

Trauma and PTSD

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

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

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

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

Addiction

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

DSM-V term is "substance-related and addictive disorder", which can be mild, moderate, or severe.

Rates: 35% for men; 18% for women (lifetime, U.S.)

It is treatable disorder and a "no-fault" disorder (i.e., not a moral weakness)

Two ways to give it up: "cold turkey" (give up all substances forever; abstinence model) or "warm turkey" (*harm reduction*, in which any reduction in use is a positive step); *moderation management*, some people can use in a controlled fashion-- but only those not dependent on substances, and without co-occurring disorders).

The Link Between Trauma and Addiction

About trauma and addiction

Rates: Of clients in substance use disorder treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.

Gender: For women, typically a history of sexual or physical childhood trauma; for men, combat or crime

Drug choice: No one drug of choice, but PTSD is associated with severe drugs (cocaine, opioids); in 2/3 of cases the PTSD occurs first, then the substance use disorder.

Treatment issues

Other life problems are common: other Axis I disorders, personality disorders, interpersonal and medical problems, inpatient admissions, low compliance with aftercare, homelessness, domestic violence.

PTSD does not go away with abstinence from substances; and, PTSD symptoms are widely reported to become worse with initial abstinence.

Splits in treatment systems (mental health versus addiction).

Fragile treatment alliances and multiple crises are common.

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

Recommended treatment strategies

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

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

Diversity Issues

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

Seeking Safety

About Seeking Safety

✧ A present-focused model to help clients (male and female) attain safety from trauma and addiction.

✧ Up to 25 topics that can be conducted in any order, doing as many as time allows:

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

- Other topics: Introduction/Case Management, Safety, Life Choices, Termination

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

Key principles of Seeking Safety

- ☞ Safety as the goal for first-stage treatment (later stages are mourning and reconnection)
- ☞ Integrated treatment (treat both disorders at the same time)
- ☞ A focus on ideals to counteract the loss of ideals in trauma and addiction
- ☞ Four content areas: cognitive, behavioral, interpersonal, case management
- ☞ Attention to clinician processes: balance praise and accountability; notice your own emotional responses (fear, wish to control, joy in the work, disappointment); all-out effort; self-care

Additional features

- * Trauma details not part of group therapy; in individual therapy, assess client's safety and monitor carefully (particularly if has history of severe trauma, or if client is actively using substances)
- * Identify meanings of addiction in context of trauma (to remember, to forget, to numb, to feel, etc.)
- * Optimistic: focus on strengths and future
- * Help clients obtain more treatment and attend to daily life problems (housing, AIDS, jobs)
- * Harm reduction model or abstinence
- * 12-step groups encouraged, not required
- * Empower clients whenever possible
- * Make the treatment engaging: quotations, everyday language
- * Emphasize core concepts (e.g., "You can get better")

Evidence Base

Seeking Safety is an evidence-based model, with over 45 published research articles and consistently positive results. For all studies, go to www.seekingsafety.org, 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 toward the end of these handouts.

- ✧ **Implementation / research articles**: all articles related to Seeking Safety can be freely downloaded.
- ✧ **Training**: training calendar and information on setting up a training (section Training).
- ✧ **Consultation**: on clinical implementation, research studies, evaluation projects.
- ✧ **Fidelity Scale**: free download (section Assessment).
- ✧ **Book**: *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Has the clinician guide and all client handouts. Also available in **Spanish, French, German, Swedish, Danish, Japanese, Arabic, Dutch, Polish, Chinese, Vietnamese, Portuguese, Italian, and Greek**. Upcoming: American Sign Language will soon be available.
- ✧ **DVD training series**: 4 training videos on Seeking Safety. (1) *Seeking Safety* (2-hour training video by Lisa Najavits); (2) *Asking for Help* (one-hour demonstration of a group session with real clients); (3) *A Client's Story* (26 minute unscripted life story by a male trauma survivor) and *Teaching Grounding* (16 minute example of the grounding script from Seeking Safety with a male client); (4) *Adherence Session* (1-hour session for rating with the Seeking Safety Adherence Scale).
- ✧ **Online learning**
- ✧ **Teaching Guide to Introduce Seeking Safety to your agency**
- ✧ **Engagement materials**: card deck, poster, magnets, wallet card, key chain of the safe coping skills; in English, Spanish, French.

Contact Information

Contact: *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1610 [phone]; info@treatment-innovations.org [email]; www.seekingsafety.org or 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: Karla Smith, LICSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. Karlasmith@gmail.com.

Resources on Addiction and Trauma

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

Educational Materials

Books on trauma and addiction

1. Najavits, L. M. (in press). Creating Change: A Past-Focused Treatment Manual for Trauma and Addiction. New York: Guilford.
2. Najavits, L. M. (2019). Finding Your Best Self: Recovery from Addiction, Trauma or Both. New York, NY: Guilford Press.
3. Black, C. (2017). Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family. Las Vegas: Central Recovery Press.
4. Ouimette, P. & Read, J. (2013) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders (2nd edition). Washington, DC: American Psychological Association Press.
5. Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford.

Books on trauma

1. Crawford, L. (2021). Notes on a Silencing: A Memoir. Hachette: New York.
2. Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols, and Procedures. New York: Guilford Press.
3. Evans, A. (2017). Trauma-Informed Care: How Neuroscience Influences Practice: Routledge.
4. Briere, J.N. & Scott, C. (2012). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. Thousand Oaks, CA: Sage.
5. Hoge, C.C. (2010). Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI. GPP Life Press.
6. van der Kolk (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. New York: Viking.
7. Shay, J. (1994). Achilles in Vietnam: Combat trauma and the undoing of character. New York: Simon & Schuster.
8. Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.
9. Herman, J. L. (2023). Truth and Repair. New York: Basic Books.
10. Stone, R. (2007). No secrets no lies: How black families can heal from sexual abuse. New York: Harmony.

Books on addiction

1. Washton, A. M. & Zweben, J. E. (2023). Treating Alcohol and Drug Problems in Psychotherapy Practice (2nd edition). New York: Guilford Press.
2. Grisel, J. (2019). Never Enough: The Neuroscience and Experience of Addiction. New York: Doubleday.
3. Alter, A. (2017). Irresistible: The rise of addictive technology and the business of keeping us hooked: Penguin.
4. Najavits L. M. (2002). A Woman's Addiction Workbook. Oakland, CA: New Harbinger.

5. Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
6. Knapp, C. (1997). Drinking: A Love Story. New York: Random House.
7. Miller, W. R., Zweben, A., et al. (1995). Motivational Enhancement Therapy Manual (Vol. 2). Rockville, MD: U.S. Department of Health and Human Services. Free from www.health.org.

Videos

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

Clinically-Relevant Articles

1. Najavits, L.M. & Krause, S. (2023). Group delivery of Seeking Safety for trauma and/or addiction. In Group Approaches to Treating Traumatic Stress in Adults (Ruzek, Yalch & Burkman, eds.). New York: The Guilford Press.
2. Najavits, L. M. (2022). Trauma and substance abuse: A clinician's guide to treatment. In M. Cloitre & U. Schynder (Eds.), *Evidence-based treatments for trauma-related disorders (2nd edition)*: Springer-Verlag.
3. Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., Tull, M. T., Zweben, A., Zweben, J. E. (2020). PTSD / substance use disorder comorbidity: Treatment options and public health needs. *Current Treatment Options in Psychiatry*, 1-15.
4. Hoge, C. W., & Chard, K. M. (2018). A window into the evolution of trauma-focused psychotherapies for posttraumatic stress disorder. *JAMA*, 319(4), 343-345.
5. Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. In S. Gold, J. Cook, & C. Dalenberg (Eds.), *Handbook of trauma psychology* (pp. 195–214). Washington, DC: American Psychological Association.
6. Najavits, LM, Schmitz, M, Johnson, KM, Smith, C, North, T et al. (2009). Seeking Safety therapy for men: Clinical and research experiences. In *Men and Addictions*. Nova Science Publishers, Hauppauge, NY.
7. Sherman, A. D. F., Balthazar, M., Zhang, W., Febres-Cordero, S., Clark, K. D., Klepper, M., Coleman, M., & Kelly, U. (2023). Seeking Safety intervention for comorbid post-traumatic stress and substance use disorder: A meta-analysis. *Brain and Behavior*, e2999.
8. Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS PublicationNo. (SMA) 13-4801, Rockville, MD. Free download [search "TIP 57"].
9. Substance Abuse and Mental Health Services Administration (SAMHSA, 2022) National Guidelines for Child and Youth Behavioral Health Crisis Care. Publication No. PEP22-01-02-001 Rockville, MD.
10. Substance Abuse and Mental Health Services Administration (2023). Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory.
11. Substance Abuse and Mental Health Services Administration (2023). Counseling Approaches To Promote Recovery From Problematic Substance Use and Related Issues. Treatment Improvement Protocol (TIP) Series 65. Publication No. PEP23-02-01-003. Rockville, MD.
12. Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. *The Clinical Supervisor*. 1-31.

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

Safe Coping Skills (Part 1)

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

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

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

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Safe Coping Skills (Part 2)

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

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

Detaching From Emotional Pain (Grounding)

WHAT IS GROUNDING?

Grounding is a set of simple strategies to *detach from emotional pain* (for example, drug cravings, self-harm impulses, anger, sadness). Distraction works by **focusing outward on the external world**-- rather than inward toward the self. You can also think of it as “distraction,” “centering,” “a safe place,” “looking outward,” or “healthy detachment.”

WHY DO GROUNDING?

When you are overwhelmed with emotional pain, you need a way to detach so that you can gain control over your feelings and stay safe. As long as you are grounding, you cannot possibly use substances or hurt yourself! Grounding “anchors” you to the present and to reality.

Many people with trauma and addiction struggle with either feeling too much (overwhelming emotions and memories) or too little (numbing and dissociation). In grounding, you attain balance between the two-- conscious of reality and able to tolerate it.

Guidelines

- ◆ Grounding can be done any time, any place, anywhere and no one has to know.
- ◆ Use grounding when you are: faced with a trigger, having a flashback, dissociating, having a substance craving, or when your emotional pain goes above 6 (on a 0-10 scale). Grounding puts healthy distance between you and these negative feelings.
- ◆ Keep your eyes open, scan the room, and turn the light on to stay in touch with the present.
- ◆ Rate your mood before and after to test whether it worked. Before grounding, rate your level of emotional pain (0-10, where means “extreme pain”). Then re-rate it afterwards. Has it gone down?
- ◆ No talking about negative feelings or journal writing. You want to distract *away* from negative feelings, not get in touch with them.
- ◆ Stay neutral-- no judgments of “good” and “bad”. For example, “The walls are blue; I dislike blue because it reminds me of depression.” Simply say “The walls are blue” and move on.
- ◆ Focus on the present, not the past or future.
- ◆ Note that grounding is *not* the same as relaxation training. Grounding is much more active, focuses on distraction strategies, and is intended to help extreme negative feelings. It is believed to be more effective for trauma than relaxation training.

WAYS TO GROUND

Mental Grounding

☞ Describe your environment in detail using all your senses. For example, “The walls are white, there are five pink chairs, there is a wooden bookshelf against the wall...” Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature. You can do this anywhere. For example, on the subway: “I’m on the subway. I’ll see the river soon. Those are the windows. This is the bench. The metal bar is silver. The subway map has four colors...”

☞ Play a “categories” game with yourself. Try to think of “types of dogs”, “jazz musicians”, “states that begin with ‘A’”, “cars”, “TV shows”, “writers”, “sports”, “songs”, “European cities.”

☞ Do an age progression. If you have regressed to a younger age (e.g., 8 years old), you can slowly work your way back up (e.g., “I’m now 9”; “I’m now 10”; “I’m now 11”...) until you are back to your current age.

☞ Describe an everyday activity in great detail. For example, describe a meal that you cook (e.g., “First I peel

the potatoes and cut them into quarters, then I boil the water, I make an herb marinade of oregano, basil, garlic, and olive oil...”).

☞ Imagine. Use an image: *Glide along on skates away from your pain; change the TV channel to get to a better show; think of a wall as a buffer between you and your pain.*

☞ Say a safety statement. “My name is _____; I am safe right now. I am in the present, not the past. I am located in _____; the date is _____.”

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- ☞ Read something, saying each word to yourself. Or read each letter backwards so that you focus on the letters and not on the meaning of words.
- ☞ Use humor. Think of something funny to jolt yourself out of your mood.
- ☞ Count to 10 or say the alphabet, very s..l..o..w..l..y.
- ☞ Repeat a favorite saying to yourself over and over (e.g., the Serenity Prayer).

Physical Grounding

- Run cool or warm water over your hands.
- Grab tightly onto your chair as hard as you can.
- Touch various objects around you: a pen, keys, your clothing, the table, the walls. Notice textures, colors, materials, weight, temperature. Compare objects you touch: Is one colder? Lighter?
- Dig your heels into the floor-- literally “grounding” them! Notice the tension centered in your heels as you do this. Remind yourself that you are connected to the ground.
- Carry a *grounding object* in your pocket-- a small object (a small rock, clay, ring, piece of cloth or yarn) that you can touch whenever you feel triggered.
- Jump up and down.
- Notice your body: The weight of your body in the chair; wiggling your toes in your socks; the feel of your back against the chair. You are connected to the world.
- Stretch. Extend your fingers, arms or legs as far as you can; roll your head around.
- Walk slowly, noticing each footstep, saying “left”, “right” with each step.
- Eat something, describing the flavors in detail to yourself.
- Focus on your breathing, noticing each inhale and exhale. Repeat a pleasant word to yourself on each inhale (for example, a favorite color or a soothing word such as “safe,” or “easy”).

Soothing Grounding

- ❖ Say kind statements, as if you were talking to a small child. E.g., “You are a good person going through a hard time. You’ll get through this.”
- ❖ Think of favorites. Think of your favorite color, animal, season, food, time of day, TV show.
- ❖ Picture people you care about (e.g., your children; and look at photographs of them).
- ❖ Remember the words to an inspiring song, quotation, or poem that makes you feel better (e.g., the Serenity Prayer).
- ❖ Remember a safe place. Describe a place that you find very soothing (perhaps the beach or mountains, or a favorite room); focus on everything about that place-- the sounds, colors, shapes, objects, textures.
- ❖ Say a coping statement. “I can handle this”, “This feeling will pass.”
- ❖ Plan out a safe treat for yourself, such as a piece of candy, a nice dinner, or a warm bath.
- ❖ Think of things you are looking forward to in the next week, perhaps time with a friend or going to a movie.

WHAT IF GROUNDING DOES NOT WORK?

-
- Practice as often as possible, even when you don’t “need” it, so that you’ll know it by heart.
 - Practice faster. Speeding up the pace gets you focused on the outside world quickly.
 - Try grounding for a loooooonnnnnngggg 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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