

# Checklist for Session 3: Targeting Nightmares, Part 1

- **Review Sleep Diary and Nightmare Log and Changes to Sleep Habits** (5 minutes)
- **Develop New Sleep Plan** (5 minutes)
- **Review Relaxation Practice and Troubleshoot** (5 minutes)
- **Targeting Nightmares** (25 minutes)
  - Facing the Nightmare
  - Write Nightmare Out
  - Read Nightmare
  - Process Nightmare
  - Alter Nightmare Themes
- **Deep Breathing Relaxation** (5 minutes)
- **Assign Home Practice** (5 minutes)
  - Follow your “New Sleep Plan.”
  - Complete the Sleep Diary and Nightmare Log.
  - Review session information in the patient packet and bring any questions to the next session.
  - Practice the relaxation exercise at least two times per day, with one of these times near bedtime, and record your practice on the Sleep Diary and Nightmare Log.

## Session 3: Targeting Nightmares, Part 1\*

**[\*REMINDER: Consider scheduling a 90-minute Session to complete Nightmare Exposure (Session 3) and Rescription (Session 4) in a single session, if possible.]**

I hope you found the information and skills in the last session useful. Today, we'll review your Sleep Diary and Nightmare Log and change your sleep routine if needed. Then we will discuss ways to address your nightmares.

### REVIEW SLEEP DIARY AND NIGHTMARE LOG AND DISCUSS CHANGES TO SLEEP HABITS

Let's take a look at your Sleep Diary and Nightmare Log and see how you did this week.

- How did it go following each step of the sleep plan since last session?
- Did you notice any changes in your nightmares or sleep?
- What were the major challenges you faced?

#### Develop New Sleep Plan (5 minutes)

- Let's update your "New Sleep Plan"
- Are there any habits that you feel are pretty natural to you now? The more you practice the new habits, the more natural they will become.
- What new habit or habits would you like to add to your sleep plan? Let's work on those habits that are the most likely to have the biggest impact on your sleep.



#### Troubleshoot and Encourage as Necessary (This section is repeated from prior session)

- Review Healthy Sleep Habit rationales as needed.
- Poor sleep habits may include avoiding thinking about the trauma or nightmares. This may make it more difficult to change these types of habits.
  - Formal or informal cognitive restructuring techniques may be used to assist the patient in identifying thoughts to help them engage in changing some habits.
  - Recognizing the motivation behind unhelpful habits can inform you how you might proceed. Are the patient's symptoms leading them to feel overwhelmed with making changes? Is avoidance leading to difficulties making changes?
  - Using a more gradual approach by changing one or two habits at a time, using a hierarchy instead of changing a lot of habits all at once, or making changes to a specific habit gradually may be indicated (See Session 1 Troubleshooting section "Setting Patients Up for Success in Changing Sleep Habits for more details").
- Help the patient recruit support from others as needed. For example, encourage the patient to have their bed partner review the material or even join session to understand why these changes to sleep are important for the patient. Alternatively, consider role-playing the discussion they can have with their bed partner at home. Teaching others the guidelines will reinforce learning.

- Remind them:
  - It is common for people to experience some trouble staying on track throughout treatment. How they handle this can make all the difference between getting the most out of the treatment and dropping out.
  - Instead of feeling guilt, self-blame, or thinking there is no use in continuing to work on the treatment, it can be helpful to focus on any progress made so far and to set realistic goals.
  - A slip is just a mistake and not a sign of weakness. People often have such slips, and most learn from them and succeed in the long run.
  - It can be helpful to think about what got them off track and how to help prevent similar problems next time.
  - It can be helpful to push oneself to practice even when one does not really feel up for it. If it's not the best effort, that's okay. At least practice will be in gear rather than staying stuck in neutral.

## REVIEW RELAXATION PRACTICE AND TROUBLESHOOT

How did the relaxation practice go for you since last session?

Review relaxation ratings on the Sleep Diary and Nightmare Log. [**Troubleshoot and encourage, if necessary.**]

## TARGETING NIGHTMARES

- Previous research has found that the nightmare technique we are about to use is helpful for trauma nightmares and sleep problems.
- The goal of this therapy is to try to lessen the number of nightmares you have and make them less upsetting. This may also help you feel better during the day. You may start to see changes in different areas of your life as you get better sleep.
- Just as in previous sessions, for this treatment to work, you will need to practice in between sessions.

## FACING THE NIGHTMARE

Because nightmares are stressful and upsetting, many people try not to talk or think about the nightmares. Trying to avoid things connected to trauma (including nightmares) is very common. This may seem like it is helpful because it gets rid of stress at first, but it can make problems worse in the long run.

[Remind patient of examples they may have provided.]

- Dealing with fears by facing them is one of the very oldest types of therapy.
  - What do most people say you should do if you fall off a bike?
  - How might a child feel after they fall off a bike and then get back on?
  - What do most parents tell their children to do? Why?
  - How have you overcome a fear in the past?
  - What we are going to do today is very similar.

- Today, you will take a big step toward facing the nightmares by writing out your nightmare. This will take back power from the nightmare.
- You will do this in session, so I will be here to support you through the process.
- First, we will review guidelines for writing the nightmare and some examples.
  - It is important to think about your most upsetting nightmare. Does that nightmare come to mind? **[If no]** It is not always clear which nightmare is the most upsetting. Consider which nightmare you have the most often, or a recent nightmare that was upsetting, that you can clearly remember, or that leads to the most sleep loss or distress the next day.

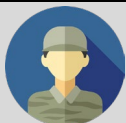
**[Show the patients these guidelines or write them on a board]**

- Write in present tense (e.g., “It is dark” or “We are bumping along”).
- Write in first person (e.g., “I am going” or “I see the blood”).
- Use sensory details. What are you seeing? Smelling? Tasting? Temperature? Lights? Sounds? The more details, the more vivid it will be, which will be helpful in the next step of rescripting the nightmare. Try to make the image as clear as possible.
- Try to write down as much of the nightmare as you can.
- Be sure to include the beginning, middle, and end.

**[Read one example nightmare]**

### **Nightmare Example 1: Sexual Assault Survivor**

“I walk into the room. It is very loud and there are people everywhere. The decorations are all green and everyone is dressed in green and gold. I am looking for my friends in the throng of people. A guy I know from the office approaches me. He is clearly drunk and swaying while he hands me a drink. I ask him if he’s seen Susan or Rose. He does not answer, pulling me into the middle of the room and tries to dance with me. There is so much noise – people laughing, music – I start to feel disoriented. I pull away and head to a different room. I see Susan and Rose across the room and call out to them. I start toward them when the guy grabs my arm and pulls me out of the room. We are in a room alone. I am scared and feeling ill and tell him I have to leave. He pushes me down. I scream and wake up.”



### **Nightmare Example 2: Service member who deployed after 9/11:**

“I am headed toward the shower, looking forward to a brief break from the stench. A call comes for us to report for a mission. I’m not sure what’s up, and I can feel my stomach clench. There’s a sour taste in my mouth. We get a bare-bones briefing and mount up. I have this nagging feeling that something is wrong, but there’s nothing to do but roll on. I’m in the back, sweating. Jones is on gunner. The sweat trickles down my back as I feel the truck slow down. I can taste diesel and I hear the foreign nationals outside. My heart speeds up. Something bad is coming—we need to keep moving. I shake my head. I know I’m dreaming—I can feel my weapon, feel the sweat drip down my back, but I’m in motion, and I cannot stop what I’m doing. My body is on autopilot. At the same time, I can see myself like I’m watching TV, watching death march in my direction. The truck stops and I hear Jones, shouting. I hear “IED! IED!” and then, BOOM! There’s ringing in my ears and my vision is pulling in and out, distorting. I look right and see blood everywhere. I realize there are

pieces of our translator on me. I smell burning flesh and fuel. I look for Jones. He's knocked out, bleeding, but I cannot see where from. My vision turns red and my eyes burn. I realize there's blood in my eyes. Is it mine? I hear the volley of gunfire starting—behind us, to both sides. I hear my heart whooshing in my ears and then my vision starts to fade, first grey, then black. I am useless.”

*What questions do you have about writing out your nightmare based on this example?*

## WRITE NIGHTMARE OUT

You'll have about ten minutes to write **[allow more time if feasible]**.

*Before you begin, rate how tense/upset you feel on a 100-point scale, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body. [Make a note of response.]*

**[If needed.]** Sometimes people feel like the nightmare is real or the trauma is happening all over again. It is NOT happening again. It is a dream. It is not real and it cannot hurt you. Remind yourself that it is not real and that you are safe. Take a look around and describe what you see. This can help you to have more control over your feelings about the nightmare. You are not alone. I will be here in the room for support but will be focusing on something else to give you space to write.

**[Have patient write out the nightmare.]**

- **Stay in the room but avoid being on a phone or on a computer while the patient writes.**
- **[If needed.] Offer encouragement without interfering with the process.**
  - *For example, I know this is hard, but you can do it.*
- **Allow the patient to have ten minutes or more time if feasible.**
- **Consider setting a timer, perhaps in the patient's view if that would be helpful for the patient.**
  - **Give the patient reminders when time is running low, without pressuring them.**
  - **Allow them to finish if they need a few more minutes.**

*How tense/upset do you feel **after** writing out the nightmare (on a scale of 0–100)? [Make a note of response.]*

**[If needed.]** You may feel more upset after writing the nightmare. This is normal. The first few times you do something you are afraid of, you are likely to feel some fear. Try not to let this bother you—it will go away. The more you talk, write, read, or think about the nightmare, the less upset you will feel.

## READ NIGHTMARE

Now that you have written out your nightmare, the next step will be for you to read your nightmare out loud. Reading your nightmare out loud may seem stressful, but this will give you another way to face your nightmare and take back your control. This time, it's on your terms. It may also help you to feel less alone to share the nightmare with a supportive person.

**[Listen for themes (e.g., safety, power/control, intimacy, trust, esteem) in order to facilitate theme identification in this session. It is okay to empathize with how terrible the nightmare is, but focus on the nightmare and not the trauma, even if the nightmare is very similar. It is very important at this point to differentiate the nightmare from the trauma itself.]**

*How tense/upset do you feel after **reading** the nightmare (on a scale of 0–100)? [Make a note of response.]*

Congratulations! This was probably the hardest part of the therapy! You faced the thing that has been bothering you. You are already taking back your power and increasing the control in your life. Now you've read your nightmare out loud.

## PROCESS NIGHTMARE

As you read your nightmare, did you notice any of the following themes in your nightmare?

- **Safety:** Feeling unsafe, seeing dangerous things happening, or being in danger.
- **Power/Control:** Not being able to control what is happening, not calling the shots.
- **Intimacy:** Feeling close to other people, or a lack of closeness.
- **Trust:** Not being able to count on others or yourself.
- **Esteem:** Not feeling good about yourself or not feeling good about others.

These ideas you picked out are very important to keep in your mind during this next part, when we get to make some changes. These areas are considered “stuck points”—thoughts or feelings that you are having problems working through. Picking out these themes is the first step toward dealing with them.

## ALTER NIGHTMARE THEMES

Now that you have written out and read your nightmare, it is time to make some changes!

- The nightmare is not helping you. It is causing awakenings and distress and is not serving a purpose. The idea of rescripting the nightmare—that is, writing a new dream script—is to give your mind a different direction to go in during the night: different images, storylines, and emotions. This is similar to the way athletes visualize their actions before a competition. If you have ever watched the Olympics, they typically show athletes closing their eyes and making body movements right before their performance. This improves performance. Rewriting the nightmare is a way of helping improve sleep performance.
- Another way to think about it is that we are priming the brain to have a different type of dream. Let's review an example of priming the brain. If you have ever been interested in

getting a new car, you might think about some options. Once you are interested in a particular type of car, you start noticing them everywhere. The number of that type of car did not suddenly change. Your brain was just primed to notice them and started finding them around you more. Similarly, we want to prime the brain to be ready for different emotions and images at night that are not so intense and distressing that they cause awakening.

- Believe it or not, changing your nightmare is just like changing any other behavior, because like other behaviors, it involves learning. When nightmares happen over and over for more than one (1) month, the nightmare patterns become the automatic, or “default” dream pattern. Therefore, creating and repeating new dream scripts that are not bothersome during the day can reverse the old, bothersome dream pattern.
- What we have found is working with the nightmare in a safe environment will give you a chance to have more of a sense of control over the nightmare. The changed version of the dream will also emphasize your ability to control what happens in the dream.
- Imagery can be very powerful and you have many images stuck in your mind. You can learn to use imagery to your advantage, as a tool in helping yourself master those negative images.
- With this in mind, one of your assignments this week will be to *start thinking about ways you will change your nightmare*. You can change any part you want—the beginning, the middle, or the end—as long as it targets the idea/theme you noticed. If you noticed several of the themes in your nightmare, it may be helpful to pick one or two to focus on for the next part of the treatment.
- In order for the treatment to work, your new dream needs to have some kind of connection to the nightmare. Here are some ideas that others have found worked well for them:
  - **Power-focused ideas:** more or better weapons, size change, rank change, control of time, control of environment.
  - **Safety-focused ideas:** body armor, physical cover, additional exits, change injury location/type, night vision, scopes, advance warning, prophetic dream/bad feeling, support person, law enforcement, ability to fly/teleport/be invisible. You can also consider changing/reducing the intensity of what happened—i.e., turning down the volume of what happened, or making a PG-13 version of what happened.
  - **Intimacy-focused ideas:** add in a trusted friend, have a battle buddy, increase honesty, emotional honesty.
  - **Trust-focused ideas:** being believed, leadership following through, promises kept, consistent rules and punishment, added security, making multiple copies of items, conversation changes or adding conversations you wish would have happened.
  - **Esteem-focused ideas:** act in a way that is in line with your beliefs, recognition from others, different/better training, honoring the dead/injured, result is a different ending, “spirit or ghost discussion” (can talk with someone who is dead/knocked out).
- We believe that imagining yourself taking an active role in the new dream can be important.
- As you think about how to change your nightmare, try not to judge your ideas immediately. Write down any ideas you have on the log in your packet.

As you think about changing your nightmare, it may feel strange or even “untrue.” If that happens, it’s okay! That is a sign that it is different from the old nightmare. We want to develop a “new” habit, so it may feel different at first. Some changes in nightmares are mild and realistic, and some are “wild and wacky.” Believe it or not, both can provide you with some much-needed relief.

- The changes we make in dream scripts are always aimed to give you an increased sense of control or mastery over the nightmare and its content, or to help you to complete the dream in a more comfortable way.

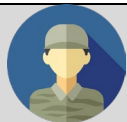
Let’s take a look at an example first.

**[Read most relevant example rescription; underlined sections indicate where the dream has been changed. Additional rescription examples are included in the Appendixes.]**

### **Rescription Example 1. Sexual Assault Survivor**

#### **Target Themes: Power, Intimacy, Safety**

“I walk into the room. It is very loud and there are people everywhere. The decorations are all green and everyone is dressed in green and gold. I am looking for my friends in the throng of people. A guy I know from the office approaches me. He is clearly drunk and swaying while he hands me a drink. I quickly text Susan and Rose our code phrase to indicate that I need help. This guy grabs me and pulls me into the middle of the room and tries to dance with me. There is so much noise – people laughing, music – I start to feel disoriented. I realize that a song I know is playing. It is “Thriller” by Michael Jackson. As it plays, this guy does the classic dance with his arms out and marches toward me, but suddenly the song stops and this guy freezes In place. Now I see Susan and Rose enter from across the room. They are wearing tan jumpsuits with proton packs on their back. A new song starts to play instead, and it is “Ghostbusters” from the classic movie. Susan and Rose walk up to me and hand me their extra proton pack. I position it on my back. I look at this guy still frozen. I am no longer alone. I am no longer afraid. I have the power. I look at my girls and say our code phrase from before, “Who you gonna call?” They shout in response, “Creepbusters!” We blast this guy with our proton packs and use them to capture him in the creep box. We toss the creep box into a side room and go back to the party. The next song comes on, and it’s “Girls just want to have fun” by Cyndi Lauper. I scream with joy! Susan and Rose hold my hands as we walk on the dance floor, and I’ve never felt so strong.”



### **Rescription Example 2. Service member who deployed after 9/11:**

#### **Target Themes: safety and power/control**

“I am headed toward the shower, looking forward to a brief break from the stench. A call comes for us to report for a mission. I’m not sure what’s up, and I can feel my stomach clench. There’s a sour taste in my mouth. We get a bare-bones briefing and mount up. I have this nagging feeling that something is wrong, but there’s nothing I can to do but roll on. I realize that I am in a dream. I look down at my hands. I feel my weapon just like I do every night. I have to take back control of this dream. I concentrate on my senses. I feel the vehicle rumbling. I feel my weapon in my hands. I can feel these things. If I can feel these things then I am here. If I am here then I can



control them, I think to myself. I call for the vehicle to stop. This is different. I know that I have more options and I decide to take action. I roll up my sleeve to discover the high-tech wristband I have received. I push a button and activate a giant force field that surrounds our convoy. I hear the driver yell “IED,” and there is a loud boom but we all know we are safe. The debris from the explosion bounces off the force field like rain. The smoke clears and no one was hurt. Next I look to the sky, and I call for the end of the night. The sun rises and with its rays, the buildings around me crumble to dust, then the mountains. Soon a plane of nothingness stretches out before me as far as I can see. Grass starts first, shooting up around me, followed by flowers and shrubs. Finally, massive trees burst from beneath, showering me with dirt that gently falls off. A soft trickle gently rises to a quiet roar as a stream rushes past and into existence. I sit here and I know I am safe!”

Remember, looking for the idea(s) and making them part of your changed dream can make you feel more in control.

**[If time allows and it would be helpful, read other rescription examples from the Appendixes.]**

*What questions or concerns do you have at this point?*



### **Troubleshooting: Nightmare Rescriptions**

It is important for dream rescriptions to come from the patient. However, some patients can get stuck.

- **If the patient is skeptical about rescripting the dream:**
  - You may feel skeptical about the treatment. This is understandable. It is difficult to accept at face value that a nightmare that has persisted unchanged will change or disappear, or that changing dreams in a waking state, will have any influence over what occurs in a sleeping state.
  - I am open to hearing your views or concerns about this technique. I encourage you to keep an open mind and to work with me to try this technique to see if it can help you.
- **If the patient is concerned about changing a dream that reflects a real memory:**
  - This treatment is not intended to change your memory of a real event that happened in your life. By changing your dream script I do not mean to erase, disrespect, or trivialize any experience that you have had. I respect you, and I am here to help you. There is a distinction between your memory of the event while you are awake and the representation of the event in your dreams while you sleep.
  - “Normal” dreams distort reality by including significant imaginative and symbolic content. Sometimes the dreams mix up elements of one’s current

concerns and previous experiences. For example, a person may be anxious about a job interview the next day and have a dream about preparing for a difficult high school history exam.

- It might be helpful to find other ways to honor the events or people who are involved in the memory that the dream is reflecting.

- **If the patient uses violence in the rescription:**

- Violence in rescriptions may be a form of empowerment for individuals whose nightmares have strong themes of powerlessness.
- However, if the individual has already spent a lot of time imagining the violence and they are still having nightmares, that suggests the violent path is not working. Also, research shows that violence in rescriptions may not be as helpful as other ways of making change.
- The patient can give it a try for a week to see how it goes and rescript again next time.
- The patient can also consider whether violence is aligned with their values and how they want to be in the world.

- **If the patient is having difficulty coming up with ideas for the rescription:**

- The changes are aimed to provide you with an increased sense of control or mastery over the dream and its content or help you to complete the dream.
- Is it ok if I give you some examples from the work we've done with others and brainstorm together some possible changes for your nightmare? Here are some examples of the different strategies for change. You do not necessarily need to use these \ examples but they may give you some ideas.

- **Alternate Endings may range from minor to highly imaginative.**

- Changing the dream so that it ends with the dreamer sprouting wings and flying away to a safe and wonderful place.
- Changing the dream so that a noise in the bushes turns out to be a harmless animal rather than an enemy combatant.

- **Inserting reminders that prompt different ways of viewing the events of the dream.**

- Placing meaningful objects into the dream scene that remind you that you survived the actual events replayed in or symbolized by the dream.
- Having others present in the dream remind you of other ways that you have learned to deal with or think about these actual events.
- Insert people you have met since returning from Iraq/Afghanistan to remind you that you are home.
- Insert "only a dream" reminders to make it clear that you are dreaming rather than living an event such as wearing pajamas.

- **Transforming Threatening Objects into Benign or Harmless ones**

- Transforming artillery fire into a fireworks display or having someone's gun become a water pistol.
- A loud noise turns out to be the trash truck or thunder rather than something dangerous.

- Distancing techniques to help you gain a distance from the content of your dream rather than being an actor in the dream.
  - Add a demonstration of you gaining control over a dream instead of allowing it to take control of you. For example, viewing the dream on a screen or TV that you can switch off, change the channel, lower the volume, or change the color.
  - Make the dream unreal by placing cartoon characters into the dream.

## DEEP BREATHING RELAXATION

*Now that we have gone through the nightmare work for the first time, let's practice another relaxation skill.*

For many of us, breathing with our chests is a habit, and it may feel strange to breathe into the belly. Next, we will go through an easy way to start mastering belly breathing.

*First, tell me how tense you feel on a scale of 0–100, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body. [Make a note of response.]*

**[Play relaxation recording, or read the following script:]**

- Put one hand on your upper chest and one on your belly, just below your rib cage.
- Close your eyes and breathe in slowly through your nose.
- Expand your belly as you breathe in.
- The hand on your belly should move a lot, while the hand on your chest will barely move.
- Pause naturally, then tighten up your stomach muscles and slowly exhale, allowing the air to gradually escape through your lips.
- The hand on your stomach will fall quite a bit, while the hand on your chest will hardly move.
- Try to keep your breathing slow, smooth, and easy. Many people find it easiest to breathe through their nose, but do whatever is most comfortable for you and allows you to breathe most naturally.
- When you breathe in, think “one” to yourself.
- Then breathe out slowly and think the word “relax.”
- On your next breath, think “two” as you breathe in, and “relax” as you breathe out.
- Continue counting until you reach “eight,” and then count backward, back down to “one.”
- Try to focus only on your breathing and the words. Open your eyes when you are finished.

**[When patient is finished:]** *Great, now can you tell me again how tense you feel on the same 100-point scale, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body. [Make a note of response.]*

*How was that for you? Any difficulties?*



### Troubleshooting: Relaxation Practice (This section is repeated from prior session)

- Some people find this easier to do **lying on their back** in a quiet place where they know they will not be disturbed. However, we do not want you to practice in bed unless it is bedtime.
- You might also want to try practicing with a **book on your belly while lying down**; that way you can watch it rise and fall while you practice, letting you know that you're breathing deeply with your diaphragm instead of shallowly with your chest.
- Strive to **make the flow of your breath smooth and gentle**. Try to find a steady rhythm in your breathing. Think of your belly as a balloon that expands and collapses.
- **Practice**. Even if it's hard at first, it will get easier and more automatic over time.
- **Be patient**. Although "breathing" sounds like it should be easy to do, diaphragmatic breathing takes practice. It is important that you feel comfortable with this type of breathing before you move onto the guided breathing exercise.

### SESSION 3 HOME PRACTICE

- Follow your "New Sleep Plan."
- Complete the Sleep Diary and Nightmare Log.
- Review session information in the patient packet and bring any questions to the next session.
- Practice the relaxation exercise at least two times per day, with one of these times near bedtime, and record your practice on the Sleep Diary and Nightmare Log.
- These media files are available to share or download:
  - Progressive Muscle Relaxation Guided Imagery Script One: <https://vimeo.com/480387339>
  - Progressive Muscle Relaxation Guided Imagery Script Two: <https://vimeo.com/480399123>
  - Progressive Muscle Relaxation without Music: <https://vimeo.com/480401030>
  - Progressive Muscle Relaxation with Music: <https://vimeo.com/480402598>
- Other relaxation resources that are preferred can be used as well. It is recommended that relaxation practice be at least 10-15 minutes and include some element of guided imagery.
- Start thinking about and making notes of ways to change your nightmare using themes we discussed today. We will write the rescription at the next session.

**[Consider scheduling Rescription as soon as is feasible]**