
Quotation

**“You are not responsible for being
down, but you are responsible
for getting up.”**

—Jesse Jackson
(20th-century American political leader)

What Is PTSD?

PTSD stands for “posttraumatic stress disorder”—a set of emotional problems that can occur after someone has experienced a terrible, stressful life event.

PTSD means:

“post	traumatic	stress	disorder”
↓	↓	↓	↓
“after”	“trauma”	“anxiety”	“reaction”

★ Do you have PTSD? Check off (✓) those below that are true for you.

1. You survived a *trauma*: an event outside of your control in which you experienced or witnessed a physical threat (e.g., sexual abuse, physical abuse, war combat, seeing someone killed, surviving a hurricane, a car accident).
2. Your *response* to the trauma involved intense helplessness, fear, or horror (or, if you were a child at the time, agitated or disorganized behavior).
3. After the trauma, you suffered *each of the following problems* for over a month:
 - ✦ **INTRUSION:** The trauma comes back into mind even when you don’t want it to, as in nightmares, flashbacks, or images.
 - ✦ **AVOIDANCE:** Numbing, feeling detached, avoiding any reminders of the trauma.
 - ✦ **AROUSAL:** Feeling “hyped up” (e.g., easily startled, sleep problems, anger).
 - ✦ **LOWER FUNCTIONING:** Problems with relationships, work, or other major areas of life.

Note: You have PTSD if you checked off all of the items above.

TYPES OF PTSD

There are two types of PTSD. “Simple PTSD” is from a single incident (such as a car accident or a tornado), usually as an adult. “Complex PTSD” is from repeated incidents such as domestic violence or ongoing childhood abuse. It has a broader range of symptoms, including problems with self-harm, suicide, dissociation (“losing time”), relationships, memory, sexuality, health, anger, shame, guilt, numbness, loss of faith and trust, and feeling damaged.

MORE ABOUT PTSD . . .

* **Your PTSD symptoms are normal after what you have been through.** You are not crazy, weak, or bad! That is why PTSD has been called “a normal reaction to abnormal events.”

* **PTSD is considered an anxiety disorder** because it is marked by an overwhelming feeling of anxiety during or after the trauma. It is a psychiatric illness, but it is definitely possible to heal from it.

* **Rates of PTSD:** 61% of men experience trauma during their lives, with 5% developing PTSD; for women, 51% experience trauma, and 10% develop PTSD. Why do some people develop PTSD after trauma and others don’t? This is not fully known, but some risk factors include more severe, repeated, and/or early trauma; poverty; parents who had PTSD; and life stress.

* **Knowledge about PTSD is relatively recent.** It was first studied in soldiers who experienced combat. Later, it came to be understood in a wide variety of terrible life events (e.g., sexual and physical abuse, natural disasters). PTSD was added to the official list of psychiatric disorders only in 1980. More is being learned all the time because it is so important.

* **It is possible to heal from severe trauma.** Some famous people who have include Oprah Winfrey (TV personality), Melanie Griffith (actress), and Maya Angelou (writer).

The Link between PTSD and Substance Abuse

PTSD and substance abuse are closely connected for many people, yet this link often goes unrecognized. Below is some information that may be helpful to you.

◆ **You are not alone!** For people with substance abuse, PTSD is one of the most common dual diagnoses. Among women in treatment for substance abuse, 30%–59% have current PTSD. Among men in substance abuse treatment, 11%–38% have current PTSD.

◆ **There are many reasons why people with PTSD abuse substances:** to access feelings or memories, or the opposite—to escape from feelings or memories; to get through the day; to compensate for the pain of PTSD; to commit “slow suicide”; because they grew up with substance abuse in the family; because they don’t care about taking care of their bodies.

◆ **People with PTSD and substance abuse tend to abuse the most dangerous substances:** cocaine and opiates.

◆ **Gender differences:** Women with PTSD and substance abuse typically experienced childhood physical and/or sexual abuse; men with both disorders typically experienced crime victimization or war trauma.

◆ **Two main themes of both disorders are secrecy and control.** “Secrecy” means you may feel ashamed and wish to keep your problems a secret (e.g., the traumas you experienced, the amount of your substance use). “Control” refers to the idea that with trauma and substance abuse, you feel out of control. In PTSD, a terrible event occurred that you neither chose nor wanted; in substance abuse, you have lost control over your ability to stop using. Learning the skills of honesty and regaining control are thus important for healing.

◆ **Each of the disorders makes the other more likely.** If you have PTSD, you are at increased risk for substance abuse. If you have substance abuse, you are at increased risk for trauma. It is thus important to try to keep yourself safe to prevent further trauma and substance abuse.

◆ **The relationship between PTSD and substance abuse is complex.** Using substances can either increase or decrease the PTSD symptoms. Yet abstinence from substances can also either increase or decrease the PTSD symptoms. Try to notice the patterns that occur for you. Getting to know the relationship between the two disorders in your life can help you cope better with the recovery process.

◆ **Why do PTSD and substance abuse occur together?** Four patterns are common:

1. *PTSD can lead to substance abuse.* To overcome the terrible symptoms of PTSD, you may use substances to “self-medicate”—to try to feel better. For example, you may have begun using alcohol to get to sleep at night.

2. *Substance abuse can lead to PTSD.* If you abuse substances, you may be vulnerable to dangerous traumatic situations because your “guard is down” or your self-esteem is low—for example, getting drunk at a bar and going home with a stranger who assaults you.

3. *PTSD and substance abuse may have both occurred together.* Some people grew up in a home where family members abused substances and also hurt each other.

4. *PTSD and substance abuse can be connected in a “downward spiral.”* PTSD can lead you to use substances; by using substances, you are at increased risk for more trauma; if more trauma happens, you may use more substances to “cope” . . . and so on.

The “big picture” priorities in this treatment:

★ **Eliminate substance use**

★ **Learn to manage PTSD**

★ **Become safe**

You can heal from both PTSD and substance abuse!

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Using Compassion to Take Back Your Power

Having compassion for your PTSD and substance abuse is a way to “take back your power.” One of the most troubling aspects of PTSD and substance abuse is that you feel powerless over them—they are controlling you rather than you controlling them. “Compassion” means accepting and respecting yourself. The opposite of compassion is harshness. Rather than blaming yourself, the goal is to understand and really listen to yourself at a deep level. This can make it easier to heal from PTSD and substance abuse.

Compassion may feel very difficult to do. It is easier to “beat yourself up” and hate yourself, especially if you grew up in a family where this is how you were treated. With PTSD and substance abuse, you may view yourself as sick, damaged, weak, crazy, bad, or lazy. There may be people in your life who view you in those ways too. However, it is helpful to understand your PTSD and substance abuse as attempts to survive and cope. It has been said that “these symptoms simultaneously conceal and reveal their origins; they speak in disguised language of secrets too terrible for words” (Herman, 1992, p. 96).

This does not mean that the PTSD and substance abuse should continue. Indeed, the major goal of this treatment is to help you overcome PTSD and substance abuse by learning safe ways of coping. But it helps to understand your PTSD and substance abuse as signs of distress. It is like having a fever when you are ill—it tells you that you need to get help and take good care of yourself.

COMPASSION FOR YOUR PTSD

PTSD can be understood as an attempt by your mind and body to survive overwhelming trauma. PTSD symptoms may have helped you to “tune out” the terrible trauma . . . protect yourself from further harm . . . feel more in control of an uncontrollable situation . . . feel safer . . . adapt to your environment . . . get people to notice your pain.

Examples of Viewing PTSD Symptoms with Compassion

Suicidal thinking

Harsh view: “I’m hopeless. What’s wrong with me? I should just get over it already.”

Compassionate view: “It’s my way to feel more in control, by choosing life or death. In therapy I can learn other ways to feel control, but suicidal thoughts make sense after what I’ve lived through.”

Relationship problems

Harsh view: “I’m unlovable. I deserved what happened to me. I’m a bad person.”

Compassionate view: “I learned not to trust people, and that helped me survive. I can keep working on relationship issues, but I need to be respectful of myself and why I have these problems.”

★ Write a harsh versus compassionate view of your PTSD. (Continue on back for more space.)

Harsh view: _____

Compassionate view: _____

(cont.)

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COMPASSION FOR YOUR SUBSTANCE ABUSE

Substance abuse can be understood as a misguided attempt to cope with PTSD and other problems.

Using substances may have been a way to numb the pain . . . get to sleep . . . escape negative feelings . . . forget about the past . . . get through the day . . . access feelings or memories that you know are there . . . try to feel normal . . . show people how bad you feel because you can't put it into words . . . compensate for your suffering . . . give you some pleasure in life . . . feel in control . . . feel accepted by people . . . get rid of dissociation and flashbacks.

Viewing your substance abuse with compassion does not mean "It's okay to use, or "If I use, I can excuse myself because I was trying to numb the pain." A major goal of this treatment is to *eliminate all substance use*. If you truly view your substance abuse with compassion, you will strive to eliminate it completely because you will see that, in the long run, it brings you only misery and dysfunction. Although it may sometimes work in the short run to "self-medicate" problems, it never works in the long run.

Examples of Viewing Substance Abuse with Compassion

Can't stop using substances

Harsh view: "I'm such a failure. Look what I turned into—I have no self-control; what a wreck."

Compassionate view: "My substance abuse has been a way to try to deal with my overwhelming PTSD symptoms. I've been trying to numb the pain. I now need to learn other ways to cope. Substance abuse is a medical illness, and I need help with it."

Lying about substance use

Harsh view: "I'm a no-good liar. I lie to my partner, my kids, my doctor. I hate my life."

Compassionate view: "I need to stop lying so I can recover. But there are real reasons why I lie about my substance abuse: shame, guilt, feeling bad about myself. I need help working on these."

★ *Write a harsh versus compassionate view of your substance abuse. (Continue on back for more space.)*

Harsh view: _____

Compassionate view: _____

STRENGTHS FROM ADVERSITY

Another way to view PTSD and substance abuse with compassion is to recognize the *strengths* you may have developed—the "gifts from suffering." Usually, the most profound growth occurs from overcoming difficult experiences. PTSD and substance abuse may have given you the ability to survive under tough conditions . . . imagination and creativity . . . depth . . . spirituality . . . sensitivity to others . . . awareness of the extremes in life . . . the ability to persist despite pain and setbacks . . . appreciation for animals, children, and people outside the mainstream . . . responsiveness to art and nature.

★ *Do you notice any personal strengths from your struggles with PTSD and substance abuse? (Continue on back for more space.)* _____

Long-Term PTSD Problems

This handout is provided for people who are already knowledgeable about PTSD and want additional information about its long-term impact. It can be upsetting to read, so ask your therapist first, and *do not read this if you feel too vulnerable right now*—you can wait until later in treatment. If you begin to read it and become upset, just stop.

In addition to the standard definition of PTSD described in Handout 1, there are other problems that may occur with PTSD, especially for people who have suffered repeated childhood abuse (Herman, 1992). You may have some and not others.

1. Your sense of self

- Helplessness, difficulty taking initiative
- Shame, guilt, self-blame
- Sense of being damaged
- Sense of being alien (e.g., not normal, less than human)
- Altered sense of age (feeling very old or very young)

2. Distorted views of the perpetrator

- Preoccupation with one's relationship with the perpetrator
- Belief that the perpetrator continues to have all of the power
- "Stockholm syndrome": idealizing the perpetrator, loving him or her, feeling grateful
- Sense of a supernatural or "fated" relationship with the perpetrator
- Acceptance of the perpetrator's ideas and beliefs

3. Your sense of meaning

- Loss of faith
- Despair
- Feeling that you don't have a future (such as not expecting to have a career, family, or children)

4. Your relationships

- Tendency to be revictimized (difficulty protecting yourself from harmful relationships)
- Isolation
- Difficulty having close relationships (distrust, conflicts, secrets)
- Tendency to view others as rescuers, victims, or perpetrators
- Tendency to repeat problematic relationship patterns (called "reenactment")

5. Your physical well-being

- Sleep problems
- More than average health problems
- Eating problems
- Risk for HIV/AIDS
- Substance abuse

(cont.)

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6. Managing your feelings and behaviors

- Suicidal thinking and attempts
- Difficulty tolerating depression and anxiety
- Explosive anger, difficulty expressing anger, or both
- Problems with sexuality (compulsive involvement, inhibited sexuality, confusion)
- Alternating between feeling numb (no feelings) and out of control (too much feeling)
- Use of destructive methods to cope with feelings (substance abuse, self-harm, destruction of property)

7. Your memory and perception

- Memory problems (no memory of traumatic events, or overwhelming memories)
- Dissociation (feeling “out of it,” “losing time”); feeling as though you are not real, or that you are outside your body
- Reliving experiences (flashbacks, nightmares, preoccupation with the event)

8. Other emotional disorders

- Depression
- Eating disorders
- Panic disorder and other anxiety disorders
- Personality disorder

Acknowledgments: Handouts 1, 2, and 4 draw from Herman (1992), Handout 1 draws from the American Psychiatric Association (1994) and from various professional journal articles. Ask your therapist for guidance if you would like to locate any of these sources.

Ideas for a Commitment

Commit to one action that will move your life forward!

It can be anything you feel will help you, or you can try one of the ideas below.

Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- ✦ Option 1: Pretend that a TV station wants to interview you for a documentary, "People Who Survived PTSD and Substance Abuse," to help inspire others. The interviewer says, "Tell me what strengths have helped you to survive." What would you say?
- ✦ Option 2: How can you "take back your power"? Identify at least one PTSD or substance abuse problem you have and how you want to conquer it.
- ✦ Option 3: Bring to the next session something that symbolizes *hope* to you (perhaps a photograph of someone important to you, a picture of a place you want to visit, or a poem).
- ✦ Option 4: Reread the handouts from today's session and underline the material that makes you feel most motivated to work on your recovery.
- ✦ Option 5: Write a dialogue in which you talk to yourself compassionately about your PTSD and/or substance abuse problems.

Commitment to Recovery

*A commitment is a promise—to yourself, to your recovery, and to your therapist.
If you cannot complete your commitment, or need to change it,
be sure to leave your therapist a message before your next session.*

Name: _____ Date: _____

Commitment for next session	
I will do:	By when:

Community Resource to call before next session	
I will call:	By when:

REMINDERS

- Your next session is scheduled for: _____ Date _____ Time _____
- Where will you put this sheet to remember it?: Wallet ____ Refrigerator door ____ Notebook ____
Other location: _____

(tear here) ----- (tear here)

THERAPIST COPY

Patient Initials: _____

Today's Date: _____

Commitment for next session	
I will do:	By when:

Community Resource to call before next session	
I will call:	By when:

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End-of-Session Questionnaire

To be completed anonymously; do not fill in your name.

Session Topic: _____ Date: _____

Please be honest about your view of today's session, so that the treatment can be made as helpful as possible. Answer questions 1–6 below using the following scale:

0	1	2	3
Not at all	A little	Moderately	A great deal

1. How helpful was today's session for you, overall? ____

2. In today's session, how helpful were:

- a. The topic of the session? ____
- b. The handout? ____
- c. The quotation? ____
- d. The therapist? ____

3. How much did today's session help you with your:

- a. PTSD? ____
- b. Substance abuse? ____

4. How much do you think you'll use what you learned in today's session in your life? ____

5. Do you have any other comments or suggestions about today's session? Please be honest about both positive and negative reactions.

Positive reactions: _____

Negative reactions: _____

6. How could this treatment be more helpful to you?

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