

*Seeking Safety* treatment topics

Domains (cognitive, behavioral, interpersonal, or a combination) are listed in parentheses.

<p><b>(1) Introduction to treatment / Case management</b> This topic covers: (a) Introduction to the treatment; (b) Getting to know the patient; and (c) Assessment of case management needs.</p>
<p><b>(2) Safety</b> (<i>combination</i>) Safety is described as the first stage of healing from both PTSD and substance abuse, and the key focus of this treatment. A list of over 80 <i>Safe Coping Skills</i> is provided, and patients explore what safety means to them.</p>
<p><b>(3) PTSD: Taking Back Your Power</b> (<i>cognitive</i>) Four handouts are offered: (a) "What is PTSD?"; (b) "The Link Between PTSD and Substance Abuse"; (c) "Using Compassion to Take Back Your Power"; and (d) "Long-Term PTSD Problems". The goal is to provide information as well as a compassionate understanding of the disorder.</p>
<p><b>(4) Detaching from Emotional Pain: Grounding</b> (<i>behavioral</i>) A powerful strategy, "grounding", is offered to help patients detach from emotional pain. Three types of grounding are presented (mental, physical, and soothing), with an experiential exercise to demonstrate the techniques. The goal is to shift attention toward the external world, away from negative feelings.</p>
<p><b>(5) When Substances Control You</b> (<i>cognitive</i>) Eight handouts are provided, which can be combined or used separately: (a) "Do You Have a Substance Abuse Problem?"; (b) "How Substance Abuse Prevents Healing From PTSD"; (c) "Choose a Way to Give Up Substances"; (d) "Climbing Mount Recovery", an imaginative exercise to prepare for giving up substances; (e) "Mixed Feelings"; (f) "Self-Understanding of Substance Use"; (g) "Self-Help Groups"; and (h) "Substance Abuse And PTSD: Common Questions".</p>
<p><b>(6) Asking for Help</b> (<i>interpersonal</i>) Both PTSD and substance abuse lead to problems in asking for help. This topic encourages patients to become aware of their need for help and provides guidance on how to obtain it.</p>
<p><b>(7) Taking Good Care of Yourself</b> (<i>behavioral</i>) Patients are guided to explore how well they take care of themselves, using a questionnaire listing specific behaviors (e.g., "Do you get regular medical check-ups?"). They are asked to take immediate action to improve at least one self-care problem.</p>
<p><b>(8) Compassion</b> (<i>cognitive</i>) This topic encourages the use of compassion when trying to overcome problems. Compassion is the opposite of "beating oneself up", a common tendency for people with PTSD and substance abuse. Patients are taught that only a loving stance toward the self produces lasting change.</p>
<p><b>(9) Red and Green Flags</b> (<i>behavioral</i>) Patients are guided to explore the up-and-down nature of recovery in both PTSD and substance abuse through discussion of "red and green flags" (signs of danger and safety). A <i>Safety Plan</i> is developed to identify what to do in situations of mild, moderate, and severe relapse danger.</p>
<p><b>(10) Honesty</b> (<i>interpersonal</i>) Patients are encouraged to explore the role of honesty in recovery and to role-play specific situations. Related issues include: What is the cost of dishonesty? When is it safe to be honest? What if the other person doesn't accept honesty?</p>
<p><b>(11) Recovery Thinking</b> (<i>cognitive</i>) Thoughts associated with PTSD and substance abuse are contrasted with healthier "recovery thinking". Patients are guided to change their thinking using rethinking tools such as <i>List Your</i></p>

<p><i>Options, Create a New Story, Make a Decision, and Imagine.</i> The power of rethinking is demonstrated through think-aloud and rethinking exercises.</p>
<p><b>(12) Integrating the Split Self</b> (<i>cognitive</i>)  Splitting is identified as a major psychic defense in both PTSD and substance abuse. Patients are guided to notice splits (e.g., different sides of the self, ambivalence, denial) and to strive for integration as a means to overcome these.</p>
<p><b>(13) Commitment</b> (<i>behavioral</i>)  Making and keeping promises, both to self and others, are explored. Creative strategies for keeping commitments, and feelings that can get in the way, are described.</p>
<p><b>(14) Creating Meaning</b> (<i>cognitive</i>)  Meaning systems are discussed with a focus on assumptions specific to PTSD and substance abuse, such as <i>Deprivation Reasoning, Actions Speak Louder Than Words, and Time Warp</i>. Meanings that are harmful versus healing in recovery are contrasted.</p>
<p><b>(15) Community Resources</b> (<i>interpersonal</i>)  A lengthy list of national non-profit resources is offered to aid patients' recovery (including advocacy organizations, self-help, and newsletters). Also, guidelines are offered to help patients take a consumer approach in evaluating treatments.</p>
<p><b>(16) Setting Boundaries in Relationships</b> (<i>interpersonal</i>)  Boundary problems are described as either too much closeness (difficulty saying "no" in relationships) or too much distance (difficulty saying "yes" in relationships). Ways to set healthy boundaries are explored, and domestic violence information is provided.</p>
<p><b>(17) Discovery</b> (<i>cognitive</i>)  Discovery is offered as a tool to reduce the cognitive rigidity common to PTSD and substance abuse (called "staying stuck"). Discovery is a way to stay open to experiences and new knowledge, using strategies such as <i>Ask Others, Try It and See, Predict, and Act "As If"</i>. Suggestions for coping with negative feedback are provided.</p>
<p><b>(18) Getting Others to Support Your Recovery</b> (<i>interpersonal</i>)  Patients are encouraged to identify which people in their lives are supportive, neutral, or destructive toward their recovery. Suggestions for eliciting support are provided, as well as a letter they can give to others to promote understanding of their PTSD and substance abuse. A safe family member or friend can be invited to attend the session.</p>
<p><b>(19) Coping with Triggers</b> (<i>behavioral</i>)  Patients are encouraged to actively fight triggers of PTSD and substance abuse. A simple three-step model is offered: change <i>who</i> you are with, <i>what</i> you are doing, and <i>where</i> you are (similar to "change people, places, and things" in AA).</p>
<p><b>(20) Respecting Your Time</b> (<i>behavioral</i>)  Time is explored as a major resource in recovery. Patients may have lost years to their disorders, but they can still make the future better than the past. They are asked to fill in schedule blanks to explore issues such as: Do they use their time well? Is recovery their highest priority? Balancing structure versus spontaneity; work versus play; and time alone versus in relationships are also addressed.</p>
<p><b>(21) Healthy Relationships</b> (<i>interpersonal</i>)  Healthy and unhealthy relationship beliefs are contrasted. For example, the unhealthy belief "Bad relationships are all I can get" is contrasted with the healthy belief "Creating good relationships is a skill to learn." Patients are guided to notice how PTSD and substance abuse can lead to unhealthy relationships.</p>

<p><b>(22) Self-Nurturing</b> (<i>behavioral</i>)  Safe self-nurturing is distinguished from unsafe self-nurturing (e.g., substances and other “cheap thrills”). Patients are asked to create a gift to the self by increasing safe self-nurturing and decreasing unsafe self-nurturing. Pleasure is explored as a complex issue in PTSD/substance abuse.</p>
<p><b>(23) Healing from Anger</b> (<i>interpersonal</i>)  Anger is explored as a valid feeling that is inevitable in recovery from PTSD and substance abuse. Anger can be used constructively (as a source of knowledge and healing) or destructively (a danger when acted out against self or others). Guidelines for working with both types of anger are offered.</p>
<p><b>(24) The Life Choices Game</b> (<i>combination</i>)  As part of termination, patients are invited to play a game as a way to review the material covered in the treatment. Patients pull from a box slips of paper that list challenging life events (e.g., “You find out your partner is having an affair”). They respond with how they would cope, using game rules that focus on constructive coping.</p>
<p><b>(25) Termination</b>  Patients express their feelings about the ending of treatment, discuss what they liked and disliked about it, and finalize aftercare plans. An optional Termination Letter can be read aloud to patients as a way to validate the work they have done.</p>

From: Najavits, L.M. (2002). Seeking Safety: A New Psychotherapy for Posttraumatic Stress Disorder and Substance Abuse. In *Trauma and Substance Abuse: Causes, Consequences and Treatment of Comorbid Disorders* (Eds. P. Ouimette & P. Brown). Washington, DC: American Psychological Association.

Lisa M. Najavits, PhD / 2012

## PTSD

### a) What is PTSD?

- DSM-IV definition: After a trauma (the experience, threat, or witnessing of physical harm, e.g., rape, hurricane), the person has each of the following key symptoms for over a month, and they result in decreased ability to function (e.g., work, social life): intrusion (e.g., flashbacks, nightmares); avoidance (not wanting to talk about it or remember); arousal (e.g., insomnia, anger).
- Simple PTSD results from a single event in adulthood (DSM-IV symptoms); Complex PTSD results from multiple traumas, typically in childhood (broad symptoms, including personality problems)

### b) About PTSD

- Rates: 10% for women, 5% for men (lifetime, US). Up to 1/3 of people exposed to trauma develop PTSD. Men have higher rates of trauma, but women have more childhood trauma, and are more likely than men to develop PTSD if exposed to trauma.
- Treatment: if untreated, PTSD can last for decades; if treated, people do recover. Most effective treatments: cognitive-behavioral (i.e., coping skills training) and exposure (tell the trauma story).

## Substance Abuse

### a) What is substance abuse?

- “The compulsion to use despite negative consequences” (e.g., legal, physical, social, psychological). Note that neither amount of use nor physical dependence define substance abuse.
- DSM-IV term is “substance use disorder”, with substance abuse a milder form, and substance dependence more severe.

### b) About substance abuse

- Rates: 35% for men; 18% for women (lifetime, US)
- It is treatable disorder and a “no-fault” disorder (i.e., not a moral weakness)
- Two ways to give it up: “cold turkey” (give up all substances forever; abstinence model) or “warm turkey” (*harm reduction*, i.e., any reduction in use is positive step; *moderation management*, i.e., some people can use in a controlled fashion-- but only those not dependent on substances, and without co-occurring disorders)

## The Link Between PTSD and Substance Abuse

### a) About PTSD and substance abuse

- Rates: Of clients in substance abuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.
- Gender: For women, typically a history of sexual or physical childhood trauma; for men, combat or crime
- Drug choice: No one drug of choice, but PTSD associated with severe drugs (cocaine, opioids); “self-medication” in 2/3 of cases (i.e., PTSD first, then substance abuse).

### b) Treatment issues

- Other life problems are common: e.g., other Axis I disorders, personality disorders, interpersonal and medical problems, inpatient admissions, low compliance with aftercare, homelessness, domestic violence).
- PTSD does not go away with abstinence from substances; and, PTSD symptoms are widely reported to become worse with initial abstinence.
- Separate treatment systems (mental health versus substance abuse).
- Fragile treatment alliances and multiple crises are common.
- Treatments helpful for either disorder alone may be problematic if someone has both disorders (e.g., exposure, twelve-step groups, benzodiazepines). Also, some messages in substance abuse treatment may be problematic: “hitting bottom”, “confrontation”.

### c) Recommended treatment strategies

- Treat both disorders at the same time, according to experts. Also, clients prefer this.
- Decide how to treat PTSD in context of active substance abuse. Options:

Type 1) Focus on present only (coping skills, psychoeducation, educate about symptoms) [safest approach, widely recommended]

Type 2) Focus on past only (tell the trauma story) [high risk; works for some clients]

Type 3) Focus on both present and past

#### d) Diversity Issues

- In the US, rates of PTSD do not differ by race (Kessler et al., 1995). Substance abuse: Hispanics and African-Americans have lower rates than Caucasians; Native Americans have higher rates than Caucasians (Kessler et al., 1995, 2005). Rates of abuse increase with acculturation. Some cultures have protective factors (religion, kinship).
- It is important to respect cultural differences and tailor treatment to be sensitive to historical prejudice. Also, terms such as “trauma,” “PTSD,” and “substance abuse” may be interpreted differently based on culture.

### The Seeking Safety Treatment

#### a) About Seeking Safety

✧ A present-focused therapy to help clients (male and female) attain safety from PTSD and substance abuse.

✧ 25 topics that can be conducted in any order:

- Interpersonal topics: Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources
- Cognitive topics: PTSD: Taking Back Your Power, Compassion, When Substances Control You, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking
- Behavioral topics: Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding)
- Other topics: Introduction/Case Management, Safety, Life Choices, Termination

✧ Designed for flexible use: can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings; and with a variety of providers.

#### b) Key principles of Seeking Safety

- ✧ Safety as the goal for first-stage treatment (later stages are mourning and reconnection)
- ✧ Integrated treatment (treat both disorders at the same time)
- ✧ A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
- ✧ Four content areas: cognitive, behavioral, interpersonal, case management
- ✧ Attention to therapist processes: balance praise and accountability; notice countertransference (sadism, scapegoating, victimization, giving up on clients); all-out effort; self-care

#### c) Additional features

- \* Trauma details not part of group therapy; in individual therapy, assess client’s safety and monitor carefully (particularly if has history of severe trauma, or if client is actively using substances)
- \* Identify meanings of substance use in context of PTSD (e.g., substance use as revenge against abuser; reenactment of abuse toward self; to remember feelings or memories; to numb out feelings or memories; to live; to die)
- \* “Optimistic”: focus on strengths and future
- \* Help clients obtain more treatment and attend to daily life problems (housing, AIDS, jobs)
- \* Harm reduction model
- \* 12-step groups encouraged, not required
- \* Give clients control whenever possible
- \* Make the treatment engaging: quotations, everyday language
- \* Emphasize core concepts (e.g., “You can get better”)

#### d) Evidence Base

Seeking Safety is established as an evidence-based model. Positive outcomes have been found in the 17 completed studies on *Seeking Safety*. For a description of each study and the full article, go to [www.seekingsafety.org](http://www.seekingsafety.org) (section “Outcomes”). The studies include pilots, randomized controlled trials, controlled trials, multisite trials, and a dissemination study.

- e) **Resources on Seeking Safety.** All below are available from [www.seekingsafety.org](http://www.seekingsafety.org).
- ✦ **Research articles:** all articles related to Seeking Safety can be freely downloaded (section Outcomes).
  - ✦ **Training:** training calendar and information on setting up a training (section Training).
  - ✦ **Consultation:** on clinical implementation, research studies, evaluation projects (contact Lisa Najavits)
  - ✦ **Adherence Scale:** can be freely downloaded (section Assessment).
  - ✦ **Assessment tools:** can be freely downloaded (section Measures).
- The resources below can be ordered from the website, section Order:*
- ✦ **Book (English):** *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (2002). Provides clinician guide and all client handouts.
  - ✦ **Translations (Spanish, French, German, Swedish, Dutch, Polish, Chinese)**
  - ✦ **Video training series:** four videos provide training on Seeking Safety. (1) *Seeking Safety* (two hour training video by Lisa Najavits); (2) *Asking for Help* (one-hour demonstration of a group session with real clients); (3) *A Client's Story* (26 minute unscripted life story by a male trauma survivor) and *Teaching Grounding* (16 minute example of the grounding script from Seeking Safety with a male client); (4) *Adherence Session* (one hour session that can be rated with the Seeking Safety Adherence Scale).
  - ✦ **Poster:** poster of over 80 safe coping skills, 24x30, full-color, scenic background (in English or Spanish).
  - ✦ **Card deck:** all of the safe coping skills and quotations on cards, with ideas for games.

#### Contact Information

Contact: Lisa Najavits, PhD, *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1620 [phone]; [info@seekingsafety.org](mailto:info@seekingsafety.org) [email]; [www.seekingsafety.org](http://www.seekingsafety.org) [web]

Would you like to be added to the Seeking Safety website to list that you conduct Seeking Safety? If so, please email Lisa basic information. *Example:* Boston, MA: Karen Smith, LICSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. [Karensmith@netzero.com](mailto:Karensmith@netzero.com).

#### Resources on Substance Abuse and PTSD

<b>a) Substance abuse</b>	
National Clearinghouse for Alcohol and Drug Information	800-729-6686; <a href="http://www.health.org">www.health.org</a>
National Drug Information, Treatment and Referral Hotline	800-662-HELP; <a href="http://csat.samsha.gov">http://csat.samsha.gov</a>
Alcoholics Anonymous	800-637-6237; <a href="http://www.aa.org">www.aa.org</a>
SMART Recovery (alternative to AA)	<a href="http://www.smartrecovery.org">www.smartrecovery.org</a>
Addiction Technology Transfer Centers	<a href="http://www.nattc.org">www.nattc.org</a>
Harm Reduction Coalition	212-213-6376; <a href="http://www.harmreduction.org">www.harmreduction.org</a>
<b>b) Trauma / PTSD</b>	
International Society for Traumatic Stress Studies	708-480-9028; <a href="http://www.istss.org">www.istss.org</a>
International Society for the Study of Dissociation	847-480-9282; <a href="http://www.issd.org">www.issd.org</a>
National Centers for PTSD (extensive literature on PTSD)	802-296-5132; <a href="http://www.ptsd.va.gov">www.ptsd.va.gov</a>
National Child Traumatic Stress Network	310-235-2633; <a href="http://www.nctsn.org">www.nctsn.org</a>
National Center for Trauma-Informed Care	866-254-4819; <a href="http://mentalhealth.samhsa.gov/nctic">mentalhealth.samhsa.gov/nctic</a>
National Resource Center on Domestic Violence	800-537-2238; <a href="http://www.nrcdv.org">www.nrcdv.org</a>
Department of Veterans Affairs	800-827-1000; <a href="http://www.va.gov">www.va.gov</a>
EMDR International Association	866-451-5200; <a href="http://www.emdria.org">www.emdria.org</a>
Community screening for PTSD and other disorders	<a href="http://www.mentalhealthscreening.org">www.mentalhealthscreening.org</a>
Sidran Foundation (trauma information, support)	410-825-8888; <a href="http://www.sidran.org">www.sidran.org</a>

<b>Educational Materials</b>
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**Books on PTSD**

1. Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.
2. Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors. New York: WW Norton.
3. Briere, J.N. & Scott, C. (2006). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. Thousand Oaks, CA: Sage.
5. Falloot, R.D. & Harris, M. (2001). Using Trauma Theory to Design Service Systems. San Francisco: Jossey-Bass.
5. Hoge, C. C. (2010). Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI. GPP Life Press.

**Books on Substance Abuse**

1. Beck A. T., Wright J., et al. (1993). Cognitive Therapy of Substance Abuse. New York: Guilford.
2. Marlatt G., Gordon J. (1985). Relapse Prevention. New York: Guilford.
3. Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
4. Najavits L. M. (2002). A Woman's Addiction Workbook. Oakland, CA: New Harbinger.
5. Miller, W. R., Zweben, A., et al. (1995). Motivational Enhancement Therapy Manual (Vol. 2). Rockville, MD: U.S. Department of Health and Human Services. Obtain from [www.health.org](http://www.health.org) (free).

**Books on PTSD and Substance Abuse**

1. Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford. *Spanish and other translations also available ([www.seekingsafety.org](http://www.seekingsafety.org))*
2. Ouimette, P. & Brown, P. (2002) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders. Washington, DC: American Psychological Association Press.

**Videos**

- a) Najavits, L.M. (2006). Video training series on Seeking Safety; [www.seekingsafety.org](http://www.seekingsafety.org) (section Order).
- b) Najavits, L.M., Abueg F, Brown PJ, et al. (1998). Nevada City, CA: Cavalcade [800-345-5530]. Trauma and substance abuse. Part I: Therapeutic approaches [For professionals]; Part II: Special treatment issues [For professionals]; Numbing the Pain: Substance abuse and psychological trauma [For clients]

**Clinically-Relevant Articles**

1. Seal, KH, Bertenthal, D, Miner, CR, Sen, S, Marmar, C (2007). Bringing the war back home: mental health disorders among 103 788 us veterans returning from Iraq and Afghanistan seen at Department of Veterans Affairs facilities. *Arch Intern Med*. 2007;167(5):476-482.
2. Golier, J.A., Yehuda, R. et al. (2003). The relationship of borderline personality disorder to posttraumatic stress disorder and traumatic events. *American J Psychiatry*, 160, 2018-24.
3. Najavits, LM, Schmitz, M, Johnson, KM, Smith, C, North, T et al. (2009). Seeking Safety therapy for men: Clinical and research experiences. In *Men and Addictions*. Nova Science Publishers, Hauppauge, NY.
4. Brady, K.T., Dansky, B.S. et al. (2001). Exposure therapy in the treatment of PTSD among cocaine-dependent individuals: Preliminary findings. *J Substance Abuse Treatment*, 21, 47-54.
5. Bradley, R., Greene J., et al. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *American Journal of Psychiatry*, 162, 214-227.
6. Kessler, R.C., Sonnega, A., et al. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52, 1048-1060. [Provides rates]
7. Najavits, L.M. (2004). Assessment of trauma, PTSD, and substance use disorder: A practical guide. In J. P. Wilson & T. M. Keane (Eds.), *Assessment of Psychological Trauma and PTSD* (pp. 466-491). New York: Guilford.
8. Ougrin D. (2011). Efficacy of exposure versus cognitive therapy in anxiety disorders: systematic review and meta-analysis. *BMC Psychiatry*. 11(1):200.
9. Vogelmann-Sine, S., Sine, L., et al. (1998). EMDR: Chemical Dependency Treatment Manual. Unpublished manuscript, Honolulu, Hawaii.
10. Najavits, L., Highley, J., Dolan, S., & Fee, F. (2012). Substance use disorder, PTSD, and traumatic brain injury. In J. Vasterling, R. Bryant & T. Keane (Eds.), *PTSD and Mild Traumatic Brain Injury*. New York: Guilford Press
11. Najavits LM (2007). Psychosocial treatments for posttraumatic stress disorder. In P. E. Nathan & J. Gorman, *A Guide to Treatments that Work* (3rd ed.). Oxford Press: New York.
12. Brown et al. (2007). Implementing an evidence-based practice: Seeking Safety group. *Journal of Psychoactive Drugs*, 39, 231-240.

**Pubmed (medical literature):** <http://www.ncbi.nlm.nih.gov/entrez/>

## Safe Coping Skills (Part 1)

from "Seeking Safety: Cognitive-Behavioral Therapy for PTSD and Substance Abuse"  
by Lisa M. Najavits, Ph.D.

- 1. Ask for help-** Reach out to someone safe
- 2. Inspire yourself-** Carry something positive (e.g., poem), or negative (photo of friend who overdosed)
- 3. Leave a bad scene-** When things go wrong, get out
- 4. Persist-** Never, never, never, never, never, never, never, never, never, never give up
- 5. Honesty-** Secrets and lying are at the core of PTSD and substance abuse; honesty heals them
- 6. Cry-** Let yourself cry; it will not last forever
- 7. Choose self-respect-** Choose whatever will make you like yourself tomorrow
- 8. Take good care of your body-** Eat right, exercise, sleep, safe sex
- 9. List your options-** In any situation, you have choices
- 10. Create meaning-** Remind yourself what you are living for: your children? Love? Truth? Justice? God?
- 11. Do the best you can with what you have-** Make the most of available opportunities
- 12. Set a boundary-** Say "no" to protect yourself
- 13. Compassion-** Listen to yourself with respect and care
- 14. When in doubt, do what's hardest-** The most difficult path is invariably the right one
- 15. Talk yourself through it-** Self-talk helps in difficult times
- 16. Imagine-** Create a mental picture that helps you feel different (e.g., remember a safe place)
- 17. Notice the choice point-** In slow motion, notice the exact moment when you chose a substance
- 18. Pace yourself-** If overwhelmed, go slower; if stagnant, go faster
- 19. Stay safe-** Do whatever you need to do to put your safety above all
- 20. Seek understanding, not blame-** Listen to your behavior; blaming prevents growth
- 21. If one way doesn't work, try another-** As if in a maze, turn a corner and try a new path
- 22. Link PTSD and substance abuse-** Recognize substances as an attempt to self-medicate
- 23. Alone is better than a bad relationship-** If only treaters are safe for now, that's okay
- 24. Create a new story-** You are the author of your life: be the hero who overcomes adversity
- 25. Avoid avoidable suffering-** Prevent bad situations in advance
- 26. Ask others-** Ask others if your belief is accurate
- 27. Get organized-** You'll feel more in control with lists, "to do's" and a clean house
- 28. Watch for danger signs-** Face a problem before it becomes huge; notice red flags
- 29. Healing above all-** Focus on what matters
- 30. Try something, anything-** A good plan today is better than a perfect one tomorrow
- 31. Discovery-** Find out whether your assumption is true rather than staying "in your head"
- 32. Attend treatment-** AA, self-help, therapy, medications, groups- anything that keeps you going
- 33. Create a buffer-** Put something between you and danger (e.g., time, distance)
- 34. Say what you really think-** You'll feel closer to others (but only do this with safe people)
- 35. Listen to your needs-** No more neglect- really hear what you need
- 36. Move toward your opposite-** E.g., if you are too dependent, try being more independent
- 37. Replay the scene-** Review a negative event: what can you do differently next time?
- 38. Notice the cost-** What is the price of substance abuse in your life?
- 39. Structure your day-** A productive schedule keeps you on track and connected to the world
- 40. Set an action plan-** Be specific, set a deadline, and let others know about it
- 41. Protect yourself-** Put up a shield against destructive people, bad environments, and substances
- 42. Soothing talk-** Talk to yourself very gently (as if to a friend or small child)

With appreciation to the Allies Program (Sacramento, CA) for formatting this Safe Coping List.

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## Safe Coping Skills (Part 2)

from "Seeking Safety: Cognitive-Behavioral Therapy for PTSD and Substance Abuse"  
by Lisa M. Najavits, Ph.D.

**43. Think of the consequences-** Really see the impact for tomorrow, next week, next year **44. Trust the process-** Just keep moving forward; the only way out is through **45. Work the material-** The more you practice and participate, the quicker the healing **46. Integrate the split self-** Accept all sides of yourself; they are there for a reason **47. Expect growth to feel uncomfortable-** If it feels awkward or difficult you're doing it right **48. Replace destructive activities-** Eat candy instead of getting high **49. Pretend you like yourself-** See how different the day feels **50. Focus on now-** Do what you can to make today better; don't get overwhelmed by the past or future **51. Praise yourself-** Notice what you did right; this is the most powerful method of growth **52. Observe repeating patterns-** Try to notice and understand your re-enactments **53. Self-nurture-** Do something that you enjoy (e.g., take a walk, see a movie) **54. Practice delay-** If you can't totally prevent a self-destructive act, at least delay it as long as possible **55. Let go of destructive relationships-** If it can't be fixed, detach **56. Take responsibility-** Take an active, not a passive approach **57. Set a deadline-** Make it happen by setting a date **58. Make a commitment-** Promise yourself to do what's right to help your recovery **59. Rethink-** Think in a way that helps you feel better **60. Detach from emotional pain (grounding)-** Distract, walk away, change the channel **61. Learn from experience-** Seek wisdom that can help you next time **62. Solve the problem-** Don't take it personally when things go wrong- try to just seek a solution **63. Use kinder language-** Make your language less harsh **64. Examine the evidence-** Evaluate both sides of the picture **65. Plan it out-** Take the time to think ahead-it's the opposite of impulsivity **66. Identify the belief-** For example, shoulds, deprivation reasoning **67. Reward yourself-** Find a healthy way to celebrate anything you do right **68. Create new "tapes"** Literally! Take a tape recorder and record a new way of thinking to play back **69. Find rules to live by-** Remember a phrase that works for you (e.g., "Stay real") **70. Setbacks are not failures-** A setback is just a setback, nothing more **71. Tolerate the feeling-** "No feeling is final", just get through it safely **72. Actions first and feelings will follow-** Don't wait until you feel motivated; just start now **73. Create positive addictions-** Sports, hobbies, AA... **74. When in doubt, don't-** If you suspect danger, stay away **75. Fight the trigger-** Take an active approach to protect yourself **76. Notice the source-** Before you accept criticism or advice, notice who's telling it to you **77. Make a decision-** If you're stuck, try choosing the best solution you can right now; don't wait **78. Do the right thing-** Do what you know will help you, even if you don't feel like it **79. Go to a meeting-** Feet first; just get there and let the rest happen **80. Protect your body from HIV-** This is truly a life-or-death issue **81. Prioritize healing-** Make healing your most urgent and important goal, above all else **82. Reach for community resources-** Lean on them! They can be a source of great support **83. Get others to support your recovery-** Tell people what you need **84. Notice what you can control-** List the aspects of your life you do control (e.g., job, friends...)

Lisa Najavits, PhD

### Detaching From Emotional Pain (Grounding)

#### WHAT IS GROUNDING?

Grounding is a set of simple strategies to *detach from emotional pain* (for example, 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 either feeling too much (overwhelming emotions and memories) or too little (numbing and dissociation). In grounding, you attain balance between the two-- conscious of reality and able to tolerate it.

#### 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, having a flashback, dissociating, having a substance craving, or when 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 to test whether it worked. Before grounding, rate your level of emotional pain (0-10, where means "extreme pain"). Then re-rate it afterwards. 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-- no judgments of "good" and "bad". For example, "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 for PTSD than relaxation training.

#### WAYS TO GROUND

#### 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", "European 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, 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 backwards 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.

☞ Repeat a favorite saying to yourself over and over (e.g., the Serenity Prayer).

### **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, ring, 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.
- Walk slowly, noticing each footstep, saying “left”, “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 (for example, 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. E.g., “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.
- ❖ 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 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 out 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 or going to a movie.

### **WHAT IF GROUNDING DOES NOT WORK?**

- 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 looooooonggggg time (20-30 minutes). And, repeat, repeat, repeat.
- Try to notice whether you do better with “physical” or “mental” grounding.
- 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 the substance craving just starts or when you have just started having a flashback.

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Lisa Najavits, PhD

### Taking Good Care of Yourself

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 \_\_\_
- ♥ Have 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 over-eating) 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 nor 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 who 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 one 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 \_\_\_
- ♥ 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 # 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 list 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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Najavits, LM (2002)

**Creating Meaning in PTSD and Substance Abuse**

<b>MEANINGS THAT HARM</b>	DEFINITION	EXAMPLES	<b>MEANINGS THAT HEAL</b>
<b>Deprivation Reasoning</b>	Because you have suffered a lot, you deserve substances (or other destructive behavior).	-- <i>I've had a hard time, so I'm entitled to get high.</i> -- <i>If you went through what I did, you'd cut your arm too.</i>	<b>Live Well.</b> 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.
<b>I'm Crazy</b>	You believe that you shouldn't feel the way you do	-- <i>I must be crazy to be feeling this upset.</i> -- <i>I shouldn't have this craving.</i>	<b>Honor Your Feelings.</b> 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.
<b>Time Warp</b>	It feels like a negative feeling will go on forever.	-- <i>This craving won't stop.</i> -- <i>If I were to cry, I would never stop.</i>	<b>Observe Real Time.</b> 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.
<b>Actions Speak Louder than Words</b>	Show distress by actions, or people won't see the pain.	-- <i>Scratches on my arm show what I feel</i> -- <i>An overdose will show them.</i>	<b>Break Through the Silence.</b> Put feelings into words. Language is the most powerful communication for people to know you.
<b>Beating Yourself Up</b>	In your mind, you yell at yourself and put yourself down.	-- <i>I'm a loser.</i> -- <i>I'm a no-good piece of dirt.</i>	<b>Love—Not Hate--Creates Change.</b> Beating yourself up does not change your behavior. Care and understanding promote real change.
<b>The Past is the Present</b>	Because you were a victim in the past, you are a victim in the present.	-- <i>I can't trust anyone.</i> -- <i>I'm trapped.</i>	<b>Notice Your Power.</b> Stay in the present: I am an adult (no longer a child); I have choices (I am not trapped); I am getting help (I am not alone).

<b>The Escape</b>	An escape is needed (e.g., food, cutting) because feelings are too painful	-- <i>I'll never get over this; I have to cut myself.</i> -- <i>I can't stand cravings; I have to smoke a joint.</i>	<b>Keep Growing.</b> Emotional growth and learning are the only real escape from pain. You can learn to tolerate feelings and solve problems.
<b>Ignoring Cues</b>	If you don't notice a problem it will go away.	-- <i>If I just ignore this toothache it will go away</i> -- <i>I don't abuse substances.</i>	<b>Attend to Your Needs.</b> Listen to what you're hearing; notice what you're seeing; believe your gut feeling.
<b>Dangerous Permission</b>	You give yourself permission for self-destructive behavior.	-- <i>Just one won't hurt.</i> -- <i>I'll just buy a bottle of wine for a new recipe</i>	<b>Seek Safety.</b> Acknowledge your urges and feelings and then find a safe way to cope with them.
<b>The Squeaky Wheel Gets the Grease</b>	If you get better you will not get as much attention from people	-- <i>If I do well, my therapist won't notice me.</i> -- <i>No one will listen to me unless I'm in distress.</i>	<b>Get Attention from Success.</b> People love to pay attention to success. If you don't believe this, try doing better and notice how people respond to you.
<b>It's All My Fault</b>	Everything that goes wrong is due to you.	-- <i>The trauma was my fault</i> -- <i>If I have a disagreement with someone, it means I'm wrong.</i>	<b>Give Yourself a Break.</b> Don't 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).
<b>I am My Trauma</b>	Your trauma is your identity; it is more important than anything else	-- <i>My life is pain.</i> -- <i>I am what I have suffered..</i>	<b>Create a Broad Identity.</b> You are more than what you have suffered. Think of your different roles in life, your varied interests, your goals and hopes.

PTSD Checklist-Civilian Version

**INSTRUCTIONS:**

1) List here the trauma (stressful event) that is being rated: \_\_\_\_\_.

[Clinician: be sure to check that the trauma listed fits criterion A – see DSM-IV or DSM-IV-TR]

2) Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully, and check off the box to indicate how much you have been bothered by that problem in the past month, in relation to the trauma you listed in "1" above.

		<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience?	1	2	3	4	5
2.	Repeated, disturbing <i>dreams</i> of a stressful experience?	1	2	3	4	5
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
4.	Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience?	1	2	3	4	5
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful experience?	1	2	3	4	5
6.	Avoiding <i>thinking about or talking about</i> a stressful experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7.	Avoiding <i>activities or situations</i> because <i>they reminded you</i> of a stressful experience?	1	2	3	4	5
8.	Trouble <i>remembering important parts</i> of a stressful experience?	1	2	3	4	5
9.	<i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling <i>distant or cut off</i> from other people?	1	2	3	4	5



11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15.	Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16.	Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17.	Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

PCL-M for DSM-IV (11/1/94)

END OF TEST

Citation: Weathers, Litz, Huska, & Keane; National Center for PTSD - Behavioral Science Division; This is a government document in the public domain.

The instructions have been adapted by Lisa Najavits to include the listing of the trauma, and to include the scoring below. For other information on the measure, go to [www.ncptsd.org](http://www.ncptsd.org).

*Before administering, remove scoring below!*

-----Scoring for PCL-C-----

Scoring: any item endorsed at 3 or higher counts as a symptom. PTSD Criterion B: 1 or more from items 1-5; criterion C: 3 or more from items 6-12; criterion D: 2 or more from items 13-17.

-----Scoring for Trauma Symptom Checklist-40 (next page)-----

**\*\*\*Before scoring, read "important note" at bottom of next page\*\*\***

Subscale composition and scoring for the TSC-40 The score for each subscale is the sum of the relevant items:

Dissociation: 7,14,16,25,31,38

Anxiety: 1,4,10,16,21,27,32,34,39

Depression: 2,3,9,15,19,20,26,33,37

SATI (Sexual Abuse Trauma Index): 5,7,13,21,25,29,31

Sleep Disturbance 2,8,13,19,22,28

Sexual Problems 5,9,11,17,23,29,35,40

TSC-40 total score: 1-40

Najavits, Lisa M. (2006). Training on PTSD and Substance Abuse, and Seeking Safety.

### **Trauma Symptom Checklist-40**

How often have you experienced each of the following in the last month? Please circle one number, 0 through 3.

	Never			Often
1. Headaches	0	1	2	3
2. Insomnia	0	1	2	3
3. Weight loss (without dieting)	0	1	2	3
4. Stomach problems	0	1	2	3
5. Sexual problems	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. "Flashbacks"(sudden, vivid, distracting memories)	0	1	2	3
8. Restless sleep	0	1	2	3
9. Low sex drive	0	1	2	3
10. Anxiety attacks	0	1	2	3
11. Sexual overactivity	0	1	2	3
12. Loneliness	0	1	2	3
13. Nightmares	0	1	2	3
14. "Spacing out" (going away in your mind)	0	1	2	3
15. Sadness	0	1	2	3
16. Dizziness	0	1	2	3
17. Not feeling satisfied with your sex life	0	1	2	3
18. Trouble controlling your temper	0	1	2	3
19. Waking up early in the morning	0	1	2	3
20. Uncontrollable crying	0	1	2	3
21. Fear of men	0	1	2	3
22. Not feeling rested in the morning	0	1	2	3
23. Having sex that you didn't enjoy	0	1	2	3
24. Trouble getting along with others	0	1	2	3
25. Memory problems	0	1	2	3
26. Desire to physically hurt yourself	0	1	2	3
27. Fear of women	0	1	2	3
28. Waking up in the middle of the night	0	1	2	3
29. Bad thoughts or feelings during sex	0	1	2	3
30. Passing out	0	1	2	3
31. Feeling that things are "unreal"	0	1	2	3
32. Unnecessary or over-frequent washing	0	1	2	3
33. Feelings of inferiority	0	1	2	3
34. Feeling tense all the time	0	1	2	3
35. Being confused about your sexual feelings	0	1	2	3
36. Desire to physically hurt others	0	1	2	3
37. Feelings of guilt	0	1	2	3
38. Feeling that you are not always in your body	0	1	2	3
39. Having trouble breathing	0	1	2	3
40. Sexual feelings when you shouldn't have them	0	1	2	3

Important note: this measure assesses trauma-related problems in several categories. According to John Briere, PhD "**The TSC-40 is a research instrument only. Use of this scale is limited to professional researchers.** It is not intended as, nor should it be used as, a self-test under any circumstances." For a more current version of the measure, which can be used for clinical purposes (and for which there is a fee), consider the Trauma Symptom Inventory; contact Psychological Assessment Resources, 800-331-8378. The TSC-40 is freely available to researchers. No additional permission is required for use or reproduction of this measure, although the following citation is needed: Briere, J. N., & Runtz, M. G. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, 4, 151-163. For further information on the measure, go to [www.johnbriere.com](http://www.johnbriere.com).

**ProQOL R-IV**  
**PROFESSIONAL QUALITY OF LIFE SCALE**  
**Compassion Satisfaction and Fatigue Subscales—Revision IV**

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the last 30 days.

0=Never	1=Rarely	2=A Few Times	3=Somewhat Often	4=Often	5=Very Often
_____	1.	I am happy.			
_____	2.	I am preoccupied with more than one person I help.			
_____	3.	I get satisfaction from being able to help people.			
_____	4.	I feel connected to others.			
_____	5.	I jump or am startled by unexpected sounds.			
_____	6.	I feel invigorated after working with those I help.			
_____	7.	I find it difficult to separate my personal life from my life as a helper.			
_____	8.	I am losing sleep over traumatic experiences of a person I help.			
_____	9.	I think that I might have been "infected" by the traumatic stress of those I help.			
_____	10.	I feel trapped by my work as a helper.			
_____	11.	Because of my helping, I have felt "on edge" about various things.			
_____	12.	I like my work as a helper.			
_____	13.	I feel depressed as a result of my work as a helper.			
_____	14.	I feel as though I am experiencing the trauma of someone I have helped .			
_____	15.	I have beliefs that sustain me.			
_____	16.	I am pleased with how I am able to keep up with helping techniques and protocols.			
_____	17.	I am the person I always wanted to be.			
_____	18.	My work makes me feel satisfied.			
_____	19.	Because of my work as a helper, I feel exhausted.			
_____	20.	I have happy thoughts and feelings about those I help and how I could help them.			
_____	21.	I feel overwhelmed by the amount of work or the size of my casework load I have to deal with.			
_____	22.	I believe I can make a difference through my work.			
_____	23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I help.			
_____	24.	I am proud of what I can do to help.			
_____	25.	As a result of my helping , I have intrusive, frightening thoughts.			
_____	26.	I feel "bogged down" by the system.			
_____	27.	I have thoughts that I am a "success" as a helper.			
_____	28.	I can't recall important parts of my work with trauma victims.			
_____	29.	I am a very sensitive person.			
_____	30.	I am happy that I chose to do this work.			

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© B. Hudnall Stamm, 1997-2005. *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)*. <http://www.isu.edu/~bhstamm>. This test may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold. You may substitute the appropriate target group for *helper* if that is not the best term. For example, if you are working with teachers, replace *helper* with *teacher*.

**Disclaimer**

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.

**Self-scoring directions, if used as self-test**

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
  - a. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
  - b. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
  - c. **Circle** the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the average scores below.

**Compassion Satisfaction Scale.** The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

**Burnout Scale.** The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

**Trauma/Compassion Fatigue Scale.** The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

*If you have any concerns, you should discuss them with a health care professional.*

Treatment Innovations  
28 Westbourne Road  
Newton Centre, MA 02459 U.S.  
617-299-1670 (orders) 617-299-1610 (other)  
617-701-1295 (fax)  
orders@seekingsafety.org (email)

## Seeking Safety

[www.seekingsafety.org](http://www.seekingsafety.org)

For **U.S. orders** (shipping to a U.S. address), you can use the online store ([www.seekingsafety.org](http://www.seekingsafety.org), click Order) or fill out this form and send it in. For **Canadian orders**, go to [www.cavershambooksellers.com](http://www.cavershambooksellers.com); for **international orders (other than Canada)**, please use this form. Thanks for your interest.

### Seeking Safety Clinical Resources ORDER FORM

	Each	Number	Total
<b>TRAINING DVDs</b>			
Item 1a: Set of all 4 DVDs listed below (one each of #1, 2, 3, 4)	\$ 325	X _____	= \$ _____
Item 1b: Video #1 – <i>Seeking Safety</i> (2 hours)	\$ 100	X _____	= \$ _____
Item 1c: Video #2 – <i>Therapy Session: Asking for Help</i> (1 hour)	\$ 100	X _____	= \$ _____
Item 1d: Video #3 – <i>A Client's Story / Example of Grounding</i> (36 mins.)	\$ 65	X _____	= \$ _____
Item 1e: Video #4 – <i>Adherence Session: Healthy Relationships</i> (1 hour)	\$ 60	X _____	= \$ _____
<i>VHS tapes are available at 10% lower cost than DVDs (item 1a=\$292.50; 1b=\$90; 1c=\$67.50; 1d=\$58.50; 1e=\$49.50) If VHS is preferred, check here _____, fill out desired items above and enter 10% discount at right</i>			
<i>If preferred, videos can be rented; see <a href="http://www.seekingsafety.org">www.seekingsafety.org</a>, section Order</i>			
<b>POSTER (Safe Coping Skills with scenic background)</b>			
Item 2a: Poster of Safe Coping Skills (English)	\$ 17	X _____	= \$ _____
Item 2b: Poster of Safe Coping Skills (Spanish)	\$ 17	X _____	= \$ _____
Item 2c: Mini Poster of Safe Coping Skills (English) – for clients	\$ 1.50	X _____	= \$ _____
Item 2d: Mini Poster of Safe Coping Skills (Spanish) – for clients	\$ 1.50	X _____	= \$ _____
Item 2e: Mini Poster of Safe Coping Skills (French) – for clients	\$ 1.50	X _____	= \$ _____
<b>CARD DECK (112 cards, can play as a game)</b>			
Item 3a: Card Deck of Safe Coping Skills (English)	\$ 17	X _____	= \$ _____
Item 3b: Card Deck of Safe Coping Skills (Spanish)	\$ 17	X _____	= \$ _____
Item 3c: Card Deck of Safe Coping Skills (English- lower cost due to slight color variation; "seconds")	\$ 10	X _____	= \$ _____
<b>BOOKS</b>			
Item 4a: <i>Seeking Safety</i> (English language)	\$ 55	X _____	= \$ _____
Item 4b: <i>A Woman's Addiction Workbook</i> (English language)	\$ 22	X _____	= \$ _____
Item 4c: <i>Seeking Safety</i> (Spanish translation of entire book)	\$ 55	X _____	= \$ _____
Item 4d: <i>Seeking Safety</i> (French translation of entire book)	\$ 55	X _____	= \$ _____
Item 4e: <i>Seeking Safety</i> (Swedish translation of handouts only)	\$ 40	X _____	= \$ _____
(Other translations: <i>Seeking Safety</i> in German, Dutch, Polish, Chinese—email if interested)			

a) Sales tax for Massachusetts shipping addresses only (add 6.25% or fax your tax exempt certificate) \$ \_\_\_\_\_  
b) Discount (if ordering 10 or more of exact same item number, subtract 10%; if 50 or more of same item, subtract 15%) \$ \_\_\_\_\_

#### \*\* Shipping and Handling \*\* *Please be sure to fill out the section below*

► All orders are shipped within 5 business days (regardless of method below). Then, add additional time based on the method below.  
► If ordering 50 items or more (any combination), take 15% off the shipping charge (see line at bottom of this page)

#### For shipment to a U.S. ADDRESS (select one)

- Media mail** (typically 12 days but may several weeks, especially for West Coast, and up to 6 weeks for Hawaii/Alaska) \$ \_\_\_\_\_  
\$6 first item, \$1.50 each additional item. For example, 1 item=\$6; 2 items=\$7.50; 3 items=\$9, etc.  
Notes: (a) If you are ordering the full set of videos (or DVDs), count that as 1 item, not 4. (b) Per postal rules, media mail cannot include anything other than items (thus no packing slip) (c) Mini posters (Items 2c and 2d) have no shipping charge
- Priority mail** (takes 2-3 days) \$ \_\_\_\_\_  
\$12 first item, \$2.50 each additional item. For example, 1 item=\$12; 2 items=\$14.50; 3 items=\$17, etc.
- Fedex**: we can ship by Fedex if you provide your Fedex account number to bill it to.  
a) Please check one (all refer to business days): \_\_\_\_\_ Overnight (a.m. delivery) \_\_\_\_\_ Overnight (p.m.) \_\_\_\_\_ 2nd day \_\_\_\_\_ 3rd day  
b) Add \$5 handling at right (this is our fee to process a Fedex order—it will not show up on the Fedex charge). \$ \_\_\_\_\_  
c) Provide your Fedex account number here: \_\_\_\_\_  
Please note: (a) Fedex will charge your card based on the weight of the shipment and when you want it delivered. See [www.fedex.com](http://www.fedex.com) or call 800-GO-FEDEX if you want to inquire about rates. (b) How long will it take to arrive? We ship fedex items as soon as possible (at most within two business days), and then please add the time Fedex takes to send it based on what you checked in "A" above.

<b>For shipment to a CANADIAN ADDRESS:</b>
--

For orders to Canada, please contact our Canadian distributor, Caversham Booksellers:  
www.cavershambooksellers.com; 800-361-6120 (telephone); 416 944 0963 (fax)

<b>For shipment to an INTERNATIONAL ADDRESS (other than Canada):</b>
--

- a) Books: \$20 first book plus \$3 each additional book or other item (e.g., cards, poster, in same order as books). \$ \_\_\_\_\_  
b) All other items (when no books are ordered): \$10 first item, \$3 each additional item.

If shipping 50 items or more to 1 address, take 15% off the shipping charge: **subtract \$** \_\_\_\_\_

**TOTAL COST (in US Funds) \$** \_\_\_\_\_

**Please note:**

- You can return this form by email, fax, or regular mail (see bottom of this page).
- All orders are sent within 5 business days; posters ship separately in mailing tube. Please allow several weeks if you select "media mail."
- All items are shipped with "delivery confirmation", which allows verification that the item was delivered.
- If using a credit card, your statement will say "Treatment Innovations."
- Institutions: for a completed W-9 and/or FEIN, download it from [www.seekingsafety.org](http://www.seekingsafety.org), click "Order", then "Information for Institutions". You will also find terms, and business and tax information (no tax charged if you have an address outside of Massachusetts or are tax exempt).
- We do not routinely confirm that orders are received. If you want confirmation that your order arrived, please email us.
- If you would like a receipt, it will be sent via email; please check here: \_\_\_\_.
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- To reach us regarding an order, email is best ([orders@seekingsafety.org](mailto:orders@seekingsafety.org)) but you can call with questions or place a phone order (617-299-1670). For inquiries unrelated to orders, contact the main number (617-332-1139).
- We appreciate your interest in these materials. Contact us if you have any questions or feedback.

**Return policy:** Videos/DVDs cannot be returned for refund; exchanges only if defective (within 45 days of shipping). The poster, card deck, and books cannot be returned for refund. If any item arrives damaged, please mail it back and a replacement will be sent.

**Privacy policy:** Your information will never, ever be shared with anyone or sold to any list. It is only used to process your order.

**Replacement policy:** If you buy any video, and it later wears out or becomes unusable, it can be replaced for a fee of \$20, plus shipping. Please email [orders@seekingsafety.org](mailto:orders@seekingsafety.org) for instructions before you return it.

**Shipping address (please print clearly as this will be your mailing label)**

Name

Organization

Address

City / State / Zip

Country

Email

Phone

<b>Payment Method</b>
-----------------------

Please choose one of the following 3 options:

(1) **Credit card (only Mastercard or Visa are accepted).** Please provide your credit card information below.

Credit card# \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

**Check here if credit card address is same as shipping address:**  **OR else list below:**

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State/ Province \_\_\_\_\_ \*Zip / Postal Code \_\_\_\_\_

\*Country \_\_\_\_\_ \*Email Address \_\_\_\_\_ \*Telephone Number \_\_\_\_\_

(2) **Check enclosed.** Please make check payable to *Treatment Innovations*.

(3) **Purchase Order (institutions only):** attach PO to this form. Name and information for authorized contact person for PO:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Note: if a PO is paid from any foreign bank (Canada, etc.), a \$4 check fee is added as the bank adds that to cash the check. Please initial here to indicate that you have included this on your form (can add it to shipping total on page 1 of this form)

<b>Send this Form</b>
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Please either: (1) **email this form to [orders@seekingsafety.org](mailto:orders@seekingsafety.org) (paste it into the email or send as an attachment)**

**OR (2) fax it to 617-701-1295 OR (3) mail it to Treatment Innovations, 28 Westbourne Rd, Newton Centre MA 02459**

For more information, go to [www.seekingsafety.org](http://www.seekingsafety.org) or email [orders@seekingsafety.org](mailto:orders@seekingsafety.org). Thanks!

Form version 8/3/12

### “Tough Cases” -- Rehearsing Difficult Client Scenarios

Below are examples of “tough cases” in the treatment of PTSD and substance abuse. They are organized by themes related to this dual diagnosis.

#### Trauma/PTSD:

- \* “I’ll never recover from PTSD.”
- \* “Reading about trauma makes me want to burn myself.”
- \* “How can I give up substances when I still have such severe PTSD?”

#### Substance Abuse:

- \* “Using cocaine makes my PTSD better—I can’t give it up.”
- \* “It’s my alter who drinks and she’s not here now” (dissociative identity disordered client)
- \* “I definitely think I can do controlled drinking.”
- \* “Do I have to get clean before working on my PTSD?”
- \* “In AA they said to me, ‘You don’t drink because you were molested as a child, you drink because you’re an alcoholic.’”

#### Self-Nurturing:

- \* “I just can’t experience pleasure—nothing feels fun to me.”
- \* “All of the people I know drink to have a good time.”
- \* “Whenever I try to do something pleasurable I feel guilty.”
- \* “My partner doesn’t want me to go out of the house.”

#### Safety:

- \* “I don’t want to stay safe; I want to die.”
- \* “Safe coping skills are a nice idea, but when I get triggered it’s so fast that I don’t even have time to think about what I’m doing.”
- \* “I feel like I need mourn my trauma now, not wait until later.”

#### Boundaries in Relationships:

- \* “I can’t say ‘no’. It makes me feel I’m being mean, like my abuser.”
- \* “When I say ‘no’ to my partner I get hit.”
- \* “I want to set a boundary with you-- stop telling me to get off substances! I’m not ready.”
- \* “You tell me to reach out to others, but I feel safer alone.”
- \* “My cousin keeps offering me crack no matter how much I say not to.”

#### Honesty:

- \* “But it will hurt the other person if I’m honest.”
- \* “I can be honest in the role-play, but in real life I could never do it.”
- \* “I won’t tell my doctor that I abuse alcohol.”
- \* “Should I tell everyone at work that I’m an addict?”
- \* “Are you telling me I’m a liar?”
- \* “When I was growing up, I told my mother that my brother molested me and she said I was lying.”

#### Creating Meaning:

- \* “My thoughts are bad, just like I’m bad.”
- \* “But my negative thoughts really are true!”
- \* “Positive thinking never works for me.”

### Stressful Life Experiences Screening

Please fill in the number that best represents how much the following statements describe your experiences. You will need to use two scales, one for how well the statement describes your experiences and one for how stressful you found this experience. The two scales are below.

Describes your Experience:

0	1	2	3	4	5	6	7	8	9	10
Did not experience this	a little like my experiences				somewhat like my experiences		exactly like my experiences			

Stressfulness of Experience:

0	1	2	3	4	5	6	7	8	9	10
Not at all stressful	not very stressful		somewhat stressful				extremely stressful			

Describes your Experience	Life Experience	Stressfulness Then	Stressfulness Now
	I have witnessed or experienced a natural disaster; like a hurricane or earthquake.		
	I have witnessed or experienced a human made disaster like a plane crash or industrial disaster.		
	I have witnessed or experienced a serious accident or injury.		
	I have witnessed or experienced chemical or radiation exposure happening to me, a close friend or a family member.		
	I have witnessed or experienced a life threatening illness happening to me, a close friend or a family member.		
	I have witnessed or experienced the death of my spouse or child.		
	I have witnessed or experienced the death of a close friend or family member (other than my spouse or child).		
	I or a close friend or family member has been kidnapped or taken hostage.		
	I or a close friend or family member has been the victim of a terrorist attack or torture.		
	I have been involved in combat or a war or lived in a war affected area.		
	I have seen or handled dead bodies other than at a funeral.		
	I have felt responsible for the serious injury or death of another person.		
	I have witnessed or been attacked with a weapon other than in combat or family setting		
	As a child/teen I was hit, spanked, choked or pushed hard enough to cause injury		
	As an adult, I was hit, choked or pushed hard enough to cause injury		
	As an adult or child, I have witnessed someone else being choked, hit, spanked, or pushed hard enough to cause injury.		
	As a child/teen I was forced to have unwanted sexual contact.		
	As an adult I was forced to have unwanted sexual contact.		
	As a child or adult I have witnessed someone else being forced to have unwanted sexual contact		
	I have witnessed or experienced an extremely stressful event not already mentioned. Please Explain: _____		