

SESSION ELEVEN: RECOVERY THINKING

Unhealthy thoughts are reframed in this module, and healthy, recovery thinking is suggested.

Handouts cover ways to change thinking into newer, more positive thoughts.

Substances may hold meaning for the client, such as a cry for help, a way to self harm, a slow suicide, or a way to change the pain one feels.

SESSION ELEVEN: RECOVERY THINKING

Exploration of the individual's thinking can lead to much richer understanding of the client's distorted self perception.

Cognitive therapy is meant to, in this session, identify meanings patients create and helping clients shift from thoughts that are harmful to thoughts that are healing.

SESSION ELEVEN: RECOVERY THINKING

The author suggests bearing in mind, several points, including that that people with PTSD and SUD can feel ashamed and/or blamed when discussing negative thinking.

Identifying and changing one's thoughts is a difficult thing to do.

Use client-centered language; do not talk over your clients.

Allow rethinking to get to the core beliefs of the client.

HANDOUT ONE: NOTICE WHAT YOU SAY!

Guide patients to become more aware of the thoughts associated with substance use, PTSD and recovery.

Encourage clients to explore the thoughts that sound the most familiar, or the most like them.

Recovery Thinking

Notice What You Say to Yourself!

Recovery thinking means talking to yourself with respect and support.

SUBSTANCE ABUSE THOUGHTS
Compare the thoughts associated with substance use (left column) to the thoughts associated with recovery (right column).

Substance Abuse Thoughts	versus	Recovery Thoughts
"I need it now" <i>(Wants instant satisfaction)</i>	versus	"I can wait" <i>(Self-control)</i>
"I don't care about the future" <i>(Unable to plan)</i>	versus	"How will I feel later?" <i>(Able to plan)</i>
"Life just should always go smoothly" <i>(Can't tolerate frustration)</i>	versus	"Sometimes things go wrong" <i>(Can tolerate frustration)</i>
"I can do what I want" <i>(Focused only on self)</i>	versus	"If I use, I'll hurt my side" <i>(Focused on self and others)</i>
"I need drugs to numb the pain" <i>(Can't tolerate bad moods)</i>	versus	"I can tolerate feeling down" <i>(Can tolerate bad moods)</i>
"Abstinence will be boring" <i>(Afraid of boredom)</i>	versus	"I can try new things" <i>(Locates exciting activities)</i>
"I'll never get over this" <i>(Overreacts)</i>	versus	"Take it a step at a time" <i>(Balanced)</i>
"I might as well use—my life's a mess" <i>(Down's core)</i>	versus	"I quit!" <i>(Cares)</i>
"I'll only have one drink" <i>(Unrealistic)</i>	versus	"I know I can't use" <i>(Realistic)</i>
"I see no self-discipline" <i>(Shame)</i>	versus	"I can learn self-discipline" <i>(Shows to grow)</i>

(cont.)

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HANDOUT ONE: NOTICE WHAT YOU SAY!

Understand that clients are likely to have a mix of both sides of the page. Consider what it is like to have conflicting messages in one's thought process.

Handout 1, page 2 of 2

Notice Thoughts

PTSD THOUGHTS

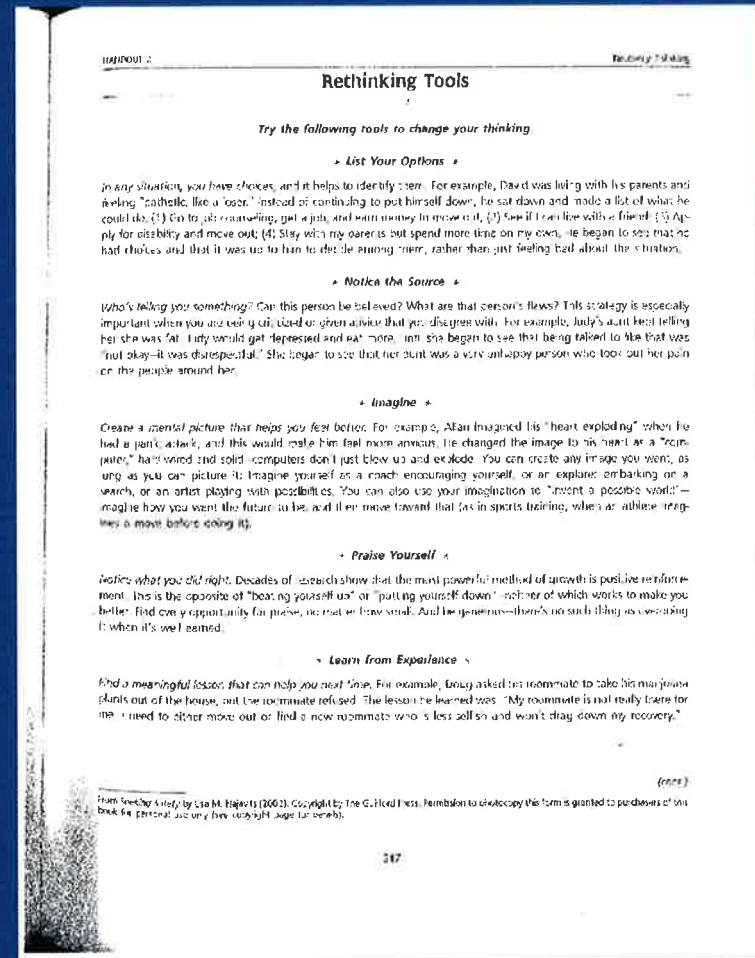
* Compare the thoughts associated with PTSD (left column) to the thoughts associated with recovery (right column)

PTSD Thoughts	versus	Recovery Thoughts
"I'm worthless" (Rears self up)	versus	"I did it for you" (Buks self up)
"I want to cut my arm" (Self-harm)	versus	"I want to solve the problem" (Covers it up)
"I don't matter" (Neglects self)	versus	"I need to attend to my needs" (Takes care of self)
"There's no point" (Chooses to die)	versus	"Life is what I make it" (Chooses to live)
"I'll always be alone" (Isolates)	versus	"I can connect" (Reaches out)
"I am my abuse" (Narrow identity)	versus	"I am a human being" (Broad identity)
"Nothing will change" (Rigid)	versus	"I can grow" (Flexible)
"I need to die" (Seeks escape)	versus	"I can work on it" (Confronts problems)
"I'm nothing" (Denial)	versus	"I'm a decent person" (Affirming)
"I'm bad" (Views self)	versus	"I'm good" (Views self)
"Bad relationships are all I can get" (Stays with unsafe people)	versus	"I can find good people" (Seeks safe people)
"I can't cope" (Gives up)	versus	"I can try" (Seeks solutions)
"Nothing is all there is" (Sees only pain)	versus	"Life is a mix" (Sees pleasure and pain)

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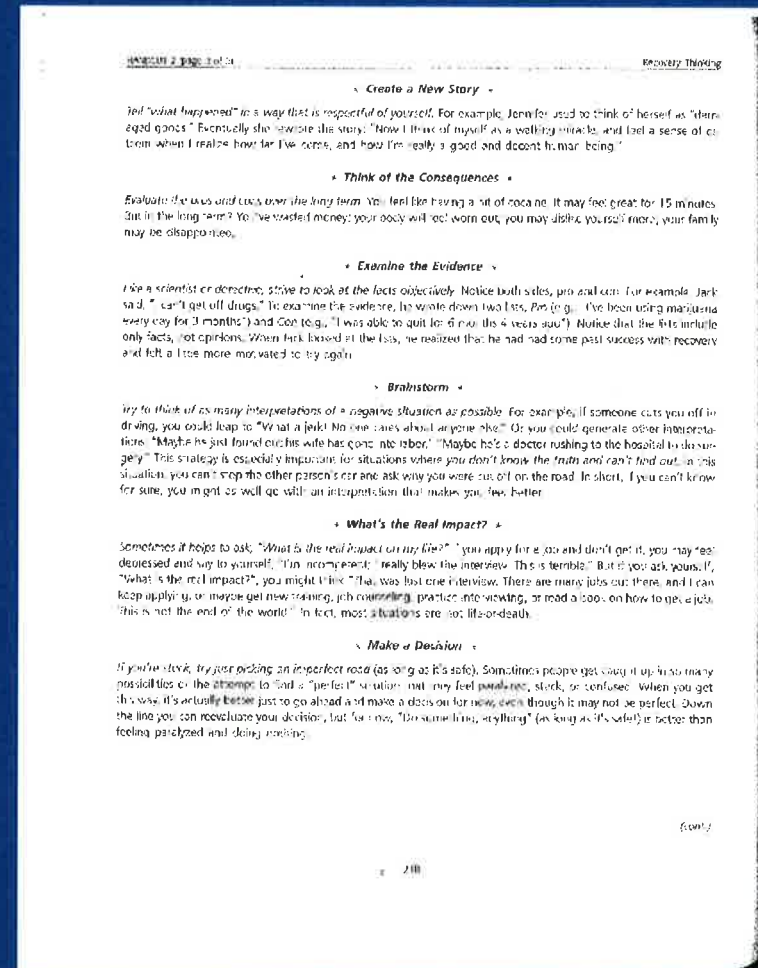
HANDOUT TWO: RETHINKING TOOLS

Rethinking tools are ways for the clients to learn how to change their thinking by listing the options, noticing the source, imagine, praise oneself, and learn from experience.



HANDOUT TWO: RETHINKING TOOLS

Break down what is meant by each, and it may be helpful to have clients rehearse in the group.



HANDOUT THREE: ABOUT RETHINKING

This handout talks about the skill itself, and what it means.

It normalizes that everyone has thoughts about themselves, and that changing the thoughts takes practice.

About Rethinking

• **Everyone is thinking, all the time, even when one is not aware of it.** While awake, we are always in a "re-creation" with ourselves (sometimes called "self-talk"). It ranges from the good ("What should I have for lunch?") to the profound ("Why should I give up with life?"). Much of this thinking is automatic; it just happens. In rethinking, the idea is to become aware of this internal dialogue and to choose thinking that helps you feel better. For example, saying to yourself, "I'm no good," would be depressing; saying to yourself, "I've had a hard life but that's not my fault," might feel a little better.

• **Notice how thinking impacts your life.** Thinking affects how you feel and act. For example, imagine that you are home alone at night and drifting off into sleep. Suddenly you hear a rattle at the window. If you think, "It's the wind rustling a tree branch against the window," you are likely to feel fine and go back to sleep. But if you think, "It's a robber trying to break in," you are likely to feel anxious and call the police. The same situation occurs—hearing a rattle at the window—but *what* you feel and act depends on *what* you think.

• **Rethinking does not mean "positive thinking"—it means realistic thinking.** For example, if you think, "I'm a bad person," just flipping this around to "I'm a good person" does not work. The goal is not just to reverse negative thoughts into positive ones, but to evaluate them realistically. Various ways to evaluate your thoughts are described in Handout 2. But it is important to emphasize that rethinking does not mean "the power of positive thinking," but rather, the power of *realistically exploring* the way you look at the world, the meanings you create, and the realities of your experience.

• **Rethinking is a profound emotional experience.** People sometimes believe that "rethinking" is dry, intellectual, boring, or schoolish. When you learn to do it well, it is a deep experience that helps you truly feel better, so it is not about "swelling to yourself" things you don't really believe, or just saying what you think you ought to say. It is about discovering who you are and choosing how you want to approach your life. Some keys to making it work at this powerful level include the following:

- **Identify "hot" thoughts.** These are thoughts that are connected to your feelings, that matter to you right now.
- **Stay specific.** If you have a general thought such as "My life is hopeless," try to break it down into what specific and recent real-life experience set off that thought. For example, it might help to identify when you most recently thought this (e.g., yesterday evening when you were home alone) and what it was connected to (e.g., you had been drinking). Then you can work on changing it more easily (e.g., "I notice that I feel more hopeless when I drink," or "If I spend time with people in the evenings, I might not feel so down")—it takes practice, but it really can help.

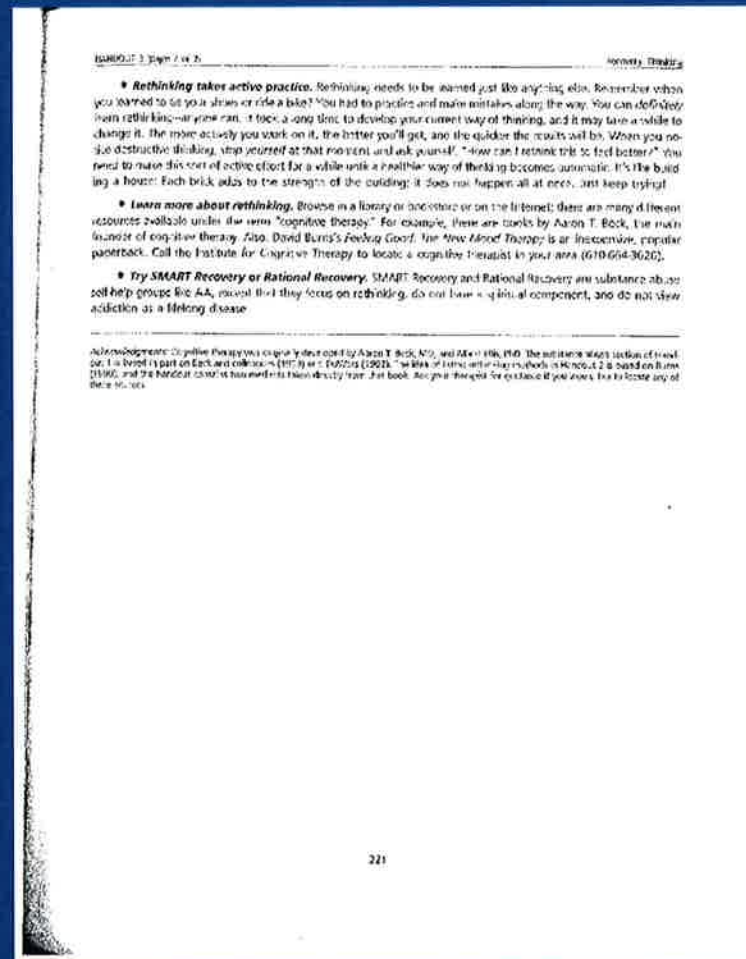
• **Your thoughts are not wrong or bad.** Some people assume, "If I need to re-think, I must be my thoughts are bad." This is especially true for people with PTSD and substance abuse, who may already feel bad about their selves. But *everyone* has a variety of thoughts, some of which are negative. Remember that there are good reasons why you developed the thoughts you have: they come from your life experiences. For example, if you lived through combat during war, you may have begun to believe that "people are vicious and out for themselves." Or if you were repeatedly told certain things when you were a child (e.g., "You'll never amount to anything"), after a while you began to believe it. You may notice too that how you talk to yourself resembles how people in your life have talked to you.

(cont.)

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HANDOUT THREE: ABOUT RETHINKING

Thoughts are not wrong; they are simply not the best for someone looking to change their lives.



SESSION TWELVE: INTEGRATING THE SPLIT SELF

In this session, patients are encouraged to look at what the author calls “splits”, and to integrate these two (or more) sides of oneself.

In extreme versions of this, the client may meet criteria for DID. This will require more work that cannot be accomplished in short term work.

This can explain why clients feel love toward them self on some days, and self loathing the next.

HANDOUT ONE: SPLIT SELF

This discusses what splitting is, how it happens for a good reason, and explore ways to integrate the split self.

Heavy focus on survival mechanism

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The Split Self

* Do you ...

1. Do things and not remember how they happened (e.g., find yourself at a bar, not aware of how you got there)? Yes / No / Not sure
2. "Flip" into different emotional states (e.g., your moods shift very quickly and intensely)? Yes / No / Not sure
3. Have different sides of yourself that feel like separate people (such as "the young one," "the big one," "the weak one," "the angry one")? Yes / No / Not sure
4. Feel opposite outcomes in relationships (e.g., have totally opposite feelings toward someone at one time and then totally opposite at another time)? Yes / No / Not sure
5. Frequently have mixed feelings about important decisions in your life (such as whether to stay in treatment, whether to get a job, etc.)? Yes / No / Not sure

What is "the Split Self"?

The split self refers to different sides of the self that can occur in both PTSD and substance abuse. Becoming aware of these different sides can help you recover.

Substance abuse examples: One part of you wants to use substances while another part doesn't. This is sometimes called "hot and cold."

PTSD examples: Parts of you might feel like "the child" who needs protection, a "fighter" who battles, a "teacher" who wants to take care without worrying about tomorrow, and a "healthy one" who wants to work hard on recovery.

Splitting Happens for a Very Good Reason

Splitting is a psychological defense in which your internal world has different states of consciousness that emerge at different times—just as a country needs an army for defense, so too the mind needs defenses when it is being attacked by devastating life experiences. Remember, these are normal and typical in PTSD and substance abuse; they were necessary for your survival. They do not mean that you are crazy. Also, many "normal" people have skills to some degree; the issue is how much they have them, and how dangerous they are.

If you have skills to sense that you need a psychological need, either in your life to protect some part of yourself. For example, if you drove drunk and caused an accident, you may have felt extremely guilty but couldn't face these feelings at the time. The guilt may keep "popping up" in various ways in your life (in bad dreams or flashbacks). Splits can also arise in childhood if your family rejected important parts of you. If it was not safe for you to express or get, for example, the anger may have become split off. But the split-off side doesn't go away—it stays hidden and emerges at times that may surprise you. You may notice that you feel ashamed about whatever side of yourself has been split off.

With PTSD and substance abuse, the worst deal get inserted are typically those that want to use substances (you may feel "hard" for having cravings), that get angry (you feel you should always be "nice"), or that feel vulnerable (you feel you should always be "strong").

None of this is your fault—it all happens unconsciously, without awareness. If you were aware of it, it wouldn't be split off.

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HANDOUT ONE: SPLIT SELF

Integration and acknowledgment of
each of the sides

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Splitting Leads to Unsafe Behavior

You are not in control of your rejected sides, because they are lodged. When you don't have control over them, they can control you by coming at times when you can't expect them, or by "blotting out" healthier sides. This can be unsafe.

Exploring the Different Sides of Yourself

If you want, answer the questions below the the back of this page if you need more space.

1. Do you notice any sides to yourself?

Substance Abuse _____

PTSD _____

Other _____

2. Which sides do you like? _____ Which sides do you dislike? _____

3. Do you notice any dangerous behaviors from your "sides"? _____

THE GOAL OF INTEGRATION

Integration Is the Way to Overcome the Split Self

The way out of splitting is to integrate and accept the sides of yourself that have been rejected. What would it be like? If you left angry, you would respect that the anger is there for a good reason. Rather than splitting it, you would seek to "own" it and to express it in a safe way. The goal is to have access to all parts of yourself whenever you choose to. However, know it is difficult when a lifetime of rejecting those sides, or if they remind you of someone you hated (e.g., an abuser).

How Can You Work with the Different Sides?

➤ **Acknowledge, respect, and "own" these different sides, even if you don't like them.** It may feel as though you just want to get rid of some part of you. This doesn't work, as it is there for a good reason. A deeply caring attitude toward every part of you is what helps your recovery.

➤ **Try to remind yourself of the other sides if one side takes over.** If a side emerges that wants to crush, remind yourself that another side of you doesn't want to. If a part of you does not want to come to treatment, remind yourself of the side that does.

➤ **Do not punish yourself if you do something wrong.** Blame, guilt, shame, and "beating yourself up" increase the likelihood of maintaining splits. Why? Because they represent a lack of acceptance. If you do something you don't like, try to understand it clearly and respectfully.

➤ **Create healthy dialogue among the different sides.** Some people find success in "having a conference" among the different sides of the self, so that all sides can be heard. Or one side can try to soothe another side. Allowing the sides to "talk" to one another may sound bizarre, but, in fact, can be very healing. Try envisioning, or finding on the paper, what a healthy dialogue among sides of yourself might sound like.

SESSION THIRTEEN: COMMITMENT

This module explores the way that keeping commitments is a big part of recovery and that feelings do not have to get in the way of this goal.

Points out that feelings ebb and flow, but keeping commitments is a different behavior, and leads to a more integrated sense of self.

Positive potential is focused on, rather than a re-hashing of unkept promises.

SESSION THIRTEEN: COMMITMENT

The author reminds us that this is a higher order module, and a client who does not have basic needs met will need to make concrete commitments on motivation.



COMMITMENT

HANDOUT ONE: RESPONSIBILITY AND PROMISES

Responsibility and Promises begins with an self evaluation of how often promises to self and others are made and not kept.

The handout explores how this concept was viewed in one's family or origin.

It also explores how commitments are both personal and interpersonal.

Responsibility and Promises

★ Circle your answer to each question.

1. Do you break promises to other people?	Rarely	Sometimes	All of
2. Do you break promises to yourself?	Rarely	Sometimes	All of
3. Do you have problems getting things done?	Rarely	Sometimes	All of
4. Do you make commitments in the treatment and then not do them?	Rarely	Sometimes	All of

Do these words evoke feelings: commitment, promise, responsibility? Some people notice negative feelings when they think of these (fear, distress). Other people notice positive feelings (strong, happy).

When you were growing up, what did you learn from the people around you about commitments? Some people with ASD are substance abuse may have grown up in homes where they learned...

- Not to trust anyone.
- Escape and avoidance.
- The only way to get things done is to be yelled at.
- It's okay to disappoint people.
- The children are more responsible than the parents.
- Nothing ever gets done.
- Nobody's coming about me their different. I'll never live a normal, respect life.

★ What did you learn about commitments when you were growing up?

Commitment is both personal and interpersonal. When a commitment is broken, it can make you feel miserable, frustrated, weary, hopeless, worthless, anxious. It also affects the people around you, especially your family. How do they feel if you don't get things done? What are they learning about responsibility? How do they view you?

★ How does your ability to keep commitments impact people in your life?

Yes? _____
No? _____

★ How would you like to handle commitments in the future? Identify one word you have:

- I'd like people to believe that when I make a promise, I'll keep it.
- I'd like to commit to obligations from substances and stick to it.
- I'd like to keep my appointments and be on time.
- Other: _____

If you have trouble with commitments, remember: It's not your fault; you are doing what you learned. You can become a responsible person. You are a human being like everyone else, and it is with you is to become responsible.

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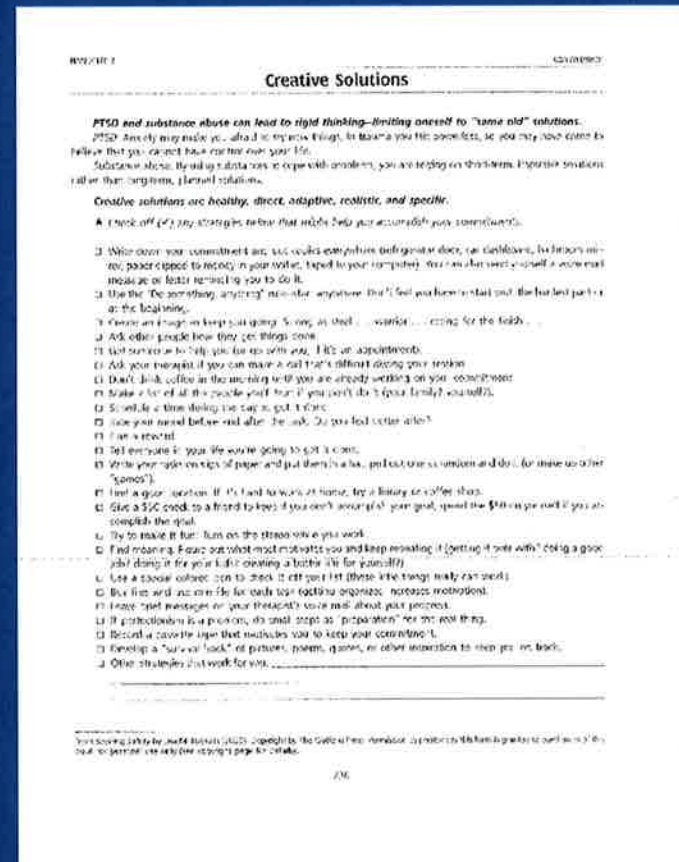
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HANDOUT TWO: CREATIVE SOLUTIONS

The handout explores ways for clients to begin to keep commitments.

The client is asked to check off any ways that they think can help them keep commitments.

These are concrete and include time frames, accountability, and realistic ways to accomplish the commitment.



HANDOUT THREE: OVERCOMING EMOTIONAL BLOCKS

This handout looks at some of the emotions that can get in the way of completing commitments.

It stresses that feelings are feelings, and they come and go.

Gives examples of how to consider commitments, such as the stop made at a red light.

HANDOUT 3 Commitments

Overcoming Emotional Blocks

* *Identify feelings that get in the way of your completing commitments.*

___ **Overwhelmed:** "I'm not capable ... there's too much to do ... I don't have time."
___ **Hopeless:** "Why bother? ... Nothing I do ever works out ... I might as well give up."
___ **Perfectionistic:** "I'm not ready to start ... I need to prepare more ... It won't be good enough."
___ **Other feelings:** _____

* *Circle any ideas below that might help you overcome your emotional blocks.*

- The single most important concept: Commitment means doing what you *swear* no matter what you are feeling. Think of a red traffic light. You don't decide to drive based on how you feel; you know you need to stop, and so you do. Commitments work the same way! If you know you need to do something, the idea is to do it even if you don't "feel like it." You can be aware of your feelings and explore them, but you still need to do the commitment as planned.
- Commit to goals that are your own, not someone else's.
- When people say "I'll try my best" it often means "I'm not really committed to it." A small goal that's actually accomplished is worth more than a large goal that you just "try" to do.
- Forget about what you didn't do yesterday. Even if you failed 100 times, it's only right now that matters. If you wake up late, start then. If you're behind, begin anyway.
- Use sheer persistence to fight feelings that get in the way. If you keep moving forward, eventually these feelings will go away.
- Make your goals concrete and simple.
- Be very honest with yourself about what you can do. Sometimes people agree to do too much and then feel terrible that they cannot do it. Stay realistic.
- Pretend you are someone who gets things done.
- Everything is a *problem* to be solved. It is not your identity, your self-worth, or sign that you're not normal, or stupid by interpreting losses in skill. It's tennis does not help.
- Don't "beat yourself up" if you fail at something. That makes you less likely to get it done next time.
- An old saying is "A good plan today is better than a perfect plan tomorrow."
- When it gets painful, restate your commitment.
- Even if you seem to be moving three steps forward and two steps back, you're still ahead by a step.
- If you don't totally accomplish your goal, you can still feel good if you got further on it than before.
- You can also try to figure out why you're having problems with feelings from the past? Unexpressed anger? But remember that figuring it out is not a substitute for action.
- Other strategies that work for you: _____

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HANDOUT FOUR: ACTION PLAN

An action plan is created with very concrete what, when, strategies that will be tried, reasons why it is important, and how to reward oneself.

This helps clients come up with realistic commitments and to hold themselves accountable to themselves, the group, and the therapist.

Handout 4: Action Plan

Name: _____ Date: _____

* An Action Plan is a way to accomplish your goal and be an *action*. Fill out the "Before" section now and the "After" section later.

B I promise to _____

E _____

E _____

O _____

R _____

E By when? _____

I will use the following strategies to accomplish my commitment:

To overcome my emotional blocks, I will _____

It is important for me to complete this commitment because _____

If I complete it, I will reward myself with _____

Signed: _____

A Result: Describe how it went. _____

F _____

T _____

E _____

R Anything you'll do differently next time? _____

If you are unable to complete your Action Plan for any reason before the next session, please leave a message with the therapist to let her or him know. This helps keep things "on track." You can write your therapist a message at _____

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SESSION FOURTEEN: CREATING MEANING

This module explores the meanings that clients create based on their lives.

These are explored and new ways of thinking are encouraged.

Research has shown that clients who are able to create constructive meaning out of their experiences are more likely to improve than those who do not do so.

The author suggests that this can take multiple sessions and to not rush, thus losing the depth of the material.

SESSION FOURTEEN: CREATING MEANING

Handout One: Creating Meaning

It is human nature to create meaning out of one's life experiences.

Meanings can be helpful or harmful, but they are never wrong or right.

Everyone can struggle with meaning at times. Important to normalize this for clients.

Creating Meaning

Below are some meanings typical of people with trauma and substance abuse. Read each meaning and, if you want, rate how much you believe each one from 0% (never) through 100% (all the time). If you can think of examples from your own life, write them in the margins.

Meanings That Harm	Definition	Rate (0%–100%)	Examples	Meanings That Heal
Deprivation Reasoning	Because you have suffered a lot, you need substances (or other self-destructive behavior).		"I've had a hard time, so I'm entitled to get high." "If you went through what I did, you'd hurt yourself too."	Live Well. 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.
I'm Crazy	You believe that you shouldn't feel the way you do.		"I must be crazy to feel this upset." "I shouldn't be having this craving."	Honor Your Feelings. 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 with them.
Time Warp	Your sense of time is distorted; you believe that a negative feeling will go on forever.		"This craving won't stop." "If I were to cry, I would never stop."	Observe Real Time. 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.
Beating Yourself Up	In your mind, you yell at yourself and put yourself down.		"I'm a bad person." "My family was right: I'm worthless."	Love—Not Hate—Creates Change. Beating yourself up may echo what people in the past have said to you. But yelling at yourself does not change your behavior; in fact, it makes you less likely to change. Care and understanding promote real change.
The Past Is the Present	Because you were a victim in the past, you are a victim in the present.		"I can't trust anyone." "I'm trapped."	Notice Your Power. Stay in the present: "I am an adult (not a child); I have choices (I am not trapped); I am getting help (I am not alone)."

(cont.)

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Meanings That Harm	Definition	Rate (0% 100%)	Examples	Meanings That Heal
The Escape	An escape is necessary (e.g., food, substances, gambling) because feelings are just too painful.		"I'm upset; I have to binge on food." "I can't stand cravings; have to smoke a joint."	Keep Growing. Emotional growth and learning are the only real escape from pain. You can learn to tolerate feelings and solve problems.
The Good Old Days	You remember the wonderful highs from something (a drug, an abusive relationship), but ignore the tragedy of it.		"Cocaine made me feel happy." "I still love my partner, even though he abused me."	See Both Sides. The drug may have felt good but the cost was losing your job; the relationship may have had some positives, but it had some serious negatives too.
Feelings Are Reality	Because something <i>feels</i> true, you believe it must be a <i>fact</i> .		"I feel like I'll never recover, so I might as well drink." "I feel depressed, so I might as well kill myself."	Listen to What You Know. Use your mind rather than your feelings as a guide. What do you know to be best for you? Feelings are valid, but they are not <i>reality</i> .
Ignoring Cues	If you don't notice a problem, it will go away.		"If I ignore this toothache it will go away." "I don't have a problem with substances."	Attend to Your Needs. Listen to what you're hearing; notice what you're seeing; believe your gut feeling.
Dangerous Permission	You give yourself permission for self-destructive behavior.		"Just one won't hurt." "I'll buy a bottle of wine for the recipe I want to try."	Seek Safety. Acknowledge your urges and feelings, and then find a safe way to cope with them.
The Squeaky Wheel Gets the Grease	If you get better you will not get as much attention from people.		"If I do well, my therapist will focus on sicker patients." "No one will listen to me unless I'm in distress."	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.
Mind Reading	You believe you can tell what other people are thinking without having to ask.		"I know he didn't say hello because he hates me." "My sponsor would feel burdened if I called her late at night."	Check It Out. Ask the person! You may be amazed by what you find out.

(cont.)

Meanings That <i>Harm</i>	Definition	Rate (0%–100%)	Examples	Meanings That <i>Heal</i>
It's All My Fault	Everything that goes wrong is due to you.		"The trauma was my fault." "If I have a disagreement with someone, it means I'm doing something wrong."	Give Yourself a Break. You do not have to 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).
If This . . . Then That	You put off something important while waiting for something else.		"If I get a job, then I'll stop smoking pot." "If I lose weight, then I'll go to AA."	Stay in the Present. Whatever you need to do, start now. Every step forward counts. Putting off an important goal will not help.
Actions Speak Louder Than Words	You show your distress by actions; otherwise, people won't see your pain.		"The scratches on my arm will show what I feel." "I'd like my partner to find my body after I've killed myself."	Break through the Silence. Put feelings into words. Language is the most powerful way for people to know you.
I Am My Trauma	Your trauma is your identity; it is more important than anything else about you.		"My life is pain." "I am what I have suffered."	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.
The Uniqueness Fallacy	You alone have a particular problem; no one else could possibly understand.		"Unless you've lived through what I have, you can't help me." "Why bother talking? No one will get it."	Reach Out. Give people a chance to help you. Find a safe person to talk to (therapist, AA sponsor) and try opening up.
No Future	The future is bleak, there is no hope.		"My life is wasted already." "I might as well give up."	You Have Choices. No matter what has happened so far, you control the present and future. Notice your choices and choose wisely.
Life-or-Death Thinking	Things take on life or death meaning in your mind.		"I'll never get over the fact that she (or he) left me." "I'll die if I don't get that job."	Keep Perspective. What is the worst that can happen? If you suffer a loss, you can learn to mourn and move on. The possibilities in life are endless.

(cont.)

Meanings That Harm	Definition	Rate (0%–100%)	Examples	Meanings That Heal
Confusing Needs and Wants	You want something very badly, so that means you have to have it.		"I <i>need</i> to relax with heroin." "I <i>need</i> to find a romantic partner."	Recovery is the Need. You may <i>want</i> many things, but needs are few. You may want heroin, but you do not <i>need</i> heroin. Needs are essentials: food, shelter, clothes—and your recovery!
Short-Term Thinking	You focus only on your feelings today rather than tomorrow.		"I'm more sociable when I drink." "I'm buying that new outfit even if I can't afford it."	Think of the Consequences. Imagine how good you'll feel about yourself tomorrow if you do what you know is right. Imagine how low you'll feel if you give in to the moment.
Shoulds	You have rules about how the world should work. If the rules are violated, you feel angry.		"My friend <i>should</i> invite me over." "I <i>should</i> not have to deal with the PTSD."	Soften Your Language. Try to ease the tension (e.g., "I want my friend to invite me over.") You may still want what you want, but you may feel more tolerant.
Instant Satisfaction	You seek immediate satisfaction. Life should be easy.		"I <i>need</i> it now." "I <i>should</i> always feel good."	Work Hard. The most enduring satisfactions come from working hard and having patience: at your job, at relationships, at recovery.
Focusing on the Negative	You notice the negatives in a situation and ignore the positives.		"That person is a total jerk." "I can't do anything right."	Notice the Good. What went right? What is good about you? What was a positive aspect of the situation?
All-or-None Thinking	Things are either all good or all bad. There is no middle ground.		"Life is only misery." "I have no power."	Seek a Balanced View. Life is more complex and interesting than "all or none." Look at things with a balanced view; find the middle ground. Look at what went well, what went badly, and what was neutral.

Acknowledgments: In this handout, several of the harmful meanings ("Mind Reading," "Shoulds," "Focusing on the Negative," "All-or-None Thinking," and "Feelings Are Reality") are from Burns (1980), with the latter termed "irrational reasoning" in his book. "Life or Death Thinking" and "Instant Satisfaction" are from Beck and colleagues (1992) and "The Good Old Days" is from Farley (1987). Ask your therapist for guidance if you would like to locate any of these sources.

SESSION FOURTEEN: CREATING MEANING

Each column has a meaning, a definition, an example, and a re-frame.

Clients are asked to rate how much they believe each meaning.

It can be helpful for clients to go through the material one by one, in order to make certain it makes sense to them.

This is a lengthy, but incredibly rich exercise.

SESSION FIFTEEN: COMMUNITY RESOURCES

This module focuses on empowering clients to shop around for the services that they want.

It is meant to empower clients to get the help that they need, and to resourcefully seek ways to get their needs met.

The author reminds clinicians that it is more helpful to explore new options versus trying to convince them they do not like (ie someone who hates AA, suggest NA).

SESSION FIFTEEN: COMMUNITY RESOURCES

Handout One: National Resources

A resource list of phone numbers of some of the national organizations on recovery from SUD and PTSD.

Includes resources on domestic violence, mental health, STDs, parenting, and medical problems.

SESSION FIFTEEN: COMMUNITY RESOURCES

Handout Two: Consumer Guidelines for Treatment

This is a buyers guide for services and it offers tips for evaluating the services received, and how to decide if the treatment is working for the client.

Empowering, comes from a customer service standpoint.

SESSION SIXTEEN: SETTING BOUNDARIES IN RELATIONSHIPS

This module explores how to set boundaries, and how this can be difficult for individuals with PTSD and SUD.

Boundary problems are sorted into “too close” and “too far”.

SESSION SIXTEEN: SETTING BOUNDARIES IN RELATIONSHIPS

Boundary problems are sorted into “too close” and “too far”.

Clients are encouraged to explore when to say “yes”, and when to say “no” to people in their lives.

Boundaries: Do not cross
this line!



SESSION SIXTEEN: SETTING BOUNDARIES IN RELATIONSHIPS

Learning to say “no” can be difficult for individuals with PTSD, if they have lived without a voice for a very long time.

They may not feel that they have the right or even the ability to say “no”.

Saying “yes” is important for those who have isolated themselves and have a hard time trusting or being open.

HANDOUT ONE: HEALTHY BOUNDARIES

Talks about what boundaries are,
and how they can be problematic.
They can keep you safe.

HANDOUT 1

Setting Boundaries in Relationships

Healthy Boundaries

Healthy boundaries are:

- **Flexible:** You are able to be both close and distant, adapting to the situation. You are able to let go of relationships that are destructive. You are able to connect with relationships that are nurturing.
- **Safe:** You are able to protect yourself against exploitation by others. You are able to read cues that someone is behaving in selfish.
- **Consistent:** You are able to engage in balanced relationships with others and maintain them over time. As conflicts arise, you are able to work them out.

Both PTSD and substance abuse can result in unhealthy boundaries. In PTSD, your boundaries (your body and your emotions) were violated by trauma. It may be difficult for you now to keep good boundaries in relationships. In substance abuse, you have lost boundaries with substances (you use too much) and may act in ways you normally would not, such as getting high and saying things you don't mean. Learning to establish healthy boundaries is an essential part of recovery from both disorders.

Boundaries are a problem when they are too close or too distant.

Boundaries can be too close (letting people in too much; enmeshed): * Do you?

- Have difficulty saying "no" in relationships?
- Give too much?
- Get involved too quickly?
- Trust too easily?
- Intrude on others (e.g., violate other people's boundaries)?
- Stay in relationships too long?

Boundaries can be too distant (not letting people in enough; detached): * Do you?

- Have difficulty saying "yes" in relationships?
- Isolate?
- Distact too easily?
- Feel lonely?
- Stay in relationships too briefly?

Note: that many people have difficulties in both areas.

Boundary problems are a misdirected attempt to be loved. By "giving all" to people, you are trying to win them over. Instead, you teach them to exploit you. By isolating from others, you may be trying to protect you self, but then don't obtain the support you need.

Healthy boundaries can keep you safe.

Learning to say "no" can . . . keep you from getting AIDS (saying "no" to unsafe sex), keep you from using substances (saying "no" to substances), prevent exploitation (saying "no" to unfair demands), protect you from abusive relationships and domestic violence.

Learning to say "yes" can . . . allow you to rely on others; let yourself be known to others; help you feel supported; get you through tough times.

[cont.]

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HANDOUT ONE: HEALTHY BOUNDARIES

They can be a misdirected way to be loved by someone.

Boundaries are important in all relationships, even in the one we have with ourselves.

BOUNDARIES: CHAPTER 4 of 11 Setting Healthy Boundaries in Relationships

Setting good boundaries prevents extremes in relationships. By setting boundaries, you can avoid painful extremes, too close versus too distant, giving too much versus too little, listening versus overlooking others. No the extreme is healthy; balance is crucial.

It is important to set boundaries with yourself as well as with others.

You may have difficulty saying "no" to yourself. For example, you promise yourself you won't smoke pot, but then you do. You may overindulge in food, sex, or other addictions. You may say you won't go back to an abusive partner, but then you do.

You may have difficulty saying "yes" to yourself. For example, you may deprive yourself too much by not eating enough, working too hard, not taking time for yourself, or not allowing yourself pleasure.

People with difficulty setting boundaries may violate other people's boundaries as well. This may appear as setting up "tests" for other people, intruding into other people's business, trying to control others, or being verbally or physically abusive.

If you physically hurt yourself or others, you need immediate help with boundaries. Hurting yourself or others is an extreme form of boundary violation. It means that you act out your emotional pain through physical abuse. Work with your therapist to set a Safety Contract. (See the topic *Fleeing from Anger* for more on this.)

HANDOUT TWO: TOO MUCH CLOSENESS

Reviews with clients where saying no can keep them safe.

Examples of ways that boundaries can look in SUD and PTSD.

Role plays for saying no in situations

*Setting Boundaries in 3 Main Steps

Too Much Closeness: Learning to Say "No" in Relationships

Why is it important to say "no"? It means setting a limit to protect yourself in relationships. For example, "If you show up with coke, I'm leaving," or "Unless you stop yelling at me, I'm walking out." Saying "no" is an important skill for setting boundaries. At a deeper level, setting boundaries is a way of connecting. Just both people in a relationship receive care and attention. It is a healthy way of respecting your separate identity.

SITUATIONS WHERE YOU CAN LEARN TO SAY "NO"

- Re-using drugs and alcohol
- Pressure to say more than you want to
- Going along with things that you do not want to do
- When you're taking care of everyone but you
- When you do all the giving in a relationship
- When you make promises to yourself that you do not keep
- When you're doing things that take your focus away from recovery

★ *Any others that you notice? Write them on the back of this page.*

EXAMPLES: SAYING "NO" IN SUBSTANCE ABUSE AND PTSD

	With Others	With Yourself
Substance Abuse	"No thanks, I don't want any more." "Drinking is not allowed on my diet."	"Self-respect means no substances today." "If anybody offers me drugs at the party, I need to leave."
PTSD	"I need you to stop talking to me like that." "Please don't call me again."	"Working as a prostitute is making my PTSD worse. I need to stop." "Seeing war movies is triggering my PTSD. I need to stop."

HOW TO SAY "NO"

→ *Try different ways to set a boundary:*

- **Polite refusal:** "No thanks, I'd rather not."
- **Insistence:** "No, I really mean it, and I'd like to drop the subject."
- **Partial honesty:** "I can't drink because I have to drive."
- **Full honesty:** "I cannot drink because I'm an alcoholic."
- **Stating consequences:** "If you keep bringing drugs home, I will have to move out."

★ *Remember that it is a sign of respect to say "no."* Protecting yourself is part of developing self-respect. Rather than driving people away, it helps them value you more. You can be vulnerable without being exploited. You can enjoy relationships without fearing them. In healthy relationships, saying "no" appropriately promotes closeness. (Lambert)

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HANDOUT TWO: TOO MUCH CLOSENESS

Role plays for saying no in
situations

- ✦ **How much or how little you say is up to you.** However, if you can comfortably provide an explanation, this can make it easier on the other person.
- ✦ **You will find the words if you are motivated to say "no."** Once you commit to protecting your needs, the how will present itself.
- ✦ **Take care of yourself; let others take care of themselves.** You can only live your life, not theirs.
- ✦ **If you are afraid of hurting the other person,** remember that it may take repeated work, both with the other person and within yourself. Over time, you will realize that healthy people can tolerate hearing what you think and feel.
- ✦ **You can set a boundary before, during, or after an interaction with someone.** Try discussing a difficult topic beforehand (e.g., discuss safe sex before a sexual encounter), during an interaction (e.g., trying saying "no" to alcohol when it is offered) or afterward (e.g., go back and tell someone you did not like being talked to abusively).
- ✦ **Be careful about how much you reveal.** PTSD and substance abuse are sensitive topics, and discrimination against these disorders is very real and harmful. You can never take back a statement once it has been said. You do not need to be open with people you do not know well, people in work settings, or people who are abusive to you.
- ✦ **Be extremely careful if there is a possibility of physical harm.** Seek professional guidance.

ROLE PLAYS FOR SAYING "NO"

- ✦ *Try rehearsing the following situations out loud. What could you say?*

With Others

- You are at a holiday party and your boss says, "Let's celebrate! Have a drink."
- Your partner says you should "just get over your trauma already."
- A friend tells you not to take psychiatric medications because "that's substance abuse too."
- Your sister wants to know all about your trauma, but you don't feel ready to tell her.
- Your partner keeps drinking around you, saying "You need to learn to deal with it."
- Your date says, "Let's go to my place," and you don't want to.
- Your boss gives you more and more work, and it's too much.
- You suspect that your uncle is abusing your daughter.

With Yourself

- You want to have "just one drink."
- You keep taking care of others but not yourself.
- You promised to stop bingeing on food but keep doing it.
- You are working too many hours, with no time left for recovery activities.