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.

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-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 PTSD and Substance Abuse

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 is associated with severe drugs (cocaine, opioids); in 2/3 of cases the PTSD occurs first, then substance abuse.

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 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., 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 substance abuse. 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 PTSD and substance abuse.

✧ 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 both PTSD and substance abuse
- 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 substance use in context of PTSD (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, section Evidence. Studies include pilots, randomized controlled trials, multi-site trials.

Resources on Seeking Safety. All below are available from www.seekingsafety.org and/or from the order form at the end of this packet of 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, Dutch, Polish, Chinese, Vietnamese, Portuguese, Italian, and Greek. Upcoming: Japanese and Arabic will also become available.
- DVD 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).
- 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 or 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 your basic information. Example: Boston, MA: Karen Smith, LICSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. Karensmith@netzero.com.
### Books on PTSD

### Books on Substance Abuse

### Books on PTSD and Substance Abuse

### Videos

### Clinically-Relevant Articles


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 a 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, 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  
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)
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…)
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 10 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...”
☆ 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 looooooong 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”) ______

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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<table>
<thead>
<tr>
<th>MEANINGS THAT HARM</th>
<th>DEFINITION</th>
<th>EXAMPLES</th>
<th>MEANINGS THAT HEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deprivation Reasoning</strong></td>
<td>Because you have suffered a lot, you deserve substances (or other destructive behavior).</td>
<td>--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.</td>
<td><strong>Live Well.</strong> 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.</td>
</tr>
<tr>
<td><strong>I’m Crazy</strong></td>
<td>You believe that you shouldn’t feel the way you do</td>
<td>--I must be crazy to be feeling this upset. --I shouldn’t have this craving.</td>
<td><strong>Honor Your Feelings.</strong> 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.</td>
</tr>
<tr>
<td><strong>Time Warp</strong></td>
<td>It feels like a negative feeling will go on forever.</td>
<td>--This craving won’t stop. --If I were to cry, I would never stop.</td>
<td><strong>Observe Real Time.</strong> 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.</td>
</tr>
<tr>
<td><strong>Actions Speak Louder than Words</strong></td>
<td>Show distress by actions, or people won’t see the pain.</td>
<td>--Scratches on my arm show what I feel --An overdose will show them.</td>
<td><strong>Break Through the Silence.</strong> Put feelings into words. Language is the most powerful communication for people to know you.</td>
</tr>
<tr>
<td><strong>Beating Yourself Up</strong></td>
<td>In your mind, you yell at yourself and put yourself down.</td>
<td>--I’m a loser. --I’m a no-good piece of dirt.</td>
<td><strong>Love—Not Hate—Creates Change.</strong> Beating yourself up does not change your behavior. Care and understanding promote real change.</td>
</tr>
<tr>
<td><strong>The Past is the Present</strong></td>
<td>Because you were a victim in the past, you are a victim in the present.</td>
<td>--I can’t trust anyone. --I’m trapped.</td>
<td><strong>Notice Your Power.</strong> 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).</td>
</tr>
<tr>
<td><strong>The Escape</strong></td>
<td>An escape is needed (e.g., food, cutting) because feelings are too painful</td>
<td>--I’ll never get over this; I have to cut myself. --I can’t stand cravings; I have to smoke a joint.</td>
<td><strong>Keep Growing.</strong> Emotional growth and learning are the only real escape from pain. You can learn to tolerate feelings and solve problems.</td>
</tr>
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</tr>
<tr>
<td><strong>Ignoring Cues</strong></td>
<td>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.</td>
<td><strong>Attend to Your Needs.</strong> Listen to what you’re hearing; notice what you’re seeing; believe your gut feeling.</td>
<td></td>
</tr>
<tr>
<td><strong>Dangerous Permission</strong></td>
<td>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</td>
<td><strong>Seek Safety.</strong> Acknowledge your urges and feelings and then find a safe way to cope with them.</td>
<td></td>
</tr>
<tr>
<td><strong>The Squeaky Wheel Gets the Grease</strong></td>
<td>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.</td>
<td><strong>Get Attention from Success.</strong> People love to pay attention to success. If you don’t believe this, try doing better and notice how people respond to you.</td>
<td></td>
</tr>
<tr>
<td><strong>It’s All My Fault</strong></td>
<td>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.</td>
<td><strong>Give Yourself a Break.</strong> 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).</td>
<td></td>
</tr>
<tr>
<td><strong>I am My Trauma</strong></td>
<td>Your trauma is your identity; it is more important than anything else --My life is pain. --I am what I have suffered..</td>
<td><strong>Create a Broad Identity.</strong> You are more than what you have suffered. Think of your different roles in life, your varied interests, your goals and hopes.</td>
<td></td>
</tr>
</tbody>
</table>

© Guilford Press, New York. From: Najavits, L.M. *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (2002). Only for personal use (with clients); for any other use contact <info@seekingsafety.org> or permissions@guilford.com
### TRAINING DVDs

- Set of all 4 Seeking Safety training DVDs below (one each of #1, 2, 3, 4)
- DVD #1: Seeking Safety (2 hours)
- DVD #2: Therapy Session: Asking for Help (1 hour)
- DVD #3: A Client's Story / Example of Grounding (36 mins.)
- DVD #4: Adherence Session: Healthy Relationships (1 hour)

VHS tapes are available at 50% lower cost than DVDs—email if interested.

If preferred, videos can be rented; see website Store.

### POSTER

Safe Coping Skills poster with scenic design (English, Spanish) # of English__ Spanish__

### CARD DECKS

112 cards, can play as a game

Card Deck of Safe Coping Skills (English, Spanish) # of English__ Spanish__

### BOOKS AND TRANSLATIONS

- Seeking Safety (English language)
- Seeking Safety HIV Guide
- Seeking Safety (Spanish translation of entire book)
- Seeking Safety (Spanish client handouts only)
- Seeking Safety (Chinese translation of entire book)
- Other translations—see website or email if interested

A Woman's Addiction Workbook (English language)

NEW! Recovery from Trauma, Addiction or Both: Finding Your Best Self (self-help or counselor-led model)

### CLIENT ENGAGEMENT -- all have free shipping in U.S.

- Grounding Skills Key Chain (English, Spanish) # of English__ Spanish__
- Safe Coping Skills Magnet: Flowers (English)
- Safe Coping Skills Magnet: Rainbow (English, Spanish) # of English__ Spanish__
- Wallet-size card of the Safe Coping Skills (English)
- 1-page reminder list of Safe Coping Skills (English, Spanish, French) # of English__ Spanish__ French__

### TEACHING GUIDES

For description of the Teaching Guides and materials, see website Store.

#### Teaching Guide to Introduce Seeking Safety to Your Agency

#### Teaching Guide to Introduce A Woman's Path to Recovery to Your Agency

### ONLINE COURSES

For course descriptions and number of CEUs, see website Store.

| All Online Learning for Seeking Safety (Courses #1-#6) with CEUs | $ 173 X __________ = __________ |
| All Online Learning for Seeking Safety (Courses #1-#6) without CEUs | $ 122 X __________ = __________ |

### ORDER FORM

<table>
<thead>
<tr>
<th>Each</th>
<th>Number</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18.50</td>
<td>X</td>
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<td>$18.50</td>
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<td>$ 50</td>
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<td>$ 18.50</td>
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<tr>
<td>$ 18.50</td>
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</tbody>
</table>

### Shipping

- All orders are shipped within 5 business days regardless of method below. The time to arrive depends on which shipping method you choose below.
- If shipping 50 items or more to 1 address, take 15% off the shipping charge. Free-shipping items do not count toward the 50.

### 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 Hawai/Alaska

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- **Media mail** typically 12 days but may several weeks, especially for West Coast, and up to 6 weeks for Hawai/Alaska

- **First class mail**

- **Priority Mail**

- **Express Mail**

- **Media mail** typically 12 days but may several weeks, especially for West Coast, and up to 6 weeks for Hawai/Alaska

- **First class mail**

- **Priority Mail**

- **Express Mail**

| First item | $ 7.00 |
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| 3rd item | $ 4.00 |
| 4th item | $ 3.00 |
| 5th item | $ 2.00 |
| 6th item | $ 1.00 |

### Discounts

- **Plus MA tax, if applicable:** $__________
- **Minus discount:** $__________

### Additional Information

- **a)** Add sales tax only if your address is in Massachusetts (add 6.25% or fax us your tax exempt certificate)

- **b)** Subtract discount (50-99 units of same item, subtract 5%; 100-249 of same item, 10%; 250 or more of same item, 15%).
Priority mail takes 2-3 days. $__________

For shipment to an INTERNATIONAL ADDRESS

(a) Books only: $18 first book plus $8 each additional book.
(b) Books plus other items: $17 first book plus $7 each additional book, and $3 each additional non-book item.
(c) Posters only: $13 first item, $2 each additional item.
(d) All other items: $7 first item, $1 each additional item.

TOTAL COST in US funds $__________

Please note:
1. If using a credit card, your statement will say “Treatment Innovations.”
2. You can return this form by email, fax, or regular mail (see bottom of this page).
3. All orders are sent within 5 business days; posters ship separately in mailing tube. Please allow several weeks if you select media mail.
4. All items are shipped with delivery confirmation, which allows verification that the item was delivered.
5. Institutions: for a completed W-9 and/or FEIN, download it from www.treatment-innovations.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).
6. We do not routinely confirm that orders are received. If you want confirmation that your order arrived, please email us.
7. If you would like a receipt, it will be sent via email; please check here:
8. All materials are copyrighted. They can be used in your clinical work but cannot be reproduced, posted in any format electronically or on the internet, or altered. However, the Seeking Safety book handouts can be xeroxed for use with your own clients—see the book copyright page for details. You can also obtain a license for agency use. For questions or written permission on other uses, email info@treatment-innovations.org
9. To reach us regarding an order, email is best (orders@treatment-innovations.org) but you can call with questions or place a phone order (617-299-1670). We appreciate your interest in these materials. Contact us if you have any questions or feedback.

Return policy: 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 contact us immediately so we can resolve it.

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

Shipping address

Name
City / State / Zip
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 ________ / ________

☐ (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) WIRE TO BANK: For wire instructions, see www.treatment-innovations.org, Store, vendor information.

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

For more information, see www.treatment-innovations.org or email orders@treatment-innovations.org. Thanks!
Form version 1/18 (valid through 12/31/18); after that please download next year’s form from our website Store or email us to obtain it.
“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.”

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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.

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

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., & Runz, 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.
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.

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

Copyright Information
© 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.
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