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Finding Your Best Self: A new model for trauma and/or addiction

Summary

Finding Your Best Self is a new recovery model for trauma and/or addiction that is relevant to a broad array of self-destructive behaviors. It can be used as self-help and also conducted by counselors or peers in group or individual format. It has 35 short chapters that offer flexibility to pace and honor each person's unique recovery. Chapters can be done in any order, in as few or many sessions as time allows, with any client, in any setting. Like *Seeking Safety*, the author's widely adopted model for trauma and addiction, *Finding Your Best Self* evokes hope through emphasis on ideals; provides practical recovery skills; and offers exercises, poignant language, and inspiring quotations to engage patients. It differs from *Seeking Safety* in that it can be self-help or counselor-led; emphasizes personal recovery stories, and offers a different array of topics.

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Further information

www.best-self.org (web)
info@treatment-innovations.org (email)

To obtain the *Finding Your Best Self* book: amazon.com or any other online book source has it

Resources

- Substance Abuse Mental Health Services Administration treatment locator: <https://findtreatment.samhsa.gov> and www.samhsa.gov/find-help/national-helpline
- National Child Traumatic Stress Network: www.nctsn.org
- National Disaster Distress Helpline: www.samhsa.gov/find-help/disaster-distress-helpline
- National Domestic Violence Hotline: www.thehotline.org
- Twelve-step addiction self-help groups: for alcohol (www.aa.org); gambling (www.gamblersanonymous.org), overeating (www.aa.org), overspending (www.debtorsanonymous.org), sex addiction (www.sa.org), cocaine (www.ca.org), narcotics (www.na.org), nicotine (www.nicotine-anonymous.org), and for family members (www.al-anon.org). Online searches can yield additional 12-step groups.
- Rethinking Drinking: <http://rethinkingdrinking.niaaa.nih.gov>
- SMART Recovery: www.smartrecovery.org
- National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org
- HIV/AIDS help from the U.S. Department of Health and Human Services: www.hiv.gov

References

- Black, C. (2018). *Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family*. Las Vegas: Central Recovery Press.
- Briere, J. N., & Scott, C. (2012). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (2nd edition)*. Thousand Oaks, CA: Sage Publications.
- 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.
- 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.
- Najavits, L. M. (2022). Trauma and substance abuse: A counselor's guide to treatment. In M. Cloitre & U. Schynder (Eds.), *Evidence-based treatments for trauma-related disorders (2nd edition)*. Springer-Verlag.
- Najavits, L.M. (2019). *Finding Your Best Self: Recovery from Trauma, Addiction or Both*. New York, NY: Guilford Press.
- Najavits, L. M. (2002). *A Woman's Addiction Workbook*. Oakland, CA: New Harbinger.
- Najavits, L. M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York, NY: Guilford.
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York: Simon & Schuster.
- Siegel, R. K. (1989). *Intoxication: Life in pursuit of artificial paradise*. New York: Dutton.
- Stone, R. (2007). *No secrets no lies: How black families can heal from sexual abuse*. New York: Harmony.
- Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS PublicationNo. (SMA) 13-4801, Rockville, MD.
- 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.
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin.

Example of a complete chapter from *Finding Your Best Self*

Wish versus reality

Sometimes you have to look reality in the eye and deny it.
—GARRISON KEILLOR, American humorist

Trauma and addiction problems are perpetuated by *not* seeing certain truths. There’s a wish to believe things are different than they are. Each person’s painful truths are unique, yet there are common themes.

Wanting to make it better than it is. “I’m fine.” “He loves me even though he hits me.”

Wanting control. “I can quit any time.” “I could’ve saved my buddy if I had been there.”

Wanting to believe. “I always told myself I liked my father, but I didn’t. I gave him qualities he didn’t have, made him different than he was.”

Wanting it to disappear. “If I don’t think about it, maybe it’ll go away.”

Wanting to be normal. “It was just part of growing up.” “Everyone drinks like this.”

Wanting it to make sense. “It’s all my fault.” “I must have done something to deserve it.”

Wanting to fit in. “Everyone else seems fine, so I pretend I am too.”

Wanting to make it worse than it is. “Why bother trying? I can’t recover.”

Wanting to be stronger than you are. “My love will cure him.” “I can handle a drink.”

Any others? _____

Courage

It takes real courage to look squarely at trauma and addiction and let yourself see what’s really going on. It may feel too hard to admit, “I can never have another drink,” or “My mother knew what was going on but didn’t stop it.”

Everything in you may want to fight the truth, may tell you it’s too much or too scary, or the flip side, may dismiss it as unimportant. All of these are ways your mind shuts down to protect you from too much truth. You can honor and respect that this helped you survive.

The task now, at your own pace and in your own way, is to let yourself face some of the truths that were too painful to face before. You can decide how, what, and when. This work is often done best in counseling or with the support of people close to you. There’s no need to rush or get it all done at once. “Don’t take a fence down until you know why it was put up,” as the saying goes. And use all the coping skills you can (see “Safe coping skills,” Chapter 12).

Know that any truth can be faced. This doesn’t mean it’s easy; if it were, you’d be doing it already. It may bring up raw feelings like anger and shame. It can make you feel weak or inferior to other people. You may never have learned that facing truth is like pulling off a Band-Aid – it hurts but then gets better. It can lead to good results.

Because your mind tries to protect you from the truth about trauma and addiction, it requires extra effort to shift toward greater awareness. Look for as much factual evidence as you can. Listen to the small, quiet voice within. Hear the feedback of people who know you well.

What It Sounds Like

Look at the following examples – do you see yourself in any of these?

Addiction Examples

<u>Facing the truth</u>	instead of	<u>Not facing the truth</u>
“My liver function test is showing a problem.”		“My drinking isn’t all that bad.”
“I have to start today, even if small steps.”		“I’ll quit tomorrow.”
“I need help.”		“I can stop any time I want.”

Trauma Examples

<u>Facing the truth</u>	instead of	<u>Not facing the truth</u>
“The flashbacks and nightmares keep happening. I have to work on this.”		“If I don’t think about it, it’ll go away.”
“I can’t excuse his yelling and hitting me anymore.”		“He isn’t as bad as people say; I know he loves me.”
“Children never deserve abuse no matter what they do.”		“If I had been a better child, I wouldn’t have been abused.”

What It Feels Like

Here’s what the process feels like from people who have done it:

- It gets easier the more you do it. Early on, facing a single truth may take huge effort; later, it will come naturally.
- There’s a feeling of surrendering to the truth, of letting go.
- It may feel like a weight is lifted. You don’t have to keep pretending.
- It’s often compared to peeling an onion: each new insight leads to more.
- You may cringe with embarrassment or shame when you see what you’ve been pushing away.
- It’s been called the “point of despair” because at first it may feel awful.
- There are positive feelings, too: clarity in knowing what you need to do next; a sense of pride in facing the truth.
- It is freeing.

Questions That Help

To help overcome the mind’s natural tendency to block unpleasant truths, glance through the questions on the next page. You don’t have to answer each one – just let yourself gently explore any that feel useful.

- “Can I own my truth even if others disagree?”
- “What messages do I hear – in my behavior, in my body?”
- “Is it taking a toll to keep up a front?”
- “What would my higher power say?”
- “What feedback am I getting from people who truly care about me?”
- “What would it feel like to stop pretending?”
- “The evidence keeps adding up; why do I not want to see it?”
- “Am I hanging on to something that isn’t helping me anymore?”
- “What would others say if they saw this?”
- “What would happen if I told myself the truth?”
- “Is there something I’m trying to protect?”
- “What feels too hard to say?”
- “Am I trying to make it better than it really is?”
- “What would it mean if I didn’t actually have control?”
- “What feels taboo to think about?”
- “Where am I afraid to go in my own mind?”

- ❖ How can facing your truths make the future better?
- ❖ Would it help to work on this chapter with someone else – someone you trust?

Explore . . . The good that comes from facing your truth

This exercise focuses on the good that can arise from facing important truths. If you prefer, use the term *owning* or *admitting* instead of *facing*.

Addiction

1. What's hard for you to face about your **addictive behavior**? ____
2. What **good** can come from facing that truth? ____

EXAMPLE

1. *It's **hard** for me to face that drinking is destroying my marriage.*
2. *The **good** that can come from this truth is that I can still save my marriage if I take action now.*

Trauma

1. What's hard for you to face about your **trauma(s)**? _____
2. What **good** can come from facing that truth? _____

EXAMPLE

1. *It's **hard** for me to face that I wasn't strong enough to fight off my attacker.*
2. *The **good** that can come from this truth is that it helps me blame myself less. I was overpowered.*

Recovery Voices

Samantha – “It grows your compassion”

Samantha endured child abuse, school bullying, and addiction (alcohol, drugs, Internet, and shopping). “It’s sad – terribly, horribly sad – how well ‘Wish versus Reality’ captures what goes on before you can acknowledge the full brunt of reality. Just to keep going you have to pretend sometimes. You can’t just sit down on the sidewalk and start screaming. You have to go to work, you have to get on the subway, you have to pay the rent, you have to keep going. Some of the bullying incidents I went through in high school I’ve kept secret. But recently I’ve been able to admit what they really were and tell someone else about them. Mostly it’s admitting to myself what really happened: being able to say, ‘That wasn’t teasing. That wasn’t joking.’ Back then I needed it to be ‘teasing’; it couldn’t be anything else; absolutely that’s what I wanted it to be. That’s what I held on to all these years. But that’s not what it was at all. It grows your compassion once you admit the reality to yourself and can be gentle with yourself about it. It’s kind of surprising, but it turns into a benefit. You work so hard to suppress so much because you think it’s too painful to know the truth, but acknowledging the reality is what gives you strength and some positive nourishment of your spirit.”

Possible selves [chapter excerpt]

Most of us have two lives – the life we live and the un-lived life within us.
—STEVEN PRESSFIELD, American author

We all have various possible selves, both ones we hope to become and ones we dread becoming. “The possible selves that are hoped for might include the successful self, the creative self, the rich self, the thin self, or the loved and admired self, whereas the dreaded possible selves could be the alone self, the depressed self, the incompetent self, the alcoholic self, the unemployed self, or the bag lady self,” said Hazel Markus and Paula Nurius in an article in *American Psychologist*.

Situations can bring out better and worse versions of you. This is hopeful because it means that even if you feel bad about yourself now, that can change. You can gain or regain the best sides of yourself. Sustained recovery means the best sides of you are “driving the car” enough to stay on the right road.

With trauma and addiction you may be cut off from yourself, unsure what you feel, unsure what matters. You may watch yourself doing things you don’t want to be doing or just not caring anymore. As you work on recovery you’ll find greater wholeness: the ability to sustain a better version of yourself and one larger than trauma and addiction.

Research shows that people who (1) imagine a better possible self *and* (2) identify specific ways to move toward it are the most likely to achieve that better self. *Both* parts are needed. Also, consider various categories of possible selves:

- An *emotional* possible self (how you respond to your feelings).
- A *relationship* possible self (how you respond to others).
- A *work or school* self (your achievement goals).
- A *spiritual* possible self (how you relate to a higher connection).
- A *physical* possible self (diet, exercise, etc.).
- A *recovery* possible self (trauma/addiction).

Examples of “Who I hope to become”

“I hope to become a graduate student in a social work program,” “I hope to become abstinent from cocaine,” “I hope to lose 20 pounds,” “I hope to become leader of my division at work,” “I hope to become a partner in a loving relationship,” “I hope to meditate daily,” “I hope to be someone who keeps promises,” “I hope to become a parent.”

Examples of “Who I dread becoming”

“I dread getting divorced,” “I dread becoming homeless,” “I dread becoming a chronic alcoholic,” “I dread losing my job,” “I dread going to jail,” “I dread becoming a college dropout,” “I dread being a bad parent.”

Question 1: Who do you hope to become?

(a) Picture yourself a year from now. Who do you hope to become? *By next year I would like to become someone who:*

(b) What are you doing now to become that person, if anything? _____

(c) What more could you do to become that person? _____

➤ What will you do today to move *toward* your best self?

Question 2: Who do you dread becoming?

(a) Picture yourself a year from now. Who do you dread becoming? *By next year I would dread become someone who:*

(b) What are you doing now to avoid becoming that person, if anything? _____

(c) What more could you do to avoid becoming that person? _____

➤ What will you do today to move *away from* your worst self?

Excessive Behavior Scale [chapter excerpt]

PART A: TYPES OF EXCESSIVE BEHAVIORS

Almost any behavior can become a problem *if you engage in it too much*. For example, some people have problems from excessive gambling, eating, sex, shopping, work, exercise, Internet use, pornography, hair-pulling, skin-picking, tanning, or tattooing. You may notice an excessive behavior in yourself based on any or all of the following:

- Spending too much time on it
- A feeling that you can't stop
- The toll it takes – money, medical, or legal problems; family or social problems (people complaining about it)
- Control issues: sometimes it makes you feel more in control but at other times out of control
- The compulsion to do it
- The pleasure you take in it

On the next pages, circle each behavior that *may have been excessive for you for at least one month in the past year*. *You do not have to be certain about it.* You can base it on what you notice about yourself or what others say about you. Be honest, even if you are embarrassed or unsure.

	Excessive for at least 1 month in the past year?
a. Gambling (lottery, keno, sports betting, poker, etc.)	Yes / Maybe / No
b. Alcohol or drugs (cocaine, marijuana, heroin, oxycodone, etc.) List which (if more than one, pick the worst one):	Yes / Maybe / No
c. Working	Yes / Maybe / No
d. A leisure activity (such as TV, watching sports, a hobby such as fishing, going to psychics, fantasy football, etc.). List which:	Yes / Maybe / No
e. Exercising or doing a sport (such as running or baseball)	Yes / Maybe / No
f. Food (too much or too little, i.e., bingeing or restricting). List which:	Yes / Maybe / No
g. Use of electronics (texting, email, web surfing, computer games). List which:	Yes / Maybe / No
h. Body improvement (such as tattooing, plastic surgery, tanning). List which:	Yes / Maybe / No
i. A nervous habit (e.g., hair pulling, skin picking, chewing ice, etc.). List which:	Yes / Maybe / No
j. Sex-related activities (such as pornography, sex, sexual fetishes). List which:	Yes / Maybe / No
k. “Too loose” with money (such as shopping or overspending). List which:	Yes / Maybe / No
l. “Too tight” with money (such as acquiring or hoarding money). List which:	Yes / Maybe / No
m. Hurting self or others physically (cutting, burning, hitting, etc.) List whether self or others: List which type of behavior:	Yes / Maybe / No
n. Criminal activity (such as stealing, setting fires, etc.) List which:	Yes / Maybe / No

	Excessive for at least 1 month in the past year?
o. Relationships (“co-dependency” or “love addiction”). List which:	Yes / Maybe / No
p. A specific emotion (anger or sadness, etc.). List which:	Yes / Maybe / No
q. Others? List which:	Yes / Maybe / No

PART B: SCREENING

Step 1: Take the *first* excessive behavior that you checked off as Yes or Maybe in Part A and answer the grid of eight questions below in relation to that behavior. For example, if you checked off Yes or Maybe to *gambling*, answer each of the eight questions below in relation to *gambling*. In the *Comments* box, you can list any details that help you clarify your answers.

When you think about your worst month* of that behavior in the past year	0 Not at all	1 Some what	2 A lot	3 A great deal	<i>Comments?</i>
1. How much were you “caught up” in the behavior (doing it, thinking about it, etc.)?					
2. How ashamed are/were you about the behavior?					
3. How serious a problem was the behavior?					
4. Did you have losses from the behavior? (<i>e.g., relationships, job, home, time, money, physical / emotional health</i>)					
5. How successful have you been at decreasing the behavior?					
6. How much control have you had over the behavior?					
7. How much did others say you had a problem with the behavior?					
8. Any other sign that the behavior was excessive? List the sign: Rate it on the scale					

***“Worst month”** means the month in which you were most excessive in the behavior. For example, if your behavior was gambling, it would be the month in the past year in which you spent the most time/money on gambling or had the most severe consequences of gambling (getting into a major fight over it, losing your job over it, etc.). Note that “worst” is not a judgment of you – it is just identifying the most severe month of the behavior, in your opinion.

Step 2: Scoring. The higher your score, the more likely it is that you have a problem with the behavior. This scale is still being researched. For updates, email info@treatment-innovations.org.

Step 3: Now go back to your list in Part A, take the next behavior you said Yes or Maybe to, and fill in the same eight-question grid for that behavior. *Continue after that to fill out a grid for each behavior you said Yes or Maybe to in Part A.*

Body and Biology [chapter excerpt]

Circle one answer in each row in the table on the next page, thinking about the past 3 months. Use the words in the top row to guide your answers: *not at all/a little/moderately/a lot*. Don't focus on the numbers, as some rows have the numbers reversed for scoring purposes.

	Not at all	A little	Moderately	A lot
1. Are you physically healthy?	0	1	2	3
2. Do you take good care of your body?	0	1	2	3
3. Do you feel positive about sex?	0	1	2	3
4. Do you have any current physically oriented addictions (e.g., substances, food, shopping, sex, tanning, surgery, exercise)?	3	2	1	0
5. How much stress do you have in your life?	3	2	1	0
6. Is anyone, including you, directly harming your body (e.g., self-harm, domestic violence)?	3	2	1	0
7. How safe do you feel in your body?	0	1	2	3
8. When you look in the mirror, do you feel positive about your body (body image)?	0	1	2	3
9. Do you pursue high-risk physical activities (e.g., unsafe sex, dangerous sports, reckless driving, driving under the influence)?	3	2	1	0
10. Do you feel comfortable being touched by someone you like?	0	1	2	3
11. How aware are you of your body (its "moods," sensations, changes)?	0	1	2	3
12. Do you get necessary medical care (doctors and dentists, following up on their advice, etc.)?	0	1	2	3
13. Do you have any current medical conditions that affect your body in an ongoing way (e.g., chronic pain, diabetes, cancer, traumatic brain injury)?	3	2	1	0
14. Do you have any current mental health conditions that affect your body in an ongoing way (e.g., eating disorder, hair-pulling, skin picking)?	3	2	1	0
15. Do you ignore body pain or injury that you need to attend to?	3	2	1	0
16. How much do you appreciate your body, even with its flaws?	0	1	2	3

Scoring: Add up the numbers you circled. What is your total? _____. The closer your number is to 48, the more positive your relationship with your body.