Seeking safety: a treatment manual for PTSD and substance abuse (Handouts)/ by Lisa M. Najavits.

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THERAPIST SHEET

Session Format

INTRODUCTION

1. Check-In

To find out how patients are doing. Patients report on five questions. Since the last session (a) "How are you feeling?" (b) "What good coping have you done?" (c) "Any substance use or other unsafe behavior?" (d) "Did you complete your commitment?" and (e) *Community Resource* update? (up to 5 minutes per patient).

2. The Quotation

To help emotionally engage patients in the session. A patient reads the quotation out loud. The therapist asks, "What is the main point of the quotation?", and links it to the session (2 minutes).

SESSION TOPIC

3. Relate the Topic to Patients' Lives

To connect the topic meaningfully to patients' experience. This is the heart of the session, using specific and current examples from patients' lives and offering intensive rehearsal of the material (30–40 minutes).

Protocol:

A. Ask patients to look through the handouts (up to 5 minutes).
B. Relate the material to current and specific problems in patients' lives.

✶ Optional: The Safe Coping Sheet

CLOSING

4. Check-Out

To reinforce patients' progress and give the therapist feedback. Patients answer three questions: (a) "Name one thing you got out of today's session (and any problems with the session)"; (b) "What is your new commitment?"; and (c) What *Community Resource* will you call? (up to 5 minutes).

✶ Optional: End-of-Session Questionnaire

Reminder: The "Big Picture" Priorities Are To . . .

1. Eliminate **substance use**
2. Reduce **PTSD symptoms**
3. Increase **safety** (from HIV risk, domestic violence, self-harm, etc.)

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Check-In and Check-Out

CHECK-IN

Since your last session . . .

1. How are you **feeling**?

2. What **good coping** have you done?

3. Any **substance use** or other **unsafe behavior**?

4. Did you complete your **commitment**?

5. **Community resource** update?

CHECK-OUT

1. **Name one thing** you got out of today's session (and any problems with the session).

2. What is your new **commitment**?

3. What **community resource** will you call?

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Core Concepts of Treatment

- ★ Stay safe
- ★ Respect yourself
- ★ Use coping—not substances—to escape the pain
- ★ Make the present and future better than the past
- ★ Learn to trust
- ★ Take good care of your body
- ★ Get help from safe people
- ★ To heal fully from PTSD, become substance-free
- ★ If one method doesn't work, try something else
- ★ Never, never, never, never, never, never, never, *never* give up!

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HANDOUT 3

List of Treatment Topics

	Completed (yes/no)
Introduction to Treatment/Case Management	
Safety	
PTSD: Taking Back Your Power	
Detaching from Emotional Pain (Grounding)	
When Substances Control You	
Asking for Help	
Taking Good Care of Yourself	
Compassion	
Red and Green Flags	
Honesty	
Recovery Thinking	
Integrating the Split Self	
Commitment	
Creating Meaning	
Community Resources	
Setting Boundaries in Relationships	
Discovery	
Getting Others to Support Your Recovery	
Coping with Triggers	
Respecting Your Time	
Healthy Relationships	
Self-Nurturing	
Healing from Anger	
The Life Choices Game (Review)	
Termination	

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Safe Coping Sheet

Name: ______________________________ Date: ______________

You can learn to cope safely, no matter what happens in your life.

	Old Way	**New Way**
Situation		
★ **Your Coping** ★		
Consequence		

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Commitment to Recovery

A commitment is a promise—to yourself, to your recovery, and to your therapist.
If you cannot complete your commitment, or need to change it,
be sure to leave your therapist a message before your next session.

Name: ______________________________ Date: ____________

Commitment **for next session**	
I will do:	**By when:**

Community Resource **to call before next session**	
I will call:	**By when:**

REMINDERS

- Your next session is scheduled for: _________ Date _________ Time
- Where will you put this sheet to remember it?: Wallet ____ Refrigerator door ____ Notebook ____
  Other location: ______________________________

(*tear here*) – (*tear here*)

THERAPIST COPY

Patient Initials: Today's Date:

Commitment **for next session**	
I will do:	**By when:**

Community Resource **to call before next session**	
I will call:	**By when:**

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End-of-Session Questionnaire

To be completed anonymously; do not fill in your name.

Session Topic:____ Date: ______________

Please be honest about your view of today's session, so that the treatment can be made as helpful as possible. Answer questions 1–6 below using the following scale:

0	1	2	3
Not at all	A little	Moderately	A great deal

1. How helpful was today's session for you, overall? ___

2. In today's session, how helpful were:
   a. The topic of the session? ___
   b. The handout? ___
   c. The quotation? ___
   d. The therapist? ___

3. How much did today's session help you with your:
   a. PTSD? ___
   b. Substance abuse? ___

4. How much do you think you'll use what you learned in today's session in your life? ___

5. Do you have any other comments or suggestions about today's session? Please be honest about both positive and negative reactions.

   Positive reactions: ____

   ____

   ____

   Negative reactions: ____

   ____

   ____

6. How could this treatment be more helpful to you?

   ____

   ____

   ____

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Making It Happen: Case Management Strategies

PRACTICAL ISSUES

The general theme in case management is "The more the better!" Getting into additional treatments will help the patient's recovery now and will also serve as aftercare when this treatment ends.

- ***Develop a Resource Book,*** with a section for each of the case management needs listed in Therapist Sheet B (Therapist Assessment of Patient's Case Management Needs). The simplest way is to have a binder, with tabbed sections for "Housing," "Job Training," "Domestic Violence," "Therapists," and so on. Cast a wide net: Call the toll-free numbers listed in Handout 1 of the topic *Community Resources*; explore the Internet; use the Yellow Pages and, if available in your location, the Human Service Yellow Pages; ask colleagues; identify state and federal agencies and hotlines; talk to a social worker in your area who knows community options; keep professional "junk mail" sent to you (e.g., fliers, catalogues). In addition, keep a list of all therapists you refer to and what insurance they accept, as well as a listing of detox facilities (both public and private) and sober housing. There are an enormous number of resources available, although unfortunately there is as yet no systematic way to locate them. Once you have created your Resource Book, it will be invaluable and save a lot of time and effort later.
- ***Thoroughly assess the patient's needs***, using Therapist Sheet B (Therapist Assessment of Patient's Case Management Needs) as an interview. Ask as many questions as needed to determine whether the case management goal has already been met or needs further work. For example, for housing you might ask, "Do you have any problems with housing?", "Is there anything unsafe about your current housing?", or "Do you live with anyone who abuses substances?" Note that there may be situations where the patient feels the goal is met, but you do not (e.g., the patient feels it's okay to live with a person who abuses substances, but you do not). In this case, fill out the sheet from your perspective, but note on it that the patient differs.
- Be sure to ***find out patients' insurance coverage,*** as this will have a major impact on where you can refer them.
- ***Prioritize***. For patients with an enormous number of needs, address the most important, life-endangering ones first. Think of Maslow's (1970) hierarchy of needs, in which food and shelter come before social relationships.
- ***Give the patient a written list*** of specific referrals (name and phone number to call) for each area of unmet need, using your Resource Book. The simplest way is to list this information on the Commitment to Recovery handout (see Handout 5, Chapter 2), which the patient will take home. If a need comes up for which you do not yet have a resource, tell the patient you will locate one by the next session.
- ***Give the patient several options from which to choose,*** without overwhelming the patient. Typically, two referrals for any case management goal will be a good start.
- ***Work with the patient by providing a reason*** for the case management goal—for example, "Getting an individual therapist can help improve your chances of recovery by providing more support."
- ***Set deadlines***. If a patient can only do one goal at a time, that's okay, but each goal needs a deadline to which the patient can agree. Without deadlines, many patients will come back week after week without accomplishing their goals. It is human nature to procrastinate! Whenever possible, make the deadline "by the next session."
- ***Identify practical obstacles.*** Some patients can't get a ride to go to a referral, do not have a phone, or have no babysitter. It is extremely important to find solutions for these in any way possible—for example, "Could you call from a neighbor's phone?", "Could you get a pager?", "Could you get Medicare to give you transportation?" The bottom line: Do whatever it takes to solve the problem, within professional boundaries.
- ***Break complex goals into small steps***. For example, if the patient has not had any medical exams for years, start by having the patient get a general physical exam, then later a dental exam, a vision exam, and so on.

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- ***Use Therapist Sheet D*** (Therapist Checklist for Case Management) whenever a patient has been unable to complete the case management goal since the last session.
- In addition to your guidance, ***offer your Resource Book directly to the patient*** to look through before or after the session, if desired.
- ***Be sure to follow up on the patient's progress with each goal at each session*** until all case management needs are met. At every session, case management is part of the check-in and check-out (where it is called "community resources"). In many cases you will need to continue to help the patient resolve emotional obstacles to such goals throughout the treatment.
- ***Schedule additional case management sessions later in treatment if needed***. This may occur for patients who have a great number of needs or who have difficulty completing case management goals.

EMOTIONAL ISSUES

In addition to providing a list of referrals, most patients will need your help in overcoming emotional obstacles to pursuing services.

- ***Find out what goals the patient most wants to pursue and focus on those***. The only exception would be a situation of extreme emergency, in which you may need to set your own agenda to protect the patient. For example, if a patient is in serious danger of suicide, you may need to obtain an involuntary commitment for inpatient care.
- ***Convey that any movement forward is progress***, even in small steps. Do not give up!
- ***Empower patients by taking a consumer view.*** Patients can "shop around" until they find treatments that feel genuinely beneficial. Encourage them to try resources without feeling obligated to stay with them. Pushing patients to stay in a treatment they find unhelpful rarely works and can make them feel coerced and unheard. This is particularly true for patients with PTSD and substance abuse, for whom control is often a major theme. See the topic *Community Resources* for more on the consumer view of treatment.
- ***Observe the patient's actual behavior—ability to follow through on goals—as information to gauge your interventions***. What might seem easy to you or to other patients may not be to this patient.
- ***Keep in mind that a patient may become overwhelmed*** or feel like a failure if case management goals are not realistic and concrete. Build success experiences that reinforce the patient's efforts.
- ***Be sensitive to cultural, racial, and systems issues*** that may play a role for some patients. They may fear entering treatment systems that are unfamiliar to them, or may have had negative experiences in previous treatment systems.
- ***Have a sense of urgency and concern*** in getting the patient to move forward on case management goals. It may take a lot of work to get into needed treatments. Each week should have new goals and strategies until the patient is safely into all needed treatments.
- ***When trying to solve a tough referral problem,*** ask yourself, "If it were my close relative who needed help, how would I locate a resource?"

THERAPIST ISSUES

- ***View yourself as the primary case manager*** for each patient, even if the patient has other treaters. The reason for this is that many treaters do not have time, training, or inclination to work with the patient on case management goals, and more often than not the patient receives inadequate services. Even if a patient has a formal case manager, be sure to be in close contact and follow the patient's progress carefully, adding assistance as needed.
- ***Some therapists were trained to conduct treatment in which the therapist stays neutral and actions are "up to the patient."*** The case management approach is quite different: It assumes that patients may need ad-

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ditional care and will need a lot of assistance from the therapist to make it happen. Patients with severe histories may never have learned how to obtain help and often feel passive in the face of adversity. Thus the philosophy is to strive for all reasonable case management unless there is a legitimate reason not to (e.g., a patient cannot start psychopharmacology due to being pregnant).

❧ ***Be sure not to ask the patient to do things that you do not understand or know yourself***. Navigating systems such as the welfare system, hospital bureaucracies, and government agencies can require enormous skill and effort. Locating subsidized housing or obtaining entitlement benefits such as Medicare may land the patient in an endless series of phone calls; the patient may become frustrated and give up. If patients could negotiate such systems themselves they likely would have already found the help they need. If you do not know the answer to a particular question, make phone calls with the patient in the session to model how the process works, as well as to obtain the specific answer needed. Or tell the patient you will find the information by the next session (e.g., by consulting colleagues). If needed, refer the patient to a social worker skilled in case management. You will be modeling resourcefulness and integrity by not giving up, by drawing on local and national resources, and by using every means available to help patients get assistance. The worst thing is to suggest that patients seek help, but without giving them specific names and numbers to call—this communicates a confusing, unhelpful message ("Do as I say, not as I do").

❧ ***Successful case management requires the therapist to be persistent, creative, and attuned to patients' needs***. It may help to imagine that you are in the role of a parent and that the patient needs supportive guidance that is neither too "pushy" nor too "passive." Many patients never had someone help them when they were growing up, and greatly need effective guidance.

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Therapist Assessment of Patient's Case Management Needs

Patient: ______________________________ Therapist: ______________________________ Date: _______________

Town (or catchment area) patient lives in: ________________________________ Insurance: ______________________

Note: At the end of this form is a section, "Patient Case Management Needs," which patients can fill out prior to the session to identify their key areas of need. However, it is still important for the therapist to assess each goal directly, as patients may not be aware of some needs.

(1) Housing	
Goal	Stable and safe living situation.
Notes	Unhealthy living situations include short-term shelter, living with a person who abuses substances, unsafe neighborhood, domestic violence situation.
Status	• If goal already met, check here ☐ and describe_____________________________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(2) Individual Psychotherapy	
Goal	Treatment that patient finds helpful.
Notes	Try to get every patient into individual psychotherapy. Inquire if patient has any preferences (e.g., gender? theoretical orientation?).
Status	• If goal already met, check here ☐ and describe_____________________________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(3) Psychiatric Medication	
Goal	Treatment that patient finds helpful for psychiatric symptoms (e.g., depression, sleep problems) and/or substance abuse (e.g., naltrexone for alcohol cravings).
Notes	If patient has never had a psychopharmacology evaluation, it is *strongly* recommended that this occur, unless patient has serious objections; even then, evaluation and information is helpful before deciding.
Status	• If goal already met, check here ☐ and describe_____________________________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).

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(4) HIV Testing/Counseling	
Goal	A test as soon as possible, unless completed in the past 6 months and no high-risk behaviors since then. For a patient at risk for HIV who is unwilling to get testing and counseling, it is strongly suggested that the therapist hold an individual session with the patient to explore and encourage these.
Notes	See the topic *Community Resources* for a list of national resources on HIV/AIDS.
Status	• If goal already met, check here ☐ and describe_______________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(5) Job/Volunteer Work/School	
Goal	At least 10 hours/week scheduled productive time.
Notes	If patient is totally unable to do the above, have patient hand in a weekly schedule with constructive activities out of the house (e.g., library, gym). See the topic *Respecting Your Time* for more on this.
Status	• If goal already met, check here ☐ and describe_______________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(6) Self-Help Groups/Group Therapy	
Goal	As many groups as patient is willing to attend.
Notes	Elicit patient's preferences and consider a wide range of options (e.g., dual-diagnosis groups, women's groups, veterans' groups). For self-help groups (e.g., AA), give patient a list of local groups, strongly encourage them, and mention that they are free. However, do not insist on self-help groups or convey negative judgment if patient does not want to attend. If patient participates in self-help groups, encourage seeking a sponsor. See the topic *When Substances Control You* for more on this.
Status	• If goal already met, check here ☐ and describe_______________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(7) Day Treatment	
Goal	As needed, and based on patient's level of impairment, ability to attend a day program, and schedule.
Notes	Locate specialty day program if possible (e.g., substance abuse or PTSD day program). If patient is able to function (job, school, or volunteer activity), do not refer to day treatment, as it is generally better to have the patient keep working; however, if patient is working part-time, some programs allow partial attendance.
Status	• If goal already met, check here ☐ and describe_______________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).

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(8) Detox/Inpatient Care	
Goal	To obtain appropriate level of care.
Notes	*Detox*. Necessary if patient's use is so severe that it represents serious danger (e.g., likelihood of suicide; substance use is causing severe health problems; or withdrawal from substance requires medical supervision, such as for painkillers or severe daily alcohol use). If patient is not in acute danger, but simply cannot get off substances, detox may or may not be helpful; many patients are able to stay off substances only during the detox, but then return to their usual living environment and go right back to substance use. For such patients, helping set up adequate outpatient supports is usually preferable. Inquiring about patient's history (e.g., number of past detoxes and their impact) can be helpful for making a decision.
	Psychiatric Inpatient Care. This is typically recommended if patient is a serious suicide or homicide risk (not simply ideation, but immediate plan, intent, and inability to contract for safety),[1] or patient's psychiatric symptoms are so severe that functioning is impaired (e.g., psychotic symptoms prevent a mother from caring for her child). Under some circumstances, the patient may need to be involuntarily committed; seek supervision and legal advice on this topic.
Status	• If goal already met, check here ☐ and describe____________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(9) Parenting Skills/Resources for Children	
Goal	If patient has any children, inquire about: (a) parenting skills training; and (b) referrals to help the children obtain treatment, health insurance, and other needs.
Notes	You may also need to gently inquire to assess whether patient's children are currently being abused or neglected. If they are, *you are required by law to report that to your local protective service agency*. The same applies for elder abuse/neglect.
Status	• If goal already met, check here ☐ and describe____________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(10) Medical Care	
Goals	Annual exams for (1) general health, (2) vision, (3) dentistry, (4) gynecology (for women); and (5) adequate birth control/prevention of sexually transmitted diseases.
Notes	Other medical care may be needed if patient has a particular illness.
Status	• If *all five goals* already met, check here ☐ and describe____________________ • If *any of the five goals* not met, or other medical issues need attention, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C) for each.

[1]For homicide risk (or any other intent to physically harm another person), the therapist must follow "duty to warn" legal standards, which usually involve an immediate warning to the specific person the patient plans to assault. Be sure to seek supervision and legal advice, and be knowledgeable in advance about how to manage such a situation.

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(11) Financial Assistance (e.g., food stamps, Medicaid)	
Goal	Health insurance, and adequate finances for daily needs.
Notes	It is crucial to help the patient obtain health insurance and entitlement benefits, if needed (e.g., food stamps, Medicaid). The patient may need help filling out the forms. If a great deal of help is needed, you may want to refer to a social worker or other professional skilled in this area; the patient may be unable to manage it alone, as the bureaucracy of these programs can be overwhelming. *If the patient is a parent, be sure to check whether the children are eligible too*.
Status	• If goal already met, check here ☐ and describe___________________________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(12) Leisure Time	
Goal	At least 2 hours/day in safe leisure activities.
Notes	Leisure includes socializing with safe people, hobbies, sports, outings, movies, etc. Some patients are so overwhelmed with responsibility that they do not find time for themselves. Adequate leisure is necessary for maintaining a healthy lifestyle. See the topic *Self-Nurturing* for more on this.
Status	• If goal already met, check here ☐ and describe___________________________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(13) Domestic Violence/Abusive Relationships	
Goal	Freedom from domestic violence and abusive relationships.
Notes	Remember that it may be extremely difficult to get the patient to leave a situation of domestic violence. Be sure to consult a supervisor and/or a domestic violence hotline (see the topic *Community Resources*).
Status	• If goal already met, check here ☐ and describe___________________________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(14) Impulses to Harm Self or Others (e.g., suicide, homicide)	
Goal	Absence of such impulses; or if such impulses are present, a clear and specific safety plan is in place.
Notes	Many patients have *thoughts* of harming self or others; however, to determine if the patient is actually at serious risk of action, and how to manage this, see Chapter 2 ("Problem Situations and Emergencies"). For a Safety Plan, see the topic *Red and Green Flags*, and for a Safety Contract to prevent harm to self or others, see the topic *Healing from Anger*.
Status	• If goal already met, check here ☐ and describe___________________________________ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).

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(15) Alternative Treatments (e.g., acupuncture, meditation)	
Goal	Patient is informed of alternative treatments that may be beneficial.
Notes	It is recommended that patients be informed that some people in early recovery benefit from acupuncture, meditation, and other nonstandard treatments. Try to identify local referrals for such resources.
Status	• If goal already met, check here ☐ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(16) Self-Help Books and Materials	
Goal	Patient is offered 1–2 suggestions for self-help books (and/or other materials such as audiotapes, or Internet sites that offer education and support).
Notes	All patients should be encouraged to use self-help materials outside of sessions as much as possible. For patients who do not like to read, alternative modes (e.g., audiotapes) are suggested. Self-help can address PTSD, substance abuse, or any other life problems (e.g., study skills, parenting skills, relationship skills, leisure activities, and medical problems).
Status	• If goal already met, check here ☐ • If goal not met, check here ☐ and fill out Case Management Goal Sheet (Therapist Sheet C).
(17) Additional Goal: ________________________________	
Goal	
Notes	

Note: Some therapists like to have patients fill out the form on the next page before conducting the assessment above.

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PATIENT CASE MANAGEMENT NEEDS

Do you need help with any of the following?

(1) Housing	Yes / Maybe / No
(2) Individual Psychotherapy	Yes / Maybe / No
(3) Psychiatric Medication	Yes / Maybe / No
(4) HIV Testing/Counseling	Yes / Maybe / No
(5) Job/Volunteer Work/School	Yes / Maybe / No
(6) Self-Help Groups/Group Therapy	Yes / Maybe / No
(7) Day Treatment	Yes / Maybe / No
(8) Detox/Inpatient Care	Yes / Maybe / No
(9) Parenting Skills/Resources for Children	Yes / Maybe / No
(10) Medical Care	Yes / Maybe / No
(11) Financial Assistance (e.g., food stamps, Medicaid)	Yes / Maybe / No
(12) Leisure Time	Yes / Maybe / No
(13) Domestic Violence/Abusive Relationships	Yes / Maybe / No
(14) Impulses to Harm Self or Others (e.g., suicide, homicide)	Yes / Maybe / No
(15) Alternative Treatments (e.g., acupuncture, meditation)	Yes / Maybe / No
(16) Self-Help Books and Materials	Yes / Maybe / No
(17) Additional Goal: ______________________________	Yes / Maybe / No

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Case Management Goal Sheet

Patient:	Therapist:	Today's date:
Case management goal:		
Describe current situation:		
List referrals given to patient, date given, and deadline (if any) for each:		
Describe patient's motivation to work on this goal:		
Emotional obstacles that may hinder completion (and strategies implemented to help patient overcome these):		

(cont.)

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Therapist to do:
Follow-up (date and update):
Follow-up (date and update):
Follow-up (date and update):
Check off when goal fully met: Date:

Note: Add blank pages as needed for more follow-up entries if goal not yet met.

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Case Management Goal Sheet

Patient: Helen D. Therapist: Deborah Today's Date: 5/28/98

Case management goal:
Housing

Describe current situation:
Patient living with husband who abuses cocaine. Other than that, no housing issues (living in stable apartment).

List referrals given to patient, date given, and deadline (if any) for each:

1. 5/23: Gave patient Al-Anon meeting list to get support. She said she would attend at least one meeting by 6/1.
2. Gave patient instructions to:
   a. Ask husband not to use cocaine around her.
   b. Ask husband to hide cocaine in locked box so she can't get to it.
She said she'd do these before next session on 6/1.

Describe patient's motivation to work on this goal:
Patient wants to find way to decrease being triggered by husband, but doesn't know how. Says husband wants to help her; no domestic violence between them.

Emotional obstacles that may hinder completion (and strategies implemented to help patient overcome these):

1. Patient a little afraid of groups, so not sure if Al-Anon will be good for her, but willing to try.
2. Unsure if husband will follow through on her requests. I told patient that if he doesn't follow through, we could do joint meeting with husband to discuss it, or can refer them to a family therapist.

(cont.)

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Therapist to do:

If I need to refer patient to family therapist, need to find one with sliding scale (patient has no insurance).

Follow-up (date and update):

6/1:
(1) Patient did not get to Al-Anon because was home sick, but says will go to a meeting by 6/10.
(2) Patient says she told husband both (a) and (b) (see "Gave patient instructions . . ., " above), and that he said he doesn't understand why he needs to do these things. Patient feeling hopeless about changing husband's behavior, but willing to try joint meeting and says thinks husband would be willing to come in. Set up meeting for 6/10.

Follow-up (date and update):

6/10:
(1) Patient went to Al-Anon, and willing to keep going once a month.
(2) Had joint meeting with patient and husband; signed agreement that they would both follow through on (a) and (b), and that patient would help by buying lock box for husband.

Follow-up (date and update):

6/15: Patient says goal is met; husband now following through on (a) and (b). However, they also said they'd like referral to family therapist; gave them two names to try (Dr. Westen at Massachusetts General Hospital and Dr. Cramer at McLean Hospital).

Check off when goal fully met: ✓ Date: 6/15

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Therapist Checklist for Case Management

If a patient is not following through on a case management goal after your first deadline, have you tried to do the following:

- ☐ Ask the patient to make a phone call to that referral before, during, or after your session, and provided a phone to do it?
- ☐ Role-play what the patient will say when the call is made?
- ☐ Give the patient a specific, immediate deadline (e.g., within 24 hours)?
- ☐ Ask the patient to leave brief daily updates on your voice mail, with the idea that you will not call back but just want to hear how it's going? For many patients, this is perceived as very caring and gives them some external motivation to complete their tasks.
- ☐ Call the patient's other treaters (e.g., other therapist, AA sponsor) to discuss ways to coordinate having the patient follow through? *Note: Be sure to get the patient's permission to contact other treaters at the start of treatment. It is illegal to contact another treater unless you have a written release from the patient.*
- ☐ Ask the patient to identify the practical obstacles getting in the way of following through? Evaluate each possible obstacle below and help the patient problem-solve any that apply.
  - ☐ Not clear where to go (or whom to call)?
  - ☐ No transportation?
  - ☐ No one to go with?
  - ☐ Has no phone to receive calls?
  - ☐ Is afraid someone will be upset (e.g., abusive partner)?
  - ☐ No time to get it done due to schedule?
  - ☐ No babysitter?
- ☐ Confirm that the patient wants to achieve the goal? If not, try setting a new goal that the patient does want.
- ☐ Ask the patient to do a "walk-through" and imagine out loud everything that would be needed to achieve a particular goal?
- ☐ Ask the patient to "try an experiment"? That is, if the patient feels a lack of faith that follow-through will help, ask "How helpful do you think this will be?" (rated 0–10, 10 being "extremely helpful"); then the patient can try it and report back to you "how helpful it was" (rated 0–10). Even if it wasn't helpful, you can also ask, "How good do you feel that you got it done (0–10)?"
- ☐ Give the patient a written sheet on which the goal and the phone number to call and the deadline are all written down, to make sure they are not forgotten? In addition, you can ask the patient to keep the written sheet on the dashboard of the car or the refrigerator to make sure it is not forgotten.
- ☐ Set up a reward the patient can give him- or herself if the goal is achieved (e.g., going to the movies, buying chocolate, taking a half day off from work or school)?
- ☐ Check up at each session to see whether the patient is accomplishing the goal?
- ☐ Consider having a supportive family member assist the patient with the goal (perhaps inviting the family member into a session, with the patient's permission)?
- ☐ Break down the task into smaller steps?
- ☐ Ask the patient to drive by a place ahead of time to know how to get there?
- ☐ Seek supervision or consultation with a colleague?
- ☐ Locate additional information that might help you work better with the patient on the goal (e.g., hotlines, government agencies, professional books)?

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About the *Seeking Safety* Treatment

WHAT IS THE *SEEKING SAFETY* TREATMENT?

This treatment is designed for people with substance abuse and trauma. "Trauma" means that a person has suffered a severe life event, such as physical or sexual abuse, a car accident, or a hurricane. Many men and most women who abuse substances have experienced a trauma during their lifetime. Some people develop posttraumatic stress disorder (PTSD) as a result of their trauma; you will learn more about this during treatment.

The treatment consists of 25 psychotherapy topics. It is an "integrated" treatment, meaning that both trauma and substance abuse issues are worked on at the same time to promote the most successful recovery possible. It was developed at Harvard Medical School and McLean Hospital beginning in 1993, with funding by the National Institute on Drug Abuse.

WHY IS IT CALLED *SEEKING SAFETY*?

The #1 goal of the treatment is to help you become *safe*. "Safety" includes the ability to:

- Manage trauma symptoms (such as flashbacks, nightmares, and negative feelings).
- Cope with life without the use of substances.
- Take good care of yourself (such as getting regular medical exams and eating well).
- Find safe people who can be supportive to you.
- Free yourself from domestic violence or other current abusive relationships.
- Prevent self-destructive acts (such as cutting, suicidal impulses, and unsafe sex).
- Find ways to feel good about yourself and to enjoy life.

You may want to start thinking about what safety means to you.

FINDING SELF-RESPECT

Many people who have PTSD and substance abuse—especially if these have gone on for a long time—find it hard to like themselves. You may feel that you have never really gotten to know yourself, or that you have lost yourself somewhere along the way. This treatment seeks to help you understand yourself, to develop a new identity as someone who can cope successfully with life, and to respect who you are.

WHAT WILL BE COVERED IN THE TREATMENT?

Each topic will focus on a specific strategy to help you cope with trauma and substance abuse. Examples of topics are *Honesty; Asking for Help; Setting Boundaries in Relationships; Taking Good Care of Yourself; Compassion; Recovery Thinking; Creating Meaning; Self-Nurturing; Respecting Your Time; Getting Others to Support Your Recovery*; and *Community Resources.*

The treatment is evenly divided among behavioral, cognitive, and interpersonal topics. "Behavioral" refers to your *actions*; "cognitive" refers to your *thinking*; and "interpersonal" refers to your *relationships*. Because of the focus on thinking and actions, the treatment is called "cognitive-behavioral." This type of psychotherapy was originally developed by Dr. Aaron Beck at the University of Pennsylvania. Previous research has shown that cognitive-behavioral treatments can be helpful for a variety of psychological problems, including depression, anxiety, and substance abuse.

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WHAT IS THE FORMAT OF THE SESSIONS?

Each treatment session is structured to make the most of the time available.

1. *Check-in.* At the start of each session, you will be asked five questions: "How are you feeling?", "What good coping have you done?", "Any substance use or other unsafe behavior?", "Did you complete your commitment?" and "Community resource update?" (Some of these terms may be unfamiliar to you, but they will become clear.)
2. *Handout*. You will be given a written sheet that summarizes the main points of the topic.
3. *Discussion/practice*. Most of the session will be spent discussing the session topic. For example, we will discuss how the topic relates to your life, and ways in which to apply the concept to current problems you have. Also, several topics have exercises in which you will have the opportunity to practice a new strategy, such as role plays, or an in-session practice exercise. Your participation will always be voluntary, so you can just watch if you prefer that.
4. *Check-out*. At the end of the session, you will be asked to describe your views of the session. Also, you will be asked to name one action you can commit to before the next session. This is to help you move forward in your life as quickly as possible. It will always be up to you to decide what you want to commit to, but the therapist can help you think of options. Examples might include trying to ask someone in your life for help; calling up a hotline if you feel in distress; writing about your feelings; getting an HIV test; or doing something fun every day for a week.

WHAT IF I MISS A SESSION?

If you miss a session, you can call to have the session material mailed to you. Or you can pick it up at the next session (or in advance if you know you'll be away). The goal is to help you get the most from this treatment! Please try, however, to be here for every session.

WILL I BE TERMINATED FROM TREATMENT FOR USING A SUBSTANCE?

No. The goal is to help you attain abstinence; however, the approach is to try to help you learn from mistakes and understand better what motivates the choices you make. You will not be terminated from treatment for using substances. You would only be prevented from returning to treatment if you present a serious danger to staff or patients (e.g., assault, selling drugs).

WILL I GET A CHANCE TO TALK ABOUT MY TRAUMA?

Yes, but the aim will be to talk about the impact of your trauma on your *current* life. Sometimes people want to talk a lot about the past, but then are unable to manage overwhelming feelings and memories that come up. Our goal is to help you establish safety first and to learn strategies to cope with intense negative feelings. Once you have mastered these, you can—and should—move on to talking in depth about the past. These guidelines are particularly true if you are in a group treatment, because details about past traumas (and, similarly, "war stories" about substance use) can be too upsetting to other patients. If you are in group treatment, it is strongly recommended that you participate in individual therapy at the same time so that you will have a place to talk about the past if you want to.

WILL I HAVE URINE/BREATHALYZER TESTING?

You may be asked to agree to urine and/or breathalyzer testing as part of this treatment. This is the best way for the therapist to know what is truly going on. Unfortunately, part of the problem with substance abuse is that it can lead to lying, even among people who are generally trustworthy. Years of experience in substance abuse treatment suggest that urine testing promotes the best possible care of patients. And many patients say that they feel more able to give up substances when they know they'll be tested. Some patients with trauma histories may have particular concerns about urine testing (e.g., that it will "trigger" them into painful memories of abuse, or will feel demeaning).

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However, a study of this treatment found that virtually all patients were able to do just fine with urine testing once they tried it, and as long as the results were kept confidential.

WHAT IF I DON'T LIKE PARTS OF THE TREATMENT?

The best thing to do is to tell your therapist. Be honest about your comments—it can help to get your needs met, and also to improve the treatment program. Also, at the end of every session, you may be asked to fill out a brief questionnaire about the session. The more comments you make, the more the treatment can be made helpful to you and to other patients in the future! All of your comments will be kept confidential. If you have any concerns about the therapist, the first step is to tell the therapist directly; you can also talk to his or her supervisor, if there is one.

WHO DEVELOPED THE TREATMENT?

The treatment was developed by Lisa Najavits, PhD. She is Professor of Psychiatry, Boston University School of Medicine; Lecturer, Harvard Medical School; clinical psychologist at VA Boston Healthcare System; and clinical associate, McLean Hospital. She is author of *A Woman's Addiction Workbook* (New Harbinger Press, 2002), as well as over 140 professional publications. She has received various awards, including the 1997 Chaim and Bela Danieli Young Professional Award of the International Society for Traumatic Stress Studies; the 1998 Early Career Contribution Award of the Society for Psychotherapy Research; the 2004 Emerging Leadership Award of the American Psychological Association's Committee on Women; and the 2009 Betty Ford Award of the Association for Medical Education and Research in Substance Abuse. She served as president of the Society of Addiction Psychology of the American Psychological Association; and is an advisory board member of *Psychotherapy Research*, the *Journal of Gambling Studies*, and *Addiction Research and Theory*. Dr. Najavits has received a variety of National Institutes of Health and other research grants. She is a fellow of the American Psychological Association, board certified in behavioral therapy, a licensed psychologist in Massachusetts, a psychotherapy supervisor, and she conducts a psychotherapy practice. She received her PhD in clinical psychology from Vanderbilt University (Nashville, TN) and her bachelor's degree with honors from Columbia University (New York, NY). Her major clinical interests address vulnerable populations, including homeless, women, veterans, and community-based care; she specializes in trauma/substance abuse, development of new psychotherapies, and evaluation and outcome research. If you have comments about this treatment, you can contact her program by phone (617-299-1610) or email (info@seekingsafety.org).

WHAT HAS RESEARCH SHOWN SO FAR ABOUT THIS TREATMENT?

This is the first treatment for PTSD and substance abuse that has undergone scientific testing. Based on a sample of 17 patients who participated in a study on the treatment, results showed significant improvements in substance use, trauma-related symptoms, suicide risk, suicidal thoughts, social adjustment, family functioning, problem solving, depression, thoughts about substance use, and knowledge related to the treatment. Positive results have also been found in three other studies thus far: a study of women in prison, a study of inner-city women, and a study of men. The treatment and the initial research on it are summarized in the following articles:

Najavits, L. M., Weiss, R. D., & Liese, B. S. (1996). Group cognitive-behavioral therapy for women with PTSD and substance use disorder. *Journal of Substance Abuse Treatment, 13,* 13–22.

Najavits, L. M., Weiss, R. D., & Shaw, S. R. (1997). The link between substance abuse and posttraumatic stress disorder in women: A research review. *American Journal on Addictions, 6*(4), 273–283.

Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. (1998). "Seeking Safety": Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress, 11,* 437–456.

WHO IS THE THERAPIST?

[*If you choose to, fill in information about yourself as the therapist here after whiting out this sentence, and continue onto another page as needed*.]

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Practical Information about Your Treatment

Therapist's name: ______________________________

Schedule of sessions: ______________________________

Location of sessions: ______________________________

If you need to reach the therapist for nonemergency reasons, please call the following number and the therapist will return your call within ___ hours: ______________________________

If you cannot attend a session, please be sure to leave a message at: ______________________________

EMERGENCY PROCEDURES

It is extremely important to reach out for help in an emergency!

What is an emergency? It is any situation in which you feel you are in serious danger of killing yourself or harming anyone else (e.g., children); or any other experience of extreme symptoms for which you need immediate psychiatric help (severe hallucinations, "mental breakdown," etc.).

Name and phone number of ***primary person to contact in a psychiatric emergency:***

If you need to reach ***the therapist for this treatment in an emergency,*** call:

If you cannot reach anyone, go to your nearest hospital emergency room, which is:

Other emergency procedures:

OTHER IMPORTANT SITUATIONS IN WHICH TO CALL FOR HELP

If you feel in danger of using a substance, please call:

- ★ AA sponsor: ______________________________
- ★ Other person(s): ______________________________
- ★ Hotline: ______________________________

If you feel in danger of self-harm (e.g., cutting, burning), please call:

- ★ Hotline: ______________________________
- ★ Other person(s): ______________________________

⇨ ***Please rehearse ahead of time with the person you will call:*** (1) what you will say; (2) what the other person will say. Be sure to let the person know *in advance* how to be the best help to you.

I agree that I need to stay safe, and I agree to all of the above safety procedures.

______________________________ ______________________________ ______________

Patient signature Therapist signature Date

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How to Get the Most from This Treatment

It is possible to recover from both PTSD and substance abuse, and this treatment is designed to help you do that. However, this treatment cannot work without *you*. Therefore:

★ ***Notice your strengths.*** Keep actively recognizing your strengths, talents, and abilities. At each session you will be asked to tell at least one example of something you did *well* (good coping) since the previous session. No one gets anywhere by putting oneself down.

★ ***Be honest.*** Lies and secrecy often accompany PTSD and substance abuse, but honesty is the path to recovery. In your treatment, be honest about everything: your substance use, your true feelings (both negative and positive), and your reactions to the therapist.

★ ***Safety above all.*** The highest priority is staying safe. In fact, for both trauma and substance abuse, there are several phases of healing. Right now you are in the first stage, *establishing safety*: getting off all substances, staying alive and not hurting yourself, locating a network of supportive people, learning to cope with day-to-day problems.

★ ***Show up, no matter what.*** Sometimes you may not want to come to treatment. You may have used a substance and feel ashamed. You may be so depressed that you don't want to get out of bed. Come to treatment anyway. Keep reaching out for the help that is available to you. You can talk about your mixed feelings in the session.

★ ***Stay focused on your own goals.*** Do not compare yourself to other people. You are fighting your own battle. Whether others are doing better or worse does not matter.

★ ***Participate.*** The more you put into something, the more you will get out of it. Work your very hardest—100%. Listen, learn, speak up, read the materials, and try the new strategies being taught. These efforts will pay off!

★ ***Complete commitments between sessions.*** You will be asked to make a commitment between each session, to move forward in your recovery. It is up to you what you select, but once you make a commitment, it is important to keep it. Research shows that patients who complete assignments outside of sessions improve *three times* as much as patients who do not.

★ ***Free yourself from substance use.*** Substances block your feelings and prevent the emotional work needed to recover; they also block your general growth and emotional development. While you may have mixed feelings about giving up substances (a natural reaction at first), keep talking about it in treatment, and keep aiming for freedom from all substances. You will feel more powerful, stronger, and better about yourself. Even if you cannot or do not want to give up substances, come to treatment anyway to obtain help with other problems in your life that you want to work on.

★ ***Know that you may feel worse before you feel better.*** As you stop using substances, you will notice many changes. Some may be wonderful (e.g., increased energy), while others may be difficult (e.g., more depression, physical problems) Hang in there, and these symptoms will go down eventually. "The only way out is through."

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Seeking Safety Treatment Agreement

- The goal of this treatment is *safety* above all!
- I will try my very hardest to recover, including reading session materials, completing *commitments* between sessions, and reaching out for all help available to me.
- I am always welcome back, even if I relapse.
- The more I put into treatment, the more I'll get out of it.
- I understand that I may feel worse before I feel better, but that I should stick with treatment no matter what.
- Everything said in treatment will be kept strictly confidential. I am aware, however, that there are certain legal conditions where the therapist is obligated to release records: (1) if I am in serious danger of harming myself or others; (2) if child or elder abuse becomes known; or (3) if a court subpoenas the therapist's records.
- I will strive to be totally honest with the therapist about my substance use, my safety (including self-harm, suicidal impulses, and danger to others), and any negative reactions I have to the treatment or the therapist.
- I will be on time for sessions, and will leave a message if I need to cancel.
- If I arrive to a session intoxicated or high, the session will not be held. I will be escorted to a safe place (e.g., emergency room) until I can return home, or will be sent home with a friend or in a taxi.
- In an emergency, I will follow the written emergency instructions I have been given.
- Buying, selling, or using substances with another patient, or alone anywhere in or near this treatment office is a serious danger, and may lead to termination from this treatment.
- Urinalysis and/or breathalyzer testing ☐ will ☐ will not be conducted as part of this treatment. If conducted, it will be conducted as follows:

FOR GROUP TREATMENT ONLY

- I will not discuss details of trauma or substance use, to avoid upsetting other patients.
- I will strive to create an atmosphere of mutual respect (e.g., no interrupting others, no physical contact between group members).
- Contact with group members outside of sessions is discouraged unless it is reviewed with the therapist in advance, to protect patients' boundaries.
- To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

The therapist, in return, agrees to conduct the highest-quality treatment possible, with respect and care, to help promote your recovery.

______________________	______________________	__________
Patient signature	Therapist signature	Date

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Safety Is the Most Important Priority Right Now!

This entire treatment revolves around one central idea: *You need to stay safe.* The good news is that you can learn to cope safely, no matter what negative life events come your way. Nothing has to make you use substances or engage in any other high-risk behavior.

EXAMPLES

Life situation. You lose your job; your mother criticizes you; you wake up depressed; someone offers you cocaine; your dog dies; you dissociate; your partner gives you a hard time; you have no money; you find out you have a tumor; you have a flashback; you can't sleep.

Your coping. This is everything! *No matter what happens* in your life, you can cope *safely.*

Unsafe Coping	***versus***	***Safe Coping***
Use substances	versus	Ask for help
Hurt yourself (e.g., cutting, burning)	versus	Take good care of your body
Let someone harm you	versus	Set a boundary in a relationship
Act on impulse	versus	Rethink the situation

The goal of this treatment is to help you become more aware of how you are coping and to teach you how to cope more safely. That's it!

STAGES OF HEALING FROM PTSD AND SUBSTANCE ABUSE

For both PTSD and substance abuse, *safety* is the first stage in healing, according to a great deal of research and clinical wisdom. The stages are as follows:

1. ***Safety.*** This is the phase you are in now. The goals are to free yourself from substance abuse, stay alive, build healthy relationships, gain control over your feelings, learn to cope with day-to-day problems, protect yourself from destructive people and situations, not hurt yourself or others, increase your functioning, and attain stability.

2. ***Mourning.*** Once you are more safe, you may need to grieve about the past—about what your trauma and substance abuse did to you. You may need to cry deeply to get over the losses and pain you experienced: loss of innocence, loss of trust, loss of time.

3. ***Reconnection.*** After letting yourself experience mourning, you will find yourself more willing and able to reconnect with the world in joyful ways: thriving, enjoying life, able to work and relate well to others. You *will* get to this stage if you can establish safety now!

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It is important to know that *you can heal from PTSD and substance abuse*; many people do. It does not mean that you forget about the past. Rather, it means that it no longer holds such destructive power over your life. (Note that some people use the term "recovery"; others do not like to use it for PTSD, substance abuse, or both. Whatever wording you prefer is okay.)

SIGNS OF RECOVERY

"Recovery" means that you . . .

* Can talk about the trauma without feeling either very upset or numb.
* Can function well in daily life (such as holding a job).
* Are safe (e.g., not suicidal or abusing substances).
* Are able to be in healthy relationships without feeling completely vulnerable or isolated.
* Are able to take pleasure in life.
* Take good care of your body (e.g., eating, sleeping, exercising).
* Can rely on yourself and others.
* Can control your most overwhelming symptoms.
* Believe that you deserve to take good care of yourself.
* Have confidence that you can protect yourself.

WHAT IS *SAFETY* TO YOU?

Describe what safety means to you. Write out *who* you feel safe with, *what* activities you feel safe doing, and *where* you feel safe. You might also want to describe in detail a safe place that helps you feel calm and connected, such as a room, the beach, your therapist's office, or another place that brings you back to a feeling of inner peace. You can add drawings, quotations, or anything else that you like, to better express what safety is for you. Continue on the back of this page if you need more space.

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Safe Coping Skills

☞ **Ask for help**	Reach out to someone safe
☞ **Inspire yourself**	Carry something positive (e.g., poem), or negative (e.g., photo of friend who overdosed)
☞ **Leave a bad scene**	When things go wrong, get out
☞ **Persist**	Never, never, never, never, never, never, never, *never* give up
☞ **Honesty**	Secrets and lying are at the core of PTSD and substance abuse; honesty heals them
☞ **Cry**	Let yourself cry; it will not last forever
☞ **Choose self-respect**	Choose whatever will make you like yourself tomorrow
☞ **Take good care of your body**	Healthy eating, exercise, safe sex
☞ **List your options**	In any situation, you have choices
☞ **Create meaning**	Remind yourself what you are living for: your children? love? truth? justice? God?
☞ **Do the best you can with what you have**	Make the most of available opportunities
☞ **Set a boundary**	Say "no" to protect yourself
☞ **Compassion**	Listen to yourself with respect and care
☞ **When in doubt, do what's hardest**	The most difficult path is invariably the right one

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☞ **Talk yourself through it**	Self-talk helps in difficult times
☞ **Imagine**	Create a mental picture that helps you to feel different (e.g., remember a safe place)
☞ **Notice the choice point**	In slow motion, notice the exact moment when you chose a substance
☞ **Pace yourself**	If overwhelmed, go slower; if stagnant, go faster
☞ **Stay safe**	Do whatever you need to do to put your safety above all
☞ **Seek understanding, not blame**	*Listen* to your behavior; blaming prevents growth
☞ **If one way doesn't work, try another**	As if in a maze, turn a corner and try a new path
☞ **Link PTSD and substance abuse**	Recognize substances as an attempt to *self-medicate*
☞ **Alone is better than a bad relationship**	If only treaters are safe for now, that's okay
☞ **Create a new story**	You are the author of your life: be the hero who overcomes adversity
☞ **Avoid avoidable suffering**	Prevent bad situations in advance
☞ **Ask others**	Ask others if your belief is accurate
☞ **Get organized**	You'll feel more in control with "to-do" lists and a clean house
☞ **Watch for danger signs**	Face a problem before it becomes huge; notice *red flags*
☞ **Healing above all**	Focus on what matters

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☞ **Try something, anything**	A good plan today is better than a perfect one tomorrow
☞ **Discovery**	Find out whether your assumption is true, rather than staying "in your head"
☞ **Attend treatment**	AA, self-help, therapy, medications, groups—anything that keeps you going
☞ **Create a buffer**	Put something between you and danger (e.g., time, distance)
☞ **Say what you really think**	You'll feel closer to others (but only do this with safe people)
☞ **Listen to your needs**	No more neglect—really hear what you need
☞ **Move toward your opposite**	For example, if you are too dependent, try being more independent
☞ **Replay the scene**	Review a negative event: What can you do differently next time?
☞ **Notice the cost**	What is the price of substance abuse in your life?
☞ **Structure your day**	A productive schedule keeps you on track and connected to the world
☞ **Set an *action plan***	Be specific, set a deadline, and let others know about it
☞ **Protect yourself**	Put up a shield against destructive people, bad environments, and substances
☞ **Soothing talk**	Talk to yourself very gently (as if to a friend or small child)
☞ **Think of the consequences**	*Really* see the impact for tomorrow, next week, next year
☞ **Trust the process**	Just keep moving forward; the only way out is through

(cont.)

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☞ **Work the material**	The more you practice and participate, the quicker the healing
☞ **Integrate the split self**	Accept all sides of yourself; they are there for a reason
☞ **Expect growth to feel uncomfortable**	If it feels awkward or difficult, you're doing it right
☞ **Replace destructive activities**	Eat candy instead of getting high
☞ **Pretend you like yourself**	See how different the day feels
☞ **Focus on now**	Do what you can to make today better; don't get overwhelmed by the past or future
☞ **Praise yourself**	Notice what you did right; this is the most powerful method of growth
☞ **Observe repeating patterns**	Try to notice and understand your reenactments
☞ **Self-nurture**	Do something that you enjoy (e.g., take a walk, see a movie)
☞ **Practice delay**	If you can't totally prevent a self-destructive act, at least delay it as long as possible
☞ **Let go of destructive relationships**	If it can't be fixed, detach
☞ **Take responsibility**	Take an active, not a passive approach
☞ **Set a deadline**	Make it happen by setting a date
☞ **Make a commitment**	Promise yourself to do what's right to help your recovery
☞ **Rethink**	Think in a way that helps you feel better

(cont.)

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☞	**Detach from emotional pain (grounding)**	Distract, walk away, change the channel
☞	**Learn from experience**	Seek wisdom that can help you next time
☞	**Solve the problem**	Don't take it personally when things go wrong—try just to seek a solution
☞	**Use kinder language**	Make your language less harsh
☞	**Examine the evidence**	Evaluate both sides of the picture
☞	**Plan it out**	Take the time to think ahead—it's the opposite of impulsivity
☞	**Identify the belief**	Examples: *shoulds, deprivation reasoning*
☞	**Reward yourself**	Find a healthy way to celebrate anything you do right
☞	**Create new "tapes"**	Literally! Take a tape recorder and record a new way of thinking to play back
☞	**Find rules to live by**	Remember a phrase that works for you (e.g., "Stay real")
☞	**Setbacks are not failures**	A setback is just a setback, nothing more
☞	**Tolerate the feeling**	"No feeling is final"; just get through it safely
☞	**Actions first, and feelings will follow**	Don't wait until you feel motivated; just start now
☞	**Create positive addictions**	Examples: sports, hobbies, AA . . .
☞	**When in doubt, don't**	If you suspect danger, stay away

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☞ **Fight the trigger**	Take an *active* approach to protect yourself
☞ **Notice the source**	Before you accept criticism or advice, notice who's telling it to you
☞ **Make a decision**	If you're stuck, try choosing the best solution you can right now; don't wait
☞ **Do the right thing**	Do what you know will help you, even if you don't feel like it
☞ **Go to a meeting**	Feet first; just get there and let the rest happen
☞ **Protect your body from HIV**	This is *truly* a life-or-death issue
☞ **Prioritize healing**	Make healing your most urgent and important goal, above all else
☞ **Reach for community resources**	Lean on them! They can be a source of great support
☞ **Get others to support your recovery**	Tell people what you need
☞ **Notice what you *can* control**	List the aspects of your life you *do* control (e.g., job, friends . . .)

Acknowledgments: The "signs of recovery" in Handout 1 are based in part on Harvey (1990). Some of the safe coping skills in Handout 2 are from Marlatt and Gordon (1985) (e.g., "Setbacks are not failures" and "Create positive addictions"); some are related to AA (e.g., "Work the material" and "Go to a meeting"); "No feeling is final" is from Rilke (1996); and many are drawn from professional books and articles on cognitive-behavioral therapy and relapse prevention. Ask your therapist for guidance if you would like to locate any of these sources.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Go through the list of Safe Coping Skills, checking off (✓) the ones you already do, and putting a star (★) next to the ones you want to learn.
- Option 2: Start keeping a "journal of successes" (times that you coped safely, obstacles overcome, successes in resisting substance use, coping skills that you used).
- Option 3: Create an "inspiration book" or "inspiration box" to inspire you to stay safe (including photographs of people you love, songs, poems, quotations, news clippings, etc.).
- Option 4: Fold the list of Safe Coping Skills in half down the middle. Read the names of the skills on the left side and try to remember what each one means. Give yourself 1 point for each correct answer.
- Option 5: Write a paragraph on what "safety" means to you.
- Option 6: Try using one new skill this week from the list of Safe Coping Skills and write how it went.
- Option 7: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	I got laid off from work.	I got laid off from work.
★ Your Coping ★	I feel like I can't cope—this is the last straw. I don't know what to do. I have money problems already, and this will put me under. I got high.	Say to myself, "If I stay safe, I can try to cope with this." I can: • Call my brother to talk about it. • Talk to my counselor about how to get a new job. • Go to an AA meeting and be around people.
Consequence	Felt out of control, felt like a failure.	Able to stay safe without getting high; felt okay. Even though I'm still out of a job, I feel proud of having not buckled under the stress.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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What Is PTSD?

PTSD stands for "posttraumatic stress disorder"—a set of emotional problems that can occur after someone has experienced a terrible, stressful life event.

PTSD means:	"post	traumatic	stress	disorder"
	↓	↓	↓	↓
	"after"	"trauma"	"anxiety"	"reaction"

★ *Do you have PTSD? Check off (✓) those below that are true for you.*

___1. You survived a *trauma*: an event outside of your control in which you experienced or witnessed a physical threat (e.g., sexual abuse, physical abuse, war combat, seeing someone killed, surviving a hurricane, a car accident).

___2. Your *response* to the trauma involved intense helplessness, fear, or horror (or, if you were a child at the time, agitated or disorganized behavior).

___3. After the trauma, you suffered *each of the following problems* for over a month:

- ___ ✦ INTRUSION: The trauma comes back into mind even when you don't want it to, as in nightmares, flashbacks, or images.
- ___ ✦ AVOIDANCE: Numbing, feeling detached, avoiding any reminders of the trauma.
- ___ ✦ AROUSAL: Feeling "hyped up" (e.g., easily startled, sleep problems, anger).
- ___ ✦ LOWER FUNCTIONING: Problems with relationships, work, or other major areas of life.

Note: You have PTSD if you checked off all of the items above.

TYPES OF PTSD

There are two types of PTSD. "Simple PTSD" is from a single incident (such as a car accident or a tornado), usually as an adult. "Complex PTSD" is from repeated incidents such as domestic violence or ongoing childhood abuse. It has a broader range of symptoms, including problems with self-harm, suicide, dissociation ("losing time"), relationships, memory, sexuality, health, anger, shame, guilt, numbness, loss of faith and trust, and feeling damaged.

MORE ABOUT PTSD . . .

✻ ***Your PTSD symptoms are normal after what you have been through.*** You are not crazy, weak, or bad! That is why PTSD has been called "a normal reaction to abnormal events."

✻ ***PTSD is considered an* anxiety disorder** because it is marked by an overwhelming feeling of anxiety during or after the trauma. It is a psychiatric illness, but it is definitely possible to heal from it.

✻ ***Rates of PTSD:*** 61% of men experience trauma during their lives, with 5% developing PTSD; for women, 51% experience trauma, and 10% develop PTSD. Why do some people develop PTSD after trauma and others don't? This is not fully known, but some risk factors include more severe, repeated, and/or early trauma; poverty; parents who had PTSD; and life stress.

✻ ***Knowledge about PTSD is relatively recent.*** It was first studied in soldiers who experienced combat. Later, it came to be understood in a wide variety of terrible life events (e.g., sexual and physical abuse, natural disasters). PTSD was added to the official list of psychiatric disorders only in 1980. More is being learned all the time because it is so important.

✻ ***It is possible to heal from severe trauma.*** Some famous people who have include Oprah Winfrey (TV personality), Melanie Griffith (actress), and Maya Angelou (writer).

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The Link between PTSD and Substance Abuse

PTSD and substance abuse are closely connected for many people, yet this link often goes unrecognized. Below is some information that may be helpful to you.

◆ ***You are not alone!*** For people with substance abuse, PTSD is one of the most common dual diagnoses. Among women in treatment for substance abuse, 30%–59% have current PTSD. Among men in substance abuse treatment, 11%–38% have current PTSD.

◆ ***There are many reasons why people with PTSD abuse substances:*** to access feelings or memories, or the opposite—to escape from feelings or memories; to get through the day; to compensate for the pain of PTSD; to commit "slow suicide"; because they grew up with substance abuse in the family; because they don't care about taking care of their bodies.

◆ ***People with PTSD and substance abuse tend to abuse the most dangerous substances:*** cocaine and opiates.

◆ ***Gender differences:*** Women with PTSD and substance abuse typically experienced childhood physical and/or sexual abuse; men with both disorders typically experienced crime victimization or war trauma.

◆ ***Two main themes of both disorders are* secrecy *and* control.** "Secrecy" means you may feel ashamed and wish to keep your problems a secret (e.g., the traumas you experienced, the amount of your substance use). "Control" refers to the idea that with trauma and substance abuse, you feel out of control. In PTSD, a terrible event occurred that you neither chose nor wanted; in substance abuse, you have lost control over your ability to stop using. Learning the skills of honesty and regaining control are thus important for healing.

◆ ***Each of the disorders makes the other more likely.*** If you have PTSD, you are at increased risk for substance abuse. If you have substance abuse, you are at increased risk for trauma. It is thus important to try to keep yourself safe to prevent further trauma and substance abuse.

◆ ***The relationship between PTSD and substance abuse is complex.*** Using substances can either increase or decrease the PTSD symptoms. Yet abstinence from substances can also either increase or decrease the PTSD symptoms. Try to notice the patterns that occur for you. Getting to know the relationship between the two disorders in your life can help you cope better with the recovery process.

◆ ***Why do PTSD and substance abuse occur together?*** Four patterns are common:

1. *PTSD can lead to substance abuse.* To overcome the terrible symptoms of PTSD, you may use substances to "self-medicate"—to try to feel better. For example, you may have begun using alcohol to get to sleep at night.
2. *Substance abuse can lead to PTSD*. If you abuse substances, you may be vulnerable to dangerous traumatic situations because your "guard is down" or your self-esteem is low—for example, getting drunk at a bar and going home with a stranger who assaults you.
3. *PTSD and substance abuse may have both occurred together*. Some people grew up in a home where family members abused substances and also hurt each other.
4. *PTSD and substance abuse can be connected in a "downward spiral."* PTSD can lead you to use substances; by using substances, you are at increased risk for more trauma; if more trauma happens, you may use more substances to "cope" . . . and so on.

The "big picture" priorities in this treatment:

★ ***Eliminate substance use*** ★ ***Learn to manage PTSD*** ★ ***Become safe***

You can heal from both PTSD and substance abuse!

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Using Compassion to Take Back Your Power

Having compassion for your PTSD and substance abuse is a way to "take back your power." One of the most troubling aspects of PTSD and substance abuse is that you feel powerless over them—they are controlling you rather than you controlling them. "Compassion" means accepting and respecting yourself. The opposite of compassion is harshness. Rather than blaming yourself, the goal is to understand and really listen to yourself at a deep level. This can make it easier to heal from PTSD and substance abuse.

Compassion may feel very difficult to do. It is easier to "beat yourself up" and hate yourself, especially if you grew up in a family where this is how you were treated. With PTSD and substance abuse, you may view yourself as sick, damaged, weak, crazy, bad, or lazy. There may be people in your life who view you in those ways too. However, it is helpful to understand your PTSD and substance abuse as attempts to survive and cope. It has been said that "these symptoms simultaneously conceal and reveal their origins; they speak in disguised language of secrets too terrible for words" (Herman, 1992, p. 96).

This does not mean that the PTSD and substance abuse should continue. Indeed, the major goal of this treatment is to help you overcome PTSD and substance abuse by learning safe ways of coping. But it helps to understand your PTSD and substance abuse as signs of distress. It is like having a fever when you are ill—it tells you that you need to get help and take good care of yourself.

COMPASSION FOR YOUR PTSD

PTSD can be understood as an attempt by your mind and body to survive overwhelming trauma. PTSD symptoms may have helped you to "tune out" the terrible trauma . . . protect yourself from further harm . . . feel more in control of an uncontrollable situation . . . feel safer . . . adapt to your environment . . . get people to notice your pain.

Examples of Viewing PTSD Symptoms with Compassion

Suicidal thinking

Harsh view: "I'm hopeless. What's wrong with me? I should just get over it already."

Compassionate view: "It's my way to feel more in control, by choosing life or death. In therapy I can learn other ways to feel control, but suicidal thoughts make sense after what I've lived through."

Relationship problems

Harsh view: "I'm unlovable. I deserved what happened to me. I'm a bad person."

Compassionate view: "I learned not to trust people, and that helped me survive. I can keep working on relationship issues, but I need to be respectful of myself and why I have these problems."

★ *Write a harsh versus compassionate view of your PTSD. (Continue on back for more space.)*

Harsh view: ____

____

Compassionate view: ____

____

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COMPASSION FOR YOUR SUBSTANCE ABUSE

Substance abuse can be understood as a misguided attempt to cope with PTSD and other problems. Using substances may have been a way to numb the pain . . . get to sleep . . . escape negative feelings . . . forget about the past . . . get through the day . . . access feelings or memories that you know are there . . . try to feel normal . . . show people how bad you feel because you can't put it into words . . . compensate for your suffering . . . give you some pleasure in life . . . feel in control . . . feel accepted by people . . . get rid of dissociation and flashbacks.

Viewing your substance abuse with compassion does* not *mean "It's okay to use, or "If I use, I can excuse myself because I was trying to numb the pain." A major goal of this treatment is to *eliminate all substance use*. If you truly view your substance abuse with compassion, you will strive to eliminate it completely because you will see that, in the long run, it brings you only misery and dysfunction. Although it may sometimes work in the short run to "self-medicate" problems, it never works in the long run.

Examples of Viewing Substance Abuse with Compassion

Can't stop using substances

Harsh view: "I'm such a failure. Look what I turned into—I have no self-control; what a wreck."

Compassionate view: "My substance abuse has been a way to try to deal with my overwhelming PTSD symptoms. I've been trying to numb the pain. I now need to learn other ways to cope. Substance abuse is a medical illness, and I need help with it."

Lying about substance use

Harsh view: "I'm a no-good liar. I lie to my partner, my kids, my doctor. I hate my life."

Compassionate view: "I need to stop lying so I can recover. But there are real reasons why I lie about my substance abuse: shame, guilt, feeling bad about myself. I need help working on these."

★ *Write a harsh versus compassionate view of your substance abuse. (Continue on back for more space.)*

Harsh view: ______________________________

____

Compassionate view: ______________________________

____

STRENGTHS FROM ADVERSITY

Another way to view PTSD and substance abuse with compassion is to recognize the *strengths* you may have developed—the "gifts from suffering." Usually, the most profound growth occurs from overcoming difficult experiences. PTSD and substance abuse may have given you the ability to survive under tough conditions . . . imagination and creativity . . . depth . . . spirituality . . . sensitivity to others . . . awareness of the extremes in life . . . the ability to persist despite pain and setbacks . . . appreciation for animals, children, and people outside the mainstream . . . responsiveness to art and nature.

★ *Do you notice any personal strengths from your struggles with PTSD and substance abuse? (Continue on back for more space.)* ______________________________

____

____

____

____

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Long-Term PTSD Problems

This handout is provided for people who are already knowledgeable about PTSD and want additional information about its long-term impact. It can be upsetting to read, so ask your therapist first, and *do not read this if you feel too vulnerable right now*—you can wait until later in treatment. If you begin to read it and become upset, just stop.

In addition to the standard definition of PTSD described in Handout 1, there are other problems that may occur with PTSD, especially for people who have suffered repeated childhood abuse (Herman, 1992). You may have some and not others.

1. **Your sense of self**
   - Helplessness, difficulty taking initiative
   - Shame, guilt, self-blame
   - Sense of being damaged
   - Sense of being alien (e.g., not normal, less than human)
   - Altered sense of age (feeling very old or very young)

2. **Distorted views of the perpetrator**
   - Preoccupation with one's relationship with the perpetrator
   - Belief that the perpetrator continues to have all of the power
   - "Stockholm syndrome": idealizing the perpetrator, loving him or her, feeling grateful
   - Sense of a supernatural or "fated" relationship with the perpetrator
   - Acceptance of the perpetrator's ideas and beliefs

3. **Your sense of meaning**
   - Loss of faith
   - Despair
   - Feeling that you don't have a future (such as not expecting to have a career, family, or children)

4. **Your relationships**
   - Tendency to be revictimized (difficulty protecting yourself from harmful relationships)
   - Isolation
   - Difficulty having close relationships (distrust, conflicts, secrets)
   - Tendency to view others as rescuers, victims, or perpetrators
   - Tendency to repeat problematic relationship patterns (called "reenactment")

5. **Your physical well-being**
   - Sleep problems
   - More than average health problems
   - Eating problems
   - Risk for HIV/AIDS
   - Substance abuse

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6. **Managing your feelings and behaviors**
   - Suicidal thinking and attempts
   - Difficulty tolerating depression and anxiety
   - Explosive anger, difficulty expressing anger, or both
   - Problems with sexuality (compulsive involvement, inhibited sexuality, confusion)
   - Alternating between feeling numb (no feelings) and out of control (too much feeling)
   - Use of destructive methods to cope with feelings (substance abuse, self-harm, destruction of property)

7. **Your memory and perception**
   - Memory problems (no memory of traumatic events, or overwhelming memories)
   - Dissociation (feeling "out of it," "losing time"); feeling as though you are not real, or that you are outside your body
   - Reliving experiences (flashbacks, nightmares, preoccupation with the event)

8. **Other emotional disorders**
   - Depression
   - Eating disorders
   - Panic disorder and other anxiety disorders
   - Personality disorder

Acknowledgments: Handouts 1, 2, and 4 draw from Herman (1992), Handout 1 draws from the American Psychiatric Association (1994) and from various professional journal articles. Ask your therapist for guidance if you would like to locate any of these sources.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Pretend that a TV station wants to interview you for a documentary, "People Who Survived PTSD and Substance Abuse," to help inspire others. The interviewer says, "Tell me what strengths have helped you to survive." What would you say?
- Option 2: How can you "take back your power"? Identify at least one PTSD or substance abuse problem you have and how you want to conquer it.
- Option 3: Bring to the next session something that symbolizes *hope* to you (perhaps a photograph of someone important to you, a picture of a place you want to visit, or a poem).
- Option 4: Reread the handouts from today's session and underline the material that makes you feel most motivated to work on your recovery.
- Option 5: Write a dialogue in which you talk to yourself compassionately about your PTSD and/or substance abuse problems.

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Script for a 10-Minute In-Session Grounding Demonstration

Ask patients to rate their level of negative feelings before the exercise. "Before starting this exercise, notice how you are feeling right now. If you were to rate your negative feelings on a 0–10 scale, with 10 being the worst, how bad do you feel right now? The reason to rate feelings is to see whether grounding helps to reduce the negative feelings; we will rerate the feelings after the exercise." *Ask each patient to state a rating, and write these ratings down. Guide patients to give you a number, rather than to describe their feelings.*

Orient patients to grounding. "Many people with PTSD find grounding very helpful. In grounding, the goal is to turn your attention to the outside world, to shift away from the inner world of negative feelings. You can detach and distance from emotional pain. If you notice yourself focusing on negative feelings, try to let them go, like leaves in a fall breeze. Turn away from them, focusing your attention even stronger on the outside world. You may want to think of this as 'changing the channel,' just like a television, where you can change the channel to get a different show. Keep your eyes open the entire time and look around the room as much as you like. Remember that you are always in control. And try not to judge anything—just notice what 'is.' I will give you grounding instructions for about 10 minutes. We will try three types of grounding: mental grounding, physical grounding, and soothing grounding. You can see which types work best for you. I'll also be asking a number of simple questions." *For individual therapy*: "Please answer the questions out loud." *For group therapy*: "Please answer the questions silently to yourself."

Mental grounding. "Start by reminding yourself that you are safe. You are here in therapy, today is ________ (e.g., Monday), and you are at the ________ Hospital (or clinic, etc.). Now let's try to imagine putting a buffer between you and all of your negative feelings. Imagine that your negative feelings are bundled up and put in a container. Next, think of something you can put between you and that container of negative feelings. Perhaps it's a wall, a suit of armor, or a big open field in the country—anything that creates safe distance between you and your negative feelings. Good!

"Now let's focus on the room. Look around the room. Name as many colors as you can. Good. Now name as many objects as you can: How many chairs are there? Are there curtains? How many windows? Look out the window—what is the weather outside? Good. Are there paintings or posters? If so, choose one and describe it, not judging it, but just describing everything you can about it: colors, shapes, content. Excellent! What color is the carpet or floor? How many doors are there? Are the lights fluorescent or yellow? What color is the paint on the walls? Do you see any words printed anywhere in the room (on a poster or book jacket)? If so, read each letter backward (the reason we read it backward is that you just want to notice the letters themselves—as if you're seeing these letters for the first time). Terrific!

"Next we'll try naming some facts. Tell me the names of cities—as many cities as you can name. Wonderful! Now try naming all the sports teams that you can remember. How about TV shows? Name as many as you can. Now take the number 100; subtract 5 from that and notice the new number; subtract 5 again, and notice the new number. Don't worry if you can't get the math—just let it go."

Physical grounding. "Now we're going to try physical grounding methods. Please keep following along with me. Notice your feet on the floor. They are literally grounded, connected to the floor. Wiggle your toes inside your shoes. Dig your heels gently into the floor to ground yourself even more. Good. Now, touch your chair: Tell me anything you can about it—what material is it made of? Now touch the table (or desk): What is it made of? Is it colder or warmer than the chair? Good. Now, find any object that's near you—perhaps a pen, or your keys, or something here on the desk. Pick it up and hold it, and say everything you can about it: What it's made of, how heavy it is, whether it's cold or warm, what colors it is. Now clench your fists; notice the tension in your hands as you do that. Now release your fists. Good. Now press your palms together, with elbows to the side; press as tightly as you can. Focus all

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of your attention on your palms. Now let go. Excellent! Now grab onto your chair as tightly as you can; then after a few moments, now let it go. Finally, roll your head around in a circle a few times. Excellent."

Soothing grounding. "Now let's move on and try soothing grounding. Let's start with favorites. Think of your favorite color: What color is it? Good. Think of your favorite animal: What animal is it? Think of your favorite TV show: What TV show is it? Excellent. Now, think of your favorite season of the year: What season is it? Now think of your favorite time of day. What time of day is it? Think of a favorite person—it may be someone you know, or it could be a famous person. Picture that person. Good! If you want to, think of a favorite, upbeat song, and try to remember the tune and the words." *Give patients at least a minute or so to do this*.

"Now, try to think of a safe place. Still keeping your eyes open, think of a place that is very safe, soothing, and calming for you: Maybe the beach, the mountains, a walk in the city, a favorite room, or a park? If you can't think of a safe place, that's okay too—just let yourself notice this room, since we're safe here. Good. Now, try to notice everything you can about your safe place. Notice everything you love about it—the colors, the textures, the shapes; and the safety and calm of the place. Good. You have done a terrific job." *Keep going until at least 10 minutes have been completed*.

Ask patients to rerate negative feelings after the exercise. "Now rerate your negative feelings on a 0–10 scale (10 being the most negative)." *Check whether patients' ratings have changed from their initial ratings.*

EXPLORE PATIENTS' REACTIONS TO THE GROUNDING DEMONSTRATION

Before-and-after ratings. Ask patients to notice whether their ratings changed from before to after the exercise. In group therapy, you may want to summarize patients' ratings—for example, "Most of you went down at least a point or two. A few people went down by 4 points," and so on.

Explore patients' views about grounding. For example, ask, "What did you like and dislike about the grounding? What type of grounding works best for you? How did you feel after the exercise? Were you able to focus your attention during the exercise? Were any of the parts of the exercise a problem for you? Were any parts especially helpful for you?" Try to praise patients for any successes they had with it (e.g., "That's good that you were able to focus on it"). If patients are negative about it, accept this, and try to process it (see below).

Discuss how grounding can help with specific situations. For example, how can it be used when having a drug craving? When wanting to hurt oneself or others? When feeling angry? When upset? Try to work through specific examples that patients confront from day to day.

Process negative reactions. The "check" for whether the grounding has worked is the emotion rating that is built into the experiential exercise. Occasionally a patient's rating does not improve. If this happens, be sure to process it, such as by asking what the patient thinks might help make it more effective next time and by looking through the handout for ideas. Often success is a matter of practicing longer, selecting the grounding methods that appeal to that particular patient, or trying the advanced grounding techniques in the handout (see the section "What If Grounding Does Not Work?"). See also the "Suggestions" in the "Session Content" for today's topic.

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Using Grounding to Detach from Emotional Pain

WHAT IS GROUNDING?

Grounding is a set of simple strategies to detach from emotional pain (e.g., drug cravings, self-harm impulses, anger, sadness). Distraction works by *focusing outward on the external world*, rather than inward toward the self. You can also think of it as "distraction," "centering," "a safe place," "looking outward," or "healthy detachment."

WHY DO GROUNDING?

When you are overwhelmed with emotional pain, you need a way to detach so that you can gain control over your feelings and stay safe. As long as you are grounding, you cannot possibly use substances or hurt yourself! Grounding "anchors" you to the present and to reality.

Many people with PTSD and substance abuse struggle with feeling either too much (overwhelming emotions and memories) or too little (numbing and dissociation). In grounding, you attain a balance between the two: conscious of reality and able to tolerate it. Remember that pain is a feeling; it is not who you are. When you get caught up in it, it feels like you *are* your pain, and that is all that exists. But it is only one part of your experience—the others are just hidden and can be found again through grounding.

Guidelines

- Grounding can be done ***any time, any place, anywhere***, and no one has to know.
- Use grounding when you are ***faced with a trigger, enraged, dissociating, having a substance craving, or whenever your emotional pain goes above 6 (on a 0-10 scale).*** Grounding puts healthy distance between you and these negative feelings.
- ***Keep your eyes open, scan the room, and turn the light on*** to stay in touch with the present.
- ***Rate your mood before and after grounding,*** to test whether it worked. Before grounding, rate your level of emotional pain (0–10, where 10 means "extreme pain"). Then rerate it afterward. Has it gone down?
- ***No talking about negative feelings or journal writing***—you want to distract *away* from negative feelings, not get in touch with them.
- ***Stay neutral***—avoid judgments of "good" and "bad." For example, instead of "The walls are blue; I dislike blue because it reminds me of depression," simply say "The walls are blue" and move on.
- ***Focus on the present, not the past or future.***
- ***Note that grounding is* not *the same as relaxation training.*** Grounding is much more active, focuses on distraction strategies, and is intended to help extreme negative feelings. It is believed to be more effective than relaxation training for PTSD.

WAYS OF GROUNDING

Three major ways of grounding are described below—mental, physical, and soothing. "Mental" means focusing your mind; "physical" means focusing on your senses (e.g., touch, hearing); and "soothing" means talking to yourself in a very kind way. You may find that one type works better for you, or all types may be helpful.

(cont.)

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Mental Grounding

- ***Describe your environment in detail,*** using all your senses—for example, "The walls are white; there are five pink chairs; there is a wooden bookshelf against the wall . . . " Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature. You can do this anywhere. For example, on the subway: "I'm on the subway. I'll see the river soon. Those are the windows. This is the bench. The metal bar is silver. The subway map has four colors."
- ***Play a "categories" game with yourself.*** Try to think of "types of dogs," "jazz musicians," "states that begin with 'A' ," "cars," "TV shows," "writers," "sports," "songs," or "cities."
- ***Do an age progression.*** If you have regressed to a younger age (e.g., 8 years old), you can slowly work your way back up (e.g., "I'm now 9; I'm now 10; I'm now 11 . . . ") until you are back to your current age.
- ***Describe an everyday activity in great detail.*** For example, describe a meal that you cook (e.g., "First I peel the potatoes and cut them into quarters; then I boil the water; then I make an herb marinade of oregano, basil, garlic, and olive oil . . . ").
- ***Imagine.*** Use an image: Glide along on skates away from your pain; change the TV channel to get to a better show; think of a wall as a buffer between you and your pain.
- ***Say a safety statement.*** "My name is _________; I am safe right now. I am in the present, not the past. I am located in _________; the date is _________."
- ***Read something, saying each word to yourself.*** Or read each letter backward so that you focus on the letters and not on the meaning of words.
- ***Use humor.*** Think of something funny to jolt yourself out of your mood.
- ***Count to 10 or say the alphabet,*** very s . . . l . . . o . . . w . . . l . . . y.

Physical Grounding

- ***Run cool or warm water over your hands.***
- ***Grab tightly onto your chair as hard as you can.***
- ***Touch various objects around you***: a pen, keys, your clothing, the table, the walls. Notice textures, colors, materials, weight, temperature. Compare objects you touch: Is one colder? Lighter?
- ***Dig your heels into the floor***—literally "grounding" them! Notice the tension centered in your heels as you do this. Remind yourself that you are connected to the ground.
- ***Carry a* grounding object *in your pocket***—a small object (a small rock, clay, a ring, a piece of cloth or yarn) that you can touch whenever you feel triggered.
- ***Jump up and down.***
- ***Notice your body:*** the weight of your body in the chair; wiggling your toes in your socks; the feel of your back against the chair. You are connected to the world.
- ***Stretch.*** Extend your fingers, arms, or legs as far as you can; roll your head around.
- ***Clench and release your fists.***
- ***Walk slowly, noticing each footstep,*** saying "left" or "right" with each step.
- ***Eat something, describing the flavors*** in detail to yourself.
- ***Focus on your breathing,*** noticing each inhale and exhale. Repeat a pleasant word to yourself on each inhale (e.g., a favorite color, or a soothing word such as "safe" or "easy").

Soothing Grounding

- ***Say kind statements,*** as if you were talking to a small child—for example, "You are a good person going through a hard time. You'll get through this."
- ***Think of favorites.*** Think of your favorite color, animal, season, food, time of day, TV show.

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✦ ***Picture people you care about*** (e.g., your children), and look at photographs of them.

✦ ***Remember the words to an inspiring song, quotation, or poem*** that makes you feel better (e.g., the AA Serenity Prayer).

✦ ***Remember a safe place.*** Describe a place that you find very soothing (perhaps the beach or mountains, or a favorite room); focus on everything about that place—the sounds, colors, shapes, objects, textures.

✦ ***Say a coping statement:*** "I can handle this," "This feeling will pass."

✦ ***Plan a safe treat for yourself,*** such as a piece of candy, a nice dinner, or a warm bath.

✦ ***Think of things you are looking forward to in the next week***—perhaps time with a friend, going to a movie, or going on a hike.

WHAT IF GROUNDING DOES NOT WORK?

Grounding does work! But, like any other skill, you need to practice to make it as powerful as possible. Below are suggestions to help make it work for you.

★ ***Practice as often as possible,*** even when you don't need it, so that you'll know it by heart.

★ ***Practice faster.*** Speeding up the pace gets you focused on the outside world quickly.

★ ***Try grounding for a looooooonnnnngggg time (20–30 minutes).*** And repeat, repeat, repeat.

★ ***Try to notice which methods you like best***—physical, mental, or soothing grounding methods, or some combination.

★ ***Create your own methods of grounding.*** Any method you make up may be worth much more than those you read here, because it is *yours.*

★ ***Start grounding early in a negative mood cycle.*** Start when a substance craving just starts or when you have just started having a flashback. Start before anger gets out of control.

★ ***Make up an index card*** on which you list your best grounding methods and how long to use them.

★ ***Have others assist you in grounding.*** Teach friends or family about grounding, so that they can help guide you with it if you become overwhelmed.

★ ***Prepare in advance.*** Locate places at home, in your car, and at work where you have materials and reminders for grounding.

★ ***Create a cassette tape of a grounding message*** that you can play when needed. Consider asking your therapist or someone close to you to record it if you want to hear someone else's voice.

★ ***Think about why grounding works.*** Why might it be that by focusing on the external world, you become more aware of an inner peacefulness? Notice the methods that work for you—why might those be more powerful for you than other methods?

★ ***Don't give up!***

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Practice grounding for 10 minutes or more, rating your feelings before and after (just as we did in the session).
- Option 2: Reread the handout, circling the methods that you most want to try.
- Option 3: Find something to carry with you that helps you feel grounded (e.g., a small, beautiful rock; a picture of someone you love; an AA chip you earned). Keep it in a place that you can access at any time, such as in your pocket or wallet, or on your key chain.
- Option 4: Fill out the Safe Coping Sheet.

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	Having a flashback.	Having a flashback.
★ **Your Coping** ★	I got stuck in it; it was awful. I tried to drown my feelings in three gin-and-tonics.	I can try to cope with a flashback by doing grounding. These are the ways that I think would work for me: 1. Run my hands under cool water. 2. Try to remember every major Red Sox player from the 1970s. 3. Turn on some music—loud, to drown out the flashback.
Consequence	I just feel like I have no control over my feelings. I can't stop myself from drinking when I get overwhelmed.	The intensity goes down—not completely away, but down enough so that I don't feel like I have to drink.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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What Is Substance Abuse?

The simplest definition of "substance abuse" is that a substance has control over your life. In the language of the American Medical Association, it is the "compulsive use of a substance resulting in physical, psychological, or social harm . . . and continued use despite that harm" (Rinaldi et al., 1988). The substance may become more important than your relationships, your work, and all else.

Substance abuse is widely considered a medical illness. It is not due to being "bad," "lazy," or "just wanting to have a good time."

No one fully understands why some people become addicted and others don't. It may be due to biology, terrible life experiences, or some combination. Whatever the cause, it is essential to learn how to overcome the illness. It can be done!

Some people are unsure whether they truly have a problem with substances, or they may hear conflicting opinions from others. It may be helpful to ask yourself whether either of the following formal definitions seems true for you.

DO *YOU* HAVE A PROBLEM WITH SUBSTANCE ABUSE?

If you have a problem with substances, you have either *substance abuse* (a *mild* version of the disorder) or *substance dependence* (a *severe* version of the disorder). In popular language, "substance abuse" is used to refer to any problem with substances.

Substance Abuse

★ *Check off (✓) any that are true for you, being really honest with yourself.*

___ Substance use that results in failure to fulfill obligations (e.g., work, parenting).
___ Repeated substance use in situations that are physically dangerous (e.g., driving).
___ Repeated legal problems resulting from substance use (e.g., disorderly conduct).
___ Continued substance use despite repeated problems from it (e.g., arguments with people).

If any one above is true for you, you would be diagnosed with substance abuse.

Substance Dependence

★ *Check off (✓) any that are true for you, being really honest with yourself.*

___**Q** Your **quantity** of substance use has increased.
___**U** You are **unable to control** your substance use.
___**I** Your substance use **interferes** with your responsibilities (e.g., home, work, parenting).
___**T** Your **time** is heavily devoted to using the substance.

___**N** You **need** more of the drug to obtain the same effect ("tolerance").
___**O** **Other aspects** of your life have been damaged by substance use (e.g., health, social life), but you continue to use.
___**W** Physical **withdrawal** symptoms occur if you stop using the substance. Also, you may take the substance to try to manage your withdrawal symptoms.

If any three above are true for you, you would be diagnosed with substance dependence, which you can remember by the acronym "QUIT NOW."

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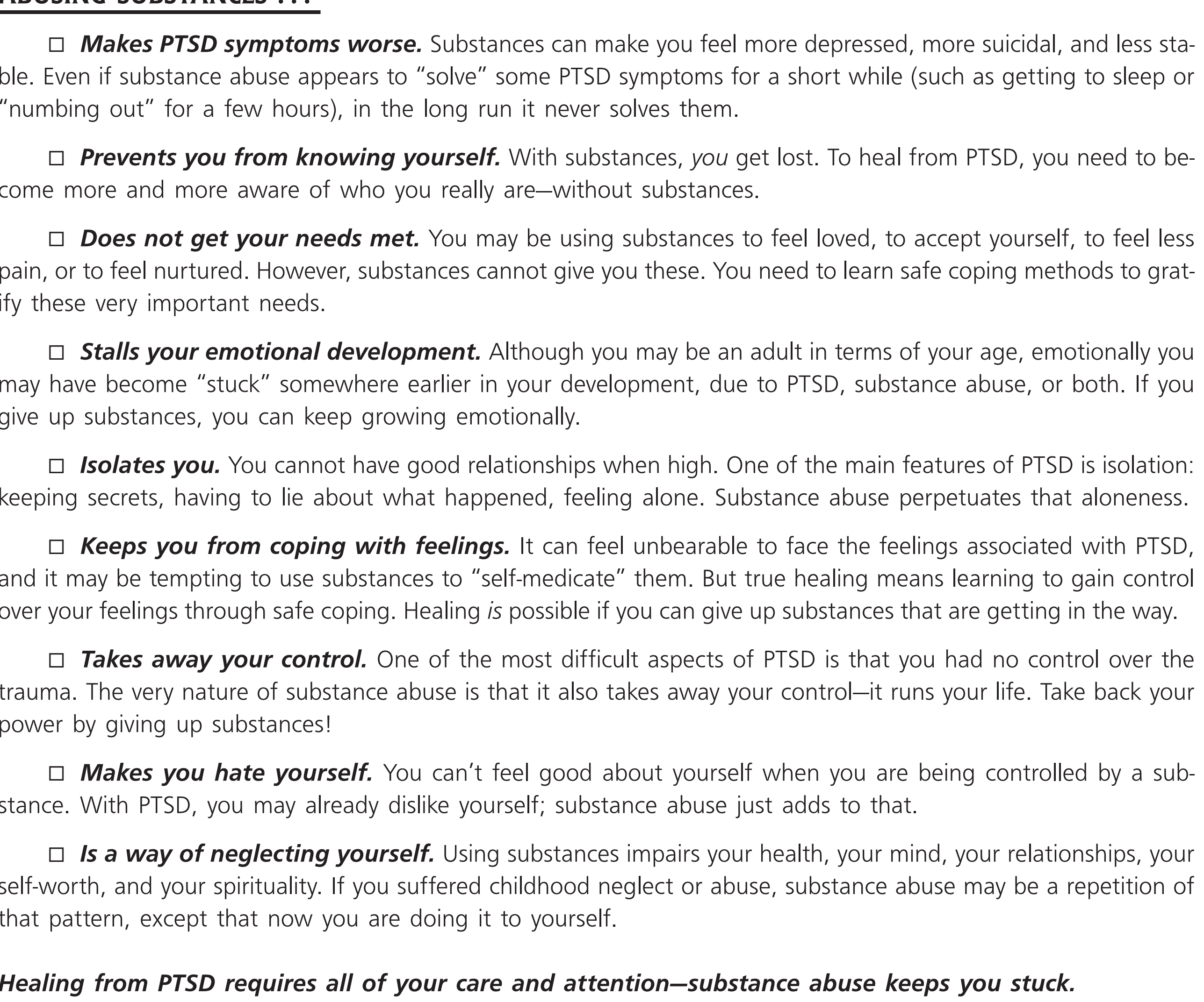
How Substance Abuse Prevents Healing from PTSD

There is no doubt that you want to heal from PTSD. No one wants to live with the suffering of that disorder. But are you aware of how your substance abuse is preventing you from healing from PTSD? The following list may help.

★ *Check off (✓) any that feel true for you.*



ABUSING SUBSTANCES . . .

☐ ***Makes PTSD symptoms worse.*** Substances can make you feel more depressed, more suicidal, and less stable. Even if substance abuse appears to "solve" some PTSD symptoms for a short while (such as getting to sleep or "numbing out" for a few hours), in the long run it never solves them.

☐ ***Prevents you from knowing yourself.*** With substances, *you* get lost. To heal from PTSD, you need to become more and more aware of who you really are—without substances.

☐ ***Does not get your needs met.*** You may be using substances to feel loved, to accept yourself, to feel less pain, or to feel nurtured. However, substances cannot give you these. You need to learn safe coping methods to gratify these very important needs.

☐ ***Stalls your emotional development.*** Although you may be an adult in terms of your age, emotionally you may have become "stuck" somewhere earlier in your development, due to PTSD, substance abuse, or both. If you give up substances, you can keep growing emotionally.

☐ ***Isolates you.*** You cannot have good relationships when high. One of the main features of PTSD is isolation: keeping secrets, having to lie about what happened, feeling alone. Substance abuse perpetuates that aloneness.

☐ ***Keeps you from coping with feelings.*** It can feel unbearable to face the feelings associated with PTSD, and it may be tempting to use substances to "self-medicate" them. But true healing means learning to gain control over your feelings through safe coping. Healing *is* possible if you can give up substances that are getting in the way.

☐ ***Takes away your control.*** One of the most difficult aspects of PTSD is that you had no control over the trauma. The very nature of substance abuse is that it also takes away your control—it runs your life. Take back your power by giving up substances!

☐ ***Makes you hate yourself.*** You can't feel good about yourself when you are being controlled by a substance. With PTSD, you may already dislike yourself; substance abuse just adds to that.

☐ ***Is a way of neglecting yourself.*** Using substances impairs your health, your mind, your relationships, your self-worth, and your spirituality. If you suffered childhood neglect or abuse, substance abuse may be a repetition of that pattern, except that now you are doing it to yourself.

Healing from PTSD requires all of your care and attention—substance abuse keeps you stuck.

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Choose a Way to Give Up Substances

→ ***Quit all at once.*** This is the abstinence model developed in AA; it's also called quitting "cold turkey." It works well for some people. It may feel harder to start, but may be easier to stick to.

→ ***Try an experiment.*** Try this "warm turkey" rather than "cold turkey" method—give up substances just for a week to see what it's like. Then reevaluate it in therapy.

→ ***Cut down gradually.*** This is called harm reduction. Making progress, even slowly, is better than staying where you're at. If you're using every day, you can start by using every other day. If you're using cocaine and marijuana, you can give up cocaine but keep using marijuana. Eventually, you can give up substances completely once you achieve these smaller successes.

A key question: "Do I have to give up substance use completely?" It is clear that people with PTSD and substance abuse need to quit substances completely—at least for a while—to successfully heal from PTSD. Later, once their PTSD recovery is complete, they can explore whether any use is safe for them or not. Many people find that once they recover from PTSD, they no longer even want to use. In the substance abuse field, there is a lot of controversy about whether people with a history of substance abuse can ever use safely. Some people believe that "moderation management" or "controlled drinking" are possible, meaning that using may be okay as long as it is kept within certain limits. However, this is not considered safe for anyone who has a history of severe substance use. At this point, just know that you need to give up substances to heal from your PTSD.

★ *What plan can you commit to starting today? Choose one below, then fill in the "Notes."*

☐ ***(1) Quit all at once*** (the AA or "cold turkey" model).

☐ ***(2) Try an experiment*** (the "warm turkey" model). Please write down *how long* you'll give up substances: _____ week(s).

☐ ***(3) Cut down gradually*** (the "harm reduction" model). Write down on the back of this page exactly what substance(s) you'll cut down or give up. Also, write down how much and how often you'll be using at most (you can always use less, but not more!).

Notes:

(a) I also agree to throw out my _________________ (substances) and all related paraphernalia.

(b) I also agree to ask _______________ (people in my life) not to offer me substances or use around me.

Signed: ____ Dated: ___________________

☎ *If I cannot stick to my plan, I will leave a ________ [phone message? note?] for my ________ [therapist? sponsor? partner? friend?] to let him or her know within ___ hours.*

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SUGGESTIONS

➳ ***Get rid of substances in your environment to help your plan work.*** Throw out your stash of substances and tell people in your life not to offer you any.

➳ ***You can combine "Try an experiment" and "Cut down gradually" if you need to.*** If you are extremely afraid of reducing your use, you can try to give up a little just for a short time.

➳ ***Keep in mind that many people have strong opinions about how to give up substances.*** However, at this point, no one truly knows what works best, for whom, and how. Any of the three methods above may work as long as you keep at it. If you try one way and it doesn't work, you can reevaluate it with your therapist and then try another plan.

No matter what happens, you can cope safely without substances!

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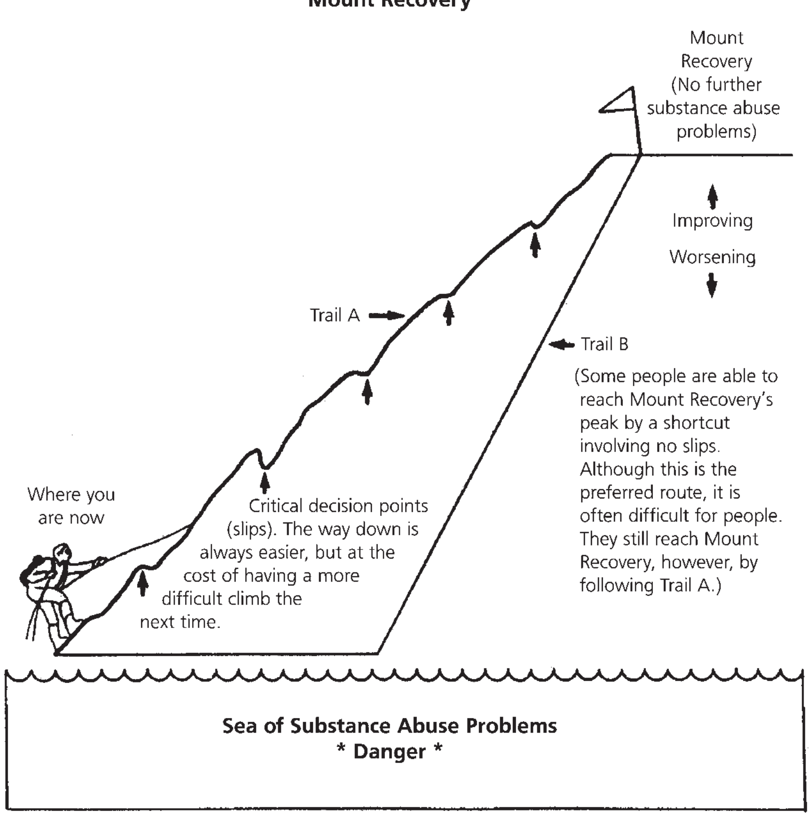
Climbing Mount Recovery

RECOVERY FROM SUBSTANCE ABUSE IS LIKE CLIMBING A MOUNTAIN



★ *What do you notice about Trail A and Trail B?*

Trail A is trial and error—mistakes along the way, but people eventually make it to the top.
Trail B is perfect—no problems, just a direct path to the top. Very few people do it this way!

The message: Either trail will get you there.

If you do not like to imagine mountain climbing, select another image that works for you: A trip to a foreign country? Running a marathon? Learning to drive a car? Or none at all?

PREPARING FOR YOUR TRIP

As with any other journey, you need to be prepared. Just as for climbing a mountain you need to take hiking boots, food, a tent, and a flashlight, for your recovery trip you will need to do the following:

→ ***Tell everyone close to you where you're heading*** and ask them to help you with it (e.g., not using substances around you, never offering you substances).

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→ ***Be prepared for "bad weather."*** Some people find that as they stop using substances, their PTSD gets worse for a while. Just like a storm, this does *not* last forever. It simply means that you need to face feelings that have been hidden by substance abuse. Accept and honor those feelings. Strive to cope with them as best as you can without using.

→ ***Take your list of Safe Coping Skills***—*they're just as vital as food to survive on this mountain! It's also best to pack a list of reasons not to use substances, and a list of rewards for yourself for each day you don't use. Keep all of these in your wallet for easy access.*

→ ***Be prepared for down times.*** On all adventures, there are times that are not fun. When you give up substances, you may feel miserable and deprived. Just keep climbing up the mountain—better times await you ahead. The view from the top is incredible!

→ ***Take "maps."*** Just like having maps and a tourist guide, you'll need to learn everything you can about your journey—from self-help groups, books, educational videos, and talking to people who have recovered.

→ ***Carry a phone so that you can reach out for help if you get stranded.***

→ ***Set a starting date.*** How about today?

→ ***Don't take guilt, self-hatred, blame***—these weigh you down.

→ ***Remember that there is never a good reason to use.*** Even if you're homeless, had a fight, and lost all of your money in a single day—none of this means "It's okay to use." Using a substance will not get you a home, get you out of a fight, or get your money back . . . but it *will* make you *less* able to cope with your problems.

→ ***Remember that as you reduce substance use, your PTSD may get worse***; be prepared for this, seek help, and remember that it won't last forever.

→ ***Surround yourself with safety***—safe people, safe places, safe things.

→ ***Never "test" yourself by seeing whether you can turn down a substance.*** Just as you should never test your safety by walking down a dark alley at night, you should never test your recovery by walking into a substance abuse situation.

→ ***Know that cravings are normal.*** As long as you don't actually use, you're okay.

→ ***Fight "AVE" (the "abstinence violation effect").*** This is a common pattern in recovery: If you use once, you think you might as well keep using because you've already failed. No—don't keep using! Just stop and pick yourself up. Having 1 drink is better than having 10 drinks.

→ ***Remember the bottom line: To heal from PTSD, strive to be substance-free!***

→ **Memorize *the "Three Main Thoughts That Lead to Substance Use" (see the box below).*** They are like snakes in the grass—they will jump out and hurt you when you're not looking.

THREE MAIN THOUGHTS THAT LEAD TO SUBSTANCE USE:

🍸 ***"I'll just have one"*** 🍸

🚹 ***"I can handle this alone"*** 🚹

☒ ***"I don't care"*** ☒

★ *Is there anything else you need for your journey?* ______________________________

____

____

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Mixed Feelings

★ *What do you think? Circle "true" or "false," then see the answers at the bottom of the page.*

1.	It's best to wait until you feel motivated to give up substances.	True	False
2.	Most people have mixed feelings about giving up substances.	True	False
3.	There's something wrong with you if you still want to use substances.	True	False
4.	People who recover are totally sure they want to give up substances.	True	False

❧ ***You may have mixed feelings about giving up substances.*** You may alternate between wanting to recover from substance abuse and then not wanting to. Such mixed feelings are called "ambivalence." This is a very common stage in early recovery. Despite all the suffering you go through with substance abuse, it is familiar. Giving up substances can feel like the loss of a close friend. *Most* people who give up substances frequently have mixed feelings about it. If you talk to people who have succeeded in achieving long-term abstinence, they too felt mixed about it when they were in early recovery.

❧ ***With PTSD, there may also be mixed feelings about getting better.*** PTSD can feel very familiar, and can even become your identity. It can be scary to move forward and let go of it: "If I keep feeling pain, this shows how bad the trauma was," "If I get better, it's like my abuser has won," "I don't have a right to get better when my buddies died on the battlefield." To let go of such suffering may feel as though it invalidates what happened to you.

❧ ***How can you cope with mixed feelings?*** You can have lots of mixed feelings; it is normal to have them. But always remember that no matter what you *feel*, you need to focus your *actions* on safety. This means not using substances, sticking with treatment, and talking about your mixed feelings openly. You don't have to *feel* like giving up substances or PTSD symptoms. Isn't that a relief?

[*Answers to questions: F, T, F, F*]

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Self-Understanding of Substance Use

If you use a substance, the key is to understand *why*. No shame, no blame, no guilt, no "beating yourself up"—these all prevent you from understanding yourself.

Note, however, that *understanding* substance use does not mean *excusing* it. It does not mean that it was right or okay to use. Substance use is never a safe way of coping for someone who is in recovery from PTSD and substance abuse. Thus, "seek explanations but not excuses."

Here are some ways to seek understanding about your substance use.

NOTICE THE CHOICE POINT

Every time you use, you make a decision to do so. "Own" the decision—notice what you said to yourself to justify it. If you listen closely, every time you use a substance, you'll hear a need that's being neglected: a need for pleasure, connection, relaxation, love, celebration, symptom relief. Some examples: "When my friend passed the joint, I felt like I wanted to be part of things," or "I saw the liquor store and said, 'I'm stressed and just want one drink.' " These are all legitimate needs that deserve attention, but not with substances. Also, it may be helpful not to talk about your substance use as "slips" or "backsliding"—these make it sound as though they were accidents. Using a substance is never an accident; it is always a choice. Owning the choice can help you understand yourself and your needs.

Explore your unconscious. There may be times when you use and you truly do not know how it happened. Particularly for people who dissociate (which is common in PTSD), you may find yourself sitting at a bar with a drink in hand, not knowing how you got there. The best strategy for this is to explore what unconscious *part* of yourself led you to use. This is sometimes called the "Jekyll–Hyde personality" or the "split self"—there are feelings that you are having trouble letting yourself feel, and they sneak up and surprise you. For example, you may be having urges to use but denying them ("I shouldn't feel this way, so I won't let myself think about it"); or you may be angry but not fully aware of it ("I don't have a right to be angry"). Just know that every time you use and are not conscious of it, you *can* become more conscious with effort. Here too, listen for unmet needs that require attention.

REPLAY THE SCENE IN SLOW MOTION

As if you are watching a movie in slow motion, describe everything that led up to using, trying to understand what motivated you to use and being *really* honest with yourself:

Who were you with?
Where were you?
What happened that day?
What were you feeling and thinking?
What time was it?
What coping did you attempt?
What was the dialogue you went through, either with yourself or others?

Now try to figure out a better way to cope next time—replay the movie in slow motion, but this time with a better ending. Again, no shame or blame—just identify how you can treat yourself better next time. Look at the Safe Coping Skills list to identify better solutions.

(cont.)

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For example, if you used because . . .

You felt upset . . . then talk to someone.
You can't sleep at night . . . then talk to a doctor who specializes in sleep problems.
Your sister just died and you miss her . . . then let yourself cry and mourn the loss.

EXPLORE THE MEANING OF YOUR SUBSTANCE USE

For people with PTSD, substance use can have many meanings. Substance use can be a way of getting to sleep, numbing the pain, giving you control, helping you feel accepted by people, committing slow suicide, getting back at an abuser, crying out for help, showing others how much pain you feel, blotting out memories, accessing memories . . . or many other meanings. Each time you use, try to understand the meaning.

NOTICE THE COST

Just as there's "no free lunch," there is no free substance use. Both emotionally and financially, substance use has a cost. Using may feel good for a few minutes or hours, but you'll pay the cost later. Think about the *interpersonal costs* (who is it hurting?); the *financial costs* (is this a good use of your money?); and the *emotional costs* (how will it make you feel about yourself?).

NOTICE HOW YOU RELATE TO YOURSELF AFTER USING

Many people with PTSD "beat themselves up" after using. They attack, reject, shame, and yell at themselves. This prevents growth because you're not able to hear, with an open heart and open mind, your needs and motivations for using. Another destructive pattern is perfectionism: If you use once, you harshly view it as failure and so keep on using, turning 1 drink into 10. Notice the voice in your head after you use: Is it the voice of someone who is kind and caring? Or harsh and judgmental? (And does the voice remind you of anyone who treated you harshly when you were growing up?)

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Self-Help Groups

Some people love self-help groups, some don't. Such groups include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), SMART Recovery, Dual Diagnosis, Rational Recovery, Secular Organization for Sobriety (SOS), Gamblers Anonymous (GA), Sexaholics Anonymous (SA), Emotions Anonymous, Al-Anon, Alateen, Parents Anonymous, and Co-Dependents Anonymous.

✻ ***If you've never tried self-help groups, you owe it to yourself to check them out.***

✻ ***A group may help.*** Anything to support your recovery is worth doing. A self-help group can give you a community of people who are struggling as you are, education about substance abuse, hope for the future, and wisdom from people who have recovered.

✻ ***If you've tried a group and don't like it, try other groups*** to see if you can find one you like. The culture of each group is different. There are also a lot of specialty groups: meetings for women, gays, combat veterans, beginners, nonsmokers, and others. Meetings also have different formats, such as speaker meetings, step meetings, and discussion meetings. Discover what works for you.

✻ ***If you don't like the spirituality of twelve-step groups, try alternatives*** such as SMART Recovery, Rational Recovery, or SOS. Many people who don't like AA like these, because they take a rational rather than spiritual approach and do not view addiction as a lifelong disease.

✻ ***Set a weekly goal that's realistic for you, and then stick to it.*** Better to promise yourself two meetings a week and go, than to promise yourself seven and not go at all.

✻ ***Remember that self-help groups are designed to focus only on addiction, not PTSD.*** Use the groups for what they can give, and don't feel that you need to talk about your PTSD unless it is welcome there. Many people don't understand PTSD, so don't be surprised by that.

✻ ***Sometimes you may hear people take an antimedication stand*** ("Using Prozac is just as bad as using cocaine") or an antitherapy stand ("All you need is AA"). This is not the official policy of self-help groups, and you can ignore that advice.

✻ ***Some people with PTSD have difficulty with self-help groups*** because they can't be around a lot of people due to social fears or paranoia, because they get drawn into unhealthy relationships with people there, or for any number of other reasons. If you've really tried to get involved in self-help and still don't like it, that's okay. No one should make you feel bad or wrong for not going. It is a personal choice, and there are many paths for healing.

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Substance Abuse and PTSD: Common Questions

Because the link between substance abuse and PTSD has only recently been studied, you may hear many things about this dual diagnosis. Below are some ideas to help sort out what you hear.

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Question: Is it true that I have to get clean from substances before I can work on my PTSD?

Response: This is one of the most common messages. However, experts generally believe that the two disorders *can* and *should* be treated at the same time. This is called integrated treatment and can prevent the "revolving door" problem—you get clean, become overwhelmed by the PTSD, use substances again, and keep going around and around.

You can work on both disorders at the same time, as long as the focus is on safety throughout your recovery. Everyone can benefit from "current-focused treatment." This means learning to cope with both PTSD and substance abuse in the present (e.g., learning about the two disorders, practicing new skills to gain control over them, and becoming aware of how they impact each other). In addition, for some people "past-focused treatment" may also be useful; this means talking in detail about your past (sometimes called "exposure therapy" or "mourning"). Note, however, that such treatment is very upsetting; it is important to work with your therapist to assess whether you are safe to do such work now, or should wait until later in your recovery. (See the next question below for more on this issue.)

It is also important to emphasize that most experts agree that getting clean *is* necessary in the long term for full healing from PTSD (see the topic *PTSD: Taking Back Your Power* for more on full healing). Using substances prevents healing from PTSD.

You may be aware that some people—and usually well-meaning people—will tell you a very extreme message, such as "You cannot work on PTSD until you have been abstinent for a certain number of months, such as 6 months or a year." Or they may say, "The only problem that really matters is your substance abuse—that's the only thing you need to focus on." If you have been involved in treatment that deals only with PTSD but not substance abuse, you may have heard the reverse message. Again, the key point is that working on both disorders at the same time is currently believed to be the best treatment for this dual diagnosis. Both your PTSD *and* your substance abuse matter, and learning to cope safely with both right now is highly recommended.

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Question: Is it helpful to talk about my painful trauma memories right away in treatment?

Response: For some people it may be helpful; for others it may not. This is a complex issue, and too little is known about it at this point. However, "integrated treatment" (treating both PTSD and substance abuse at the same time) does not mean that you have to delve into painful memories of the past while you are trying to get "clean." For some people this is too overwhelming, and clinical experience suggests that it may lead to relapsing on substances if adequate coping skills are not in place. That is why the *Seeking Safety* treatment is designed to teach you coping skills that can make it possible to talk about painful material later, when you may be more able to handle it.

(cont.)

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Question: Do I have to go to AA or other self-help groups?

Response: Some people with PTSD and substance abuse find them extremely helpful; some dislike them; and some are neutral. If you like them, that's terrific. If you have tried them and do not like them, that is okay too—there are many ways to get clean and sober, and you need to find the ways that work for you (e.g., psychotherapy, drug counseling, medications). Sometimes people feel pressured to go to self-help groups, and this pressure can make them feel bad about themselves (which does not help their PTSD!). It is entirely valid to have your own views on self-help groups, particularly if you have given them a chance. If you have not tried them, it is important to give them a chance. However, some people with severe social anxiety may first need to make progress in individual treatment, such as psychotherapy, before trying them. In short, people heal in many different ways, and you need to respect your own path and find what fits you as a person. The best bet is to shop around.

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Question: I have problems other than just substance abuse and PTSD; is it okay to focus on those too?

Response: Not only is it okay, it is recommended. You are a person, not a label. People with substance abuse and PTSD often have additional problems, such as other addictions (e.g., gambling, eating disorders) and other general life problems (e.g., lack of a job, homelessness, medical problems, domestic violence). Working on whatever problems are most important to you right now and most central to your survival is usually the best. Also, be aware that you can apply the *Seeking Safety* treatment to any problems for which you find it helpful.

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Question: I'll feel better once I'm abstinent, right?

Response: You may or may not in the short term, but over the long term you will. Not enough is known at this point about the typical pattern, but clinical experience suggests that some people feel worse before they feel better. This is important to remember, because if you get clean and start to feel bad, you can know that it truly will go away over time: Just hang in there, get support, and cope, cope, cope. Sometimes people talk about dual diagnoses as if they are all the same, and they may tell you that you'll feel better quickly with abstinence. But dual diagnoses are not all the same. For example, people with substance abuse and depression sometimes find that as soon as they get "clean," their depression goes away. With PTSD, this is believed to be less likely.

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Question: Is it true that substance abuse is "self-medication" of my PTSD?

Response: Many people report this. They experienced trauma, then became addicted to substances as a misguided attempt to cope with the psychological pain of the trauma. However, other people had substance abuse first and experienced trauma after that (sometimes due to the substance abuse, such as hanging out with unsafe people or getting into danger when high). For others, they grew up in homes where both trauma and substance abuse were always present. Regardless of which way the two disorders originally developed, once you have both, they often become intertwined. This means that right now you need help with both.

Keep in mind that much more research is needed to turn these responses into facts. These are emerging views based on what we know so far from research and clinical writings. However, it is important to keep conducting research and learning from people who actually have PTSD and substance abuse to understand more about these topics. Just as you need to keep learning, so too do the fields of substance abuse and mental health!

Acknowledgments: In Handout 1, the definitions of substance use disorders are derived from the American Psychiatric Association (1994). In Handout 3, the ways to give up substances are drawn from Miller and Page (1991). In Handout 4, the title and illustration are from Sobell and Sobell (1993) (copyright 1993 by The Guilford Press; reprinted by permission) and "Three Main Thoughts That Lead to Substance Abuse" are from DuWors (1992). Ask your therapist for guidance if you would like to locate any of these sources.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Try a twelve-step group meeting, such as AA, and see how you like it.
- Option 2: Read the following quotation:

  "What can be imagined can be achieved."
  —T. Peavey

  Write a description of your life as a person who is able to overcome PTSD and substance abuse. What would your day-to-day life be like? How would you relate to others? How would you manage frustrations and disappointments? If you want, give this "person" a name to better remember this vision.
- Option 3: Create a list of rewards for yourself to choose from for every day you don't use substances—then really give yourself a reward if you earn it.
- Option 4: Take a piece of paper. Draw a line down the middle. In the left column, write a list of "advantages" of using substances. In the right column, write a list of "disadvantages" of using substances. Which side matters more?
- Option 5: Imagine the following scene:

  You have made a commitment to "try an experiment" and not use any substances for a week. By Wednesday, you feel overwhelmed, you can't sleep, and you desperately want to feel better for a little while. You fight with yourself, but end up smoking a joint.

  Rehearse how you could seek self-understanding about this incident (or any other relevant scene from your life). If possible, rehearse it out loud with a friend, sponsor, or therapist and get feedback.

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Asking for Help

MAIN POINTS

- ★ It is very common to have difficulty asking for help if you have PTSD and substance abuse.
- ★ You must get help from others to recover. No one can do it alone.
- ★ In learning to ask for help, start "small": Practice on safe people, with simple requests.
- ★ Try to ask for help before a problem becomes overwhelming. But you can call any time—*before*, *during*, or *after* a hard time.
- ★ Prepare how you'll handle it if the person refuses your request for help.
- ★ In asking for help, you don't have to "spill" everything.
- ★ Asking for help makes you stronger and more *independent* in the long run.
- ★ Learning to ask for help may feel very awkward at first.
- ★ If there is no one in your life to ask help from, work on building a support network.
- ★ When asking for help, be gentle—no demands, threats, or insults.
- ★ Discover whether your fears are accurate: Compare your *prediction* to *reality*.
- ★ Carry in your wallet a list of phone numbers you can call.

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Approach Sheet

★ *Fill in the first three parts now. Later, after you've approached the person, fill in the last part.*
(1) Who will you talk to?
(2) What will you say?
(3) What do you predict will happen?
(4) What did happen in reality?

★ *You may want to ask yourself:*

- What did you learn from trying this?
- Did you get what you wanted, or at least part of what you wanted?
- Is there anything you might do differently next time?
- How do you feel about your experience?
- How difficult was it?

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Write a list of people you can call when you are having problems (e.g., wanting to talk, feeling afraid, drug cravings, needing a ride, etc.). Include friends, family members, self-help sponsors, treaters, hotlines, drop-in centers, and anyone else you can think of (see example below).

List of people to call for help

1. My friend Martha: 466-4215 or 252-7655
2. My therapist (Dr. Klein): 855-1111 or can page at 855-1000
3. My AA sponsor (Barbara): 731-1502

- Option 2: Go for it! Fill out the Approach Sheet.

APPROACH SHEET—EXAMPLE

Fill in the first three parts now. Later, after you've approached the person, fill in the last part.
(1) Who will you talk to? My friend Elizabeth.
(2) What will you say? "Please help me not drink at the party tonight—you can help by not offering me any alcohol and checking in with me at times during the party to see if I'm okay."
(3) What do you predict will happen? She won't want to help me. She'll think I'm pathetic.
(4) What did happen in reality? I called Elizabeth. She was very willing to watch out for me at the party, and also gave me the phone number for a good AA group in town. She didn't convey any judgment or negative views of me.

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Self-Care Questionnaire

★ *Answer each question below "yes" or "no"; if a question does not apply, leave it blank.*

Do you . . .

- ❤ Associate only with safe people who do not abuse or hurt you? Yes ___ No ___
- ❤ Get annual medical check-ups with a:
  - Doctor? Yes ___ No ___
  - Dentist? Yes ___ No ___
  - Eye doctor? Yes ___ No ___
  - Gynecologist (women only)? Yes ___ No ___
- ❤ Eat a healthful diet (healthful foods and not under- or overeating)? Yes ___ No ___
- ❤ Have safe sex? Yes ___ No ___
- ❤ Travel in safe areas, avoiding risky situations (e.g., being alone in deserted areas)? Yes ___ No ___
- ❤ Get enough sleep? Yes ___ No ___
- ❤ Keep up with daily hygiene (clean clothes, showers, brushing teeth, etc.)? Yes ___ No ___
- ❤ Get adequate exercise (not too much or too little)? Yes ___ No ___
- ❤ Take all medications as prescribed? Yes ___ No ___
- ❤ Maintain your car so it is not in danger of breaking down? Yes ___ No ___
- ❤ Avoid walking or jogging alone at night? Yes ___ No ___
- ❤ Spend within your financial means? Yes ___ No ___
- ❤ Pay your bills on time? Yes ___ No ___
- ❤ Know whom to call if you are facing domestic violence? Yes ___ No ___
- ❤ Have safe housing? Yes ___ No ___
- ❤ Always drive substance-free? Yes ___ No ___
- ❤ Drive safely (within 5 miles of the speed limit)? Yes ___ No ___
- ❤ Refrain from bringing strangers home to your place? Yes ___ No ___
- ❤ Carry cash, ID, and a health insurance card in case of danger? Yes ___ No ___
- ❤ Currently have at least two drug-free friendships? Yes ___ No ___
- ❤ Have health insurance? Yes ___ No ___
- ❤ Go to the doctor/dentist for problems that need medical attention? Yes ___ No ___
- ❤ Avoid hiking or biking alone in deserted areas? Yes ___ No ___
- ❤ Use drugs or alcohol in moderation or not at all? Yes ___ No ___
- ❤ Not smoke cigarettes? Yes ___ No ___
- ❤ Limit caffeine to fewer than 4 cups of coffee per day or 7 colas? Yes ___ No ___
- ❤ Have at least 1 hour of free time to yourself per day? Yes ___ No ___
- ❤ Do something pleasurable every day (e.g., go for a walk)? Yes ___ No ___
- ❤ Have at least three recreational activities that you enjoy (e.g., sports, hobbies—but not substance use!)? Yes ___ No ___
- ❤ Take vitamins daily? Yes ___ No ___
- ❤ Have at least one person in your life that you can truly talk to (therapist, friend, sponsor, spouse)? Yes ___ No ___
- ❤ Use contraceptives as needed? Yes ___ No ___
- ❤ Have at least one social contact every week? Yes ___ No ___

(cont.)

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- ❤ Attend treatment regularly (e.g., therapy, group, self-help groups)? Yes ___ No ___
- ❤ Have at least 10 hours per week of structured time? Yes ___ No ___
- ❤ Have a daily schedule and "to do" list to help you stay organized? Yes ___ No ___
- ❤ Attend religious services (if you like them)? Yes ___ No ___ N/A ___
- ❤ Other: ________________________________ Yes ___ No ___

Your score: (total number of No's): ___

NOTES ON SELF-CARE

Self-care and PTSD. People with PTSD often need to *learn* to take good care of themselves. For example, if you think about suicide a lot, you may not feel that it's worthwhile to take good care of yourself and may need to make special efforts to do so. If you were abused as a child, you got the message that your needs were not important. You may think, "If no one else cares about me, why should I?" Now is the time to start treating yourself with respect and dignity.

Self-care and substance abuse. Excessive substance use is one of the most extreme forms of self-neglect because it directly harms your body. And the more you abuse substances, the more you are likely to neglect yourself in other ways too (e.g., poor diet, lack of sleep).

Try to do a little more self-care each day. No one is perfect in doing everything on the questionnaire at all times. However, the goal is to take care of the most urgent priorities first, and to work on improving your self-care through daily efforts. "Progress, not perfection."

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Ideas for a Commitment

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It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Identify one self-care problem from the Self-Care Questionnaire (one "no" answer) that you want to work on. Before the next session, make that "no" into a "yes"—solve that self-care problem. If you want to, write out how it went: How did it feel to do it? Was it successful? Any next steps you'd like to take?
- Option 2: Take any four of the following words and write a page on how your life could be improved by attending to them (be creative—there's no right or wrong answer to this):

Self-Care   Dignity   Body   Attention   Love   Effort
Knowledge   Respect   Safety   Physical

- Option 3: Find someone in your life who takes very good care of her- or himself. Interview this person, asking everything you can about how the person does it, how it feels, and how the person learned it.
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	I have a bad toothache.	I have a bad toothache.
★ **Your Coping** ★	Not doing anything about it. Just trying to put it out of mind.	Call dentist immediately. Say to myself, "Even though I wasn't taken good care of when I was growing up, I need to do things better now."
Consequence	It keeps getting worse. I feel miserable.	This feels strange—I'm used to waiting until everything is in crisis. But I know this was the best way to handle it.

***How safe is your old way of coping?* ____   *How safe is your new way of coping?* ____**

Rate from 0 (not at all safe) to 10 (totally safe)

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Harshness versus Compassion

How do you tend to talk to yourself—harshly or with compassion?

Harsh Self-Talk	Compassionate Self-Talk
Blaming, "beating yourself up" Prevents change Ignores the self Is easy	Loving, understanding Promotes change Listens to the self Is difficult

An example:

Harsh Self-Talk	Compassionate Self-Talk
"I drank last night. What a loser! I can't do anything right."	"I know drinking is dangerous, but I did it anyway. There must be a reason. Maybe it's because I'm upset about my brother's death. Next time I feel an urge to drink, I'll try to prevent it by calling my sponsor to talk about how I feel."

Ideas to consider:

Harshness may be associated with PTSD and substance abuse.

PTSD. If you feel a lot of emotional pain, you may take it out on yourself. This can take the form of putting yourself down ("You jerk!") or physical abuse such as self-cutting. If you were harshly criticized in childhood, you may have "internalized" those voices and are now criticizing yourself.

Substance abuse. Self-hatred often arises after using a substance. People feel ashamed and "yell" at themselves to try to prevent it from happening again. Yet the best way to prevent it is to explore compassionately why you used (e.g., feelings of deprivation? loneliness? fear?). Also, next time you have an urge to use, try talking to yourself in a compassionate way to avoid giving in to the urge (i.e., meet your needs in some other way).

Compassion promotes growth, while harshness prevents growth. You may think that harshness is "true" or is a way to "take responsibility"—that yelling at yourself will change your behavior. But self-hatred is a cheap trick, an illusion. It is a psychological defense that *prevents* growth. It is a destructive habit that is all too easy to do. Research shows that punishment does not change behavior in the long term; praise and understanding do. No matter what you have done, you can take responsibility for it without beating yourself up. Compassion means searching with an open, nonjudgmental mind into what happened. This promotes real change. If compassion is not familiar because you did not learn it when you were growing up, it may feel difficult. You may need to practice a lot for it to feel natural.

★ *Think about your own life:*

- What does your harsh self-talk sound like? What does your compassionate self-talk sound like?
- When you are harsh with yourself, does it keep you stuck in old behaviors?
- Is it easier for you to be harsh rather than compassionate with yourself?

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Ways to Increase Compassion

When you notice harsh self-talk . . .

Ask yourself, "***If I loved myself, what would I say to myself right now?***"

Ask yourself, "***If I were really listening to my deepest needs, what would I say to myself?***"

Try to explore the reasons underlying your actions. For example, if you drank, maybe it was because you were in a lot of pain. If you blew a job interview, maybe it's because you need more help and practice.

Use kinder language; find a softer way to talk to yourself. For example, "I am a failure" is harsh, while "I have suffered a lot, so my progress may be slower" is kinder.

Imagine that you are talking to a small child who has made a mistake. How would you talk to that child with compassion? For example, you might say, "It's okay. At least you're safe right now. You're a good person and you can keep figuring it out."

Experiment with compassion, even for just a few minutes. If it feels very difficult, you may want to try "thought stopping" as a first step: Say "Stop thinking that!" loudly to yourself to break the cycle of harsh self-talk. Then try compassion.

Try practicing! In the following situations, how could you talk to yourself compassionately to *prevent* unsafe behavior?

- You feel like using a substance because you are lonely.
- You just got laid off from your job, and you feel like punching a wall.
- Your partner broke up with you, and you want to kill yourself.
- You got a poor grade on an exam, so you want to binge on food.

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Ideas for a Commitment

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- Option 1: Take the statement "I am a bad person." How could you make this more compassionate?
- Option 2: Write a paragraph about what compassion means to you. How would your life be different if you were more compassionate toward yourself?
- Option 3: Change the "old tapes" in your head by literally creating a new tape! Record a cassette tape with compassionate, soothing statements. If you want, ask significant people in your life to record statements on it too (e.g., family members, your therapist, your AA sponsor). Play the tape whenever your harsh self-talk comes up.
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

	Old Way	**New Way**
Situation	My daughter saw me using drugs and looked really hurt.	My daughter saw me using drugs and looked really hurt.
★ **Your Coping** ★	I said to myself, "You're no good. You're not fit to be a parent. You always screw up."	I said to myself, "I must be feeling really upset and deprived if I used in front of her. How do I need to take care of myself better so that this won't happen again?"
Consequence	I felt awful, lower than low.	I tried to focus on solutions, and called my sponsor to get ideas.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Signs of Danger versus Safety

Listen to the messages your behavior is sending you!

★ *What are your red and green flags? Check off below:*

🔔 **Red Flags** 🔔	**Green Flags**
Danger	**Safety**
Isolation	Spending time with supportive people.
Not taking care of my body (food, sleep)	Taking care of my body
Fights with people	Able to get along
Too much free time	Structured schedule
Destructive behavior	Behavior under control
Feel stuck	Feel I'm moving forward
Lying	Honesty
Negative feelings acted out	Negative feelings expressed in words
Canceling treatment sessions	Attending all treatment regularly
Stop taking medications as prescribed (either too much or too little)	Taking medications as prescribed
Passive ("Why bother?")	Active coping
Cynical/negative	Realistic/positive
Not fighting PTSD symptoms (e.g., dissociation, self-cutting)	Fighting PTSD symptoms (e.g., grounding, rethinking, etc.)
Not learning new coping skills	Learning new coping skills
Become physically sick	Stay physically healthy
Believe treatment is unnecessary	Believe treatment is necessary
Spend time with people who use	Spend time with "clean" people
Cannot hear feedback	Listen to feedback
Too much responsibility	Appropriate responsibility
Think people are trying to make me look and feel bad	Feel okay around people
Stop caring; stop trying	Care and try
Arrogant euphoria	Realistic concern
Absent from work or school	Attend work or school

(cont.)

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★ *What are your additional red flags?*

★ *What are your additional green flags?*

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Create a Safety Plan

★ *Fill in the safety plan using the following as an example:*

Mild Danger (starting to show distress)	**What I Will Do to Stay Safe**
• Eating poorly	• Increase AA to three times a week
• Missing occasional treatment sessions	• Tell therapist what I'm feeling
• Getting cynical and negative	• Call my friend Pat and talk with her

Red Flags	***Safety Plan***
Mild Danger (Starting to show distress)	**What I Will Do to Stay Safe**
Moderate Danger (Getting serious—watch out)	**What I Will Do to Stay Safe**
Serious Danger (Emergency!!)	**What I Will Do to Stay Safe**

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Key Points about Red and Green Flags

Red flags are messages of distress. Just as a fever is a sign that you must rest your body, the red flags are signs that you are in emotional distress. With PTSD and substance abuse, the tendency is to push them out of mind, unconscious, not seeing the signs as they occur. But it is essential to notice the red flags and to validate that they are there for a reason; they are not signs of weakness or failure, but messages to attend to yourself.

Remember "budding." Some people are helped by the acronym "BUD"—"Building Up to Drinking." You could also use "Building Up to Danger." The list of red flags in Handouts 1 and 2 can be a sign that you are gearing up to act destructively. There is a window of opportunity during which you can stop yourself from sliding downhill if you can see the warning signs and actively try to cope with them. Thus dangerous times in both PTSD and substance abuse are not all-or-none events, but rather gradual buildups that allow time to save yourself.

Help from others is essential as danger escalates. As red flags increase, the need to reach out for help from safe people increases too. One of the most difficult aspects of PTSD and substance abuse is isolation. As symptoms increase, the tendency is to hide away. That's why it is necessary to plan in advance whom you will call and to prepare that person for how to help you through a dangerous time. Rehearse what you will say to each other.

Listen to the "whispers" before they become "screams." A safety plan identifies your warning signs and ways to respond to them. The safety plan in Handout 2 has three levels so that you can attend to mild danger signs (level 1) before they become an emergency (level 3). The earlier in the process you take action, the better.

As danger increases, so does acting out rather than talking. Notice that many of the danger signs are behaviors. As distress increases, it is essential to keep talking about your feelings; otherwise you'll likely find yourself "acting them out" in your behavior. Think of a small child who feels hurt and starts punching a wall. When the child cannot express the feelings directly, they get acted out.

Most substance abuse relapses occur within 90 days of abstinence. Research shows the first 90 days to be a vulnerable time, across various substances of abuse (heroin, smoking, alcohol). Thus knowing your danger signs is especially important in early recovery.

Notice spiraling. In recovery, there is a process of "spiraling" or "snowballing" that can occur in both positive and negative directions. A downward spiral occurs when symptoms start to pick up speed and get worse and worse, often rapidly. An upward spiral occurs when your recovery efforts are so persistent that good things begin to happen. For example, you get a job, and are therefore able to get an apartment in a safer area, where you can make friends with healthier people, and so on . . .

Acknowledgments: The concept of relapse warning signs is described in detail in Marlatt and Gordon (1985). The term "red flag" is from Trotter (1992). The safety plan (Handout 2) is derived from a form used in the McLean Hospital Women's Day Treatment Program, author unknown. Ask your therapist for guidance if you would like to locate any of these sources.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Give a copy of your safety plan to people you trust (e.g., safe family, friends, therapist, sponsor) and ask them for comments.
- Option 2: Write a personal story of bravery: "How I Faced a Red Flag and Won."
- Option 3: Write a "How To Help Me" guide that you can give to people in your life. Describe your danger signs and what people can do to help when they see you slipping.
- Option 4: Write out what you can say to yourself when you're in (a) mild danger and (b) serious danger.
- Option 5: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.

	Old Way	New Way
Situation	Someone cut me off in traffic.	Someone cut me off in traffic.
★ **Your Coping** ★	Pissed off, tailgated him for the next 3 miles. Feel like I can't take the stress. I keep thinking about using.	I need to see the danger signs earlier. As soon as I feel this stressed, it means using comes next. I need a buffer from the world—I'm going to go to a meeting, and just take a "mental health" day off from work.
Consequence	Nothing is getting better; I'm slipping.	I was okay and felt more in control.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Honesty

WHAT WOULD YOU DO?

★ *Circle one answer for each question.*

1. Your 10-year-old daughter gets upset when you drink. She asks, "Did you drink today?" (and you did).
   Would you: (a) Tell the truth? (b) Lie?
2. Your therapist says something that makes you mad.
   Would you: (a) Tell the truth? (b) Say nothing?
3. Using a substance will get you evicted from your halfway house. You use cocaine one night. At the daily check-in the next day:
   Would you: (a) Tell the truth? (b) Lie?

How many "a" answers? ___ How many "b" answers? ___

ABOUT HONESTY

Why is honesty important?

- It promotes recovery.
- It helps you respect yourself.
- It improves your relationships.
- Other reasons: ______________________________

What is the cost of dishonesty?

- It keeps you hidden and alone—people don't know what's really going on with you.
- It makes you feel ashamed—it's hard to respect yourself when you're lying.
- It can hurt other people—they may feel betrayed when they find out.
- Other costs: ______________________________

In both PTSD and substance abuse, honesty may be very difficult. Dishonesty is usually an attempt to protect oneself.

People with substance abuse may lie to feel better about themselves.

Dishonesty with others: Minimizing your drug use; cheating on urine testing.

Dishonesty with yourself: Denying that you have a problem with substances; telling yourself, "I can have just one drink."

People with PTSD may lie to avoid pain.

Dishonesty with others: Pretending to feel okay when you don't; keeping family secrets about abuse.

Dishonesty with yourself: Not facing what happened because it feels too painful; staying in an abusive relationship rather than leaving.

The foundation for all honesty is being true to yourself. Honesty with others first requires honesty with self: "owning" your own needs, recognizing your feelings.

(cont.)

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There are two ways to be dishonest:

- *Active lying*: You say something that isn't true. For example, you say you didn't use drugs when you did.
- *Passive lying*: You don't say something that is true. For example, you are angry at a friend, but you don't tell the person.

There are times when it's okay not to be honest:

- When being honest is not safe (e.g., your partner will beat you).
- When you have tried before and found the person could not "hear" you (e.g., telling your mother about your trauma).
- When full honesty is not necessary (e.g., early in a dating relationship, you may not want to reveal your past trauma and substance abuse).

Honesty and relationships. Honesty in a relationship is like water and sun to a plant—essential for its survival. When people don't express what they really think and feel, eventually the relationship will die out. Also, if you avoid honesty, you may end up exploding with anger or acting out your feelings through actions (e.g., you are mad at your friend, so you show up late).

HOW TO BE MORE HONEST

Recognize that honesty with yourself and others is essential for recovery.

Say your views calmly and kindly. No put-downs, sarcasm, or yelling.

Use "I" statements: "I feel," "I think," "I want."

Be specific: "I'd like you to stop making racist comments," or "I'd like you to stop offering me drugs."

Emphasize positives that might help the person hear you better. For example, you might want to say that you believe that being honest will help the relationship.

If you get a bad reaction, do whatever you need to do to protect yourself. Stand your ground, leave the situation, or decide that the other person can't hear you right now. But don't blame yourself. You tried something important and deserve to give yourself credit for that.

A key point: Honesty is worthwhile even if others do not respond well. Honesty is a liberating emotional experience that is independent of how others react. Although it is nice if others accept your honesty, just by being honest you are being true to yourself, trying to help them know you in a genuine way, and "owning" your part of the relationship. These are values that go beyond what one gets in return. The twelve steps of AA, and all of the world's religions and ethical systems, value honesty for its own sake; there is a lot of wisdom to that.

★ *List on the back of this page any current situations where you want to be more honest.* Examples might include telling your therapist how you really feel; telling yourself that it's not safe for you to use drugs; telling someone that you feel angry.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Try it and see! Identify a situation where you want to be more honest. Compare what you expect (before) with what actually happened (after).
- Option 2: Make a list of the things you've never told anyone, but want to be able to talk about. (*Warning*: This may be difficult. Do not do it if it is too upsetting for you.)
- Option 3: Write an essay exploring "Honesty with Self; Honesty with Others" (or some other issue related to honesty).
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

	Old Way	**New Way**
Situation	My 10-year-old daughter asked me if I was drinking yesterday.	My 10-year-old daughter asked me if I was drinking yesterday.
★ **Your Coping** ★	She gets so upset when she finds out I've been drinking. I can't do that to her—I can't bear her feeling disappointed in me again. I feel like such a failure. I told her I didn't drink.	Even though it's painful for both of us, I need to tell her the truth. Maybe her responses will help me stay away from alcohol next time. Whatever I've done, lying to her will only drag us down. I need to explain to her that the alcohol is a serious problem for me and that I will do everything I can to work on it.
Consequence	Felt trashy and low—I don't want to have to lie to my daughter.	Felt bad about her being upset, but know I did the right thing. I feel like a person with integrity.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Notice What You Say to Yourself!

Recovery thinking means talking to yourself with respect and support.

SUBSTANCE ABUSE THOUGHTS

★ *Compare the thoughts associated with substance use (left column) to the thoughts associated with recovery (right column).*

Substance Abuse Thoughts	***versus***	***Recovery Thoughts***
"I need it now" (*Wants instant satisfaction*)	versus	"I can wait" (*Self-control*)
"I don't care about the future" (*Unable to plan*)	versus	"How will I feel later?" (*Able to plan*)
"Things should always go smoothly" (*Can't tolerate frustration*)	versus	"Sometimes things go wrong" (*Can tolerate frustration*)
"I can do what I want" (*Focused only on self*)	versus	"If I use, I'll hurt my kids" (*Focused on self and others*)
"I need drugs to numb the pain" (*Can't tolerate bad moods*)	versus	"I can tolerate feeling down" (*Can tolerate bad moods*)
"Abstinence will be boring" (*Afraid of boredom*)	versus	"I can try new things" (*Locates exciting activities*)
"I'll never get over this" (*Overreacts*)	versus	"Take it a step at a time" (*Balanced*)
"I might as well use—my life's a mess" (*Doesn't care*)	versus	"I matter" (*Cares*)
"I'll only have one drink" (*Unrealistic*)	versus	"I know I can't use" (*Realistic*)
"I have no self-discipline" (*Stuck*)	versus	"I can learn self-discipline" (*Seeks to grow*)

(cont.)

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PTSD THOUGHTS

★ *Compare the thoughts associated with PTSD (left column) to the thoughts associated with recovery (right column).*

PTSD Thoughts	***versus***	***Recovery Thoughts***
"I'm worthless" (*Beats self up*)	versus	"I did that well" (Builds self up)
"I want to cut my arm" (*Self-destructive*)	versus	"I want to solve the problem" (*Constructive*)
"I don't matter" (*Neglects self*)	versus	"I need to attend to my needs" (*Takes care of self*)
"There's no point" (*Chooses to die*)	versus	"Life is what I make it" (*Chooses to live*)
"I'll always be alone" (*Isolates*)	versus	"I can connect" (*Reaches out*)
"I am my abuse" (*Narrow identity*)	versus	"I am a human being" (*Broad identity*)
"Nothing will change" (*Rigid*)	versus	"I can grow" (*Flexible*)
"I need to drink" (*Seeks escape*)	versus	"I can work on it" (*Confronts problems*)
"I'm nothing" (*Devaluing*)	versus	"I'm a decent person" (*Affirming*)
"I'm bad" (*Hates self*)	versus	"I'm good" (*Loves self*)
"Bad relationships are all I can get" (*Stays with unsafe people*)	versus	"I can find good people" (*Seeks safe people*)
"I can't cope" (*Gives up*)	versus	"I can try" (*Seeks solutions*)
"Suffering is all there is" (*Sees only pain*)	versus	"Life is a mix" (*Sees pleasure and pain*)

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Rethinking Tools

Try the following tools to change your thinking.

⋆ *List Your Options* ⋆

In any situation, you have choices, and it helps to identify them. For example, David was living with his parents and feeling "pathetic, like a loser." Instead of continuing to put himself down, he sat down and made a list of what he could do: (1) Go to job counseling, get a job, and earn money to move out; (2) See if I can live with a friend; (3) Apply for disability and move out; (4) Stay with my parents but spend more time on my own. He began to see that he had choices and that it was up to him to decide among them, rather than just feeling bad about the situation.

⋆ *Notice the Source* ⋆

Who's telling you something? Can this person be believed? What are that person's flaws? This strategy is especially important when you are being criticized or given advice that you disagree with. For example, Judy's aunt kept telling her she was fat. Judy would get depressed and eat more, until she began to see that being talked to like that was "not okay—it was disrespectful." She began to see that her aunt was a very unhappy person who took out her pain on the people around her.

⋆ *Imagine* ⋆

Create a mental picture that helps you feel better. For example, Allan imagined his "heart exploding" when he had a panic attack, and this would make him feel more anxious. He changed the image to his heart as a "computer," hard-wired and solid—computers don't just blow up and explode. You can create any image you want, as long as you can picture it: Imagine yourself as a coach encouraging yourself, or an explorer embarking on a search, or an artist playing with possibilities. You can also use your imagination to "invent a possible world"—imagine how you want the future to be, and then move toward that (as in sports training, when an athlete imagines a move before doing it).

⋆ *Praise Yourself* ⋆

Notice what you did right. Decades of research show that the most powerful method of growth is positive reinforcement. This is the opposite of "beating yourself up" or "putting yourself down"—neither of which works to make you better. Find every opportunity for praise, no matter how small. And be generous—there's no such thing as overdoing it when it's well earned.

⋆ *Learn from Experience* ⋆

Find a meaningful lesson that can help you next time. For example, Doug asked his roommate to take his marijuana plants out of the house, but the roommate refused. The lesson he learned was, "My roommate is not really there for me. I need to either move out or find a new roommate who is less selfish and won't drag down my recovery."

(cont.)

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* *Create a New Story* *

Tell "what happened" in a way that is respectful of yourself. For example, Jennifer used to think of herself as "damaged goods." Eventually she rewrote the story: "Now I think of myself as a walking miracle, and feel a sense of esteem when I realize how far I've come, and how I'm really a good and decent human being."

* *Think of the Consequences* *

Evaluate the pros and cons over the long term. You feel like having a hit of cocaine. It may feel great for 15 minutes. But in the long term? You've wasted money; your body will feel worn out; you may dislike yourself more; your family may be disappointed.

* *Examine the Evidence* *

Like a scientist or detective, strive to look at the facts objectively. Notice both sides, pro and con. For example, Jack said, "I can't get off drugs." To examine the evidence, he wrote down two lists, *Pro* (e.g., "I've been using marijuana every day for 3 months") and *Con* (e.g., "I was able to quit for 6 months 4 years ago"). Notice that the lists include only facts, not opinions. When Jack looked at the lists, he realized that he had had some past success with recovery and felt a little more motivated to try again.

* *Brainstorm* *

Try to think of as many interpretations of a negative situation as possible. For example, if someone cuts you off in driving, you could leap to "What a jerk! No one cares about anyone else." Or you could generate other interpretations: "Maybe he just found out his wife has gone into labor," "Maybe he's a doctor rushing to the hospital to do surgery." This strategy is especially important for situations where *you don't know the truth and can't find out*. In this situation, you can't stop the other person's car and ask why you were cut off on the road. In short, if you can't know for sure, you might as well go with an interpretation that makes you feel better.

* *What's the Real Impact?* *

Sometimes it helps to ask, "What is the real impact on my life?" If you apply for a job and don't get it, you may feel depressed and say to yourself, "I'm incompetent; I really blew the interview. This is terrible." But if you ask yourself, "What is the real impact?", you might think "That was just one interview. There are many jobs out there, and I can keep applying, or maybe get new training, job counseling, practice interviewing, or read a book on how to get a job. This is not the end of the world." In fact, most situations are not life-or-death.

* *Make a Decision* *

If you're stuck, try just picking an imperfect road (as long as it's safe). Sometimes people get caught up in so many possibilities or the attempt to find a "perfect" solution that they feel paralyzed, stuck, or confused. When you get this way, it's actually better just to go ahead and make a decision for now, even though it may not be perfect. Down the line you can reevaluate your decision, but for now, "Do something, anything" (as long as it's safe!) is better than feeling paralyzed and doing nothing.

(cont.)

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⋆ *Remember a Better Time* ⋆

Get perspective by noticing good times. Sometimes when you're caught in a negative feeling, it seems as though it has always been this way in the past and will always be this way in the future. Try to remember better times (e.g., "Last month I was able to keep myself from bingeing on food for an entire week," or "Three years ago I was able to hold a job"). Both PTSD and substance abuse are disorders that may be different at different times. Stacy wrote, "I used to be Stacy, full of life and vigor, and smart. Now I don't know me. Will I come out of this? I am a good person, and the 'old me' wants back in. Can the 'old me' live with how I act when I'm sick? I have to remember it's not me now, it's an illness."

⋆ *Discover Rules to Live By* ⋆

Identify principles that keep you focused on recovery—for example, "Take good care of myself," or "When in doubt, do what's hardest."

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About Rethinking

❧ ***Everyone is thinking, all the time, even when one is not aware of it.*** While awake, we are always in a "conversation" with ourselves (sometimes called "self-talk"). It ranges from the trivial ("What should I have for lunch?") to the profound ("Why should I go on with life?"). Much of this thinking is automatic—it just happens. In rethinking, the idea is to become aware of this internal dialogue and to choose thinking that helps you feel better. For example, saying to yourself, "I'm no good," would be depressing; saying to yourself, "I've had a hard life but that's not my fault," might feel a little better.

❧ ***Notice how thinking impacts your life.*** Thinking affects how you feel and act. For example, imagine that you are home alone at night and drifting off into sleep. Suddenly you hear a sound at the window. If you think, "It's the wind rustling a tree branch against the window," you are likely to feel fine and go back to sleep. But if you think, "It's a robber trying to break in," you are likely to feel anxious and call the police. The same situation occurs—hearing a sound at the window—but how you feel and act depends on what you *think*.

❧ ***Rethinking does not mean "positive thinking"—it means realistic thinking***. For example, if you think, "I'm a bad person," just flipping this around to "I'm a good person" does not work. The goal is not just to reverse negative thoughts into positive ones, but to evaluate them realistically. Various ways to evaluate your thoughts are described in Handout 2. But it is important to emphasize that rethinking does not mean "the power of positive thinking," but rather, the power of actually exploring the way you look at the world, the meanings you create, and the realities of your experience.

❧ ***Rethinking is a profound emotional experience.*** People sometimes believe that "rethinking" is dry, intellectual, boring, or schoolish. When you learn to do it well, it is a deep experience that helps you truly feel better. It is not about repeating to yourself things you don't really believe, or just saying what you think you ought to say. It is about discovering who you are and choosing how you want to approach your life. Some keys to make it work at this powerful level include the following:

- *Identify "hot" thoughts.* These are thoughts that are connected to your feelings, that matter to you right now.
- *Stay specific.* If you have a general thought such as "My life is hopeless," try to break it down into what specific and recent real-life experience set off that thought. For example, it might help to identify when you most recently thought this (e.g., yesterday evening when you were home alone) and what it was connected to (e.g., you had been drinking). Then you can work on changing it more easily (e.g., "I notice that I feel more hopeless when I drink," or "If I spend time with people in the evenings, I might not feel so down"). It takes practice, but it really can help.

❧ ***Your thoughts are not wrong or bad.*** Some people assume, "If I need to rethink, it means my thoughts are bad." This is especially true for people with PTSD and substance abuse, who may already feel bad about themselves. But *everyone* has a variety of thoughts, some of which are negative. Remember that there are good reasons why you developed the thoughts you have—they come from your life experiences. For example, if you lived through combat during war, you may have begun to believe that "People are vicious and out for themselves." Or if you were repeatedly told certain things when you were a child (e.g., "You'll never amount to anything"), after a while you began to believe it. You may notice too that how you talk to yourself resembles how people in your life have talked to you.

(cont.)

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- ***Rethinking takes active practice.*** Rethinking needs to be learned just like anything else. Remember when you learned to tie your shoes or ride a bike? You had to practice and make mistakes along the way. You can *definitely* learn rethinking—anyone can. It took a long time to develop your current way of thinking, and it may take a while to change it. The more actively you work on it, the better you'll get, and the quicker the results will be. When you notice destructive thinking, *stop yourself* at that moment and ask yourself, "How can I rethink this to feel better?" You need to make this sort of active effort for a while until a healthier way of thinking becomes automatic. It's like building a house: Each brick adds to the strength of the building; it does not happen all at once. Just keep trying!

- ***Learn more about rethinking.*** Browse in a library or bookstore or on the Internet; there are many different resources available under the term "cognitive therapy." For example, there are books by Aaron T. Beck, the main founder of cognitive therapy. Also, David Burns's *Feeling Good: The New Mood Therapy* is an inexpensive, popular paperback. Call the Institute for Cognitive Therapy to locate a cognitive therapist in your area (610-664-3020).

- ***Try SMART Recovery or Rational Recovery.*** SMART Recovery and Rational Recovery are substance abuse self-help groups like AA, except that they focus on rethinking, do not have a spiritual component, and do not view addiction as a lifelong disease.

Acknowledgments: Cognitive therapy was originally developed by Aaron T. Beck, MD, and Albert Ellis, PhD. The substance abuse section of Handout 1 is based in part on Beck and colleagues (1993) and DuWors (1992). The idea of listing rethinking methods in Handout 2 is based on Burns (1990), and the handout contains two methods taken directly from that book. Ask your therapist for guidance if you would like to locate any of these sources.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Imagine that we are living in the 22nd century. You can change your thinking just by writing a new script. Write a paragraph on what would you want your new script to say.
- Option 2: Read the following story and answer the questions below.

  Chris has PTSD and substance abuse. He recently started a volunteer job, went three times, then woke up the next day and said to himself, "I don't want to go to that job; it's boring." He stayed home and watched TV. He started thinking about his life and how he always feels alone. This reminded him of his childhood and being abused by his uncle. He couldn't get the memories out of his mind. He went out to get heroin. "Why bother getting off drugs?", he said to himself. "When I don't use, I feel miserable."

  If you wanted to help Chris cope better, what would you say to him? How would you help him see "the other side"? How would you talk to him about his drug use and his PTSD?

- Option 3: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	My partner broke up with me.	My partner broke up with me.
★ Your Coping ★	I'm saying to myself, "What's wrong with me? I feel angry and hurt, and I don't think I'm ever going to have a normal relationship. I hate being alone, but my relationships just keep falling apart. I feel trapped, and I'm getting older and more bitter."	Nothing is going to make this breakup feel good, but I've got to work to not let myself go to that dark place in my mind. Stay balanced: I'm in pain, but I don't have to think about the future right now. Just take care of myself. There are things I can do and then sort it all out emotionally later.
Consequence	Depressed, angry, hate myself. Want to numb the pain with any drugs I can get my hands on. Ended up doing heroin.	I went to the drop-in clinic and asked to talk to someone. I was still in pain, but at least I didn't take it out on myself.

How safe is your old way of coping? ____ ***How safe is your new way of coping? ____***

Rate from 0 (not at all safe) to 10 (totally safe)

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The Split Self

★ *Do you . . .*

1. Do things and not remember how they happened (e.g., find yourself at a bar, not aware of how you got there)? Yes / No / Not sure
2. "Flip" into different emotional states (e.g., your moods shift very quickly and intensely)? Yes / No / Not sure
3. Have different sides of yourself that feel like separate people (such as "the young one," the "big one," "the weak one," "the angry one")? Yes / No / Not sure
4. Feel opposite extremes in relationships (e.g., feel totally positive toward someone at one time and then totally negative at another time)? Yes / No / Not sure
5. Frequently have mixed feelings about important decisions in your life (such as whether to stay in treatment, whether to get a job, etc.)? Yes / No / Not sure

What Is "the Split Self"?

"The split self" refers to different sides of the self that can occur in both PTSD and substance abuse. Becoming aware of these different sides can help you recover.

Substance abuse examples. One part of you wants to use substances while another part doesn't. This is sometimes called "Jekyll and Hyde."

PTSD examples. Parts of you might feel like "a little child" who needs protection; a "fighter" who bullies; a "teenager" who wants to have fun without worrying about tomorrow; and a "healthy one" who wants to work hard on recovery.

Splitting Happens for a Very Good Reason

Splitting is a psychological defense in which your internal world has different states of consciousness that emerge at different times. Just as a country needs an army for defense, so too the mind needs defenses when it is being attacked by devastating life experiences. Remember, these are normal and typical in PTSD and substance abuse; they were necessary for your survival. They do *not* mean that you are crazy. Also, many "normal" people have splits to some degree; the issue is how much they have them, and how dangerous they are.

If you have splits, it means that you had a psychological need earlier in your life to reject some part of yourself. For example, if you drove drunk and caused a terrible car accident, you may have felt extremely guilty but could not face those feelings at the time. The guilt may keep "popping up" in various ways in your life (as in bad dreams or flashbacks). Splits can also arise in childhood if your family rejected important parts of you. If it was not safe for you to express anger, for example, the anger may have became split off. But the split-off side doesn't go away—it stays hidden and emerges at times that may surprise you. You may notice that you feel ashamed about whatever side of yourself has been split off.

With PTSD and substance abuse, the sides that get rejected are typically those that want to use substances (you may feel "bad" for having cravings), that get angry (you feel you should always be "nice"), or that feel vulnerable (you feel you should always be "strong").

None of this is your fault—it all happens unconsciously, without awareness. (If you were aware of it, it wouldn't be split!)

(cont.)

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Splitting Leads to Unsafe Behavior

You are not in control of your rejected sides, because they are hidden. When you don't have control over them, they can control you by emerging at times when you don't expect them, or by "blotting out" healthier sides. This can be unsafe.

Exploring the Different Sides of Yourself

★ *If you want, answer the questions below. Use the back of this page if you need more space.*

1. Do you notice any sides to yourself?

   Substance abuse: ______________________________
   PTSD: ______________________________
   Other: ______________________________

2. Which sides do you like? ______________ Which sides do you dislike? ______________
3. Do you notice any dangerous behaviors from your splits? ______________________________

THE GOAL OF INTEGRATION

Integration Is the Way to Overcome the Split Self

The way out of splitting is to *integrate* and *accept* the sides of yourself that have been rejected. What would it be like? If you felt angry, you would respect that the anger is there for a good reason. Rather than stifling it, you would seek to "hear" it and to express it in a safe way. The goal is to have access to all parts of yourself whenever you choose to. However, know that this may be difficult after a lifetime of rejecting those sides, or if they remind you of someone you hated (e.g., an abuser).

How Can You Work with the Different Sides?

Acknowledge, respect, and "own" these different sides, even if you don't like them. It may feel as though you just want to get rid of some part of you. This doesn't work, as it is there for a good reason. A deeply caring attitude toward every part of you is what helps your recovery.

Try to remind yourself of the other sides if one side takes over. If a side emerges that wants to drink, remind yourself that another side of you doesn't want to. If a side of you doesn't want to come to treatment, remind yourself of the side that does.

Do not punish yourself if you do something wrong. Blame, guilt, shame, and "beating yourself up" *increase* the likelihood of maintaining splits. Why? Because they represent a lack of acceptance. If you do something you don't like, try to understand it calmly and respectfully.

Create healthy dialogue among the different sides. Some people find success in "calling a conference" among the different sides of the self, so that all sides can be heard. Or one side can try to soothe another side. Allowing the sides to "talk" to one another may sound bizarre, but in fact can be very healing. Try rehearsing, out loud or on paper, what a healthy dialogue among sides of yourself might sound like.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Write a letter of acceptance to a part of yourself you've rejected. Promise to respect and listen to it.
- Option 2: Think of the last time you used a substance (or had other dangerous behavior): What part of you led to the dangerous behavior? What part of you was *not* present?
- Option 3: Write a brief description of your different sides, including both those you like and those you don't.
- Option 4: Try having a healthy dialogue between parts of yourself (in your mind or on paper). Can one side soothe another side, for example?
- Option 5: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	**New Way**
Situation	I asked someone out and got rejected.	I asked someone out and got rejected.
★ Your Coping ★	Why should I keep trying to reach out? No one wants me. I smoked marijuana. I needed a way to escape.	Say to myself, "It's OK for part of me to feel bad, but that's only one part of me. Another part of me knows that it was good that I tried, and that it took guts even though it didn't work out as I'd wanted."
Consequence	I isolated, hated myself.	I felt okay about it—not great, but not awful.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Responsibility and Promises

★ *Circle your answer to each question:*

1. Do you break promises to other people?	Rarely	Sometimes	A lot
2. Do you break promises to yourself?	Rarely	Sometimes	A lot
3. Do you have problems getting things done?	Rarely	Sometimes	A lot
4. Do you make commitments in this treatment and then not do them?	Rarely	Sometimes	A lot

Do these words evoke feelings: commitment . . promise . . responsibility? Some people notice negative feelings when they think of these (tense, depressed). Other people notice positive feelings (strong, happy).

When you were growing up, what did you learn from the people around you about commitments? Some people with PTSD and substance abuse may have grown up in homes where they learned . . .

- Not to trust promises.
- Escape and avoidance.
- The only way to get things done is to be yelled at.
- It's okay to disappoint people.
- The children are more responsible than the parents.
- Nothing ever gets done.
- There's something about me that's different—I'll never live a normal, responsible life.

★ *What did you learn about commitment when you were growing up?* ______________________________

____

Commitment is both personal and interpersonal. When a commitment is broken, it can make you feel miserable: frustrated, weak, hopeless, worthless, anxious. It also affects the people around you, especially your family. How do they feel if you don't get things done? What are they learning about responsibility? How do they view you?

★ *How does your ability to keep commitments impact . . .*

You? ____

People in your life? ____

★ *How would you like to handle commitments in the future? Identify any goals you have:*

☐ I'd like people to believe that when I make a promise, I'll keep it.
☐ I'd like to commit to abstinence from substances and stick to it.
☐ I'd like to keep my appointments and be on time.
☐ Other: ____
☐ Other: ____

If you have trouble with commitments, remember: It's not your fault; you are doing what you learned. You can become a responsible person—you are a human being like everyone else, and it is within you to become responsible.

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Creative Solutions

PTSD and substance abuse can lead to rigid thinking—limiting oneself to "same old" solutions.

PTSD. Anxiety may make you afraid to try new things. In trauma you felt powerless, so you may have come to believe that you cannot have control over your life.

Substance abuse. By using substances to cope with problems, you are relying on short-term, impulsive solutions rather than long-term, planned solutions.

Creative solutions are healthy, direct, adaptive, realistic, and specific.

★ *Check off (✓) any strategies below that might help you accomplish your commitments:*

- ☐ Write down your commitment and put copies everywhere (refrigerator door, car dashboard, bathroom mirror, paper-clipped to money in your wallet, taped to your computer). You can also send yourself a voice mail message or letter reminding you to do it.
- ☐ Use the "Do something, anything" rule—start anywhere. Don't feel you have to start with the hardest part or at the beginning.
- ☐ Create an image to keep you going: Strong as steel . . . warrior . . . racing for the finish . . .
- ☐ Ask other people how they get things done.
- ☐ Get someone to help you (or go with you, if it's an appointment).
- ☐ Ask your therapist if you can make a call that's difficult *during* your session.
- ☐ Don't drink coffee in the morning until you are already working on your commitment.
- ☐ Make a list of all the people you'll hurt if you don't do it (your family? yourself?).
- ☐ Schedule a time during the day to get it done.
- ☐ Rate your mood before and after the task. Do you feel better after?
- ☐ Plan a reward.
- ☐ Tell everyone in your life you're going to get it done.
- ☐ Write your tasks on slips of paper and put them in a hat; pull out one at random and do it (or make up other "games").
- ☐ Find a good location. If it's hard to work at home, try a library or coffee shop.
- ☐ Give a $50 check to a friend to keep if you don't accomplish your goal; spend the $50 on yourself if you accomplish the goal.
- ☐ Try to make it fun: Turn on the stereo while you work.
- ☐ Find meaning. Figure out what most motivates you and keep repeating it (getting it over with? doing a good job? doing it for your kids? creating a better life for yourself?).
- ☐ Use a special colored pen to check it off your list (these little things really can work).
- ☐ Buy files and use one file for each task (getting organized increases motivation).
- ☐ Leave brief messages on your therapist's voice mail about your progress.
- ☐ If perfectionism is a problem, do small steps as "preparation" for the real thing.
- ☐ Record a cassette tape that motivates you to keep your commitment.
- ☐ Develop a "survival book" of pictures, poems, quotes, or other inspiration to keep you on track.
- ☐ Other strategies that work for you: ______________________________

____

____

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Overcoming Emotional Blocks

★ *Identify feelings that get in the way of your completing commitments:*

___ ***Overwhelmed*** "I'm not capable . . . There's too much to do . . . I don't have time."
___ ***Hopeless:*** "Why bother? . . . Nothing I do ever works out . . . I might as well give up."
___ ***Perfectionistic:*** "I'm not ready to start . . . I need to prepare more . . . It won't be good enough."
___ ***Other feelings:*** ____

★ *Circle any ideas below that might help you overcome your emotional blocks:*

- The single most important concept: Commitment means doing what you say *no matter what you are feeling.* Think of a red traffic light: You don't decide to stop based on how you feel; you *know* you need to stop, and so you do. Commitments work the same way: If you *know* you need to do something, the idea is to do it even if you don't feel like it. You can be aware of your feelings and explore them, but you still need to do the commitment as planned.
- Commit to goals that are your own, not someone else's.
- When people say "I'll try my best" it often means "I'm not really committed to this." A small goal that's actually accomplished is worth more than a large goal that you just "try" to do.
- Forget about what you didn't do yesterday. Even if you failed 100 times, it's only right now that matters. If you wake up late, start then. If you're behind, begin anyway.
- Use *sheer persistence* to fight feelings that get in the way. If you keep moving forward, eventually these feelings will go away.
- Make your goals concrete and simple.
- Be very honest with yourself about what you can do. Sometimes people agree to do too much and then feel terrible that they cannot do it. Stay realistic.
- Pretend you are someone who gets things done.
- Everything is a *problem to be solved.* It is not your identity, your self-worth, a sign that you're not normal, or stupidity. Interpreting tasks in such big terms does not help.
- Don't "beat yourself up" if you fail at something. That makes you *less* likely to get it done next time.
- An old saying is "A good plan today is better than a perfect plan tomorrow."
- When it gets painful, restate your commitment.
- Even if you seem to be moving three steps forward and two steps back, you're still ahead by a step.
- If you don't totally accomplish your goal, you can still feel good if you got further on it than before.
- You can also try to figure out why you're having problems—old feelings from the past? Unexpressed anger? But remember that figuring it out is not a substitute for action.
- Other strategies that work for you: ____

____

____

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Action Plan

Name: ______________________________ Date: ______________

★ *An Action Plan is a way to accomplish your goal and honor your word. Fill out the "Before" section now and the "After" section later.*

BEFORE	**I promise to . . .**
	By when?
	I will use the following strategies to accomplish my commitment:
	To overcome my emotional blocks, I will . . .
	It is important for me to complete this commitment because . . .
	If I complete it, I will reward myself with . . .
	Signed:
AFTER	***Result: Describe how it went.***
	Anything you'll do differently next time?

If you are unable to complete your Action Plan for any reason before the next session, please leave a message with the therapist to let her or him know. This helps keep things "on track." You can leave your therapist a message at: ______________

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Idea for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

✦ Option: The best commitment is to make a commitment! Fill out the Action Plan (Handout 4).

EXAMPLE OF AN ACTION PLAN

BEFORE	**I promise to . . .** Throw out my marijuana and rolling paper. I am promising this to myself, to my therapist, and to my sponsor.
	By when? 8:00 tonight.
	I will use the following strategies to accomplish my commitment: Call my sponsor, and write myself a "letter" about why I need to do this.
	To overcome my emotional blocks, I will . . . Talk to my therapist, and focus on the good that can come of this.
	It is important for me to complete this commitment because . . . My future depends on it; my health will improve; I'll honor my word.
	If I complete it, I will reward myself with . . . A safe "treat" (a new video, book, CD, or go out to dinner).
	Signed:
AFTER	***Result: Describe how it went.*** I hated doing it, but I did it. I miss the marijuana, but I feel stronger. I bought myself a nice dinner afterwards.
	Anything you'll do differently next time? No—it went okay.

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Creating Meaning

Below are some meanings typical of people with trauma and substance abuse. *Read each meaning and, if you want, rate how much you believe each one from 0% (never) through 100% (all the time). If you can think of examples from your own life, write them in the margins.*

Meanings That *Harm*	Definition	Rate (0%–100%)	Examples	**Meanings That *Heal***
Deprivation Reasoning	Because you have suffered a lot, you need substances (or other self-destructive behavior).		"I've had a hard time, so I'm entitled to get high." "If you went through what I did, you'd hurt yourself too."	**Live Well.** A happy, functional life will make up for your suffering far more than will hurting yourself. Focus on positive steps to make your life better.
I'm Crazy	You believe that you shouldn't feel the way you do.		"I must be crazy to feel this upset." "I shouldn't be having this craving."	**Honor Your Feelings.** You are not crazy. Your feelings make sense in light of what you have been through. You can get over them by talking about them and learning to cope with them.
Time Warp	Your sense of time is distorted; you believe that a negative feeling will go on forever.		"This craving won't stop." "If I were to cry, I would never stop."	**Observe Real Time.** Take a clock and time how long it really lasts. Negative feelings will usually subside after a while; often they will go away sooner if you distract with activities.
Beating Yourself Up	In your mind, you yell at yourself and put yourself down.		"I'm a bad person." "My family was right: I'm worthless."	**Love—Not Hate—Creates Change.** Beating yourself up may echo what people in the past have said to you. But yelling at yourself does not change your behavior; in fact, it makes you *less* likely to change. Care and understanding promote real change.
The Past Is the Present	Because you were a victim in the past, you are a victim in the present.		"I can't trust anyone." "I'm trapped."	**Notice Your Power.** Stay in the present: "I am an adult (not a child); I have choices (I am not trapped); I am getting help (I am not alone)."

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Meanings That *Harm*	Definition	Rate (0%–100%)	Examples	**Meanings That *Heal***
The Escape	An escape is necessary (e.g., food, substances, gambling) because feelings are just too painful.		"I'm upset; I have to binge on food." "I can't stand cravings; I have to smoke a joint."	**Keep Growing.** Emotional growth and learning are the only real escape from pain. You can learn to tolerate feelings and solve problems.
The Good Old Days	You remember the wonderful highs from something (a drug, an abusive relationship), but ignore the tragedy of it.		"Cocaine made me feel happy." "I still love my partner, even though he abused me."	**See Both Sides.** The drug may have felt good but the cost was losing your job; the relationship may have had some positives, but it had some serious negatives too.
Feelings Are Reality	Because something *feels* true, you believe it must be *a fact*.		"I feel like I'll never recover, so I might as well drink." "I feel depressed, so I might as well kill myself."	**Listen to What You Know.** Use your mind rather than your feelings as a guide. What do you know to be best for you? Feelings are valid, but they are not *reality.*
Ignoring Cues	If you don't notice a problem, it will go away.		"If I ignore this toothache it will go away." "I don't have a problem with substances."	**Attend to Your Needs.** Listen to what you're hearing; notice what you're seeing; believe your gut feeling.
Dangerous Permission	You give yourself permission for self-destructive behavior.		"Just one won't hurt." "I'll buy a bottle of wine for the recipe I want to try."	**Seek Safety.** Acknowledge your urges and feelings, and then find a safe way to cope with them.
The Squeaky Wheel Gets the Grease	If you get better you will not get as much attention from people.		"If I do well, my therapist will focus on sicker patients." "No one will listen to me unless I'm in distress."	**Get Attention from Success.** People love to pay attention to success. If you don't believe this, try doing better and notice how people respond to you.
Mind Reading	You believe you can tell what other people are thinking without having to ask.		"I know he didn't say hello because he hates me." "My sponsor would feel burdened if I called her late at night."	**Check It Out.** Ask the person! You may be amazed by what you find out.

(cont.)

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Meanings That *Harm*	Definition	Rate (0%–100%)	Examples	**Meanings That *Heal***
It's All My Fault	Everything that goes wrong is due to you.		"The trauma was my fault." "If I have a disagreement with someone, it means I'm doing something wrong."	**Give Yourself a Break.** You do not have to carry the world on your shoulders. When you have conflicts with others, try taking a 50–50 approach (50% is their responsibility, 50% is yours).
If This . . . Then That	You put off something important while waiting for something else.		"If I get a job, then I'll stop smoking pot." "If I lose weight, then I'll go to AA."	**Stay in the Present.** Whatever you need to do, start now. Every step forward counts. Putting off an important goal will not help.
Actions Speak Louder Than Words	You show your distress by actions; otherwise, people won't see your pain.		"The scratches on my arm will show what I feel." "I'd like my partner to find my body after I've killed myself."	**Break through the Silence.** Put feelings into words. Language is the most powerful way for people to know you.
I Am My Trauma	Your trauma is your identity; it is more important than anything else about you.		"My life is pain." "I am what I have suffered."	**Create a Broad Identity.** You are more than what you have suffered. Think of your different roles in life, your varied interests, your goals and hopes.
The Uniqueness Fallacy	You alone have a particular problem; no one else could possibly understand.		"Unless you've lived through what I have, you can't help me." "Why bother talking? No one will get it."	**Reach Out.** Give people a chance to help you. Find a safe person to talk to (therapist, AA sponsor) and try opening up.
No Future	The future is bleak; there is no hope.		"My life is wasted already." "I might as well give up."	**You Have Choices.** No matter what has happened so far, you control the present and future. Notice your choices and choose wisely.
Life-or-Death Thinking	Things take on life-or-death meaning in your mind.		"I'll never get over the fact that she (or he) left me." "I'll die if I don't get that job."	**Keep Perspective.** What is the worst that can happen? If you suffer a loss, you can learn to mourn and move on. The possibilities in life are endless.

(cont.)

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Meanings That *Harm*	Definition	Rate (0%–100%)	Examples	**Meanings That *Heal***
Confusing Needs and Wants	You want something very badly, so that means you have to have it.		"I *need* to relax with heroin." "I *need* to find a romantic partner."	**Recovery Is the Need.** You may *want* many things, but needs are few. You may want heroin, but you do not *need* heroin. Needs are essentials: food, shelter, clothes—and your recovery!
Short-Term Thinking	You focus only on your feelings today rather than tomorrow.		"I'm more sociable when I drink." "I'm buying that new outfit even if I can't afford it."	**Think of the Consequences.** Imagine how good you'll feel about yourself tomorrow if you do what you know is right. Imagine how low you'll feel if you give in to the moment.
Shoulds	You have rules about how the world should work. If the rules are violated, you feel angry.		"My friend should invite me over." "I should not have to deal with the PTSD."	**Soften Your Language.** Try to ease the tension (e.g., "I want my friend to invite me over."). You may still want what you want, but you may feel more tolerant.
Instant Satisfaction	You seek immediate satisfaction. Life should be easy.		"I need it now." "I should always feel good."	**Work Hard.** The most enduring satisfactions come from working hard and having patience: at your job, at relationships, at recovery.
Focusing on the Negative	You notice the negatives in a situation and ignore the positives.		"That person is a total jerk." "I can't do anything right."	**Notice the Good.** What went right? What is good about you? What was a positive aspect of the situation?
All-or-None Thinking	Things are either all good or all bad. There is no middle ground.		"Life is only misery." "I have no power."	**Seek a Balanced View.** Life is more complex and interesting than "all or none." Look at things with a balanced view; find the middle ground. Look at what went well, what went badly, and what was neutral.

Acknowledgments: In this handout, several of the harmful meanings ("Mind Reading," "Shoulds," "Focusing on the Negative," "All-or-None Thinking," and "Feelings Are Reality") are from Burns (1980), with the latter termed "emotional reasoning" in his book. "Life-or-Death Thinking" and "Instant Satisfaction" are from Beck and colleagues (1993) and "The Good Old Days" is from Earley (1991). Ask your therapist for guidance if you would like to locate any of these sources.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Take one harmful meaning from the handout and write out in detail how you can respond to it.
- Option 2: Describe and name a meaning that you have observed in yourself or others that is not already on the handout.
- Option 3: Identify one major meaning that gives your life purpose (e.g., your children? your job? your spirituality? your recovery?). Write out how that meaning can help keep you focused on your recovery.
- Option 4: Write out how you can talk to yourself the next time you feel like doing something that is unsafe.
- Option 5: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	My therapist is going on vacation.	My therapist is going on vacation.
★ **Your Coping** ★	Thought to myself, "I'm being abandoned; no one really cares about me." Drank half a bottle of wine.	I'm using "Deprivation Reasoning"—thinking I have a right to drink because of suffering. Also, I'm using "All-or-None Thinking". In fact, there are people who care about me, and my therapist going away doesn't mean she doesn't care about me.
Consequence	Drinking didn't get my therapist back from vacation—it made me feel better for a few hours, then worse for a few days.	By noticing the meanings I'm creating, I feel a little more in touch with myself. I'm going to talk to my therapist about how I feel.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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National Resources

The following are all free, nonprofit, national resources dedicated to helping people. Included are advocacy organizations, self-help groups, and newsletters.

SUBSTANCE ABUSE/ADDICTIONS

Resource	Phone
Al-Anon (for relatives and friends of alcoholics)	800-344-2666
Al-Anon Family Group Headquarters	800-356-9996
Alateen (for teen relatives and friends of alcoholics)	800-344-2666
Alcohol and Drug Healthline	800-821-4357
Alcoholics Anonymous (World Service)	212-870-3400
American Council for Drug Education	800-488-DRUG
American Council on Alcoholism	800-527-5344
Center for Substance Abuse Treatment: National Drug Information, Treatment and Referral Hotline	800-662-HELP
Cocaine Anonymous (World Service)	310-559-5833
Co-Dependents Anonymous (addictive relationships)	602-277-7991
Division on Addiction—Harvard Medical School	617-432-0058
Families Anonymous (for families with substance abuse)	800-736-9805
Gamblers Anonymous (GA)	213-386-8789
Harm Reduction Coalition	212-213-6376
Join Together (for communities working to reduce substance abuse)	617-437-1500
Narcotics Anonymous (World Service)	818-773-9999
National Clearinghouse for Alcohol and Drug Information	800-729-6686
National Council on Alcoholism Information Line	800-NCA-CALL
National Institute on Drug Abuse Info-Fax Service	888-NIH-NIDA
Rational Recovery (main office)	530-621-4374
Secular Organization for Sobriety/Save Our Selves (SOS)	310-821-8430
SMART Recovery (national office)	440-951-5357
Sexaholics Anonymous (national office)	615-331-6230

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TRAUMA/PTSD/ANXIETY DISORDERS

Anxiety Disorders Association of America	301-231-8368
Cavalcade Videos (on trauma, for patients and therapists)	800-345-5530
The Healing Woman (trauma survivor newsletter)	P. O. Box 28040 San Jose, CA 95159 www.healingwoman.org
International Society for Traumatic Stress Studies	847-480-9028
Many Voices (trauma survivors newsletter)	513-751-8020
National Center for PTSD and PILOTS Database (extensive literature on PTSD)	802-296-5132; www.ncptsd.org
National Institute of Mental Health Information Line	800-647-2642
National Victim Center Infolink	800-FYI-CALL
PTSD Research Quarterly (summary of new research)	202-512-1800
Sidran Traumatic Stress Foundation (trauma information, support)	888-825-8249

DOMESTIC VIOLENCE

National Domestic Violence Hotline	800-799-7233
National Resource Center on Domestic Violence	800-537-2238

MENTAL HEALTH

Depression Awareness, Recognition and Treatment	800-421-4211
Grief Recovery Helpline	800-445-4808
National Alliance for the Mentally Ill	800-950-6264
National Foundation for Depressive Illness	800-248-4344
National Mental Health Association	800-969-6642

HIV/AIDS/SEXUALLY TRANSMITTED DISEASES (STDS)

AIDS Hotline	800-235-2331
American Social Health Association (sexually transmitted diseases)	919-361-8422
Centers for Disease Control National AIDS Clearinghouse	800-458-5231

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Centers for Disease Control National AIDS Hotline	800-342-2437
Gay Men's Health Crisis Hotline	212-807-6655
Planned Parenthood	800-230-7526

PARENTING/RELATIONSHIPS

American Academy of Husband-Coached Childbirth	800-4A-BIRTH
Child Abuse Prevention Center	888-273-0071
International Childbirth Association	800-624-4934
National Adoption Center	800-TO-ADOPT
National Resource Center	800-367-6724
Parents Helping Parents (free self-help support groups)	800-882-1250

NUTRITION

American Dietetic Association Consumer Nutrition Hotline	800-366-1655
Food Safety Information Line	800-535-4555

MEDICAL PROBLEMS

24-Hour Poison Control Hotline	800-682-9211
Alzheimer's Association	800-272-3900
Alzheimer's Disease Education and Referral Center	800-438-4380
American Cancer Society	800-ACS-2345
American Diabetes Association	800-232-3472
American Heart Association	800-242-8721
American Heart Association—Stroke Information	800-553-6321
American Kidney Fund	800-638-8299
American Liver Foundation	800-223-0179
American Lung Association	800-586-4872
American Optometric Association	314-991-4100
American Paralysis Association	800-225-0292

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American Parkinson Disease Association	800-223-2732
American Red Cross	800-737-8300
Asthma and Allergy Foundation	800-7-ASTHMA
Asthma Information Line	800-822-2762
Brain Injury Association Helpline	800-444-6443
Breast Cancer Hotline	800-877-8077
Cancer Care	212-302-2400
Crohn’s and Colitis Foundation	800-932-2423
Cystic Fibrosis Foundation	800-FIGHT-CF
Dial-a-Hearing Screening	800-222-3277
Endometriosis Foundation	800-992-3636
Guillain–Barré Syndrome Foundation International	610-667-0131
Huntington’s Disease Society	800-345-HDSA
Impotence Information Center	800-843-4315
Juvenile Diabetes Association	800-533-2873
Lupus Foundation of America	301-670-9292
March of Dimes Birth Defects Foundation	888-MO-DIMES
Myasthenia Gravis Foundation	800-541-5454
National Cancer Institute (information about all forms of cancer)	800-4-CANCER
National Council on Aging Information Center	800-222-2225
National Down Syndrome Society	800-221-4602
National Easter Seal Society	312-726-6200
National Hemophilia Foundation	800-42-HANDI
National Kidney Foundation	800-622-9010
National Marrow Donor Program	800-MARROW-2
National Multiple Sclerosis Society	800-FIGHT-MS
National Neurofibromatosis Foundation	800-323-7938
National Organization for Rare Disorders	800-999-NORD
National Psoriasis Foundation	503-297-1545
National Stroke Association	800-STROKES

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Prevent Blindness	800-331-2020
RP Foundation Fighting Blindness	800-683-5555
Spina Bifida Association of America	800-621-3141
Stuttering Foundation of America	800-992-9392
Sudden Infant Death Syndrome Alliance	800-221-7437
Tourette Syndrome Association	800-237-0717
United Ostomy Association	800-826-0826

WOMEN'S HEALTH

National Women's Health Information Center	800-994-WOMAN

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Consumer Guidelines for Treatment

When you seek out any services, remember that you are a *consumer*. This means that you have choices and rights, and that if you are not satisfied with the treatment you are receiving you can "shop around" to find treatments that fit better for you.[1] Some guidelines are as follows:

✻ ***The quality of treatment differs widely.*** There are many health care professionals who can be enormously helpful to you. Unfortunately, there are also professionals who are not helpful, and some who are actually harmful. Research on psychotherapy, for example, shows that therapists differ widely in their effectiveness, and that such differences are *not* associated with number of years' experience, type of training (e.g., social worker vs. psychiatrist vs. psychologist), recovery status (whether the person has overcome an addiction problem), or how much is charged. This means that when selecting a therapist, you will need to evaluate the person based on factors other than these.

✻ ***Find specialists.*** Because you are struggling with two particular disorders—PTSD and substance abuse—you should seek out the best available help you can from people who are up to date on specialized treatments for these types of problems (and similarly for any other problem for which you need help).

✻ ***Shop around.*** Before deciding on a treatment, especially in mental health, try to "shop around" by visiting several treaters. For example, you may want to have at least one session with three different therapists to find out who feels most helpful. Keep trying additional ones until you find one you truly like. Treaters differ in their styles, and, just as in other relationships, there are some combinations of people who work better with each other. Try to notice whom you feel most "heard" by, and what style you like (e.g., highly supportive? very direct? confrontational? warm? intelligent? informative?). Notice whether you feel you can truly open up to this person.

✻ ***Ask questions.*** When you are talking with a potential treater, you have a right to ask questions such as "What is your model of treatment (and are there any other types of treatment for my problems)?", "How would you help me?", "How long would treatment last?", "Have you worked with patients like me before?", "Where did you complete your training?", "Do you accept my health insurance?", "How much will treatment cost?", "Are there any less expensive treatments available?"

✻ ***Stay only in treatments that work for you.*** If you try a treatment and don't like it, remember that you can leave. Never stay in a treatment out of guilt that you'll hurt the treater's feelings or because you feel pressured. See "How to Evaluate Your Psychotherapy," below.

✻ ***Report unethical treaters.*** If a treater is unethical (e.g., propositions you sexually), you can report the treater by contacting the head of the clinic or hospital, calling a state board that licenses the treater (e.g., the state medical board), contacting the office of consumer affairs in your state, or contacting the ethics board of the treater's professional association (e.g., the American Psychological Association, the National Association of Social Workers, or the American Psychiatric Association).

✻ ***Locate consumer information.*** Some states are beginning to provide phone information designed for consumers of health care. For example, in Massachusetts, the Massachusetts Medical Society (800-377-0550) provides a listing of all physicians in the state (including psychiatrists), their credentials, and any disciplinary actions against them for ethical violations. Also, the Internet has a multitude of information, which you can access at many public libraries.

[1]If you are *mandated* by a court to attend treatment, many of these guidelines may not apply until you have completed the mandated treatment. However, even if mandated, you may have choices of which treatment to attend.

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✻ ***Know your insurance benefits.***

a. *Find out about your insurance coverage.* Insurance plans differ widely. Contact your insurance company before selecting a treater; give the company your identification number (even within insurance plans, the amount covered may vary); and find out everything you can about the amount that can be covered, for how long, whether you need "preauthorization" to have services covered, whether there is a list of treaters for that particular insurance plan that you can obtain (using such a list may reduce the cost you have to pay), whether the amount paid will differ depending on the treater, and whether coverage will at any point be determined by a clinical review of your case (e.g., some patients with depression cannot get psychotherapy covered for more than a few sessions unless they take antidepressant medication as well). Keep a list of the people you talked to and on what dates.

b. *Confidentiality of your records may be a concern.* You will need to sign a waiver that allows the insurance company to have access to confidential information about you and your treatment. If there is information that you do not want anyone ever to have access to (e.g., that you are on antidepressant medication), you may choose to pay directly rather than having this covered by your insurance.

c. *Know that it is up to you—not your treater—to protect your financial interests.* Indeed, many treaters will not even ask you about your insurance coverage. As with buying any other service or product, it may be wise to do some comparison shopping. You can pay very different amounts for the same treatment. When contacting treaters, it is fine to ask how much they charge *before* booking an appointment.

Also, many people do not know that under Blue Cross/Blue Shield, Medicare, or Medicaid, a treater who is listed as a provider for any of these and who agrees to treat you is legally obligated to accept that insurance first before any private practice billing. Some treaters do not accept patients with these types of insurance, and it is entirely legal to do so. But if a treater is listed as a provider and accepts you as a patient, then the treater must accept that insurance. This means that there are limits on the amount that can be "balance-billed" (i.e., each of these plans sets maximum rates that are allowed, and the provider is obligated to accept these until the insurance runs out for that calendar year). Note, however, that the treater is not obligated to ask you if you have insurance, so unless you ask, you may end up paying for services that would be covered. In short, know your insurance and be clear at the beginning of treatment about how billing will occur.

HOW TO EVALUATE YOUR PSYCHOTHERAPY

Psychotherapy can be enormously helpful to many people, but it can be one of the most difficult treatments to evaluate. It consists of treatment techniques that vary greatly, and its effectiveness depends on the personalities of both you and the therapist, as well as on the relationship you develop together. Although psychotherapy is based in science, it is also an art. Unlike other areas of medical care, it is not typically a "procedure" that gets uniformly applied the same way for each person.

◆ ***Remember that good psychotherapy is available,*** and as with most good things in life, you "know it when you see it." Many people with PTSD and substance abuse have been able to find treatment that feels beneficial to them after some making the effort to shop around. If you have had a bad treatment experience, try not to give up on treatment or blame yourself. Respect and validate your feelings, and search until you find someone you feel better about.

◆ ***Evaluate your treatment after the third session.*** Research indicates that how helpful a psychotherapy feels by the third session stays largely consistent throughout treatment even years later. If you have had three sessions with a therapist and the treatment feels unhelpful, you may be better off finding someone new than sticking with it.

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◆ ***Expect some ups and downs as long as the treatment feels helpful overall.*** Be aware that there are likely to be times when you feel angry or disappointed by the therapist. This is a normal part of psychotherapy. But if it feels like an ongoing problem or frequently feels too intense, you may need to evaluate it more. If you have generally felt helped by the treater, it is usually advisable to stay in the treatment and try to work it through (which may provide you with a real opportunity for important growth). If you have generally *not* felt helped by the treater, then it may be advisable to leave.

◆ ***Remember that your life decisions are your own, as long as you choose safely.*** If a therapist gives you advice to stay or leave a particular job or relationship, to confront your abuser, to go to AA, or any other major advice, view it as *input* that you can accept or reject (as long as you are safe).

◆ ***One of the most common complaints about psychotherapy is that the therapist is kind and supportive, but does not promote growth*** (e.g., give direct feedback, help identify important issues to work on, help you develop new skills). A good psychotherapy is both supportive and growth-producing. If you feel you are just talking a lot but not moving on in visible ways in your life, or that the therapist is "nice" but not really helpful, you may want to find someone who has more to offer you.

◆ ***Stay in treatment as long as it feels helpful. How long does psychotherapy last?*** Most psychotherapies end because the patient decides to leave rather than because the therapist suggests it. As long as you are safe and functional (e.g., not suicidal, not actively abusing substances, able to take care of your responsibilities), the general guideline is to stay in treatment as long as it feels beneficial to you and you want to attend. Talking with the therapist about your wish to leave, getting feedback, and going through a termination process can all be helpful. But as long as you are safe, it is up to you when to be in treatment and when to leave. If you decide to end a treatment, do not feel guilty, ashamed, or bad about it. If you are not currently safe, as described above, you may need to stay in treatment until you feel more stable or at least until you find a new treatment.

◆ ***If a treatment feels as if it is not working . . .***

- *Try telling the treater*, stating the problem directly but respectfully.
- *If you have specific requests, state them*. For example, you might say, "I would like to request that you stop asking me to go on medication; I do not want it at this time."
- *You can request consultation with a senior person in the field.* Many people do not know that this is an option. A consultant is hired by you to meet with you and the therapist (usually in separate meetings) and then to make recommendations. This is typically used in long-term therapy if the therapy reaches an impasse that you and the therapist cannot overcome, or if the therapist insists on treatment recommendations with which you do not agree.
- *Be aware that it is legal and acceptable to tape your psychotherapy sessions* (using your own tape recorder and tapes) as long as you let the therapist know. Some people do this as a way to get more out of the sessions, listening to them later. It may also be useful if you want someone else to hear the sessions (e.g., if you hire a consultant to evaluate the treatment).
- *Know that many clinics will allow you to switch therapists if you ask*. If you feel that you cannot work with the person to whom you've been assigned and you have given it a reasonable chance, find out whether you can switch (e.g., ask the therapist and clinic director).

◆ ***Be wary of treaters who . . .***

- *Convey that impasses in treatment are all your fault* (e.g., they're all due to your "resistance," "lack of motivation," or "defensiveness"). While there are issues that may be due to you, if a treatment feels stuck for a long time (e.g., more than a month), it is generally due to *both* the therapist and the patient. A high-quality therapist is able to help you move beyond an impasse and does not just blame it on you.
- *Give you the sense that their needs are being met rather than yours*, such as repeatedly directing you to topics that you feel are not important to you

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- *Convey harsh negativity*. This refers to therapists who get mad at you repeatedly, get into intense power struggles, or make you feel "put down" as a person. However, it does not refer to constructive feedback that feels painful to hear but is supportive.
- *Insist that you stay in a treatment that feels as if it's not working for you*, particularly if you've already tried to work it out with that treater.

◆ ***If a therapist has inappropriate boundaries, you can just leave.*** If a therapist attempts to initiate sexual activity with you, invites you to social events or to sessions in places that are not an office, makes inappropriate comments about your attractiveness, or engages in any other serious unprofessional behavior, the best advice is never to return. You do not need to explain your decision or talk to that treater again.

RESOURCES TO EVALUATE HEALTH CARE TREATMENTS

✓ ***Books.*** There are numerous books that can give you more information about how to evaluate your treatment. See a local bookstore or library.

✓ ***The Internet.*** You can search under terms such as "PTSD," "substance abuse," "psychotherapy," outcomes," and "treatment." There is a wealth of information on state-of-the-art knowledge and treatments.

Note: A growing trend is advertising "patient satisfaction" data. Much of the research on patient satisfaction does not undergo rigorous scientific evaluation and may be more promotional than informative.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Identify a community resource that might be of help to you, and contact it before the next session.
- Option 2: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	Having terrible flashbacks late at night; couldn't sleep.	Having terrible flashbacks late at night; couldn't sleep.
★ **Your Coping** ★	Took Valium (more than prescribed).	I could cope better by calling a 24-hour hotline (never tried that before). Also, there are a lot of resources on Handout 1 in today's session that are new to me. I could call some of them and try to get more help.
Consequence	I was able to get to sleep, but feel like I'll never get over my substance abuse. I feel weak.	I'd feel stronger if I was making an active attempt to do these things, rather than just popping pills.

How safe is your old way of coping? ____ ***How safe is your new way of coping? ____***

Rate from 0 (not at all safe) to 10 (totally safe)

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Healthy Boundaries

Healthy boundaries are:

- *Flexible.* You are able to be both close and distant, adapting to the situation. You are able to let go of relationships that are destructive. You are able to connect with relationships that are nurturing.
- *Safe.* You are able to protect yourself against exploitation by others. You are able to read cues that someone is abusive or selfish.
- *Connected.* You are able to engage in balanced relationships with others and maintain them over time. As conflicts arise, you are able to work them out.

Both PTSD and substance abuse can result in unhealthy boundaries. In PTSD, your boundaries (your body and your emotions) were violated by trauma. It may be difficult for you now to keep good boundaries in relationships. In substance abuse, you have lost boundaries with substances (you use too much, and may act in ways you normally would not, such as getting high and saying things you don't mean). Learning to establish healthy boundaries is an essential part of recovery from both disorders.

Boundaries are a problem when they are too close or too distant.

Boundaries can be too close (letting people in too much; enmeshed). ★ *Do you:*

- ☐ Have difficulty saying "no" in relationships?
- ☐ Give too much?
- ☐ Get involved too quickly?
- ☐ Trust too easily?
- ☐ Intrude on others (e.g., violate other people's boundaries)?
- ☐ Stay in relationships too long?

Boundaries can be too distant (not letting people in enough; detached). ★ *Do you:*

- ☐ Have difficulty saying "yes" in relationships?
- ☐ Isolate?
- ☐ Distrust too easily?
- ☐ Feel lonely?
- ☐ Stay in relationships too briefly?

Note that many people have difficulties in both areas.

Boundary problems are a misdirected attempt to be loved. By "giving all" to people, you are trying to win them over; instead, you teach them to exploit you. By isolating from others, you may be trying to protect yourself, but then don't obtain the support you need.

Healthy boundaries can keep you safe.

Learning to say "no" can . . . keep you from getting AIDS (saying "no" to unsafe sex); keep you from using substances (saying "no" to substances); prevent exploitation (saying "no" to unfair demands); protect you from abusive relationships and domestic violence.

Learning to say "yes" can . . . allow you to rely on others; let yourself be known to others; help you feel supported; get you through tough times.

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Setting good boundaries prevents extremes in relationships. By setting boundaries, you can avoid painful extremes: too close versus too distant, giving too much versus too little, idealizing versus devaluing others. Neither extreme is healthy; balance is crucial.

It is important to set boundaries with yourself as well as with others.

You may have difficulty saying "no" to yourself. For example, you promise yourself you won't smoke pot, but then you do. You may overindulge in food, sex, or other addictions. You may say you won't go back to an abusive partner, but then you do.

You may have difficulty saying "yes" to yourself. For example, you may deprive yourself too much by not eating enough, working too hard, not taking time for yourself, or not allowing yourself pleasure.

People with difficulty setting boundaries may violate other people's boundaries as well. This may appear as setting up "tests" for other people, intruding into other people's business, trying to control others, or being verbally or physically abusive.

If you physically hurt yourself or others, you need immediate help with boundaries. Hurting yourself or others is an extreme form of boundary violation. It means that you act out your emotional pain through physical abuse. Work with your therapist to set a Safety Contract. (See the topic *Healing from Anger* for more on this.)

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Too Much Closeness: Learning to Say "No" in Relationships

Why is it important to say "no"? It means setting a limit to protect yourself in relationships. For example, "If you show up with coke, I'm leaving," or "Unless you stop yelling at me, I'm walking out." Saying "no" is an important skill for setting boundaries. At a deeper level, setting boundaries is a way of conveying that both people in a relationship deserve care and attention. It is a healthy way of respecting your separate identity.

SITUATIONS WHERE YOU CAN LEARN TO SAY "NO"

- Refusing drugs and alcohol.
- Pressure to say more than you want to.
- Going along with things that you do not want to do.
- When you're taking care of everyone but *you*.
- When you do all the giving in a relationship.
- When you make promises to yourself that you do not keep.
- When you're doing things that take your focus away from recovery.

★ *Any others that you notice? Write them on the back of the page.*

EXAMPLES: SAYING "NO" IN SUBSTANCE ABUSE AND PTSD

	With Others	***With Yourself***
Substance Abuse	"No thanks; I don't want any now."	"Self-respect means no substances today."
	"Drinking is not allowed on my diet."	"If anybody offers me drugs at the party, I need to leave."
PTSD	"I need you to stop talking to me like that."	"Working as a prostitute is making my PTSD worse; I need to stop."
	"Please don't call me again."	"Seeing war movies is triggering my PTSD; I need to stop."

HOW TO SAY "NO"

✻ ***Try different ways to set a boundary:***

- *Polite refusal:* "No thanks, I'd rather not."
- *Insistence:* "No, I really mean it, and I'd like to drop the subject."
- *Partial honesty:* "I cannot drink because I have to drive."
- *Full honesty*: "I cannot drink because I'm an alcoholic."
- *Stating consequences*: "If you keep bringing drugs home, I will have to move out."

✻ ***Remember that it is a sign of respect to say "no."*** Protecting yourself is part of developing self-respect. Rather than driving people away, it helps them value you more. You can be vulnerable without being exploited. You can enjoy relationships without fearing them. In healthy relationships, saying "no" appropriately promotes closeness.

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✻ ***How much or how little you say is up to you.*** However, if you can comfortably provide an explanation, this can make it easier on the other person.

✻ ***You will find the words if you are motivated to say "no."*** Once you commit to protecting your needs, the *how* will present itself.

✻ ***Take care of yourself; let others take care of themselves.*** You can only live your life, not theirs.

✻ ***If you are afraid of hurting the other person,*** remember that it may take repeated work, both with the other person and within yourself. Over time, you will realize that healthy people can tolerate hearing what you think and feel.

✻ ***You can set a boundary before, during, or after an interaction with someone.*** Try discussing a difficult topic beforehand (e.g., discuss safe sex before a sexual encounter), during an interaction (e.g., try saying "no" to alcohol when it is offered), or afterward (e.g., go back and tell someone you did not like being talked to abusively).

✻ ***Be careful about how much you reveal.*** PTSD and substance abuse are sensitive topics, and discrimination against these disorders is very real and harmful. You can never take back a statement once it has been said. You do not need to be open with people you do not know well, people in work settings, or people who are abusive to you.

✻ ***Be extremely careful if there is a possibility of physical harm.*** Seek professional guidance.

ROLE PLAYS FOR SAYING "NO"

★ *Try rehearsing the following situations out loud. What could you say?*

With Others

→ You are at a holiday party and your boss says, "Let's celebrate! Have a drink!"
→ Your partner says you should "just get over your trauma already."
→ A friend tells you not to take psychiatric medications because "that's substance abuse too."
→ Your sister wants to know all about your trauma, but you don't feel ready to tell her.
→ Your partner keeps drinking around you, saying "You need to learn to deal with it."
→ Your date says, "Let's go to my place," and you don't want to.
→ Your boss gives you more and more work, and it's too much.
→ You suspect that your uncle is abusing your daughter.

With Yourself

→ You want to have "just one drink."
→ You keep taking care of others but not yourself.
→ You promised to stop bingeing on food but keep doing it.
→ You are working too many hours, with no time left for recovery activities.

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Too Much Distance: Learning to Say "Yes" in Relationships

Why is it important to say "yes"? It means connecting with others. It is a way of recognizing that we are all human and all need social contact. It is a healthy way of respecting your role as part of a larger community. It means becoming known to others.

SITUATIONS WHERE YOU CAN LEARN TO SAY "YES"

- ◆ Asking someone out for coffee.
- ◆ Telling your therapist how you *really* feel.
- ◆ Asking someone for a favor.
- ◆ Joining a club or organization.
- ◆ Calling a hotline.
- ◆ Being vulnerable about your "weak" feelings.
- ◆ Letting people get to know you.
- ◆ Soothing "young" parts of yourself.

★ *Any others that you notice? Write them on the back of the page.*

EXAMPLES: SAYING "YES" IN SUBSTANCE ABUSE AND PTSD

	With Others	***With Yourself***
Substance Abuse	"I am having a drug craving—please help talk me through it."	"I can give myself treats that are healthy rather than destructive."
	"Please come with me to an AA meeting."	"I will try speaking at an AA meeting."
PTSD	"I need your help—I am scared."	"I need to reach out to people when I'm upset."
	"I would like you to call and check in on me to see if I'm okay."	"I can start creating healthy friendships step by step."

HOW TO SAY "YES"

✻ ***Try different ways:***

- *Share an activity*: "Would you like to go to a movie with me?"
- *Say how you feel*: "I feel so alone; it is hard for me to talk about this."
- *Focus on the other person*: "Tell me about your struggles with cocaine."
- *Watch how others do it*: Go to a gathering and listen to others relate.

✻ ***Plan for rejection.*** Everyone gets rejected at times. It is a normal part of life. Let go of that person and move on to someone else who might be available.

✻ ***Practice in advance, if possible.*** Therapy may be a safe place to rehearse.

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✻ ***Choose safe people.*** Select people who are friendly and supportive.

✻ ***Know that it's normal to make mistakes along the way.*** It will feel uncomfortable to reach out to others at first. Allow yourself room to grow—it will get easier over time.

✻ ***Set goals.*** Keep yourself moving forward by making a clear plan, just as you would in other areas of your life. Decide to make one social call a week, or try one new meeting a week.

✻ ***Recognize that you may feel very "young."*** Parts of you may feel vulnerable, like a child who is just learning how to relate to people. That is expected, as parts of you may not have had a chance to develop due to PTSD or substance abuse.

✻ ***Start small.*** Start with a simple event (e.g., saying hello or smiling) rather than a huge one (e.g., asking someone out on a date).

✻ ***Notice what you have in common rather than how you are different.*** Work hard to see your similarities with others; this can make it easier to connect.

ROLE PLAYS FOR SAYING "YES"

★ *Try rehearsing the following situations out loud.*

With Others

→ You talk about your impulse to hurt yourself *before* doing it.
→ You ask someone at work to go to lunch.
→ You tell your therapist you missed her when she was away on vacation.
→ You call your sponsor when you feel like drinking.
→ You tell someone, "I love you."
→ You tell someone how alone you feel.
→ You admit a weakness to someone.
→ You talk to your friend honestly about your anger at him.
→ It is 4:00 A.M. and you are so depressed you can't sleep. Whom can you call?
→ The weekend is coming and you have no plans with anyone. What can you do?

With Yourself

→ You feel scared; how can you soothe yourself?
→ You have worked hard; how can you give yourself a safe treat?
→ Part of you ("the child within") feels hurt. How can you talk to that part?
→ You are angry at yourself for failing a test. How can you forgive yourself?

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Getting Out of Abusive Relationships

★ *Are you in any relationship right now in which someone:*

1.	Offers you substances or uses in your presence after you've asked the person not to?	Yes	No
2.	Repeatedly criticizes you, invalidates your feelings, or humiliates you?	Yes	No
3.	Manipulates you (e.g., threatens to harm your children)?	Yes	No
4.	Is physically hurting you or threatening to?	Yes	No
5.	Discourages you from getting help (e.g., medication, therapy, AA)?	Yes	No
6.	Lies to you repeatedly?	Yes	No
7.	Betrays your trust (e.g., tells your secrets to others)?	Yes	No
8.	Makes unreasonable requests (e.g., demands that you pay for everything)?	Yes	No
9.	Exploits you (e.g., sells pornographic pictures of you)?	Yes	No
10.	Ignores your physical needs (e.g., refuses safe sex)?	Yes	No
11.	Is controlling and overinvolved (e.g., tells you what to do)?	Yes	No

If you said "Yes" to any of the questions above, read the rest of this handout. You deserve better than destructive people!

HOW TO DETACH FROM DAMAGING RELATIONSHIPS

If you have difficulty with boundaries, you may not notice dangerous cues in others. This makes sense if you lived in a past in which a veil of silence was imposed, you were not allowed to express your feelings, or you could not tell others about your trauma. You may need to make special efforts now to notice your reactions to people and to learn when to end relationships that are hurtful.

- ***If someone doesn't "get it," give up for now.*** In early recovery, don't waste your energy on changing other people; just focus on helping yourself. If someone doesn't understand you after you've tried to communicate directly, kindly, and repeatedly, find other people.

- ***Even if you cannot leave a damaging relationship, you can still detach from it.*** If it is someone you must see (such as a family member), protect yourself by not talking to that person about vulnerable topics, such as your trauma or your recovery.

- ***If enough reasonable people tell you a relationship is bad, listen to them.*** You may feel so confused or controlled that you have lost touch with your own needs. Listen to others.

(cont.)

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🚹 ***It's better to be alone than in a destructive relationship.*** It may be that for now, your only safe relationships are with treaters. That's okay.

🚹 ***Destructive relationships can be as addictive as drugs.*** If you cannot stay away from someone you know is bad for you, you may be addicted to that person. Destructive relationships may feel familiar, and you may be drawn to them over and over if your main relationships in life were exploitative. The best strategy is the same as for all addictions: Actively force yourself to *stay away,* no matter how hard it feels to do so.

🚹 ***Remember that you are no longer a child, forced to endure bad relationships.*** You have choices.

🚹 ***Recognize the critical urgency of detaching from bad relationships.*** They impair your recovery from PTSD and substance abuse. They prevent you from taking care of yourself and others (e.g., children).

🚹 ***Once you make a decision to leave a damaging relationship, the "how" will present itself.*** If you do not know how to leave, it usually means that you have not yet made the decision to leave.

🚹 ***If you feel guilty, remember that it is your life to live.*** You can decide how to live it.

🚹 ***Expect fallout.*** When you leave a bad relationship, others may become angry or dangerous. Find ways to protect yourself, including the support of people "on your side," your treatment team, and a shelter if necessary.

🚹 ***You do not have to explain yourself to the other person;*** you can just leave.

🚹 ***Create an image to protect yourself.*** For example, you are a knight in armor and you don't have to let the person in; you are a TV and you can change the channel.

🚹 ***Try Co-Dependents Anonymous.*** This is a twelve-step group for people who become dependent on damaging relationships (☎ 602-277-7991).

🚹 ***You should never have to tolerate being physically hurt by anyone.*** If you are in a situation of domestic violence, this is very serious and requires expert help. You can call:

☎ National Domestic Violence Hotline 800-799-7233
☎ National Resource Center on Domestic Violence 800-537-2238

🚹 ***If someone is physically hurting you, don't buy into "I'll be different next time."*** If there is a pattern of abuse after you have given someone repeated chances to treat you decently, get out. Listen to the person's actions, not the words.

∗ ***Take care of yourself!*** ∗

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Boundary Problems Associated with PTSD and Substance Abuse

Note: *Some people become upset when reading the list below. Only read it if you feel safe to do so, and stop if it is too upsetting.*

People with PTSD and substance abuse may be prone to boundary problems, such as the following:

- Extremes: trusting too much or too little; isolation or enmeshment.
- Relationships that are brittle (easily damaged, fragile).
- Tolerating others' flaws too much; doing anything to preserve the relationship.
- Use of substances as an attempt to connect with others.
- Avoiding relationships because they are too painful.
- Overcompliance at times; too much resistance at other times.
- Always being the one to give.
- Spending time with unsafe people.
- Not seeing the hostility in others' words or actions.
- Being overly angry, with a hair-trigger temper; often ready to "blow up."
- Difficulty expressing feelings; expressing them in actions rather than words (acting out).
- May respect men for being "strong" and disrespect women for being "weak."
- Feeling that one can never get over a loss; not knowing how to mourn; fear of abandonment.
- Difficulty getting out of bad relationships.
- Confusion between fear and attraction (i.e., feeling excited when it is really fear).
- Relationships with people who use substances.
- Living for someone else rather than yourself.
- Manipulation: guilt, threats, or lying.
- Reenactments: getting involved in repeated destructive relationship patterns (e.g., recreating the trauma roles of abuser, bystander, victim, rescuer, or accomplice).
- "Stockholm Syndrome": feeling attachment and love for the abuser.
- Wanting to be rescued; wanting others to take responsibility for the relationship.
- Confusion about what is appropriate in relationships: What can one rightly expect of others? When should a relationship end? How much should one give in a relationship? Is it okay to say "no" to others?
- "Identification with the aggressor": believing the abuser is right.

Acknowledgment: This handout is drawn largely from Herman (1992). Ask your therapist for guidance if you would like to locate the source.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: In a real-life situation this week, try setting a boundary with either yourself or someone else.
- Option 2: Memorize your top three ways to say "no" to substances.
- Option 3: Pick a role play from Handout 2 or 3, and write out how you would handle it.
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	**New Way**
Situation	My mother keeps criticizing my decisions.	My mother keeps criticizing my decisions.
★ **Your Coping** ★	I get overwhelmed and resentful. I just let her talk at me until she's done. Sometimes I go out afterwards and smoke crack so I can get a "holiday" from her.	I set a boundary by asking her to stop criticizing me—it is hurting my recovery, and I cannot listen to it right now and will leave the room if necessary.
Consequence	I feel walked over. I know the crack is destroying my body and my bank account.	I feel better, like I've taken control. She seemed surprised and didn't like hearing it, but it was okay.

How safe is your old way of coping? ____ ***How safe is your new way of coping? ____***

Rate from 0 (not at all safe) to 10 (totally safe)

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Discovery versus Staying Stuck

Discovery is one of the most powerful tools in recovery.

"Discovery" means finding out . . . learning from experience . . . adapting . . . curiosity . . . openness . . . moving forward . . . growth.

Discovery is what children do naturally—they try to explore, find out, and have fun in trying new things. Other people who discover are explorers, artists, scientists, detectives, and hopefully *you*!

Staying stuck is the opposite of discovery.

"Staying stuck" means assuming . . . avoiding . . . rigid thinking . . . hiding . . . living in the past . . . being closed to the world.

One of the difficulties of PTSD and substance abuse is staying stuck. For example, if you've had PTSD for years without getting better, you may not feel like trying any more. Or, if you've been using heroin to feel relaxed, you may not search for other ways to relax.

A STORY

Situation**:** Amy has been lying to her therapist, Dr. Burke, about her cocaine use because she feels ashamed. She believes he'll stop working with her if he finds out.

Compare two different endings to the story:

Amy tries discovery. She tells Dr. Burke the truth because she thinks, "It'll be better to find out than to keep living with this shame." Dr. Burke asks her to start getting weekly urine tests, because the treatment cannot work if Amy hides her substance use. Amy resents this, but also sees that Dr. Burke is trying to help and will keep working with her.

Amy stays stuck. She keeps hiding the truth from Dr. Burke. Eventually she feels so bad that she stops attending treatment altogether because she can't take the self-hatred. She uses more and more cocaine.

THE PROCESS OF DISCOVERY

1. ***Notice your belief.*** For example:

"I believe that if I tell my friend I'm angry with him, he'll leave."
"I believe calling a hotline will make me feel more depressed."
"I believe I'll never get a job."
"I believe AA will be boring."

2. ***Find an image (optional).*** If you want, think of an image that helps you discover:

An explorer . . . embarking on a search
A detective . . . trying to find out
A child . . . interested and curious
An artist . . . playing with possibilities
A scientist . . . searching for the truth
Or write your own image here: __________________

3. ***Try discovery.*** Create a plan to actually find out if your belief is true. Some ways are listed in Handout 2.

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How to Find Out If Your Belief Is True . . .

* *Ask People* *

"Ask People" means that you check out your belief by hearing what others think of it. The more people you ask, the better, so that you can see how much agreement there is about your belief.

Example: Sarah believed, "If I let myself cry, I'd never stop." She decided to ask another patient (who was further along in recovery) and her therapist, and to read a book about PTSD. The result: All three sources conveyed the idea that while it is very common to feel this way, it is not true—everyone stops crying eventually.

* *Try It and See* *

"Try It and See" means "go for it"—try doing something and see what happens. You can also think of it as setting up an experiment because, like a scientist, you design a test and then observe what happens.

Example: Doug was living with a roommate who grew marijuana in the house. He believed, "My roommate won't be willing to stop." He decided to use "Try It and See" by asking the roommate directly. The roommate refused. Doug decided that it would be unhealthy to keep living with someone so unsupportive of his recovery, so he decided to move out.

* *Predict* *

"Predict" means comparing what you *think* will happen versus what *actually* happens.

Example: Judy believed, "No matter how hard I try, I'll never learn to use my computer." She felt stupid. To discover the truth, she decided to take a computer class at the local adult learning center. With instruction and practice, she was able to learn the basics, and this made her want to continue with it.

* *Act as If* *

"Act as If" means trying on a more positive belief to see how it feels. It is especially helpful in situations where you cannot actually find out the truth.

Example: Rick was driving down the highway and a car cut him off. He said, "That jerk! People are so rude." He felt furious. He decided to try acting as if he believed, "That man is driving his pregnant wife to the hospital to have a baby—no wonder he's in a rush!" He felt better and slowed down when he assumed this belief. Since he couldn't find out the truth of the situation—why the car cut him off—he might as well choose to believe the gentler explanation that made him less mad. At the end of the handouts, you can read about a real patient who tried this strategy by going through a weekend "acting as if I liked myself."

❧ ***What does it feel like to try discovery?*** It may feel okay, or it may feel scary, risky, or awkward. Don't worry if it doesn't feel good right now; it just matters that you try it. In the *long run*, you are likely to feel good about it.

❧ ***Remember safety.*** As always, make sure that what you set out to do is *safe*. For example, don't try discovery with anyone who might physically hurt you, such as an abusive partner.

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COPING WITH BAD NEWS

If you try discovery and things go well, you'll naturally feel much better. But sometimes you'll get negative feedback from your process of discovery. It may feel as though your worst nightmare has come true. For example:

- You may find out that no matter how hard you try, you can't find a job.
- You may get an HIV test and find out you have HIV.
- You may find out that when you tell the truth to your friend, the friend rejects you.

Some people respond to negative feedback by hurting themselves, giving up on life, getting mad at the world, or trying to avoid getting feedback again. Here are some suggestions for healthier ways to cope with negative feedback:

1. ***Give yourself credit*** for having had the courage to try discovery. No matter what happens, you were brave, open, and on the right path just by trying.

2. ***Figure out, "What's the worst that can happen?"*** For example, you may lose a friend but gain self-respect. You may have HIV but can get medical care to prevent it from getting worse.

3. ***Never take it out on yourself*** by self-destructiveness, such as drowning your sorrows in substances, self-harm, or self-hatred.

4. ***Remember that negative feedback is just information,*** nothing more. If you can listen to it, you can learn much even if it's painful. The most painful truth is better in the long run than the most positive lie. (And if you don't believe this—try using discovery to find out!)

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Discovery Sheet

Name: ______________________ Date: ______________

(1) Your Belief	
(2) Discovery *How can you find out if your belief is true? Some ways to find out:* **Ask Others* **Try It and See* **Predict* **Act as If*	
(3) Results *What did you find out from your discovery process?*	
(4) What's Next? *Where do you want to go from here?*	

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

✦ Option 1: Use the Discovery Sheet (Handout 3) to help you in your process of discovery.

EXAMPLE OF THE DISCOVERY SHEET

(1) Your Belief	I'll never find a job that pays above minimum wage.
(2) Discovery *How can you find out if your belief is true? Some ways to find out:* **Ask Others* **Try It and See* **Predict* **Act as If*	I'll try applying for five jobs (that all pay above minimum wage) within the next 2 weeks and see what happens.
(3) Results *What did you find out from your discovery process?*	I didn't get any offers. I asked some of them why, and they said I don't have any computer skills. Even though I'm disappointed, at least I know what I need to do next. Instead of believing "I'll never find a job," I now believe that "I can get a job if I learn new skills."
(4) What's Next? *Where do you want to go from here?*	I need to take a class in computers or apply for other jobs that fit my current skills better.

✦ Option 2: Try, for one day, to "act as if you like yourself." Later, write out how it went. Below is an example of one person's attempt to do this.

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EXAMPLE OF ONE PERSON'S "ACT AS IF" DISCOVERY

One person decided to try the "Act as If" method of discovery by "acting as if I like myself" for a day. These were the results.

> "On Friday, I kept having to remember to like myself. It is a funny feeling but it puts a smile on my face. I don't act so self-destructive when I try to like myself. I walked. I went to the College Club play, and out afterwards. I had no desire to drink.
>
> "Saturday I woke up in positive spirits. Went to an AA meeting. One of the first in ages. I had to keep thinking I like myself; it's hard when I'm used to thinking negative. Walked the dogs with Chris from group and enjoyed the day. Even talked to some of the people in AA.
>
> "Saturday night I'm not sure what happened. I was alone, isolating, and I forgot to like myself. I really have to think about it to remember to like myself. But I became very depressed, lonely, and for comfort turned to my old friends alcohol and food. Maybe it is that the 'old way' with the 'old escapes' is easier because that's what I know. It is scary for me to be out in the real world—with people, at AA, etc. I have never felt more alone than I did Saturday night. I felt no one would ever love me, that I will never have a positive relationship with anyone, or have friends. All I felt was pain.
>
> "Sunday morning I remembered that I was supposed to be liking myself. It was kind of a 'yeah, right' feeling. But I made an attempt. But the day was so-so. For the first time in ages I prayed on Sunday morning. I know that sounds hokey, like you hear in AA all the time—but I did. I asked not to drink, to get better, and with help to let go of the fears which hold me back in life, from getting better, from getting help, etc. I took the dogs to the woods and walked them. Sunday afternoon I isolated and slept. Sunday night, I did not drink but felt sad. I obviously was forgetting to like myself.
>
> "Monday I woke up more determined than ever to get the help I need and not give up. To treat myself *as if* I liked myself—like I would another person. That thinking helped. I took more care with my appearance. And became more assertive with my therapist about getting more help. I'd rather get help before there is a crisis. I took steps to take care of myself and meet some of my needs. Followed steps after therapy to try and get more help. Also talked to my parents honestly about the need for more help and not be so worried instead about pleasing them, others, etc. Feel good about these steps but a little scared.
>
> "What I learned from this assignment is that by trying to like myself, I act in a more positive fashion. It is hard to do this all the time and for me feels like being on shaky ground. However, I want to keep trying to think and feel this way because if I keep working on it I will take better care of myself and my needs—hopefully creating a more positive world for myself where I handle and cope with life's ups and downs in an honest, straightforward fashion. I want to like myself so that the relationships I develop are positive ones, not destructive relationships that only serve to feed into my past old escapes. I hope that with practice, liking myself will be more comfortable than the past comfort of disliking myself."

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Three Types of People Who Can Influence Your Recovery

***Supportive people* help your recovery.**

They truly care . . . They listen without judging . . . They never offer you substances if you ask them not to . . . They want to help you get better . . . They believe you about the trauma.

Who is supportive of your recovery? ______________________________

— *Neutral people* neither help nor harm your recovery.

They may be too involved in their own lives to support you . . . They may not know how to be supportive, but they are basically good people who don't want to hurt you.

Who is neutral toward your recovery? ______________________________

× *Destructive people* harm your recovery.

They undermine you . . . They offer you substances after you tell them not to . . . They abuse you emotionally or physically . . . They tell you to "just get over it" . . . They blame you, judge you . . . They criticize your attempts to get treatment . . . They tell you the trauma never happened.

Who is destructive of your recovery? ______________________________

A SIMPLE GOAL

↑ Increase the supportive people in your life
and
↓ Decrease the destructive people in your life.

HELPING OTHERS TO HELP YOU

You may need to educate people about what you need for recovery.

- Give A Letter to People in Your Life (Handout 2) to someone in your life, or write a letter of your own.
- Tell people directly and specifically what you need. Some examples:
  - "Please never offer me drugs or alcohol."
  - "Please do not tell me your opinions about my recovery."
  - "Please do not ask me to take on new demands right now."

(cont.)

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- "Please do not criticize me right now. Only supportive statements are helpful to me."
- "Please accept that sometimes I need to cry and get upset."
- "Please do not use drugs or alcohol when you are around me."
- "I need you to respect where I am right now; it is my recovery process."
- "Please do not ask me about my trauma."
- "Please do not get 'on my case' about going to AA—I'll go if I want to." (Or: "Please remind me to go to AA—I find that helpful.")
- "This is a difficult time—you can be helpful by [fill in here: picking up the kids from school, coming with me to my appointments, checking in by phone]."
- "The best way for you to help is to read about PTSD and substance abuse. I will give you material to read."
- "You can help me by going to Al-Anon so that you get more support."

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A Letter to People in Your Life

HELPING SOMEONE RECOVER FROM PTSD AND SUBSTANCE ABUSE

✻ ***Your genuine support can make all the difference in the world.***

✻ ***Posttraumatic stress disorder (PTSD) is a medical condition.*** It is a devastating illness that occurs after someone has been through a trauma. A "trauma" is a terrible life event in which some sort of physical harm or threat was present that was out of the person's control (e.g., child abuse, accident, fire, crime victimization, combat, rape, hurricane). Symptoms of PTSD include sleep problems, nightmares, intense negative feelings, difficulty functioning in life, physical distress, and other problems.

✻ ***Substance abuse is also a medical condition.*** It means that a person cannot stop using a substance even though it is causing clear damage to the person's life (e.g., physical or emotional harm, legal or financial problems, inability to work or take care of family responsibilities). Substance abuse is *not* about "laziness," "being bad," or "just wanting to have a good time."

✻ ***The combination of PTSD and substance abuse is very common.*** Among women with substance abuse, up to 59% have PTSD; among men, up to 38% have PTSD. It is not yet known what causes people to develop PTSD and substance abuse. Biological reasons, life circumstances, or some combination can lead to developing these problems.

✻ ***Recovery from PTSD and substance abuse is difficult.*** Recovery is definitely possible, but it is not easy. The person you care about suffers a great deal of emotional pain. The person may have "roller-coaster" mood swings, self-destructive behavior, difficulty trusting people, and intense negative feelings. These are common problems after surviving trauma. PTSD and substance abuse are sometimes called "double trouble" because it is so difficult to fight both disorders at the same time.

✻ ***The goal of this treatment is safety above all.*** Safety includes ending substance use and other self-harm, learning to take better care of oneself, gaining control over intense feelings, and establishing trusting relationships. In the treatment, we spend time practicing coping skills to achieve safety. Some of the topics are *Honesty*, *Asking for Help*, *Setting Boundaries in Relationships*, *Taking Good Care of Yourself*, *Compassion*, *Recovery Thinking*, *Creating Meaning*, *Self-Nurturing*, and *Respecting Your Time.*

✻ ***The worst thing you can say is "Just get over it and move on."*** If it were that easy, it would have been done long ago. The path of recovery may be slow, with many ups and downs. The only way out is by steady progress. Ignoring PTSD or substance abuse, or pretending that they are not serious problems, does not make them go away; it makes them more destructive in the long run.

✻ ***You can help the person you care about in specific ways*** if the person wants your help. Remember, however, that it is entirely up to the person to decide if and how you can help.

★ *Encourage the person to complete commitments between sessions*. Commitments are goals the person agrees to complete between sessions to move forward in recovery. If the person wants to, it may help to go over them with you.

★ *Read about PTSD and substance abuse* so you can understand these disorders better. Go to a library, search the Internet, or call some of the resources listed at the end of this handout for more information.

★ *Read the handouts from this treatment* to know what the person is learning. If desired, work on them together. You can help the person practice the treatment skills outside of sessions.

★ *Encourage the person you care about to attend treatment.* It is normal for the person to have mixed feelings about treatment, but the only way to move forward is to show up and talk about those feelings.

(cont.)

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✻ ***Recognize the two main themes for people with PTSD and substance abuse.***

- *Secrecy* is the need to hide important feelings, memories, thoughts, and behaviors. The more you earn the person's trust, the more she or he can confide these to you directly. To earn trust you need to listen without judgment, without "solving" the problem, and without being offended by what is said. Also, respect what the person does and does not want to tell you. For example, if the person does not want to talk to you about substance use, it will likely only lead to lying if you insist on it.
- *Control* is the need to feel power after having been powerless for so long (both in trauma and in substance use). The more you allow the person to take healthy control, the better. Avoid power struggles (arguments, coercion), as they rarely help and often harm.

✻ ***In this stage of treatment, called "early recovery," do not ask for details about the trauma.*** It is important to honor the person's boundaries. It may be too upsetting to reveal what happened. And what happened is less important right now than learning to cope with current problems. Respect that the person may choose to tell you when he or she is ready.

✻ ***With substance abuse it is best if you:***

★ *Never offer substances of any kind.*

★ *Encourage honesty about substance use*, but recognize that it may not always be possible. In substance abuse recovery, it is normal to feel intense shame over using; hiding or lying about use is common.

★ *Never blame, attack, or judge the substance use*. Using substances has been a way for the person to cope with the severe pain of trauma; it may take a while to learn other ways to cope.

★ *Never "enable" the substance abuse.* This means that you should never lie about the person's substance use to protect him or her, buy substances for the person, pretend the substance abuse is not a problem, promote substance use in any way, or agree to anything that violates your values.

★ *Remember that you cannot force the person to recover.* It is up to the person to find the motivation to move forward. You cannot force recovery through guilt or punishment. Know that recovery may take a long time, and that most people "slip" (use substances) sometimes along the way.

✻ ***If you notice any dangerous behavior, please contact the therapist or take the person to the nearest emergency room.*** Dangerous behavior includes suicidal actions (or an immediate and definite plan to commit suicide), abuse of other people such as children, or an extreme increase in substance use.

★ Name of therapist: ______________________ Therapist emergency phone number: _______________

✻ ***It is natural to become frustrated at times by someone with such major problems.*** However, to the extent that you can focus on the person's needs, listen nonjudgmentally, and give the person time and space to focus on recovery, you will be making a valuable contribution.

✻ ***If you notice yourself frequently having intense negative feelings toward the person, consider getting help.*** A list of resources for *you* is provided below. For example, Al-Anon provides self-help to families and friends of people who abuse substances. Or you may want to consider brief therapy to help you manage the stress of the relationship. People in recovery from just one disorder—PTSD *or* substance abuse—can be challenging to deal with; people in recovery from both may be doubly challenging.

✻ ***If you feel you cannot be helpful during recovery, it is best to do nothing rather than to be destructive.*** Also, respect the person's feedback about how helpful or destructive you are. There is no right or wrong to these views; it is how the person feels, and that is very real, even if you do not agree with it. If the person asks you to back off, back off.

✻ ***Above all, treat the person you care about with great kindness and respect.*** "A loving heart is the truest wisdom."

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ORGANIZATIONS THAT CAN BE HELPFUL

The following are all free, nonprofit, national resources dedicated to helping people. Included are advocacy organizations, self-help groups, and newsletters.

Substance Abuse/Addictions

Organization	Phone
Al-Anon Family Groups (for relatives, friends, and teen relatives of alcoholics); www.alanon.org	800-344-2666 OR 800-356-9996
Alcoholics Anonymous (World Service); www.aa.org	212-870-3400
American Council for Drug Education; www.acde.org	800-488-DRUG
American Council on Alcoholism; assistedrecovery.com	800-527-5344
Center for Substance Abuse Treatment: National Drug Information, Treatment and Referral Hotline; www.samhsa.gov/treatment	800-662-HELP OR 800-729-6686
Cocaine Anonymous (World Service); www.ca.org	310-559-5833
Co-Dependents Anonymous (addictive relationships); www.coda.org	602-277-7991
Division on Addiction—Harvard Medical School; divisiononaddictions.org	781-306-8600
Families Anonymous (for families with substance abuse); www.familiesanonymous.org	800-736-9805
Gamblers Anonymous (GA); gamblersanonymous.org	213-386-8789
Harm Reduction Coalition; harmreduction.org	212-213-6376
Highland Ridge Helpline	800-821-4357
Join Together (for communities working to reduce substance abuse); www.drugfree.org/join-together	617-437-1500
Narcotics Anonymous (World Service); na.org	818-773-9999
National Council on Alcoholism and Drug Dependence; ncadd.org	800-NCA-CALL
National Institute on Drug Abuse (NIDA); www.nid.nih.gov	
Rational Recovery (main office); rational.org	530-621-2667
Secular Organization for Sobriety/Save Our Selves (SOS); www.cfiwest.org/sos	323-666-4295
SMART Recovery (national office); smartrecovery.org	866-951-5357
Sexaholics Anonymous (national office); sa.org	866-424-8777

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Trauma/PTSD/Anxiety Disorders

Anxiety Disorders Association of America; www.adaa.org	240-485-1001
Cavalcade Videos (on trauma, for patients and therapists); www.cavalcadeproductions.com	800-345-5530
International Society for Traumatic Stress Studies; www.istss.org	847-480-9028
Many Voices (trauma survivors newsletter); www.manyvoicespress.com	513-751-8020
National Center for PTSD and PILOTS Database (extensive literature on PTSD); www.ptsd.va.gov/professional/pilots-database/pilots-db.asp	802-296-6300; and www.ncptsd.org
National Center for Trauma-Informed Care; www.samhsa.gov/nctic	866-254-4819
National Center for Victims of Crime; www.ncvc.org	202-467-8700
National Institute of Mental Health Information Line; www.nimh.nih.gov	800-615-6464
PTSD Research Quarterly (summary of new research); www.ptsd.va.gov/professional/newsletter/ptsd-rq.asp	
Sidran Traumatic Stress Foundation (trauma information, support); www.sidran.org	410-825-8888

Domestic Violence

National Domestic Violence Hotline; www.thehotline.org	800-799-7233
National Resource Center on Domestic Violence; www.nrcdv.org	800-537-2238

Mental Health

Grief Recovery Helpline; www.ggcoa.org	800-445-4808
Mental Health America; www.nmha.org	800-969-6642
National Alliance for the Mentally Ill; www.nami.org	800-950-6264
National Institute of Mental Health Information Resource Center	800-421-4211

HIV/AIDS/Sexually Transmitted Diseases (STDs)

AIDS Hotline; www.aac.org/hotline	800-235-2331
American Social Health Association (sexually transmitted diseases); www.ashastd.org	919-361-8400
Centers for Disease Control National AIDS Hotline; www.cdc.gov/hiv	800-232-4636

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Gay Men's Health Crisis Hotline; www.gmhc.org	212-367-1000
National Prevention Information Network; cdcnpin.org	800-458-5231
Planned Parenthood; www.plannedparenthood.org	800-230-7526

Parenting/Relationships

American Academy of Husband-Coached Childbirth; bradleybirth.com	800-4A-BIRTH
Child Abuse Prevention Center; childabusepreventioncenter.org	214-370-9810
International Childbirth Education Association; www.icea.org	800-624-4934
National Adoption Center; www.adopt.org	800-TO-ADOPT
National Child Traumatic Stress Network; www.nctsn.org	310-235-2633
Parents Helping Parents (free self-help support groups); www.parentshelpingparents.org	800-632-8188

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Give Handout 2, A Letter to People in Your Life, to someone in your life. Or write a letter of your own titled "How You Can Help My Recovery."
- Option 2: Identify someone who is destructive toward your recovery, and make a plan for how to protect yourself from that person.
- Option 3: Write out what you need to say to someone in your life to get more support for your recovery.
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	My partner won't stop hassling me about my drinking. Every time I have a glass of wine, there's an argument.	My partner won't stop hassling me about my drinking. Every time I have a glass of wine, there's an argument.
★ **Your Coping** ★	I say, "Shut up—it's my life." I try to just drink when my partner won't see it, because I can't take this pressure.	There are a few things I could do to handle this better: 1. Give my partner the Al-Anon number to get help. 2. Say clearly what I want (without being rude): "I am working in treatment on my substance abuse. I need you to refrain from commenting on my drinking. I need to work on my own recovery."
Consequence	I feel alone. I feel like I've alienated everyone around me.	A little better. At least I'm trying to do something constructive.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Coping with Triggers

FIGHT THE GOOD FIGHT—COPE WITH TRIGGERS

◆ ***A trigger is anything that sets off PTSD symptoms or substance use:*** seeing a crack vial, hearing sad music, having money, hearing a sudden noise. Just about anything can be a trigger. The more you learn to actively avoid and fight them, the stronger you'll be.

◆ ***What are the most common triggers?*** For substance abuse, one major study found that the most common triggers were negative emotions (35%), social pressure (20%), relationship conflicts (16%), urges and temptations (9%), positive emotions with others (8%), testing personal control (5%), positive emotions alone (4%), and negative physical states (3%).

◆ ***Stay far away from triggers.*** The safest plan is to stay away from triggers whenever possible. Don't watch the upsetting TV show; don't go near the bar. Avoid "avoidable suffering" by protecting yourself from triggers ahead of time.

◆ ***Never "test" yourself" with triggers.*** This is a mistake some people make in early recovery. They may think, "I'll go to a party tonight to see if I'm strong enough to tolerate drug triggers." Don't do it! Just as you would not test yourself by getting into a new trauma, never test yourself to see whether you can tolerate triggers. It is hard enough to recover without setting yourself up.

◆ ***Triggers are part of life—but you can "fight the good fight."*** Even if you do everything you can to avoid triggers (and hopefully you will!), some will occur just because it is impossible to live "in a bubble." As you go through your day, you will be faced with triggers at times. The main point is to cope heroically when they do occur. Fight them; resist them; do not give in to them.

◆ ***Strive for balance.*** With PTSD you may feel too much at times (e.g., overwhelming, intense emotions) and too little at other times (e.g., numbness, dissociation). With substance abuse you may also feel too much (e.g., intense cravings) or too little (e.g., the "pink cloud" in which you feel you'll never be tempted to use again). To best fight triggers, the goal is *balance*: being aware, conscious, and in touch with reality so that triggers will not control you.

◆ ***Cope with triggers before, during, or after they occur.*** The best way is to cope before by preparing in advance, but you can cope well at any time in the process. Never give up!

◆ ***Triggers can be very sudden.*** That's what makes them so dangerous. They may appear when you least expect them.

CHANGING WHO, WHAT, AND WHERE TO COPE WITH TRIGGERS

You can get to safety by changing who, what, and where.

Who Are You With?

Detach from unsafe people (dealers, users, abusers). Move toward safe, positive people. Call your sponsor, or a safe friend or family member. Call before, during, or after a trigger occurs (preferably before!). You can talk about

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how you are feeling, or just discuss “light” topics such as movies or sports to distract yourself. Also, stay connected with important people in your life by carrying photographs of them. If you get triggered, pull out the photos and ask yourself, “What do I need to do right now? How will my substance use affect them?”

***What* Are You Doing?**

Switch to safe activities. Try reading, TV, calming music, exercise, taking a walk, or doing a craft or hobby. Keep busy in general by having a structured schedule that focuses your attention away from triggers.

***Where* Are You?**

Change your environment. If you feel triggered, find a safe place by leaving the room, the area, or the neighborhood; taking a drive or a walk; throwing out the drug accessories; or changing the TV channel.

In short, put as much space between you and the trigger as possible.
Create a safety zone by changing ***who, what, and where***.

Acknowledgments. This topic and the major study mentioned in the handout are drawn from Marlatt and Gordon (1985). The concept of who, what, and where is similar to the phrase “Change people, places, and things” in the AA literature. Ask your therapist for guidance if you would like to locate either of these sources.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: *Eliminate* one major trigger from your life this week. For example, throw out all of the alcohol in your house, or tell your dealer never to call you again.
- Option 2: Write a list of your top three triggers and how you can cope with them.
- Option 3: Imagine a *Star Wars* scene in which you heroically battle a major trigger. What images help you?
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	**New Way**
Situation	Saw a movie that triggered me.	Saw a movie that triggered me.
★ **Your Coping** ★	I felt upset. I didn't cope well at all—I got high to escape.	If I were to try using "who, what, and where" to create distance from the trigger, I could: WHO: Call a friend. WHAT: Leave the movie. WHERE: Go outside and take a walk.
Consequence	I felt better for a little while, but then felt more hopeless.	I'd feel safer.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Respecting Your Time

TIME SCHEDULE

Explore how you use your time, and what it says about you and your recovery. Remember that time is more than a clock—it is a profound element of human existence. We all have limited time, and we will never have these moments to live again. Use your time well!

★ *There are two ways to use the schedule below.*

1. ***Focus on the present.*** Fill out the schedule as best as you can for today and the past 6 days. Then answer the questions in Handout 2 to explore what it says about you.
2. ***Focus on the future.*** Fill out the schedule to reflect how you would like to use your time. Prioritize your recovery, productive work, time in safe relationships, and other healthy activities.

Time Schedule

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
7 A.M.							
8 A.M.							
9 A.M.							
10 A.M.							
11 A.M.							
Noon							
1 P.M.							
2 P.M.							
3 P.M.							
4 P.M.							

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5 P.M.							
6 P.M.							
7 P.M.							
8 P.M.							
9 P.M.							
10 P.M.							
11 P.M.							
Midnight							

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Are You Respecting Your Time?

★ *When looking at your current schedule, do you feel that you:*

1.	Are using your time well?	Yes	Sometimes	No
2.	Have prioritized your recovery above all else (e.g., time in treatment and safe activities)?	Yes	Sometimes	No
3.	Take care of your needs, not just other people's needs?	Yes	Sometimes	No
4.	Use daily "to-do" lists to make the most of your time?	Yes	Sometimes	No
5.	Have enough time for yourself?	Yes	Sometimes	No
6.	Have a good amount of structured time (e.g., work, school), neither too much nor too little?	Yes	Sometimes	No
7.	Use time to take good care of your body (eating, sleeping, exercising)?	Yes	Sometimes	No
8.	Spend little or no time in substance-abuse activities (buying, selling, using, recovering from substance use)?	Yes	Sometimes	No
9.	Balance time alone versus time with others?	Yes	Sometimes	No
10.	Have enough time that is entirely your own to enjoy (at least 1 hour/day is recommended)?	Yes	Sometimes	No
11.	Protect your time from being wasted by other people?	Yes	Sometimes	No
12.	Have a stable daily routine?	Yes	Sometimes	No

★ *When you look at your use of time, what are your reactions?* ______________________________

____

____

★ *What does your schedule tell you about your priorities in life (e.g., what matters to you, how you take care of yourself)?* ______________________________

____

____

★ *How would you would like to change your use of time (e.g., priorities, time alone versus time with others, balance of work and play, time wasted or used well*)? ______________________________

____

____

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★ *When you were growing up, what messages (positive and negative) did you get about spending time?*

(+) *Positive messages*: ______________________________

____

(–) *Negative messages*: ______________________________

____

★ *Is how you spend time similar to how you spend money? For many people, these are similar and give clues about deep assumptions. For example, do you balance your use of both time and money? Do you waste time and money too freely? Are you too "tight" with time and money, so you can't enjoy life?* ______________________________

____

____

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Interview two people in your life this week—one person who uses time well, and one who doesn't. Ask them questions such as "What is your schedule?", "How do you feel about how you use time?", "How do you try to get yourself to use time well?" (If you can't think of someone who uses time well, consider your boss, your AA sponsor, or your therapist.)
- Option 2: Create a schedule for the week ahead (using the blank schedule from today's session). Focus on how to use time to make recovery your top priority.
- Option 3: Get a book on time management. Look through it until you find one new way to use your time better. One outstanding book is *The Seven Habits of Highly Effective People* by Stephen J. Covey (1989). It explores using your time to implement the values you care about.
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	**New Way**
Situation	I saw my brother at a family dinner last week. He seemed so "together": has a great job, lots of money, two kids, and seems happy.	I saw my brother at a family dinner last week. He seemed so "together": has a great job, lots of money, two kids, and seems happy.
★ **Your Coping** ★	My life is a wreck. I haven't worked for years, don't have a family, and I spend my time in treatment. What the hell is wrong with me? When I got home, I did some coke to raise my mood. I just needed to feel good for a little while.	There are some things I could do to cope better. I could talk to my brother and ask how he makes such good use of his time. Also, I can work in therapy on putting together a schedule that moves me forward in life.
Consequence	Nothing ever changes: I'm stuck in this pattern—I feel bad, I use coke; I feel bad, I use coke. Treatment isn't helping and I can't help myself.	Even though it still feels pretty hopeless, at least it has a chance of getting me out of this rut. Even though my feelings are still negative, trying to cope better may do something.

How safe is your old way of coping? ____ How safe is your new way of coping? ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Healthy Relationships

★ *Put a check mark (✓) next to any statement that you believe.*

HEALTHY RELATIONSHIP BELIEFS

1. Seek understanding and solutions, not blame.
2. In a healthy close relationship, *anything* can be talked about.
3. The best way to change a relationship is by changing *my* behavior.
4. Creating good relationships is a skill to learn, just like playing a sport.
5. While losing a relationship may be painful, I can mourn and move on.
6. It is better to be alone than in a bad relationship.
7. A good relationship requires effort but is worth it.
8. I need relationships in which both people's needs are respected.
9. I need to cultivate relationships with a few people who really matter.
10. With recovery, I can respect myself more and others will too.
11. Acceptance is the basis of healthy relationships.

UNHEALTHY RELATIONSHIP BELIEFS

1. I am always wrong; the other person is always right.
2. I should hide what I really think and feel.
3. The other person has to change.
4. Bad relationships are all I can get.
5. I cannot exist without ________.
6. It is better to be with someone destructive than to be alone.
7. Good relationships are easy.
8. I must take care of everyone else first; my needs come last.
9. I must be liked by everyone.
10. I have no value to other people.
11. I am not ________ enough for a relationship.

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Changing Unhealthy Relationship Beliefs

1

◆ ***Relationship belief.*** "I am always wrong; the other person is always right."
↺ ***Exploration.*** A common relationship problem for trauma survivors is the belief that all relationship problems are their fault (or vice versa—that all relationship problems are the other person's fault). There are two ways out of this destructive view. First, try to view relationship problems between adults as having a 50–50 balance: Each person is responsible for half. If you have a conflict with someone, ask yourself, "What are we each contributing to creating a problem?" A second way out is to seek understanding and solutions, rather than focusing on "who is right and who is wrong." Each person has limitations, wants, and needs, however irrational these may seem to the other. In healthy relationships, both people need to arrive at a solution together.
✻ ***A healthier view.*** "Seek understanding and solutions—not blame."

2

◆ ***Relationship belief.*** "I should hide what I really think and feel."
↺ ***Exploration.*** Honesty and communication are the core of a healthy relationship. This includes conflicts as well as the full range of positive and negative feelings. A disagreement does not mean the end of a relationship. In fact, resolving conflicts is a normal part of healthy relationships. When conflicts are out in the open, there is a chance to resolve them. If you are hiding your reactions or isolating, there may be very good reasons for this based on your past, but the goal now is to learn how to be honest with safe people. In a strong close relationship, *anything* can be talked about, including vulnerable feelings, criticism, loving feelings, sex, and money.
✻ ***A healthier view.*** "In a healthy close relationship, *anything* can be talked about."

3

◆ ***Relationship belief.*** "The other person has to change."
↺ ***Exploration.*** When a relationship is not working, it is human nature to try to change the other person. But this rarely works. What you can control is *your* part of the relationship. That means that you have choices. You can, for example, accept the other person's behavior, discontinue the relationship, change how you relate, or say what you want (but without necessarily expecting the other person to give it to you). It is very freeing to let go of trying to change other people and to turn your attention to what you can control, which is yourself.
✻ ***A healthier view.*** "The best way to change a relationship is by changing *my* behavior."

4

◆ ***Relationship belief.*** "Bad relationships are all I can get."
↺ ***Exploration.*** If you have PTSD and substance abuse you may have difficulty finding healthy relationships. You may find yourself getting drawn over and over into relationships with people who have substance abuse or are destructive. But developing good relationships is a skill to learn, just like learning to play a sport. One good way to start is to take the same approach as you would for any other skill: Read some books on the topic, take a class if you can, and watch how others do it. Working on it in therapy is also helpful. Just as in learning tennis you would need to learn how to serve the ball, how to hit a backhand, a forehand, and how to score the game, with relationships you may need to learn how to recognize healthy and unhealthy relationships, how to converse, how to negotiate conflicts, how to assert yourself, how to give and accept compliments, and how to start and end relationships.
✻ ***A healthier view.*** "Creating good relationships is a skill to learn, just like playing a sport."

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5

◆ ***Relationship belief.*** "I cannot exist without ________."
✍ ***Exploration.*** While it is natural to be upset if you lose someone, loss and mourning are part of life. If you stay in an unhealthy relationship because it is hard to face loss, you are paying a very high price for the relationship. Ways to mourn the loss of a relationship include talking about it to others, crying about it, writing about it, recognizing that time heals, and getting involved in activities to make the loss less prominent in your life.
✻ ***A healthier view.*** "While losing a relationship may be painful, I can mourn and move on."

6

◆ ***Relationship belief.*** "It is better to be with someone destructive than to be alone."
✍ ***Exploration.*** Destructive relationships damage your emotional health and your self-esteem. It may be difficult to find healthy people, but it is worth the search. The more time spent in destructive relationships, the less likely you are to find better ones. For some people in early recovery, their only trustworthy relationships are with treaters such as therapists or counselors, and that is okay for now. Over time, you can build a safe support network.
✻ ***A healthier view.*** "It is better to be alone than in a bad relationship."

7

◆ ***Relationship belief.*** "Good relationships are easy."
✍ ***Exploration.*** All relationships require effort: to begin them, maintain them, resolve conflicts, be responsible to each other, be supportive of each other, and end them if need be. It is realistic to expect a relationship to take work at times.
✻ ***A healthier view.*** "A good relationship requires effort but is worth it."

8

◆ ***Relationship belief.*** "I must take care of everyone else first; my needs come last."
✍ ***Exploration.*** While taking care of others is admirable, if it is at your expense, it is an unhealthy pattern. Some people make great efforts to take care of others, but no one takes care of them. If you are not feeling supported or helped in return, you are likely to resent it over time and may compensate by "feeding" yourself through excesses of alcohol, drugs, food, or other addictions. In good relationships, caring goes both ways.
✻ ***A healthier view.*** "I need relationships in which both people's needs are respected."

9

◆ ***Relationship belief.*** "I must be liked by everyone."
✍ ***Exploration.*** If you have felt isolated, rejected, or neglected, it is understandable that you may want to compensate by seeking everyone's approval. But in trying to please others too much, you can lose yourself. A healthier approach is to cultivate a few good relationships with safe people whom you genuinely like. A more selective approach allows you to focus your energy on strengthening who you are and caring for a small number of relationships that truly matter. No one can be liked by everyone anyway!
✻ ***A healthier view.*** "I need to cultivate relationships with a few people who really matter."

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10

◆ ***Relationship belief.*** "I have no value to other people."
꩜ ***Exploration.*** If you have been stuck in PTSD and substance abuse, you may view yourself as not worth very much. Developing a sense of yourself as desirable and valuable may take time. The best strategy is to keep progressing in your recovery. Both PTSD and substance abuse lower your self-esteem; recovery improves it. You can come to respect who you are, and, almost like magic, you will find that other people do too.
✻ ***A healthier view.*** "With recovery, I can respect myself more, and others will too."

11

◆ ***Relationship belief.*** "I am not _________ enough for a relationship."
꩜ ***Exploration.*** Some people believe they are not good enough for a relationship because they need to be more attractive, thin, smart, funny, confident, clean and sober, recovered from PTSD . . . and so forth. But *acceptance* is the key to good relationships—acceptance of who you are right now, and acceptance of the other person. Acceptance in a relationship is like sunlight to a plant; it allows it to grow.
✻ ***A healthier view.*** "Acceptance is the basis of healthy relationships."

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Identify one way in which *you* can be different in a current relationship. Try being that new way this week and observe what happens.
- Option 2: Your relationship with yourself is the basis of your relationships with others. Go through Handout 1 and circle any healthy beliefs that could help improve your relationship with yourself. For example, could you learn to seek understanding and solutions rather than blaming yourself? If you want, you could also write a paragraph on this topic.
- Option 3: *Change the script*. Take a piece of paper and draw a line down the middle. On the left side, write a script of current conflict with someone in your life (what you say, what the other person says). On the right side, write how *you* could respond differently.
- Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	**New Way**
Situation	Every time I try to be honest with my father, he criticizes me.	Every time I try to be honest with my father, he criticizes me.
★ **Your Coping** ★	I get scared and shut up. I want to be able to be honest with him without getting criticized. This makes me want to get high.	I need to remember that he is who he is. I've told him many times what I want, and he has not changed. It is probably healthier for me to not talk to him honestly at this point, as he can't handle that. I need to focus on other people.
Consequence	I feel stuck and depressed.	I would feel less depressed, and wouldn't feel like I need to get high.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Safe and Unsafe Self-Nurturing

❖ ***Safe self-nurturing*** means seeking fun, joy, and pleasure in healthy ways and without excess.

✦ ***Unsafe self-nurturing*** means seeking pleasure in an activity that causes you harm (legal, financial, social, personal, or physical) and/or doing the activity to excess.

EXAMPLES OF SAFE SELF-NURTURING

★ *(a) Circle any that you currently do. (b) Check (✓) any that you'd like to add to your life.*

❖ Taking walks ❖ Socializing with safe friends ❖ Reading ❖ Travel

❖ Movies ❖ Crafts or hobbies (e.g., painting, woodworking, puzzles) ❖ Sports

❖ Enjoying pets ❖ Participating in a club or organization ❖ Music ❖ Exercise

❖ Eating out ❖ Local trips (day trips, weekends away) ❖ Baking or cooking

❖ Dance ❖ Visiting museums ❖ Playing games ❖ Taking an interesting class

❖ Volunteering ❖ Learning a new skill ❖ Enjoying the outdoors ❖ Writing

❖ Religious services ❖ Meditation ❖ Enjoying computers ❖ Warm baths

❖ Playing with children ❖ Going to events (concerts, comedy clubs, lectures, etc.)

❖ Others: ______________________________

EXAMPLES OF ACTIVITIES THAT MAY BE UNSAFE FOR SOME PEOPLE (WHEN EXCESSIVE)

★ *Circle any that are unsafe for you.*

✦ Shopping ✦ Food ✦ Watching TV ✦ Gambling ✦ Partying ✦ Work

✦ Pornography ✦ Exercise ✦ Video or computer games ✦ Internet ✦ Sex

✦ Others: ______________________________

HOW DO PTSD AND SUBSTANCE ABUSE RELATE TO PROBLEMS IN SELF-NURTURING?

PTSD. You may be more familiar with pain than with pleasure. You may feel guilty about nurturing yourself (especially if you grew up without much love). To cope with trauma, you may have turned to unhealthy addictions rather than healthy activities to feel better.

Substance abuse. Substance abuse and other addictions are "cheap thrills." They may work in the short run, but in the long run they cause tragedy. They are misguided attempts to give yourself pleasure, and they keep you from finding healthy ways to feel good.

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A Gift to Yourself

❖ Give yourself a gift by . . . ***increasing safe self-nurturing.***

✦ Give yourself a gift by . . . ***decreasing unsafe self-nurturing.***

Some ways to do this:

- Replace unsafe activities with safe activities.
- Set a structure (e.g., at least 2 hours a day of safe self-nurturing).
- "Play around"—try a variety of safe new activities to see what you like.
- Work on it in therapy or with someone else who can help.
- Write yourself a letter giving yourself "permission" to improve self-nurturing.
- Explore the emotions that arise when you change your self-nurturing.
- Listen to your deepest needs.
- Get back to activities that you enjoyed "way back when" but gave up along the way.

YOUR SELF-NURTURING PLAN

★ *Create your plan below, focusing on the week ahead. Be very specific to really make it work! Include any details that are important for you—for example, what activities, how often, during what time frame, how you will make it happen, who you will get help from, how you will remember to do it, and how you will feel if you do it. Continue on the back of the page if you need more space.*

My "gift to myself" to increase safe self-nurturing activities:

My "gift to myself" to decrease unsafe self-nurturing activities:

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Carry out the "gift to yourself" plan that you wrote in today's session.
- Option 2: Try one new self-nurturing activity before the next session.
- Option 3: Make a life plan: What self-nurturing activities do you want to do every day? Every week? Every year? What would it take for you to give yourself these?
- Option 4: Write a letter giving yourself permission for self-nurturing activities.
- Option 5: Remember yourself as a child: What activities did you used to enjoy that you've lost along the way? Can you get back to any of those activities now?
- Option 6: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	Had a conflict with my boss today at work.	Had a conflict with my boss today at work.
★ **Your Coping** ★	Went home, felt depressed. My thoughts were "Why can't I function like everyone else? This is my third job in 2 years. I can't keep my mouth shut, and I get mad at the slightest thing." I smoked some pot.	Get a video to take my mind off work, make myself a nice dinner, and take my dog out for a run (all self-nurturing activities).
Consequence	Went to sleep early. Woke up the next day and felt worse.	Feel calmer; have more perspective.

How safe is your old way of coping? ____ ***How safe is your new way of coping?*** ____

Rate from 0 (not at all safe) to 10 (totally safe)

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Exploring Anger

DO YOU HAVE A PROBLEM WITH ANGER?

Do you think you have a problem with anger? Yes / No / Unsure

★ *If you circled "Yes," you may want to go directly to the next section. If you are unsure, check (✓) below any that are true for you—these are typical signs of an anger problem.*

❒ You "blow up" at others.
❒ You often criticize others.
❒ You feel anger but can't express it.
❒ You have impulses to harm others.
❒ You "never feel angry."
❒ You hate yourself.
❒ You often isolate.
❒ You feel bitter.
❒ You have impulses to harm yourself.
❒ Others have said you have an anger problem.

TWO TYPES OF ANGER

It is important to know that anger is not bad or wrong. Rather, it is information that can be used either to help or to harm your recovery. It can be used *constructively* to help you heal, to be honest with others, to face your pain. Or it can be used *destructively* to act out against yourself or others, to give up, to become bitter. Anger itself is not a problem—it's all in what you do with it.

Constructive Anger: Anger that Heals

"Constructive anger" means anger that is . . .

- *Moderate or lower* (e.g., up to 5 on a 0–10 scale, where 0 = no anger and 10 = intense anger).
- *Explored* to understand yourself and others better.
- *Conscious* (you are aware of it).
- *Handled well* (e.g., not acted out in dangerous behavior).
- *Respectful of your own and others' needs.*

For example, if you go out on a date and the other person acts selfish, you may rightly feel angry. If you listen to your anger, you can use it as a sign to protect yourself; perhaps you can talk to the person about what bothers you, or you can calmly end the date early. You can feel good about using your anger constructively.

There are great benefits to constructive anger. It can help protect you from danger . . . convey insights about yourself and others . . . give you real power. ★ *Any other benefits you notice?*

Destructive Anger: Anger that Harms

"Destructive anger" means anger that is . . .

- *Acted out in dangerous behavior* (hurting yourself or others).
- *Too intense and/or frequent* (e.g., often above a 5 on a 0–10 scale).
- *"Underground"* (quietly seething or feeling bitter).
- *Unconscious.*

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There are great costs to destructive anger. It can destroy your relationships . . . cause physical harm . . . weaken you . . . become an addiction. ★ *Any other costs you notice?*

Destructive anger can be directed toward yourself and/or directed toward others. Both represent a lack of balance between your own and others' needs. For some people, both are present.

Destructive anger toward self (e.g., self-harm, suicidal feelings): Putting others' needs too much ahead of yours.

Destructive anger toward others (e.g., verbal abuse, assault): Putting your needs too much ahead of others'.

With destructive anger toward yourself, you may not be aware of anger. For example, if you physically hurt yourself you may not notice anger at the time. However, such acting out does indeed represent anger—typically anger toward others that you have difficulty "owning."

★ *How do you tend to handle anger? Circle one: Constructively / Destructively / Both*

Circle one: Toward self / Toward others / Both

DID YOU KNOW . . . ?

★ *Check (✓) any points below that you understand. Circle any that you have questions about.*

Anger is normal in recovery from PTSD and substance abuse. If you have been through the terrible experiences of trauma and substance abuse, anger is inevitable. You may feel angry at people who hurt you, at the world, at God, at yourself, at life, at treaters, at family, at strangers. Your anger is valid and real. In recovery, the goal is to use your anger as a way to learn about yourself and grow. The task is to face your anger without letting it destroy you or others.

Behind all anger are unmet needs. Anger is a signal that something is wrong. It may mean that you are not taking enough care of yourself, or that you have a lot of sadness to work through, or that you are in a harmful relationship. Listening to your anger and caring for the underlying needs can resolve anger.

Constructive anger can be learned. It is never too late, no matter how long you've had a problem with anger. Mainly, it requires really listening to others' feedback about your anger, "owning" your feelings rather than acting them out, expressing anger in healthy ways, and learning to tolerate the painful feelings behind the anger.

Destructive anger can become an addiction. Can you see similarities between destructive anger and substance abuse? For example, the more you engage in it, the more it increases. Also, with destructive anger you may feel "high" on it in the moment. Have you "hit bottom" with destructive anger—has it caused serious problems in your life?

Venting anger does not work. An old-style view of anger was the idea of venting—that the solution to anger is to "get it out" (e.g., punch a pillow, write an angry letter, throw rocks at a tree). However, these actually tend to increase rather than decrease anger. Currently, it is understood that anger needs to be handled constructively, not simply vented.

Destructive anger never works in the long term. You may get results in the short term. People may do what you want; you may feel powerful in the moment. It is only later that you can see that these are an illusion. Destructive anger spins you out of control and weakens your bonds with others.

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Understanding Anger

Notice how each constructive view on the right side of the list below *softens the anger*. Destructive anger is rigid and harsh. You may want to think of it as ice that needs to melt. The goal is to keep perspective, balance your own and others' needs, and understand yourself better. Also, don't feel you have to agree with each view below—just use the ones that work for you.

★ *Check (✓) any below that might help you.*

Anger toward Others	
Destructive View	***Constructive View***
"Others should put my needs first."	"Among adults, one's ultimate duty in life is to put one's own growth first."
"If I yell at people, they'll treat me better."	"Yelling alienates people and makes them dislike me. I need to ask for what I want in calm ways."
"I know what's right."	"There are many perspectives on truth. I need to listen fully before I judge a situation."
"The only way people hear me is if I yell."	"People will want to help me more if I talk to them respectfully."
"Other people screw up."	"If other people make mistakes, I need to gently guide them. And I make mistakes too."
"Anger shows how strong I am."	"Strong anger makes me weak. I become out of control."
"Others have to make my life better."	"It's up to me, more than anyone else, to make my life better."
"I can only deal with anger by acting out."	"Everyone can learn to deal with anger safely."
"I'm right to be angry."	"I have a right to be angry, but how I express it is what counts."
"I'm better than other people."	"Everyone in life has a purpose, even if I can't see it. Respect is the basis of all relationships."
"I know I need to stop blowing up, but I can't."	"I need to listen to my emotional pain—that's what's behind my anger."
"If others threaten me, I have to hurt them."	"In a case of serious physical danger, self-defense is appropriate. Other than that, violence is unacceptable."

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Anger toward Self	
Destructive View	***Constructive View***
"I should put others' needs ahead of mine."	"My needs are just as important as anyone else's. It's time for me to treat myself well."
"I should never get angry."	"It is normal to get angry at times. I need to listen to my anger and respond to it safely."
"If I hurt myself, I'll feel better."	"I need to find long-term solutions to my pain."
"I'm a failure."	"Deep inside, I know that life is about personal progress—not about 'winning' and 'losing.' "
"I can't say what I really think."	"It's *how* I say it that matters."
"I need to be punished."	"That is a PTSD thought. It reflects my inner pain, but it's not true."
"I want to die."	"I'm in a lot of distress. But I deserve to live."
"This will show people how I feel."	"I need to put it in words, not action."

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Before, During, and After: Three Ways to Heal Anger

To transform anger from destruction to healing, three key strategies are helpful: "Motivate," "Contain, and "Listen." These correspond, generally, to "before," "during," and "after" destructive anger episodes. If you want, you can remember the acronym "MCL" or "More Caring Life" to represent the idea that handling anger well can help you take better care of yourself and others.

★ *Note: If you tend to harm yourself, you may not be aware of your anger. In reading the material below, you can substitute the term "self-harm" where it says "anger."*

BEFORE ANGER EPISODES . . . MOTIVATE

"Motivate" means searching your heart for compelling reasons to stop destructive anger. This can free you to handle the anger constructively. Prepare now, before the next anger episode.

Why? When you are in the midst of destructive anger, it may feel "right" to do something you will later regret. Whether it's hurting yourself or someone else, the feelings are so strong that you may feel you have no choice except to go with them. They are like a tidal wave. Think of all the times you've sworn "things will be different next time"—but then they aren't. The only way to make them different is to establish strong motivation and then work at it. It will *not* happen on its own. A key question: Why is it in your best interest to solve your anger problem?

How? ★ *Check off any ideas below that might help you.*

■ ***Observe the cost of your anger.*** Has it isolated you? Kept you from feeling at peace? Hurt your job performance? Left scars on your body (from self-harm)?

■ ***Get feedback about your anger.*** Hearing how others view your anger problem can give you important information. Becoming defensive or dismissing feedback keeps you stuck. You do not have to agree with others, but listen very carefully before you decide what's true.

■ ***Feel the impact of anger on your body.*** People who get angry a lot are more likely to have physical problems and to die younger. Do you notice the intense stress that anger puts on your body? Can you feel the tension it creates?

■ ***Notice whom your anger has hurt.*** Yourself? Your partner? Your children? Your therapy relationship? Anger scares people, even if they cannot tell you that. *See* the other's pain—the hurt look on a child's face, the partner who becomes quiet. If you are feeling empathy for someone, you cannot simultaneously harm that person. (That includes yourself too!) Remember that you cannot "unstab" someone once the damage is done.

■ ***Develop a policy on anger.*** Make a commitment to yourself (and your therapist or sponsor) that no matter what happens, you will not act on your anger. Handout 4 is a Safety Contract you can fill out.

■ ***Imagine how it would feel to control your anger.*** Picture how extraordinary it would be—freeing, truthful at the deepest level, caring, in control. In the long run, it will feel like a new life. It is "intoxicating" in the best sense.

■ ***Learn more about anger.*** This is one of the best ways to motivate yourself. Take a class on anger management or assertiveness—local adult education programs and/or mental health clinics offer such courses. Or read a book on it (two are listed in Handout 5). Learn when and how to express anger, and what to do if the other person does not respond well. You can also ask others how they handle angry situations. Find out what is realistic to expect from people and from yourself (often your anger derives from unrealistic expectations).

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■ ***Create an image to help you.*** A horse being reined in? A child being raised? An athlete in training? Really picture the process that's required to learn how to control your anger—the ups and downs.

■ ***Carry an "anger reminder."*** Carry a physical reminder of how destructive your anger can be—for example, a photo of someone you've hurt with your anger, or a list of the hospitalizations you've had for suicidal behavior.

■ ***Get rid of weapons until you are safe to keep them.*** Keeping weapons that can be used against oneself or others is dangerous (e.g., guns, ropes). Until you can express anger in constructive ways without acting out, it is essential to keep your environment as free as possible of weapons. They are disasters waiting to happen.

★ *On the back of the page, write out your motivation for working on anger. Make it clear, compelling, and realistic. "Own your anger!"*

DURING ANGER EPISODES . . . CONTAIN

Once destructive anger has begun, the *only* goal is to bring it back to the "safe zone"—aware of it, but keeping it within a manageable level (no higher than a 5 on a 0–10 scale).

Why? Destructive anger can blind you. It makes you unable to get perspective or improve the situation. Only once you are in control of anger can you put it to positive use. Thus, when you are feeling the impulse to act on anger—to say something you'll later regret, to hurt someone—the only priority is to regain safety. Do not try to explore the anger, understand it, or express it (all that's for later). Think of an "emergency response system" or "damage control." For example, when there is a toxic industrial spill, the goal is to contain it, get people to safety, clear the area, and only figure out why later on. Remember that controlling your anger does not mean your anger is wrong. Your anger is a valid, important feeling that comes from somewhere important. But *how* it gets addressed—not hurting yourself or others—is just as important. Each time you are able to contain your anger, you are building strength. It will get easier over time!

How? ★ *Check off any ideas below that might help you.*

- ***Delay or "time out."*** This is one of the most effective strategies. No matter what, force yourself to delay any anger expression or action until you're back in the safe zone. Delay for at least a half hour—it has been found that it takes the body at least 20–30 minutes to return to normal once anger has been activated.
- ***Do soothing activities.*** These might be music, meditation, relaxation, sports, reading, TV, praying, grounding, sex, or hobbies.
- ***Do activities that help you feel in control.*** These counteract the out-of-control feeling of destructive anger. They include cleaning your room, writing a list of things to do, going shopping, searching the Web, or any other productive activity that is not too stressful for you.
- ***Notice what you're grateful for.*** Notice what you *do* have in life, and what others *have* done for you. For example, think, "I have a job, a car, my health." Or "I am lucky I have enough to eat every day." Or "I am seeing improvements in my life, such as more days clean."
- ***Apply the twelve steps of AA to your destructive anger.*** Give yourself up to your Higher Power for help. Think of destructive anger as an addiction.
- ***Remember "clear thinking."*** Clear thinking means saying statements to yourself that remind you to keep perspective. See Understanding Anger (Handout 2).
- ***See the good in people.*** For anger toward others: Try to identify—right now—anything you can that is good about the person you are angry at; if you can do this, notice whether your anger goes down a little. For anger toward yourself: Try to identify anything that is good about you.

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➧ ***Ask for help.*** Try to identify someone you can call when you feel like hurting yourself or others. It may take others' help before you can stop yourself, once the feeling builds (just as with cravings for substances). If you have no one to call, try using a hotline.

➧ ***If you are unaware of your anger, try to become conscious.*** Sometimes people physically hurt themselves but are not aware of any anger. It has gone "underground." Your goal in such situations is to notice your anger. This too is a form of containment— conscious anger is much safer than unconscious anger. Ways to do this include, Ask yourself, "Who am I angry with?" and "What am I afraid will happen if I express anger?"

➧ ***Remember the bottom line: It is not okay to act out anger.*** It is *never* okay to physically hurt someone (unless you or others are in life-threatening danger). *Never* attack someone weaker than yourself (e.g., a child, an animal, an elderly person). No matter what someone says or does to you, it is your responsibility to manage your anger. Do not justify angry outbursts—they harm others and degrade you. And never leave a trail of anger, such as an angry voice mail or an angry letter. Wait until you're calmer to express your anger (see the next section, "Listen").

➧ ***Remember your rights.*** You have a right to feel angry, but you do not have a right to abuse others or yourself. You have a right to leave a relationship, but you do not have a right to stay and hurt someone. If you cannot accept the other person, consider detaching from the relationship.

➧ ***Stay humble.*** Much of what fuels anger is a feeling of righteousness. Notice that everyone, including you, makes mistakes in life. Make a list of the mistakes you've made toward others, and read it the next time you feel like blowing up at someone.

★ *On the back of the page, write out your plan for containing destructive anger. Make sure it fits who you are and what most helps you.*

AFTER ANGER EPISODES . . . LISTEN

The next major step in healing from anger is listening to it. This means respecting that your anger comes from somewhere important; it signifies a message that needs to be heard.

Why? Behind all anger are unmet needs. Hear the "whisper" behind the anger. If you try to push it away without looking at it, it will keep coming back. Note that listening is meant broadly; it means both listening to yourself and getting others to listen to you. The key step is for you to hear it clearly—if you can hear it, you can learn to express it clearly to others too. And if you can hear it clearly, you can then work to get your needs met in effective ways.

How? ★ *Check off any ideas below that might help you.*

◆ ***Listen to the most vulnerable sides of yourself.*** Destructive anger is like a small child throwing a tantrum—a vulnerable child who feels scared, sad, alone, guilty or powerless, for example. Indeed, it is said that anger is often a defense against feelings that are more painful. An essential task of recovery is to respect these feelings and soothe yourself through them.

◆ ***Listen to your anger messages.*** Some typical messages that anger conveys include, "Others are not hearing me," "I have suffered too much," "I want the world to be a better place," "I don't have enough support," "I feel hopeless," "I feel like a failure," "Other people have it easier."

◆ ***Notice patterns.*** Does your anger occur when you feel hurt? When you are tired or hungry? When others are incompetent? When you have been working too hard? When you feel rejected? When others place demands on you? Some people keep an anger journal to better identify their patterns. For self-harm, too, it is important to notice what triggers you.

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◆ ***Express your anger calmly.*** Be gentle, centered, caring. Get others to listen to your anger by expressing it in appropriate ways. Always try to express anger face to face and really "see" the other person. Also, get help from others before expressing it: Ask your therapist, friend, or sponsor how to express the anger. If you start to escalate (yelling, anger above a 5 on a 0–10 scale), leave until you can come back and try again calmly

◆ ***Strive to get your needs met through your own efforts.*** Once you have heard your needs, you can take care of them. If you are tired or hungry, get sleep or something to eat. If you feel disappointed that your partner doesn't want to spend more time with you, consider couple therapy or find other people to do more activities with. Remember that ultimately you are responsible for your own happiness. There are always ways to improve your situation.

◆ ***Explore how anger relates to your PTSD and substance abuse.*** How did each of these contribute to your anger?

◆ ***If you want to change others, use methods that work.*** Anger and criticism never change people in the long run. People just feel afraid of you and avoid you. Methods that do work include negotiation, empathy, praise, and teaching.

◆ ***Take good care of yourself.*** People who hurt others are typically not getting their needs met in healthy ways. People who harm themselves typically put others' needs before theirs too much. If you hear the needs behind your anger you may notice, for example, "I need someone to listen to me," "I need to say 'no,' " "I need to take more time for myself."

◆ ***Change "shoulds" to "wants."*** All anger has a "should" statement in it—for example, "My partner should do what I ask." A very helpful strategy is to change the "should" statement to a statement beginning with "I want": "I want my partner to do what I ask." Do you notice your feelings shift when you do this? Usually it makes you aware of limitations that are important to accept. Much anger is a way to gain control in situations where you do not have it.

◆ ***Create "win–win" solutions.*** Take into account both your needs and the other person's. Take turns making decisions. Take turns listening and speaking.

◆ ***Notice why you did what you did.*** Much anger (especially self-harm) comes from self-criticism. If you become angry with yourself because of something you did or didn't do, try to see why you made that choice. Being compassionate allows you to take responsibility for your actions and move forward.

◆ ***Notice low-level anger.*** People who act out anger often have trouble expressing it as it builds up. They bottle it up and then blow up, often triggered by some small event. Notice your anger in its low-level forms (e.g., annoyance, irritation), and try to get your needs met then so it won't build up.

◆ ***Protect yourself from angry influences.*** Observe how you are affected by violent movies, watching television news, or being around angry people. There is often a connection between larger cultural forces and your anger. But remember that anger is a habit that you can change.

◆ ***Notice how anger gets misdirected.*** Anger often gets directed at people who do not deserve it or who do not deserve it so intensely. For example, perhaps you get very angry over some "small" thing—such as a clerk at a store who gives you wrong information. You might say to yourself, "I'm furious, but it doesn't make sense to be so angry about this. I think I'm really angry, deep down, about feeling like no one ever helps me out. I need to start getting more support, rather than blowing up at a store clerk."

◆ ***Notice whose point of view is being neglected.*** If you are angry at others, try to listen to others' point of view more. If you are angry at yourself, try to listen to your point of view (or the various sides of yourself) more. The goal is to hear both your own and others' point of view at the same time.

◆ ***Apologize to people you've hurt with your anger.*** This does not fully take it away, but it may help. If you can, try to explain the painful feelings that drive your anger.

◆ ***Recognize that you may need to mourn things you cannot change.*** Ultimately, after doing whatever you can to get your needs met, there may be some that can never be fulfilled. Perhaps you have a medical illness that will never go away. Perhaps you are too old to have a child or to have the career you want. Perhaps your partner cannot be the person you want. With situations that you cannot change, you will need to mourn and accept them. This is emotional work that you can and should do, but that may need a therapist's help.

(cont.)

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★ *On the back of the page, write out your plan for <u>listening</u> to your anger. Use it as important knowledge that can help you grow.*

AN EXAMPLE OF THE THREE STEPS

Situation**:** Your boss gives a promotion to someone who deserves it less than you.

1. ***Motivate*****:** You say to yourself that blowing up at your boss will not help anything. You need to keep your job. Yelling at people has lost you jobs in the past.
2. ***Contain*****:** You decide to wait at least 24 hours before going in to see your boss. During those 24 hours, you try to stay calm and distract yourself with activities. You say to yourself, "No matter what, I am going to deal with this in a constructive way."
3. ***Listen*****:** You recognize that all your life it has felt as though you get less than others. It is extremely painful to be disappointed by your boss. But you recognize that your intense feelings are partly due to feeling neglected when you were growing up. You remind yourself that in the working world politics often wins out, and you're not the first to have this happen to you. You decide to talk to your therapist to role-play how to discuss the issue with your boss. After doing this, you go into your boss's office. You say to your boss, "I'd like to understand better why the promotion went to someone else rather than me. Please explain it to me." Your boss gives you a vague answer and seems uncomfortable. You realize that he's not going to tell you the truth. You calmly leave the office. You say to yourself, "I have two options: I can either stay in this job and recognize that there are some major limitations here. Or I can apply for a new job. But either way, I did not blow up at anyone, and that is a major victory."

ROLE PLAYS

★ *Rehearse how you can work on your anger constructively. If you want, try one of the role plays below:*

- You have PTSD and you're angry at feeling miserable so much of the time.
- You help out a "friend" who then won't help you in return.
- Your partner keeps refusing to pay child support.
- Your insurance company cancels your policy by mistake, then gives you the "run-around."
- Someone cuts you off in traffic.
- Someone betrays a confidence.
- Someone makes a nasty comment.
- You think about how much of your life you've lost due to your substance abuse and PTSD.
- You feel furious at yourself for using substances.
- You feel like killing yourself.
- There is a long line at the post office, and you have very little time to wait.
- You find out your partner is cheating on you.

Acknowledgments: Readings that were helpful in the development of this topic included Potter-Efron and Potter-Efron (1995) and McKay, Rogers, and McKay (1989). The "Change 'shoulds' to 'wants' " recommendation in Handout 3 is based on Burns (1980). Ask your therapist for guidance if you would like to locate any of these sources.

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Safety Contract: Protecting Yourself and Others

1. I am aware that I am in danger of hurting ___myself ___others ___both myself and others

2. I recognize that wanting to hurt myself and/or others is a common feeling in recovery from PTSD and substance abuse. I understand that this is not "bad" or "wrong," but that it does need to be dealt with in healthier ways.

3. "Hurting myself" means all methods of harm. Circle those that apply: cutting, burning, suicidal action, bingeing–purging on food, gambling, using a substance, driving too fast. Additional ones for me are: ______________

____

4. "Hurting others" means any emotional or physical attack on others. Circle those that apply: physical attack (hitting, punching, using a weapon against someone); emotional attack (yelling at someone, saying cruel words). Additional ones for me are: ____

____

5. I recognize that hurting myself or others comes from emotional pain. There are real reasons for it, and I need to listen to myself very closely to explore those. I'm aware of the following main issues behind my hurting myself and/or others (circle those that apply): wanting people to see how upset I feel; wanting to be taken care of; feeling hopeless; feeling like a failure. Additional ones for me are: ______________________________

6. Whatever the reasons for my impulses, I still must learn to stay safe. I promise—to myself, to my recovery, and to my therapist—that I will carry out the following:

   a. Before hurting myself or others, I will attempt to reach out for help from ____________________

   ____

   b. Before hurting myself or others, I will use the following safe coping skills: ____________________

   ____

   c. If I hurt myself or others in any way, I will be fully honest with my therapist and talk about it at the next possible opportunity (e.g., at my next session or by leaving a phone message).

   d. If my life or serious physical harm is at risk, I will do whatever it takes to protect myself (e.g., going to an emergency room). My specific plan will be: ________________________________

   ____

7. This contract will remain in effect until I and my therapist agree to revise it.

8. *Optional*: if I violate this contract, the following will occur (circle any that apply):

   a. I will agree to obtain more care (e.g., go into the hospital, sober house, join AA).
   b. I will agree to get rid of my weapon (e.g., rope, knife).
   c. I will agree to write about why I violated my contract and whom I have hurt.
   d. I will agree to ____

9. *Optional*: I will give a copy of this contract to (circle any that apply): my partner, my doctor, my AA sponsor, my ____

Patient signature: ____________________ Therapist signature: ____________________ Date: __________

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Write a script (or record a tape) of what you can say to yourself the next time you have the impulse to hurt yourself or someone else. If you want, ask your therapist to add to it as well.
- Option 2: Imagine that you are teaching a child how to express anger. What would you say?
- Option 3: Take one of the following situations and rewrite it in a healthier way.
  - a. *Jim tries hard to control his anger, but every few weeks he screams at his wife when she "screws up." Today she forgets to pick up his prescription from the pharmacy. He gets enraged and yells at her.*
  - b. *Martha hates herself. Everyone seems smarter and more attractive than she is. Today her boyfriend tells her he wants to break up. She goes home and cuts herself with a razor.*
- Option 4: Read a book about anger. For example, two recommended books on anger are *When Anger Hurts: Quieting the Storm Within* (McKay et al., 1989) and *Letting Go of Anger* (Potter-Efron & Potter-Efron, 1995).

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The Life Choices Game

Read the rules of the game aloud to patients before the game begins.

Rules for the Life Choices Game

1. Just as life brings many different situations, this game will present random events for you to cope with.
2. Answer each situation with the best coping you can think of. Use any of the strategies you learned in this treatment, or any others that you know.
3. Good coping means no use of substances, and all solutions are realistic and safe.
4. [Group treatment only:] Only one person selects a slip of paper at a time, so that we can all pay attention to that person and give helpful feedback.

Let the game begin!

---

1. You are feeling numb. You say to yourself, "It doesn't matter if I live or die."
2. In the newspaper, you read an article that reminds you of your trauma. You feel enraged that so much suffering occurs.
3. You are with your family, and your father puts you down in front of everyone.
4. The weekend is coming, and you have no plans. You think, "I'm a loser."
5. You want to take Valium that wasn't prescribed for you. You say to yourself, "This isn't really substance abuse."
6. You wake up and think, "I don't want to go to work. I'll just lie in bed."
7. You look in the mirror. You feel old and fat.
8. You just got an "A" on your exam. You think, "I want to celebrate. I'll have a hit of coke."
9. You are not eating well or exercising. How could you get yourself to do those?
10. There is a relationship that you know is bad for you, but you keep feeling drawn back in. How could you stay away?
11. You are preparing a recipe that calls for red wine. You say to yourself, "I need to buy wine for the recipe."
12. You are laid off from your job.
13. It is late at night. You are feeling lonely. You are thinking, "No one loves me."
14. You see an ad for a course at the local college that you want to take, but you think, "I'll never pass that course. Everyone will be smarter than me."
15. While in individual therapy, you remember a painful trauma. You feel very upset, but you don't want to cry because you think you would look "weak."

(cont.)

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16. You yell at your children more than you should. You feel guilty.
17. You have a habit of hiding in the closet when you feel upset. You don't want to tell your therapist about this, as you think it will sound crazy.
18. You have had a hard day. You say to yourself, "I need a drink."
19. You used substances yesterday even after promising yourself, your family, and your therapist you wouldn't. You feel ashamed and disgusted with yourself.
20. You find out that your daughter is being sexually abused by your cousin.
21. You run into your ex-partner on the street who looked very happy with someone new. You think, "I'll never have a successful relationship."
22. You try an AA meeting. You get there, look around the room, and think, "No one here can understand what I've been through."
23. Your mother is criticizing you again. You think, "I am sick of everyone. I need a drink."
24. Your partner says, "Why can't you get over your trauma? I want to live a normal life."
25. You are at a work party and someone offers you a drink.
26. Your son says to you, "Why can't you get off substances? That's all I want."
27. You go to a medical doctor who is very rude to you.
28. Your ex-partner violates the court's custody agreement and won't let you see your children.
29. You find out that your partner is having an affair.
30. You keep promising yourself that you'll make an appointment for an annual physical exam, but you keep putting it off, week after week.
31. Your parents say, "Why can't you hold a job like regular people? If you just worked full-time, everything would work out."
32. You pick up someone at a bar who wants to have sex without a condom.
33. You pass by your dealer and think, "I'll just have one."
34. You feel triggered by a movie that reminds you of your trauma.
35. Someone cuts you off in traffic. You feel enraged.
36. Someone says a remark in front of you that is offensive to you (e.g., about your race, ethnicity, heritage, or sexual preference).
37. Everyone you know gets invited to a party except you.

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Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- Option 1: Make a plan to do something nice during the same time that you were coming to this treatment. For example, if you were here Mondays at 6:00–7:00 P.M., find something to do on Mondays from 6:00–7:00 P.M. Ideas: Treat yourself to something special during that time (no substances!), take a walk in a beautiful part of town, or read an inspiring book.
- Option 2: Write a letter describing thoughts and feelings you have about the treatment ending.
- Option 3: Find a way to express how you have grown during this treatment. You could use writing, painting, photography, poetry, crafts, or any other method you choose.

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Termination

Dear ,

A few last words before we end.

First, my enduring appreciation for what we have experienced together, for offering your wisdom and honesty, for trusting me with your feelings, and for staying in treatment. You deserve great recognition for surviving thus far in your life and for your persistence in recovery.

Second, I hope that you will continue to remember this treatment as you go forward in your life: staying substance-free, healing from trauma (yes, both are possible!), attaining safety, trusting good people, reaching out, taking risks, attending treatments that work for you, honoring yourself, striving for healthy coping day to day, and using whatever aspects of this treatment you have found most helpful.

I wish you the best that life can offer.

Sincerely,

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Seeking Safety Feedback Questionnaire

Your honest feedback about the *Seeking Safety* treatment would be greatly appreciated, so that possible future revisions of it can be as helpful as possible. ***Both patients and clinicians can fill out the first part of this questionnaire; the last part is for clinicians only.*** Return the form by mail, fax, or email (see information below), and answer only the questions you choose to. Thank you!

How many sessions of Seeking Safety *have you done?* _________

For questions below, please use the following scale:

–3	–2	–1	0	+1	+2	+3
Greatly harmful	Somewhat harmful	A little harmful	Neutral	A little helpful	Somewhat helpful	Greatly helpful

★ How helpful is the treatment? ★

___ How helpful is the treatment *overall*?
___ How helpful is the treatment *for PTSD and substance abuse*?
___ How helpful is the treatment *for PTSD alone*?
___ How helpful is the treatment *for substance abuse alone*?

★ How helpful are each of the topics? ★

___ *Safety*
___ *PTSD: Taking Back Your Power*
___ *Detaching from Emotional Pain (Grounding)*
___ *Asking for Help*
___ *Compassion*
___ *Taking Good Care of Yourself*
___ *Setting Boundaries in Relationships*
___ *Honesty*
___ *Discovery*
___ *Coping with Triggers*
___ *Respecting Your Time*
___ *Creating Meaning*
___ *Commitment*
___ *Red and Green Flags*
___ *When Substances Control You*
___ *Community Resources*
___ *Recovery Thinking*
___ *Healthy Relationships*
___ *Getting Others to Support Your Recovery*
___ *Healing from Anger*
___ *Self-Nurturing*
___ *Integrating the Split Self*
___ *The Life Choices Game (Review)*
___ *Termination*

★ How helpful are the parts of the treatment? ★

___ Safety as the priority of treatment
___ The integrated treatment (the focus on both PTSD and substance abuse)
___ The focus on abstinence from all substances
___ The focus on ideals (e.g., honesty, compassion)
___ The focus on learning coping skills
___ The focus on cognitive skills

(cont.)

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___ The focus on behavioral skills
___ The focus on interpersonal skills
___ The focus on community resources
___ The use of quotations
___ The check-in/check-out (if there were any parts you didn't like, write on back of page)
___ The patient handouts
___ The commitments ("homework")
___ The list of Safe Coping Skills (e.g., "persistence")
___ The Safe Coping Sheet (i.e., "old way " vs. "new way")
___ The Core Concepts of Treatment
___ The national resources outside this treatment
___ The length of treatment (25 topics)
___ The amount of written material provided
___ The structured approach (the organized plan for each session)
___ The empirical basis of the treatment (i.e., it has been scientifically evaluated)
___ Other: _________________ (add more on back of page if needed)

The next four questions are for clinicians only:

___ The therapist guide for each topic
___ The suggestions for further reading
___ The "Tough Cases" sections
___ The emphasis on therapy process (e.g., countertransference)

Please rate the next four questions 0% (not at all) to 100% (totally):

- How frequently will you use what you learned in this treatment in the future? ___%
- How easy to understand is this treatment? ___%
- How innovative (creative, different from other treatments) is this treatment? ___%
- To what extent would you *recommend* this treatment to someone else? ___%
- How long did it take you to feel comfortable with this treatment? ________ (Please answer using a time frame—e.g., 1 week, 6 months, etc.)
- Your age: ___ Your gender: ___Female ___Male
- Have you experienced (*clinicians, please answer this question too*):

  Trauma? No/Yes PTSD? No/Yes Substance abuse? No/Yes

In your own words (write answers on back of page):

- What do you consider the best/worst aspects of the treatment program?
- What modifications would you like to see made to the program? For example, should it be longer? Shorter? Topics to add? Topics to delete?
- Are there particular types of people you feel the program is especially helpful/unhelpful for?
- Any other comments?

(cont.)

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Thank you! Please return this survey in any of the following ways:
Mail: Lisa Najavits, McLean Hospital, 115 Mill St., Belmont, MA 02478
Fax: 617-855-3605

FOR CLINICIANS ONLY
Your professional background:

- ***Theoretical orientation*** (please fill in percentages to total 100%):

(*Note*: If you are eclectic, please identify the percentage of each orientation you use, or else fill in "no model" if you do not follow any orientation.)

___ Cognitive-behavioral
___ Twelve-step
___ Psychodynamic/psychoanalytic
___ Systems
___ No model
___ Other: _________________
___ ***Total*** (above should total 100%)

- ***Primary diagnoses of your patient population*** (please total to 100%):

___ Substance abuse
___ Trauma/PTSD
___ Mood disorders (e.g., depression, bipolar disorder)
___ Psychosis
___ Personality disorders
___ Other: _________________
___ ***Total*** (above should total 100%)

- ***Your work setting*** (check all that apply):

___ Outpatient clinic ___ Private practice ___ Inpatient Detox Residential Prison VA
___ Other: _________________

- ***Primary populations that you work with*** (check all that apply):

___ Geriatric ___ Adults ___ Adolescents ___ Children
___ Males ___ Females ___ Veterans ___ Prisoners ___ Other: _________________

- ***How many hours per week*** do you currently spend directly treating patients? ___
- ***Years experience***: ___ (only include years after training). If you are in training now, how many years of training have you had thus far? ___
- ***Your professional training*** (check all that apply). (If you are currently in training, check off the training program you are in.)

___ Social worker (MSW, LICSW) ____Certified alcohol/drug counselor (CAC)
___ Doctoral-level psychologist (PhD, PsyD, EdD) ___ Master's-level psychologist (MA/MS)
___ Psychiatrist (MD) ___ Pastoral counselor ___ AA (or other twelve-step) sponsor
___ No professional training ___ Other: _________________

- ***How many treatment manuals have you read*?** ___

(cont.)

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Please answer each question below 0% (not at all) to 100% (totally):

- How much do you enjoy conducting clinical work? ___%
- How "burned out" do you feel by your clinical work? ___%
- How likely is it that you would choose a career as a clinician again? ___%
- How effective a clinician do you believe you are in general? ___%
- How would you rate your current ability to conduct this treatment? ___%
- How helpful would it be to have *a videotape* to accompany the manual, demonstrating actual in-session techniques/procedures? ___%
- What kind of training or experience do you think is necessary for a clinician to successfully use this treatment program? (Write on back of page)

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Idea for a Commitment

- Practice, in your life: Staying substance-free, healing from trauma (yes, both are possible!), attaining safety, trusting good people, reaching out, taking risks, attending treatments that work for you, honoring yourself, striving for healthy coping day to day, and using whatever aspects of this treatment you have found most helpful.

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