I. Background

PTSD

a) What is PTSD?
   • DSM-IV definition: After a trauma (the experience, threat, or witnessing of physical harm, e.g., rape, hurricane), the person has each of the following key symptoms for over a month, and they result in decreased ability to function (e.g., work, social life):
     --intrusion (e.g., flashbacks, nightmares)
     --avoidance (not wanting to talk about it or remember)
     --arousal (e.g., insomnia, anger)

   • Simple PTSD results from a single event in adulthood (DSM-IV symptoms); Complex PTSD results from multiple traumas, typically in childhood (broad symptoms, including personality problems)

b) About PTSD
   • Rates: 10% for women, 5% for men (lifetime). Only 1/3 of people exposed to trauma develop PTSD. Men have higher rates of trauma, but women have more childhood trauma, and are more likely than men to develop PTSD if exposed to trauma [national U.S. sample, Kessler et al., 1996]
   • Treatment: if untreated, PTSD can last for decades; if treated, people do recover. Most effective treatments: cognitive-behavioral (i.e., coping skills training) and exposure (tell the trauma story).

Substance Abuse

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

b) About substance abuse
   • Rates: 35% for men; 18% for women (lifetime); rates higher in whites than blacks or Hispanics [national U.S. sample, Kessler et al., 1994]
   • It is treatable disorder and a "no-fault" disorder (i.e., not a moral weakness)
   • Two ways to give it up: "cold turkey" (give up all substances forever; abstinence model) or "warm turkey" (harm reduction, i.e., any reduction in use is positive step; moderation management, i.e., some people can use in a controlled fashion-- but only those not dependent on substances, and without co-occurring disorders)

The Link Between PTSD and Substance Abuse

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

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

c) Recommended treatment strategies
• Treat both disorders at the same time, according to experts. Also, patients prefer this.
• Decide how to treat PTSD in context of active substance abuse. Options:
  Type 1) Focus on present only (coping skills, psychoeducation, educate about symptoms) [safest approach, widely recommended]
  Type 2) Focus on past only (tell the trauma story) [high risk; works for a minority of patients]
  Type 3) Focus on both present and past [two studies have found positive results]
• Three empirically studied, manual-based treatments for PTSD/substance abuse:
  --Najavits’ Seeking Safety (type 1), and combination of Seeking Safety plus Exposure (type 3)
  --Brady et al.’s Concurrent Treatment of PTSD and Cocaine Dependence (type 2);
  --Triffleman’s Substance Dependence PTSD Therapy (type 3).
• Other treatments are either manual only (no study) or study only (no manual). Note: eye movement desensitization reprocessing by Shapiro for PTSD (EMDR) has not yet been studied in a substance abuse sample.

The Seeking Safety Treatment

a) About Seeking Safety
  ◆ A present-focused therapy to help patients attain safety from both PTSD and substance abuse.
  ◆ 25 topics that can be conducted in any order:
    • Interpersonal topics: Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources
    • Cognitive topics: PTSD: Taking Back Your Power, Compassion, When Substances Control You, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking
    • Behavioral topics: Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding)
    • Other topics: Introduction/Case Management, Safety, Life Choices, Termination
  ◆ Designed for flexible use: can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings.

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

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

d) Outcome results
Positive outcomes in the seven existing studies on Seeking Safety:
1) A study of 17 women outpatients, using group treatment (Najavits et al., 1998).
2) A study of 17 women in prison, using group treatment (Zlotnick, in press).
3) A controlled randomized study of 83 women in Seeking Safety versus Relapse Prevention, compared to treatment-as-usual in the community, using individual treatment (Hien, under review).
4) A controlled randomized study of adolescent outpatient girls (Najavits et al., under review).
5) A study of 5 men outpatients, combining Seeking Safety plus Exposure, using individual treatment (Najavits, under review).
6) A study of women in a community mental health treatment program (Holdcraft et al., in press).
7) A study of men and women veterans (Cook et al., under review).
For information on these studies, go to www.seekingsafety.org (section “Empirical Studies”).

e) How to obtain the Seeking Safety manual (and related materials):
“Seeking Safety: A Treatment Manual for PTSD and Substance Abuse” (2002) can be ordered from Guilford Press (800-365-7006) or online at www.guilford.com; the book is catalogue #8S0687. It can also be ordered from www.amazon.com or other bookstores (e.g., Barnes & Noble at 800-the-book). A sample chapter can be downloaded from Guilford Press at www.guilford.com. Additional materials related to Seeking Safety can be downloaded from www.seekingsafety.org (e.g., research articles, training information).

Further Information
Contact: Lisa Najavits, PhD, McLean Hospital, 115 Mill St., Belmont, MA 02478; 617-855-2305 [phone]; 617-855-3605 [fax]; <info@seekingsafety.org> [email]; www.seekingsafety.org [web]

Assessment of PTSD and Substance Abuse
Go to www.seekingsafety.org (section “Assessment”) for links to measures that are free, brief, and can be downloaded directly on topics such as trauma, PTSD, substance abuse, and mental health.

Resources on Substance Abuse and PTSD

<table>
<thead>
<tr>
<th>a) Substance abuse</th>
<th></th>
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<tbody>
<tr>
<td>National Clearinghouse for Alcohol and Drug Information / manuals</td>
<td>800-729-6686; <a href="http://www.health.org">www.health.org</a></td>
</tr>
<tr>
<td>Center for Substance Abuse Treatment (CSAT): National Drug Information, Treatment and Referral Hotline</td>
<td>800-662-HELP (English); 800-66-AYUDA (Spanish); <a href="http://www.samsha.gov">www.samsha.gov</a></td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>800-637-6237</td>
</tr>
<tr>
<td>SMART Recovery (alternative to AA)</td>
<td><a href="http://www.smartrecovery.org">www.smartrecovery.org</a></td>
</tr>
<tr>
<td>The National Institute on Drug Abuse (Info-Fax Service)</td>
<td>888-NIH-NIDA; <a href="http://www.nida.nih.gov">www.nida.nih.gov</a></td>
</tr>
<tr>
<td>The National Institute on Alcohol Abuse and Alcoholism</td>
<td><a href="http://www.niaaa.nih.gov">www.niaaa.nih.gov</a></td>
</tr>
<tr>
<td>Harm Reduction Coalition</td>
<td>212-213-6376</td>
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</tbody>
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<thead>
<tr>
<th>b) PTSD</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>International Society for Traumatic Stress Studies</td>
<td>708-480-9028; <a href="http://www.istss.org">www.istss.org</a></td>
</tr>
<tr>
<td>International Society for the Study of Dissociation</td>
<td>847-480-9282; <a href="http://www.issd.org">www.issd.org</a></td>
</tr>
<tr>
<td>PTSD Alliance</td>
<td>877-507-PTSD; <a href="http://www.ptsdalliance.org">www.ptsdalliance.org</a></td>
</tr>
<tr>
<td>National Centers for PTSD (extensive literature on PTSD)</td>
<td>802-296-5132; <a href="http://www.ncptsd.org">www.ncptsd.org</a></td>
</tr>
<tr>
<td>The Sidran Foundation (trauma information, support)</td>
<td>410-825-8888; <a href="http://www.sidran.org">www.sidran.org</a></td>
</tr>
<tr>
<td>National Resource Center on Domestic Violence</td>
<td>800-537-2238</td>
</tr>
<tr>
<td>Many Voices (trauma survivors newsletter)</td>
<td>513-751-8020</td>
</tr>
</tbody>
</table>
Educational Materials

Books on PTSD

Books on Substance Abuse

Books on PTSD and Substance Abuse

Videos on PTSD and Substance Abuse
- Trauma and substance abuse I: Therapeutic approaches [For professionals]
- Trauma and substance abuse II: Special treatment issues [For professionals]
- Numbing the Pain: Substance abuse and psychological trauma [For patients]

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 friend who overdosed)
3. **Leave a bad scene** - When things go wrong, get out
5. **Honesty** - Secrets and lying are at the heart 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
36. **Move toward your opposite** - E.g., if you are too dependent, try being more independent
37. **Replay the scene** - Review a negative event: what can you do differently next time?
38. **Notice the cost** - What is the price of substance abuse in your life?
39. **Structure your day** - A productive schedule keeps you on track and connected to the world
40. **Set an action plan** - Be specific, set a deadline, and let others know about it
41. **Protect yourself** - Put up a shield against destructive people, bad environments, and substances
42. **Soothing talk** - Talk to yourself very gently (as if to a friend or small child)

With appreciation to the Allies Program (Sacramento, CA) for formatting this Safe Coping List.
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...”
♫ Play a “categories” game with yourself. Try to think of “types of dogs”, “jazz musicians”, “states that begin with ‘A’”, “cars,” “TV shows”, “writers”, “sports”, “songs”, “European cities.”
♫ Do an age progression. If you have regressed to a younger age (e.g., 8 years old), you can slowly work your way back up (e.g., “I’m now 9”; “I’m now 10”; “I’m now 11”;...) until you are back to your current age.
♫ Describe an everyday activity in great detail. For example, describe a meal that you cook (e.g., “First I peel the potatoes and cut them into quarters, then I boil the water, I make an herb marinade of oregano, basil, garlic, and olive oil...”).
♫ Imagine. Use an image: Glide along on skates away from your pain; change the TV channel to get to a better show; think of a wall as a buffer between you and your pain.
♫ Say a safety statement. “My name is _____; I am safe right now. I am in the present, not the past. I am located in _____; the date is ______.”
Read something, saying each word to yourself. Or read each letter backwards so that you focus on the letters and not on the meaning of words.
Use humor. Think of something funny to jolt yourself out of your mood.
Count to 10 or say the alphabet, very slowly.
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 loooooooonnnggg 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.

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.”

## Creating Meaning in PTSD and Substance Abuse

<table>
<thead>
<tr>
<th>MEANINGS THAT HARM</th>
<th>DEFINITION</th>
<th>EXAMPLES</th>
<th>MEANINGS THAT HEAL</th>
</tr>
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<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>The Escape</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>Keep Growing. Emotional growth and learning are the only real escape from pain. You can learn to tolerate feelings and solve problems.</td>
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<tr>
<td>Ignoring Cues</td>
<td>If you don’t notice a problem it will go away.</td>
<td>--If I just ignore this toothache it will go away --I don’t abuse substances.</td>
<td>Attend to Your Needs. Listen to what you’re hearing; notice what you’re seeing; believe your gut feeling.</td>
</tr>
<tr>
<td>Dangerous</td>
<td>You give yourself permission for self-destructive behavior.</td>
<td>--Just one won't hurt. --I'll just buy a bottle of wine for a new recipe</td>
<td>Seek Safety. Acknowledge your urges and feelings and then find a safe way to cope with them.</td>
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<tr>
<td>Permission</td>
<td></td>
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<tr>
<td>The Squeaky</td>
<td>If you get better you will not get as much attention from people</td>
<td>--If I do well, my therapist won’t notice me. --No one will listen to me unless I’m in distress.</td>
<td>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.</td>
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<td>Wheel Gets the</td>
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<tr>
<td>Grease</td>
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<tr>
<td>It’s All My</td>
<td>Everything that goes wrong is due to you.</td>
<td>--The trauma was my fault --If I have a disagreement with someone, it means I’m wrong.</td>
<td>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).</td>
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<tr>
<td>Fault</td>
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<tr>
<td>I am My Trauma</td>
<td>Your trauma is your identity; it is more important than anything else</td>
<td>--My life is pain. --I am what I have suffered.</td>
<td>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.</td>
</tr>
</tbody>
</table>

### PTSD Checklist-Civilian Version

**INSTRUCTIONS TO PATIENT:** Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully, and check off the box to indicate how much you have been bothered by that problem in the past month.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing memories, thoughts, or images of a stressful experience?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. Repeated, disturbing dreams of a stressful experience?</td>
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<td>3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
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<td>1</td>
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<td>4. Feeling very upset when something reminded you of a stressful experience?</td>
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<td>2</td>
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<td>5</td>
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<tr>
<td>5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?</td>
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<td>6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?</td>
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<td>7. Avoiding activities or situations because they reminded you of a stressful experience?</td>
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<td>8. Trouble remembering important parts of a stressful experience?</td>
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<td>9. Loss of interest in activities that you used to enjoy?</td>
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<td>10. Feeling distant or cut off from other people?</td>
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<td>11. Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
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<td>Question</td>
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<td>12</td>
<td>Feeling as if your future will somehow be cut short?</td>
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<td>13</td>
<td>Trouble falling or staying asleep?</td>
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<td>14</td>
<td>Feeling irritable or having angry outbursts?</td>
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<td>15</td>
<td>Having difficulty concentrating?</td>
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<td>16</td>
<td>Being &quot;super-alert&quot; or watchful or on guard?</td>
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<td>17</td>
<td>Feeling jumpy or easily startled?</td>
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</tbody>
</table>

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

END OF TEST

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

For articles on the measure, including scoring, go to www.ncptsd.org (section “assessment”) and search for “PCL-C”.
**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>
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</thead>
<tbody>
<tr>
<td>1. Headaches</td>
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<tr>
<td>2. Insomnia</td>
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<td>3. Weight loss (without dieting)</td>
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<td>4. Stomach problems</td>
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<td>5. Sexual problems</td>
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<td>6. Feeling isolated from others</td>
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<td>7. &quot;Flashbacks&quot;(sudden, vivid, distracting memories)</td>
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<td>8. Restless sleep</td>
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<td>9. Low sex drive</td>
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<tr>
<td>10. Anxiety attacks</td>
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<td>11. Sexual overactivity</td>
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<td>12. Loneliness</td>
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<td>13. Nightmares</td>
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<tr>
<td>14. &quot;Spacing out&quot; (going away in your mind)</td>
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<td>15. Sadness</td>
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<td>16. Dizziness</td>
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<td>17. Not feeling satisfied with your sex life</td>
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<tr>
<td>18. Trouble controlling your temper</td>
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<td>19. Waking up early in the morning</td>
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<tr>
<td>20. Uncontrollable crying</td>
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<tr>
<td>21. Fear of men</td>
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<td>22. Not feeling rested in the morning</td>
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<td>23. Having sex that you didn't enjoy</td>
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<td>24. Trouble getting along with others</td>
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<td>25. Memory problems</td>
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<tr>
<td>26. Desire to physically hurt yourself</td>
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<tr>
<td>27. Fear of women</td>
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<td>28. Waking up in the middle of the night</td>
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<td>29. Bad thoughts or feelings during sex</td>
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<td>30. Passing out</td>
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<tr>
<td>31. Feeling that things are &quot;unreal&quot;</td>
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<td>32. Unnecessary or over-frequent washing</td>
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<tr>
<td>33. Feelings of inferiority</td>
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<td>34. Feeling tense all the time</td>
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<tr>
<td>35. Being confused about your sexual feelings</td>
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<tr>
<td>36. Desire to physically hurt others</td>
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<tr>
<td>37. Feelings of guilt</td>
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<tr>
<td>38. Feeling that you are not always in your body</td>
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<tr>
<td>39. Having trouble breathing</td>
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<tr>
<td>40. Sexual feelings when you shouldn't have them</td>
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</table>
“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 patient)
* “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.”