1/1/24 Lisa Najavits, PhD / Treatment Innovations

###### Trauma and PTSD

DSM-V 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); negative thoughts and mood; and arousal (e.g., insomnia, anger).

Simple PTSD results from a single event in adulthood (DSM-V symptoms); Complex PTSD is not a DSM term but may result from multiple traumas, typically in childhood (broad symptoms, including personality problems)

Rates: 10% for women, 5% for men (lifetime, U.S.). Up to 1/3 of people exposed to trauma develop PTSD.

Treatment: if untreated, PTSD can last for decades; if treated, people can recover. Evidence-based treatments include cognitive-behavioral-- coping skills training and exposure, i.e., processing the trauma story.

###### Addiction

“The compulsion to use despite negative consequences” (e.g., legal, physical, social, psychological). Note that neither amount of use nor physical dependence define addiction.

DSM-V term is “substance-related and addictive disorder”, which can be mild, moderate, or severe. Rates: 35% for men; 18% for women (lifetime, U.S.)

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*, in which any reduction in use is a positive step); *moderation management*, some people can use in a controlled fashion-- but only those not dependent on substances, and without co-occurring disorders).

###### The Link Between Trauma and Addiction

**About trauma and addiction**

Rates: Of clients in substance use disorder 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 is associated with severe drugs (cocaine, opioids); in 2/3 of cases the PTSD occurs first, then the substance use disorder.

###### Treatment issues

Other life problems are common: 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.

Splits in treatment systems (mental health versus addiction).

Fragile treatment alliances and multiple crises are common.

Treatments helpful for either disorder alone may be problematic if someone has both disorders (e.g., emotionally intense exposure therapies, benzodiazepines), and should be evaluated carefully prior to use.

###### Recommended treatment strategies

Treat both disorders at the same time. Research supports this and clients prefer this.

Decide *how* to treat PTSD in context of active addiction. Options: (1) Focus on present only (coping skills, psychoeducation, educate about symptoms) [safest approach, widely recommended]. (2) Focus on past only (tell the trauma story) [high risk; works for some clients] (3) Focus on both present and past

###### Diversity Issues

Respect cultural differences and tailor treatment to be sensitive to historical prejudice. Recognize that terms such as *trauma, PTSD,* and *addiction* may be interpreted differently based on culture. Cultures also have protective factors (religion, kinship) that may prevent or heal trauma / addiction.

***Seeking Safety***

**About *Seeking Safety***

* A present-focused model to help clients (male and female) attain safety from trauma and addiction.
* Up to 25 topics that can be conducted in any order, doing as many as time allows:
  + 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 (and peers).

**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 trauma and addiction

 Four content areas: cognitive, behavioral, interpersonal, case management

 Attention to clinician processes: balance praise and accountability; notice your own emotional responses (fear, wish to control, joy in the work, disappointment); all-out effort; self-care

###### 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 addiction in context of trauma (to remember, to forget, to numb, to feel, etc.)
* Optimistic: focus on strengths and future
* Help clients obtain more treatment and attend to daily life problems (housing, AIDS, jobs)
* Harm reduction model or abstinence
* 12-step groups encouraged, not required
* Empower clients whenever possible
* Make the treatment engaging: quotations, everyday language
* Emphasize core concepts (e.g., “You can get better”)

###### Evidence Base

Seeking Safety is an evidence-based model, with over 45 published research articles and consistently positive results. For all studies, go to [www.seekingsafety.org,](http://www.seekingsafety.org/) section Evidence. Studies include pilots, randomized controlled trials, multi- site trials.

**Resources on *Seeking Safety*.** All below are available from [www.seekingsafety.org](http://www.seekingsafety.org/) and/or from the order form toward the end of these handouts.

* **Implementation / research articles:** all articles related to Seeking Safety can be freely downloaded.
* **Training:** training calendar and information on setting up a training (section Training).
* **Consultation:** on clinical implementation, research studies, evaluation projects.
* **Fidelity Scale:** free download (section Assessment).
* **Book:** *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Has the clinician guide and all client handouts. Also available in **Spanish, French, German, Swedish, Danish, Japanese, Arabic, Dutch, Polish, Chinese, Vietnamese, Portuguese, Italian, and Greek.** Upcoming: American Sign Language will soon be available.
* **DVD training series:** 4 training videos on Seeking Safety. (1) *Seeking Safety* (2-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* (1-hour session for rating with the Seeking Safety Adherence Scale).

###### Online learning

* **Teaching Guide to Introduce Seeking Safety to your agency**
* **Engagement materials:** card deck, poster, magnets, wallet card, key chain of the safe coping skills; in English, Spanish, French.

###### Contact Information

Contact: *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1610 [phone]; info@treatment- innovations.org [email]; [www.seekingsafety.org](http://www.seekingsafety.org/) or [www. www.treatment-innovations.org](http://www.www.treatment-innovations.org/) [web]

**We can add you to the Seeking Safety website to list that you conduct Seeking Safety.** If desired email [info@seekingsafety.org](mailto:info@seekingsafety.org) your basic information. *Example:* Boston, MA: Karla Smith, LICSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. [Karlasmith@gmail.com.](mailto:Karlasmith@gmail.com.)

###### Resources on Addiction and Trauma

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

**Educational Materials**

###### Books on trauma and addiction

1. Najavits, L. M. (in press). Creating Change: A Past-Focused Treatment Manual for Trauma and Addiction. New York: Guilford.
2. Najavits, L. M. (2019). Finding Your Best Self: Recovery from Addiction, Trauma or Both. New York, NY: Guilford Press.
3. Black, C. (2017). Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family. Las Vegas: Central Recovery Press.
4. Ouimette, P. & Read, J. (2013) Trauma and Substance Abuse: Causes, Consequences, and Treatment of

Comorbid Disorders (2nd edition). Washington, DC: American Psychological Association Press.

1. Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford.

**Books on trauma**

1. Crawford, L. (2021). Notes on a Silencing: A Memoir. Hachette: New York.
2. Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols, and Procedures. New York: Guilford Press.
3. Evans, A. (2017). Trauma-Informed Care: How Neuroscience Influences Practice: Routledge.
4. Briere, J.N. & Scott, C. (2012). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment.

Thousand Oaks, CA: Sage.

1. 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.
2. van der Kolk (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. New York: Viking.
3. Shay, J. (1994). Achilles in Vietnam: Combat trauma and the undoing of character. New York: Simon & Schuster.
4. Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.
5. Herman, J. L. (2023). Truth and Repair. New York: Basic Books.
6. Stone, R. (2007). No secrets no lies: How black families can heal from sexual abuse. New York: Harmony.

###### Books on addiction

1. Washton, A. M. & Zweben, J. E. (2023). Treating Alcohol and Drug Problems in Psychotherapy Practice (2nd edition). New York: Guilford Press.
2. Grisel, J. (2019). Never Enough: The Neuroscience and Experience of Addiction. New York: Doubleday.
3. Alter, A. (2017). Irresistible: The rise of addictive technology and the business of keeping us hooked: Penguin.
4. Najavits L. M. (2002). A Woman’s Addiction Workbook. Oakland, CA: New Harbinger.
5. Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
6. Knapp, C. (1997). Drinking: A Love Story. New York: Random House.
7. Miller, W. R., Zweben, A., et al. (1995). Motivational Enhancement Therapy Manual (Vol. 2). Rockville, MD: U.S. Department of Health and Human Services. Free from [www.health.org](http://www.health.org/).

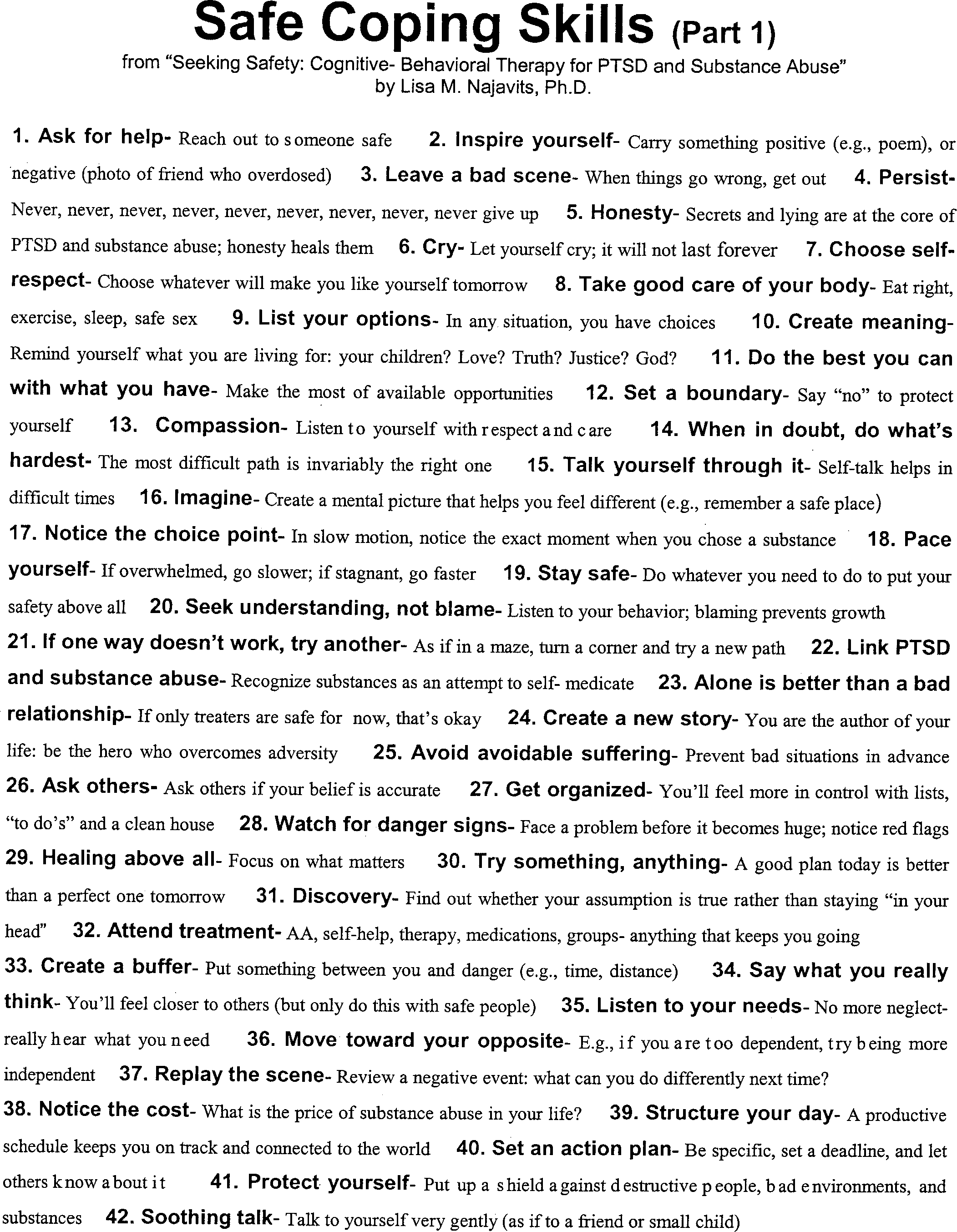
###### Videos

1. Najavits, L.M. Video training on Seeking Safety*;* [*www.treatment-innovations.org*.](http://www.treatment-innovations.org/)
2. Najavits, L.M., Abueg F, Brown PJ, et al. 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

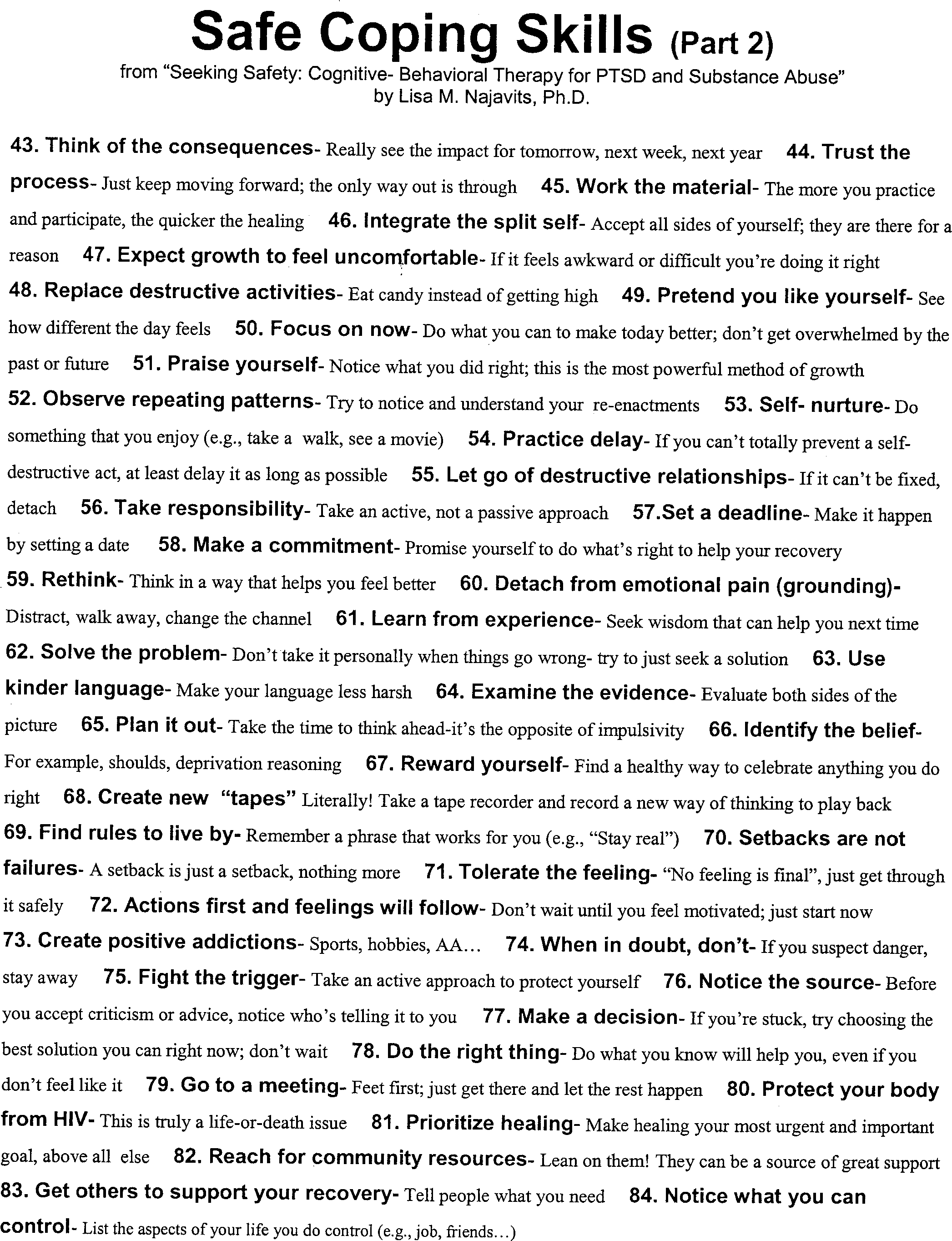
1. Najavits, L.M. & Krause, S. (2023). Group delivery of Seeking Safety for trauma and/or addiction. In Group Approaches to Treating Traumatic Stress in Adults (Ruzek, Yalch & Burkman, eds.). New York: The Guilford Press.
2. Najavits, L. M. (2022). Trauma and substance abuse: A clinician's guide to treatment. In M. Cloitre & U. Schynder (Eds.), *Evidence-based treatments for trauma-related disorders (2nd edition)*: Springer-Verlag.
3. Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., Tull, M. T., Zweben, A., Zweben, J. E. (2020). PTSD / substance use disorder comorbidity: Treatment options and public health needs. *Current Treatment Options in Psychiatry*, 1-15.
4. Hoge, C. W., & Chard, K. M. (2018). A window into the evolution of trauma-focused psychotherapies for posttraumatic stress disorder. *JAMA, 319*(4), 343-345.
5. Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. In S. Gold, J. Cook, & C. Dalenberg (Eds.), *Handbook of trauma psychology* (pp. 195–214). Washington, DC: American Psychological Association.
6. 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.
7. Sherman, A. D. F., Balthazar, M., Zhang, W., Febres-Cordero, S., Clark, K. D., Klepper, M., Coleman, M., & Kelly, U. (2023). Seeking Safety intervention for comorbid post-traumatic stress and substance use disorder: A meta-analysis. Brain and Behavior, e2999.
8. Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS PublicationNo. (SMA) 13-4801, Rockville, MD. Free download [search "TIP 57"].
9. Substance Abuse and Mental Health Services Administration (SAMHSA, 2022) National Guidelines for Child and Youth Behavioral Health Crisis Care. Publication No. PEP22-01-02-001 Rockville, MD.
10. Substance Abuse and Mental Health Services Administration (2023). Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory.
11. Substance Abuse and Mental Health Services Administration (2023). Counseling Approaches To Promote Recovery From Problematic Substance Use and Related Issues*.* Treatment Improvement Protocol (TIP) Series 65. Publication No. PEP23-02-01-003. Rockville, MD.
12. Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. *The Clinical Supervisor*: 1-31.

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



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

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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 trauma and addiction 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 trauma 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 .”

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🙦 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 looooooonnnnngggg 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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**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) \_\_\_\_\_\_

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**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 Addiction.* 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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**Creating Meaning** in PTSD and Addiction

|  |  |  |  |
| --- | --- | --- | --- |
| **MEANINGS THAT**  ***HARM*** | DEFINITION | EXAMPLES | **MEANINGS THAT**  ***HEAL*** |
| **Deprivation**  **Reasoning** | Because you have  suffered a lot, you deserve substances (or other destructive behavior). | *--I’ve had a hard time, so*  *I’m entitled to get high.*  *--If you went through what I did, you’d cut your arm 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 be feeling this upset.*  *--I shouldn’t have 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. |
| **Time Warp** | It feels like 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. |
| **Actions Speak Louder than Words** | Show distress by actions, or people won’t see the pain. | *--Scratches on my arml show what I feel*  *--An overdose will show them.* | **Break Through the Silence.** Put feelings into words. Language is the most powerful communication for people to know you. |
| **Beating Yourself Up** | In your mind, you yell at yourself and put yourself down. | *--I’m a loser.*  *--I’m a no-good piece of dirt.* | **Love—Not Hate-- Creates Change.** Beating yourself up does not change your behavior. 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 (no longer a child); I have choices (I am not trapped); I am getting help (I am not alone). |

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|  |  |  |  |
| --- | --- | --- | --- |
| **The Escape** | An escape is needed (e.g., food, cutting) because feelings are too painful | *--I’ll never get over this; I have to cut myself.*  *--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. |
| **Ignoring Cues** | If you don’t notice a problem it will go away. | *--If I just ignore this toothache it will go away*  *--I don’t abuse 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 just buy a bottle of wine for a new recipe* | **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 won’t notice me.*  *--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. |
| **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 wrong.* | **Give Yourself a Break.** 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). |
| **I am My Trauma** | Your trauma is your identity; it is more important than anything else | *--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. |

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“Tough Cases” -- Rehearsing Difficult Client Scenarios

Below are examples of “tough cases” in the treatment of trauma and addiction. 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 trauma problems?”

Addiction:

* “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 trauma?”
* “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.”

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## 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 “**T*he 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 INTERVENE

*Note: see also the 2021* healthcare version: [*https://proqol.org/proqol-health-1*](https://proqol.org/proqol-health-1)

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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##### 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:
     1. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
     2. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
     3. **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*

|  |  |
| --- | --- |
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Please email with your shipping address, items desired, and how quickly you need them so that we can offer you the best rate.

**TOTAL COST in US funds, including shipping** $\_\_\_\_\_\_\_\_\_\_\_\_

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Country

Email

Phone

**Payment Method**

Please choose one of the 4 options below

**🞎 (1) CREDIT CARD: Mastercard, Visa, or American Express**. 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:** Please make check payable to *Treatment Innovations* and send it with this order form..

**🞎 (3) PURCHASE ORDER (institutions only)**: attach formal institutional PO to this form. List authorized contact person for PO:

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

**🞎 (4) ACH [ELECTRONIC BANKING]:** Email us for ACH or wire instructions

**Send this Form**

Please either: (1) email this form to orders@treatment-innovations.org (paste it into the email or send as an attachment) OR (2) 2mail it to Treatment Innovations, 28 Westbourne Rd, Newton Centre MA 02459.

For more information, see [www.treatment-innovations.org](http://www.seekingsafety.org) or email orders@treatment-innovations.org. Thanks!

This form is valid through 12/31/24; **after that please download next year's form from our website Store or email us for it.**