GUIDED OVERBREATHING

| CLIENT NAME | Type: A T Session # Date |
|---|---|
| PRACTITIONER NAME | _ Email |
| Intentional overbreathing is an important discovery and learning tool for per a very important part of evaluation and training. Does your client automat hypocapnia is often a key consideration in vicious circle dysfunctional breath | cally recover without your assistance? Failure to recover from |
| While guiding your clients into hypocapnia look for triggered physical symptochanging PCO ₂ remind your client of earlier times, places, or people? | oms, emotions, thoughts, memories, and shifts in consciousness. Does |
| Ask your client about their experiences (phenomenology), to be answered p these experiences during the recovery period (not during the guided overbre unless (s)he fails to show signs of recovery after five minutes or more. | |
| Which of the following were important while coaching your client to over | erbreathe? How and why? |
| □ DEPTH: Describe the details of what you did and its outcomes. | |
| Note: Increase the size of the breath gradually and incrementally. | |
| □ RATE: Describe the details of what you did and its outcomes. | |
| Note: Increase breathing rate sparingly. Aborted exhales may result in inac | curate readings. |
| □ MODELING: Describe the details of what you did and its outcomes. | |
| Note: If coaching is ineffective, modeling overbreathing may become neces | sary. |
| □ LEVELS: To what levels of PetCO₂ did you coach your client, how long, a | and why? |
| Note: Customize levels of PetCO ₂ based on client uniqueness, e.g., in some | e cases mild levels of hypocapnia will suffice. |
| □ FOCUS: What was your coaching focus while bringing down PetCO₂ level | els and why? |
| Note: Focus on physical and psychological changes based on earlier inform | ation gathering (e.g., checklist, questionnaire, interview content). |
| ☐ Head? Do you feel dizzy, sleepy, headache, or ringing in your ears?☐ Jaws? Are they tight, painful, difficult to move, or relaxed? | |
| □ Throat? Can you swallow, breathe, and talk normally? Is your throat close | sing? |
| □ Throat? Can you swallow, breathe, and talk normally? Is your throat close □ Upper body? Do you feel cold or hot, constrained, limited, restricted, und | comfortable? |
| Chest? Do you feel tightness, constriction, pressure, or pain? Heart? Is your heart racing? Does it feel "funny?" Does it worry you? | |
| □ Abdomen? Do you feel nauseous? Are you cramping? Do you feel pain | ? |
| □ Feet, legs? Can you feel your feet? Do they feel connected to you? □ Fingers, lips? Are they numb, tingling, cold, warm, stiff, dry, or wet? | |
| | |
| □ Vision? Look around. Can you focus? Can you see clearly?□ Sound? Does my voice seem further away, closer, or the same? | |
| Muscles? Do you feel muscle cramping, stiffness, or pain? Pain? Is pain appearing in places you've been previously challenged? | |
| | |
| Consciousness? Do you feel disconnected, disoriented, unfocused, or consciousness? Can you focus? Are you alert clear headed or scattered? | onfused? |
| □ Attention? Can you focus? Are you alert, clear headed, or scattered? □ Thoughts? What are you saying to yourself? What images are coming to | o you? |
| Memories? Does this experience remind you of past or present events? | |
| Negative emotions? Do you feel anxious, angry, upset, threatened, isola Positive emotions? Do you feel safer, relieved, drugged, freer, good, or | neu, or tearrur?better? |
| □ Sense of self? Do you feel more or less confident, more or less vulnerable | le |
| □ Sense of control? Do you feel more or less in control? If so, how does it | matter? |
| □ Other (e.g., body temperature)? | |

PRECAUTIONS

By taking proper precautions, neither the practitioner nor the learner, need be afraid of intentional overbreathing. After all, overbreathing is the problem, and as a behavior, it must be addressed. In fact, fear of overbreathing and its effects may even contribute to the problem. These precautions include:

- having a paper bag available,
- being vigilant of indicative behavioral nuances,
- advising the client that s(he) may discontinue at any time,
- being prepared to stop coaching when you see a contraindication, and
- being prepared to implement short-term interventions.

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| Did your client recover from hypocapnia, without your assistance? YES NO If so, how long did it take? If not, what was your client's explanation? |
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| If you gave assistance, did your client return to normal? If so, how long did it take? If not, describe the outcome. If not, describe the outcome. If you gave assistance, did your client return to normal? If you gave assistance, did you gave assistance, did you gave assistance, did you gave assistance, did you gave assist |
| Which of the following self-interventions did you implement? |
| Observe your breath, watch it, but don't manipulate it. Exhale completely, but not forcibly. Extend the transition times from exhale to inhale, Breathe with your diaphragm, if possible. Breathe slowly, but NOT deeply. Breathe through your nose. Breathe gently and as quietly as possible. Stop negative thoughts about your breathing. Think embracing thoughts about people, circumstances, and events. Translate anxiety into excitement |
| Use earplugs, and listen to your breathing. Make it as quiet as possible. Extend the transition to longer and longer times: 2, 4, 8 seconds. Take smaller breaths, and don't worry about how fast or slow. Hold your breath, letting CO2 accumulate. Use a paper bag if necessary, and repeat the above. Other |
| Which self-interventions, if used, were the most useful? |
| Which self-interventions, if any, were not useful? What is your explanation? |
| RECOVERY INTERVIEW (time frame following guided overbreathing): |
| What did your client say about their overbreathing experience? Did it remind your client of earlier times, places, or people? What did (s)he say about the experience of recovery? What did your client learn? |
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