture.

Breathing is especially important and with practice, helps the individual become aware of internal stress-states through introspective reflection and mindful changes in behavior <sup>3,5,7,8</sup>.

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# PTSD

## Treatment Options

Studies suggest a potential positive use of such breathing exercises as an alternative approach to diminish PTSD symptom severity and severity of concurrent symptoms <sup>1, 3, 4, 5,8</sup>. Methods of breathing range from simple inhalation and exhalation exercises to structured rhythmic breathing according to time and musculature contraction. This can be used in conjunction with medication therapy and counseling sessions.

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# PTSD

## Sources

1. Descilo, T., Vedamurtachar, A., Gerbarg, P., Nagaraja, D., Gangadhar, B., Damodaran, B., . . . Brown, R. (2010). Effects of a yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 South-East Asia tsunami. *Acta Psychiatrica Scandinavica*, 289-300
2. Haija, A., & Kolasinski, S. (2013). Chapter 74. Complementary & Alternative Therapies. In J. Imboden, D. Hellmann, & J. Stone (Eds.), *CURRENT Rheumatology Diagnosis & Treatment*. New York: McGraw-Hill.
3. Kim, S., Schneider, S., Bevans, M., Kravitz, L., Mermier, ... & Burge, M. (2013). PTSD Symptom Reduction w/ Mindfulness-Based Stretching and Deep Breathing Exercise: RCT of Efficacy. *J Clin Endocrinol Metab*, 2984-2992

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## Sources

4. Seppala, E. M., Nitschke, J. B., Tudorascu, D. L., Hayes, A., & Goldstein, M. R. (2014). Breathing-Based Meditation Decreases Posttraumatic Stress Disorder Symptoms in U.S. Military Veterans: A Randomized Controlled Longitudinal Study. *Journal of Traumatic Stress*, 397–405
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6. Michels, P. J., Brown R.S., Steadman M (2011). Chapter 53. Anxiety Disorders. In South-Paul JE, Matheny SC, Lewis EL. (Eds), *CURRENT Diagnosis & Treatment in Family Medicine*, 3e. Retrieved October 05, 2014 from <http://accessmedicine.mhmedical.com.ezproxy1.library.arizona.edu/content.aspx?bookid=377&Sectionid=40349448>.

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## Sources

7. van der Kolk, B., Stone, L., West, J., Rhodes, A., Emerson, D., Suvak, M., & Spinazzola, J. (2014). Yoga as an Adjunctive Treatment for Post Traumatic Stress Disorder: A Randomized Control Trial. *Journal of Clinical Psychiatry*, e559-565
8. Mitchell, K. S., Dick, A. M., DiMartino, D. M., Smith, B. N., Niles, B., Koenen, K. C., & Street, A. (2014). A Pilot Study of a Randomized Controlled Trial of Yoga as an Intervention for PTSD Symptoms in Women. *Journal of Traumatic Stress*, 121–128.

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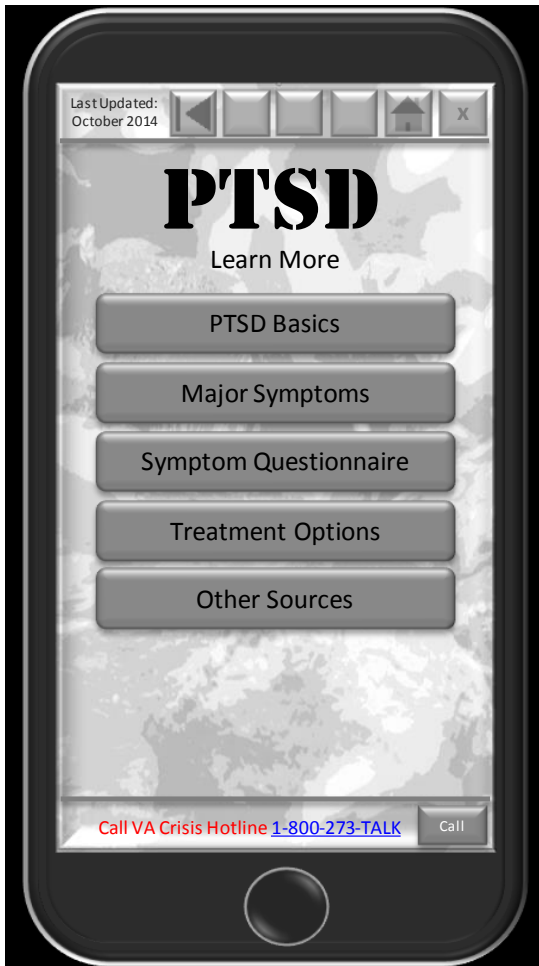
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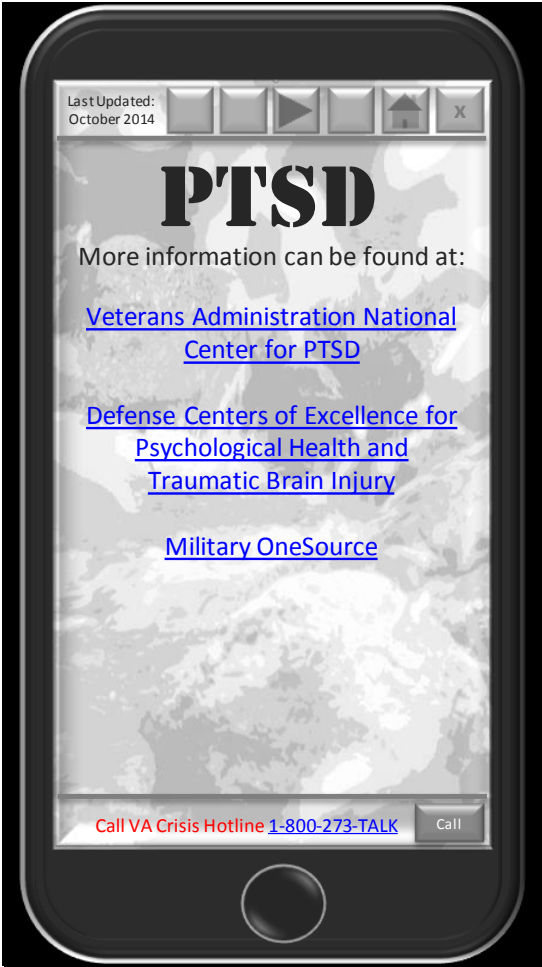
**OTHER SOURCES**  
**SELECT: LEARN MORE**





## SELECT: OTHER SOURCES





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# PTSD

More information can be found at:

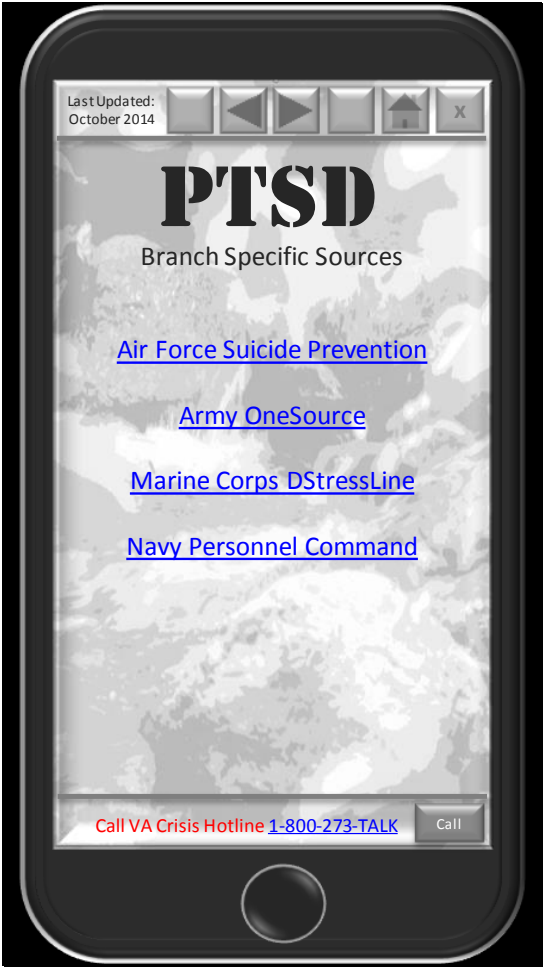
[Veterans Administration National  
Center for PTSD](#)

[Defense Centers of Excellence for  
Psychological Health and  
Traumatic Brain Injury](#)

[Military OneSource](#)

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# PTSD

Branch Specific Sources

[Air Force Suicide Prevention](#)

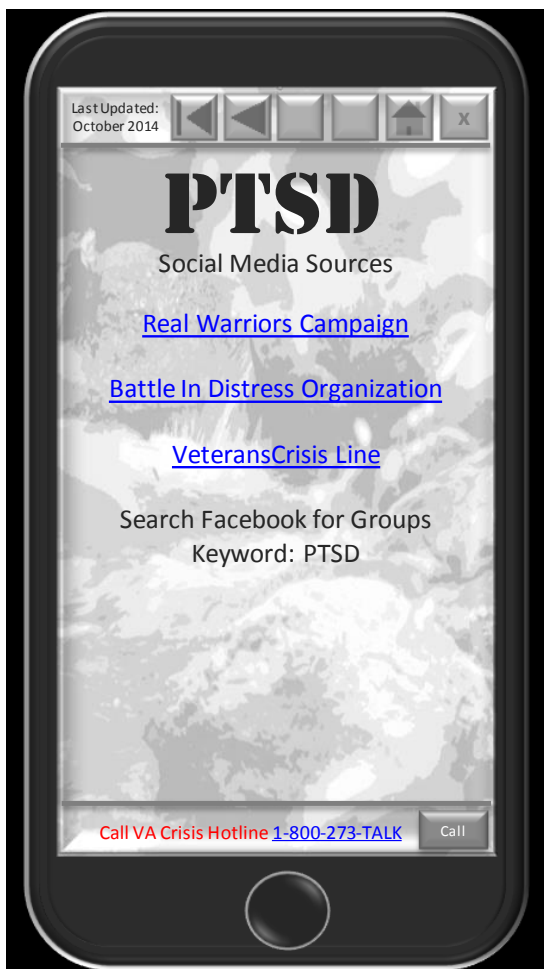
[Army OneSource](#)

[Marine Corps DStressLine](#)

[Navy Personnel Command](#)

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**RELAX: KEY POINTS**  
**SELECT: RELAX**



## SELECT: KEY POINTS



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# RELAX

## Key Points

Your breath and mental state are closely connected<sup>1</sup>. Change one to change the other.

You get out of this what you put into it. Half-hearted effort does not help reduce the state you are in. Try to focus on your breathing throughout.

You should try to commit to practice this on days when you are not stressed, so it can come natural when you are.

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# RELAX

## Key Points

You do not need special tools to perform this exercise. Your body is the only equipment required.

You should expect to spend a minimum of 15 minutes per session to get results.

You may set a watch or kitchen timer to 15 minute intervals if that is helpful.

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# RELAX

## Key Points

During the exercise, breathe through your nose when you inhale and through your mouth when you exhale. It controls the amount of air inhaled and forces you to slow down.

There are 32 postures in yoga.

For the purposes of this exercise, you are encouraged to use the beginner method and lie on your back, on the floor, flat, completely still, with arms outstretched at a 45 degree angle and palms up<sup>1</sup>.

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# RELAX

## Key Points

For those with knee or back issues, it is also possible to do this exercise while seated in a chair. Sit up straight, feet together on the floor. Kitchen chairs and folding chairs work best. Perch near the edge to avoid the temptation to slouch.

Whichever posture you choose make sure you are comfortable enough to maintain that position, without shifting, for 15 minutes.

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# RELAX

## Key Points

If you are a yoga expert, you may choose which asana (posture) you feel comfortable.

Most individuals can safely use yogic deep breathing exercises. Yogic breathing has not been deemed harmful in persons with chronic breathing issues<sup>2,3</sup>.

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# RELAX

## Sources

1. Rosen, R. (2012). *The Yoga of Breath: A Step-by-Step Guide to Pranayama*. Boston: Shambhala Publications.
2. Saxena, T., & Saxena, M. (2009). The effect of various breathing exercises (pranayama) in patients with bronchial asthma of mild to moderate severity. *Int J Yoga*, 22–25.
3. Sodhi, C., Singh, S., & Bery, A. (2014). Assessment of the quality of life in patients with bronchial asthma, before and after yoga: a randomised trial. *Iran J Allergy Asthma Immuno*, 55-60.

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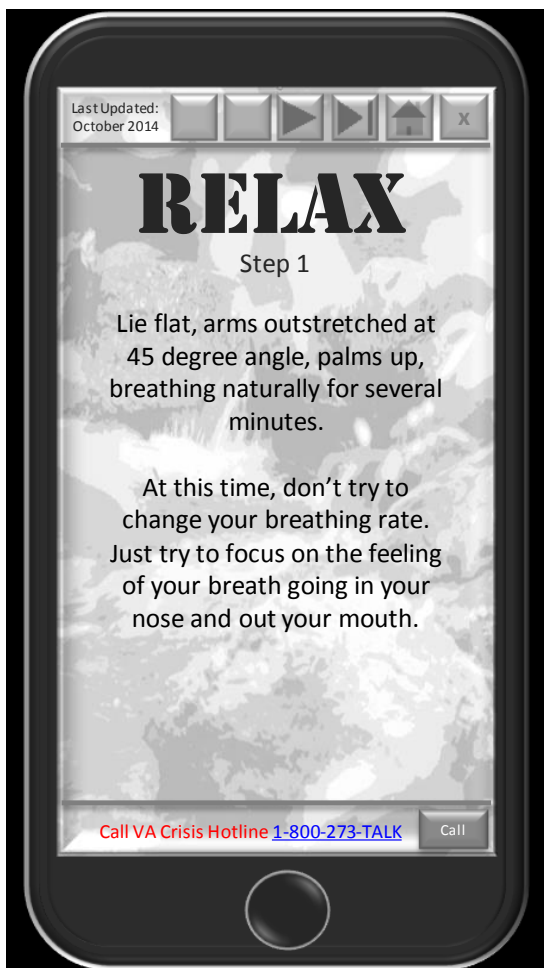
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**RELAX: READ  
SELECT: RELAX**



## SELECT: READ







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# RELAX

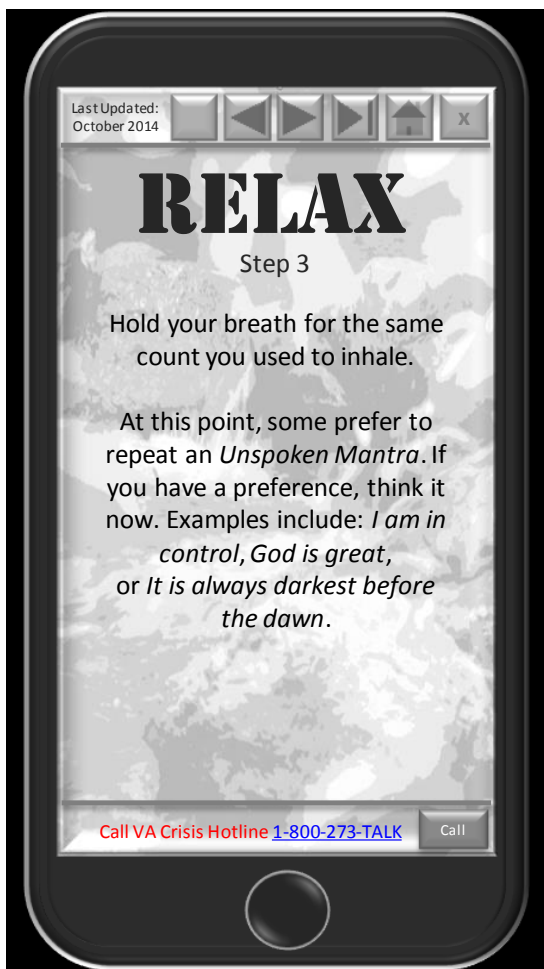
## Step 2

When you are ready, count to 3  
in your mind, inhaling while  
you do so.

If your chest is not fully  
expanded, and you feel you can  
further inhale, add 1 count per  
breath cycle until you reach  
max capacity, then subtract 1.  
This is your new count to use  
each time.

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# RELAX

## Step 4

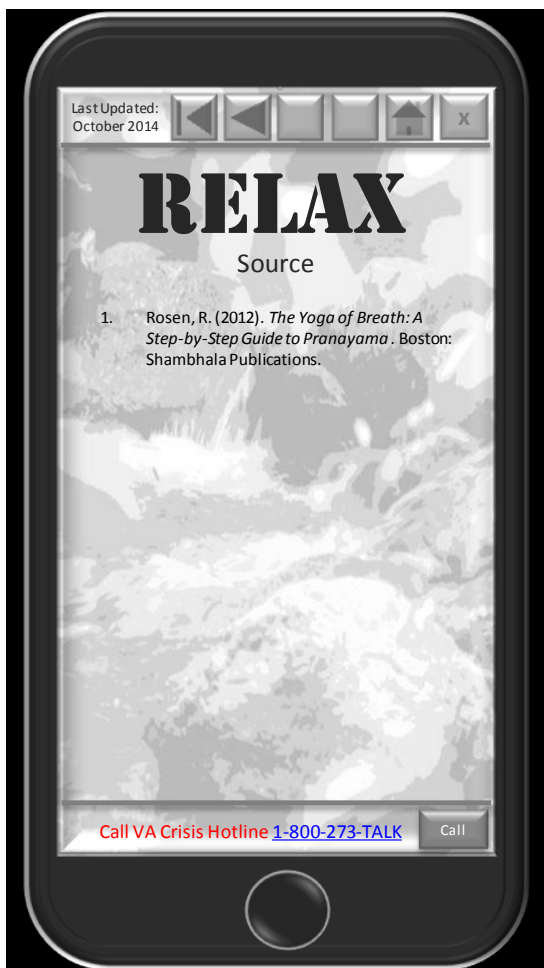
Exhale, counting to 5 in your mind.

If your breath is not fully exhaled, add 1 count per breath cycle until you reach max capacity, then subtract 1. This is your new count to use each time.

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**RELAX: LISTEN  
SELECT: RELAX**



## SELECT: LISTEN



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# RELAX

After you have assumed the beginners position and breathed naturally for several minutes, press start to begin and finish to return to the beginning.

*This exercise uses the following counts:*

Inhale - 3 count.  
Pause - 3 count.  
Exhale - 5 count.

Start

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# RELAX

After you have assumed the beginners position and breathed naturally for several minutes, press start to begin and finish to return to the beginning.

*This exercise uses the following counts:*

Inhale - 3 count.  
Pause - 3 count.  
Exhale - 5 count.

Finish

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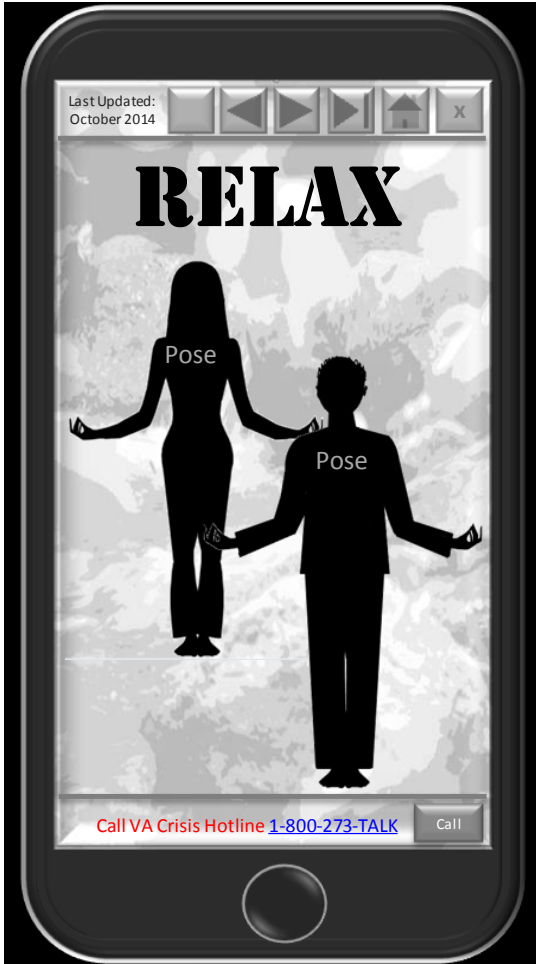


**RELAX: BEGINNER POSE**  
**SELECT: RELAX**



## SELECT: BEGINNER POSE





**AUTHOR**  
**SELECT: CONTACT AUTHOR**



# AUTHOR

