



When PTSI And Seeking Safety Meet Healing Begins

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Genetics + Trauma +
Opportunity = Substance
Use Disorder

12 Treatment facilities
and 23 Sober Livings = ?

How do we Know our
participants can be
successful?

What is HOPE?

It is Quantifiable



How do we quantify it?

- 1. Set Realistic goals
- 2. Plan for how we are going to achieve these goals
- 3. Realize we need to stay flexible in how we achieve these goals
- 4. Develop Skills that help us tolerate disappointment

PTSI

Post-Traumatic Stress Index

The Post-Traumatic Stress Index (PTSI) is an assessment appropriate for most clientele. First published in Dr. Patrick Carnes' book, *The Betrayal Bond*, the assessment is designed to assess how trauma has impacted a client's life.

The results are broken down into eight different categories representing specific ways in which trauma affects a client's current level of function. For example, a client who repeats certain behaviors like early trauma experiences may score high in the Trauma Repetition category.

The 8 Categories

- **Trauma Reaction**: Experiencing current reactions Traumatic events in the past.
- **Trauma Repetition**: Repeating behaviors or situations which parallel early trauma experiences.
- **Trauma Bond**: being connected(loyal, helpful, supportive) to people who are dangerous shaming or expletive.
- **Trauma Pleasure**: Finding pleasure in the presence of danger, violence, risk or shame.
- **Trauma Split**: Ignoring traumatic realities by disassociating or splitting off experiencing parts of self.
- **Trauma Shame**: feeling unworthy or having self hate because of trauma experience.
- **Trauma Block**: A pattern exists to numb or block out that stems from trauma in your life.
- **Trauma Abstinance**: Depriving yourself from what you need or deserve because of trauma acts.

Each of the 8 categories has a manifestation worksheet that gives you:

Definition of the category

Clinical Patterns

Presenting Symptoms

Clinical Strategies

Seeking Safety



- **Seeking Safety is an approved evidence-based practice listed on the SAMHSA NREPP Registry as a treatment for clients with a history of trauma (alone) & substance abuse.**
- ▣ **Seeking Safety is a present-focused, evidence-based, cognitive-behavioral treatment for PTSD and/or substance abuse .**
- **Treatment developed to be “first-stage” therapy for clients with both PTSD and substance use disorder or other addictive behaviors are appropriate with both disorders.**

Seeking Safety Session Format

Introduction:

- **Check-in (5-10 min): BRIEF**
- **The Quote... What's the main point of this quote?**
- **Session Topic: Facilitate activities related to the topic.
Do not read the handouts.**
- **Group discussion**
 - **Grounding techniques & Coping Sheets may be used as needed**
- **Commitment to Recovery Handout**
- **Check-out (5-10 min): Leave enough time!**
- **End-of-Session Questionnaire**

Now For the Magic...



Seeking Safety worked well just by using it in order, but we found it worked even better if we used it with specific topics and specific categories.

What we discovered is that if we took the topics of Seeking Safety and pair them with the different categories of trauma identified through the administration of the PTSD.

A Closer Look

Trauma Reaction: Experiencing current reactions Traumatic events in the past

Seeking Safety, The Treatment

- Creating Meaning
- Using Grounding to Detach from Emotional Pain
- Recovery Thinking



Trauma Reaction

Physiological and/or psychological alarm reactions from unresolved trauma experiences

- Flashback Intrusion
- Hyper-Vigilant Thoughts
- Living in Extremes
- Borderline Personality Traits
- Troubling Dreams
- Insomnia
- Depressive Cycles
- Triggered Associations

Clinical Patterns:

Presenting Symptoms of Trauma Reactions

Recurrent and Intrusive recollections of Experiences

Periods of Sleepiness

Sudden “real” memories (vivid, distracting)

Extremely cautious of surroundings

Distressing dreams about experiences

Startled more easily than others

Flashback episodes– acting or feelings as if the experience is happening in the present

Distress when exposed to reminders of experiences like anniversaries, places, or symbols

Outbursts of anger or irritability

Distrustful of others

Physical reactions to reminders of experiences (breaking out in cold sweats, trouble breathing etc.)

Clinical Strategies for Trauma Reactions

Cognitive
Reframing of
Trauma
Experiences

Hypnotic
Desensitization

Teach PTSD
Concepts

Implement
Relapse
Prevention and
Other Skills

Controlled
Breathing

Stress
Management
Strategies

Developing
Meaning from
Victimization

Therapeutic
Story-Telling

Systematic
Desensitization

Re-Experiencing
the Trauma in a
Safe
Environment

Deep Muscle
Relaxation

Thought
Stopping
Strategies

Guided
Self-Dialogue

Role Playing

Covert Modeling

Diaries and
Self-Monitoring

Distraction
Techniques+

Trauma Reactions: Seeking Safety Exercise Creating Meaning

It is important to note that we need to stay away from terminology such as distortion because it tends to raise defenses.


Encourage pts. to compare meanings that are harmful versus meanings that are healing in recovery.

Examples: "I'm crazy" vs. "I can honor my feelings"; "I have a right to substances because I have suffered" vs. "I deserve to live well because I have suffered"


Patients are often quick to recognize harmful meanings they perpetuate for themselves, but often have a much harder time moving from those harmful meanings to meanings that are healing.

Key Points

It is human nature to create meaning from life experiences. If you've had a difficult life, you may have derived meanings that are quite painful. As you continue in recovery you will find that your assumptions change. An example is that you may find that you move from all or nothing thinking to sometimes types of thinking.

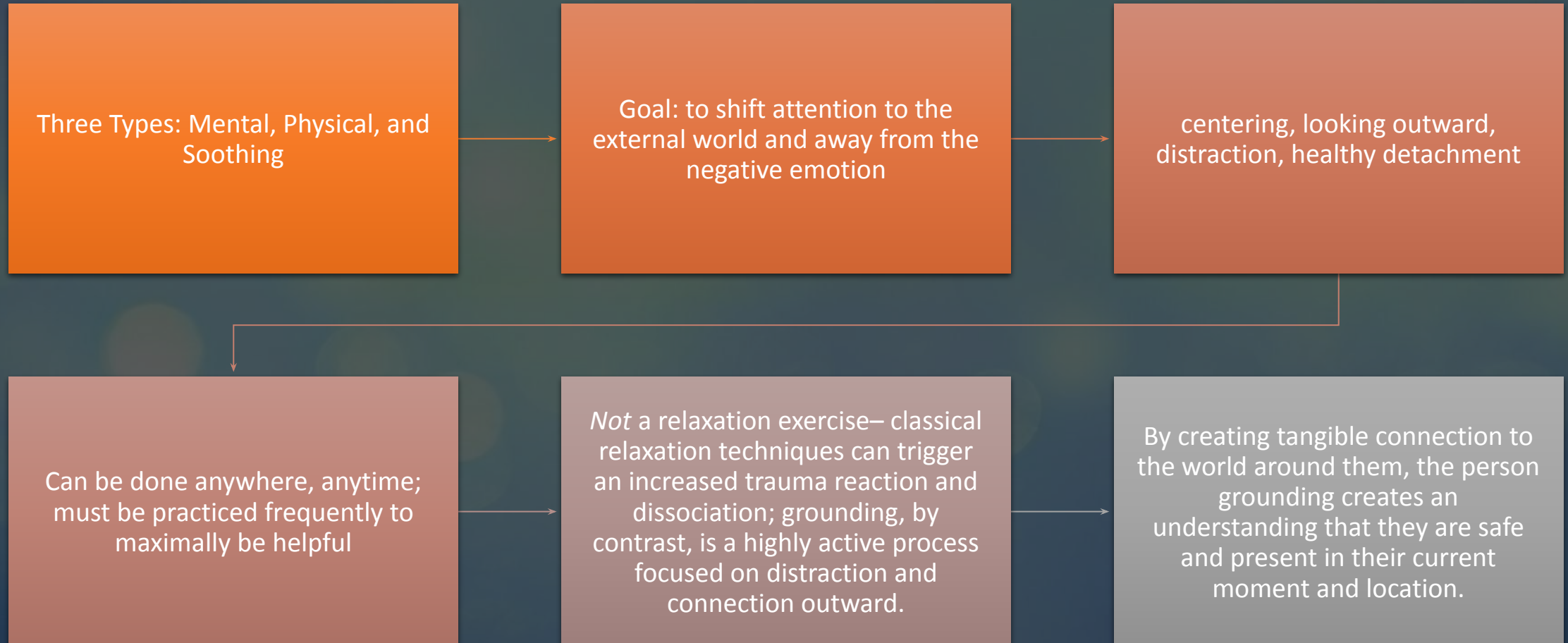


Because we are always actively interpreting the world by looking for healing meanings or safe meaning you can help your recovery process.



Meanings may be at a deep level therefore it may take a long time for them to change. It is a good idea to be open to the possibilities whatever meaning may have been true for your past may not be true for your future.

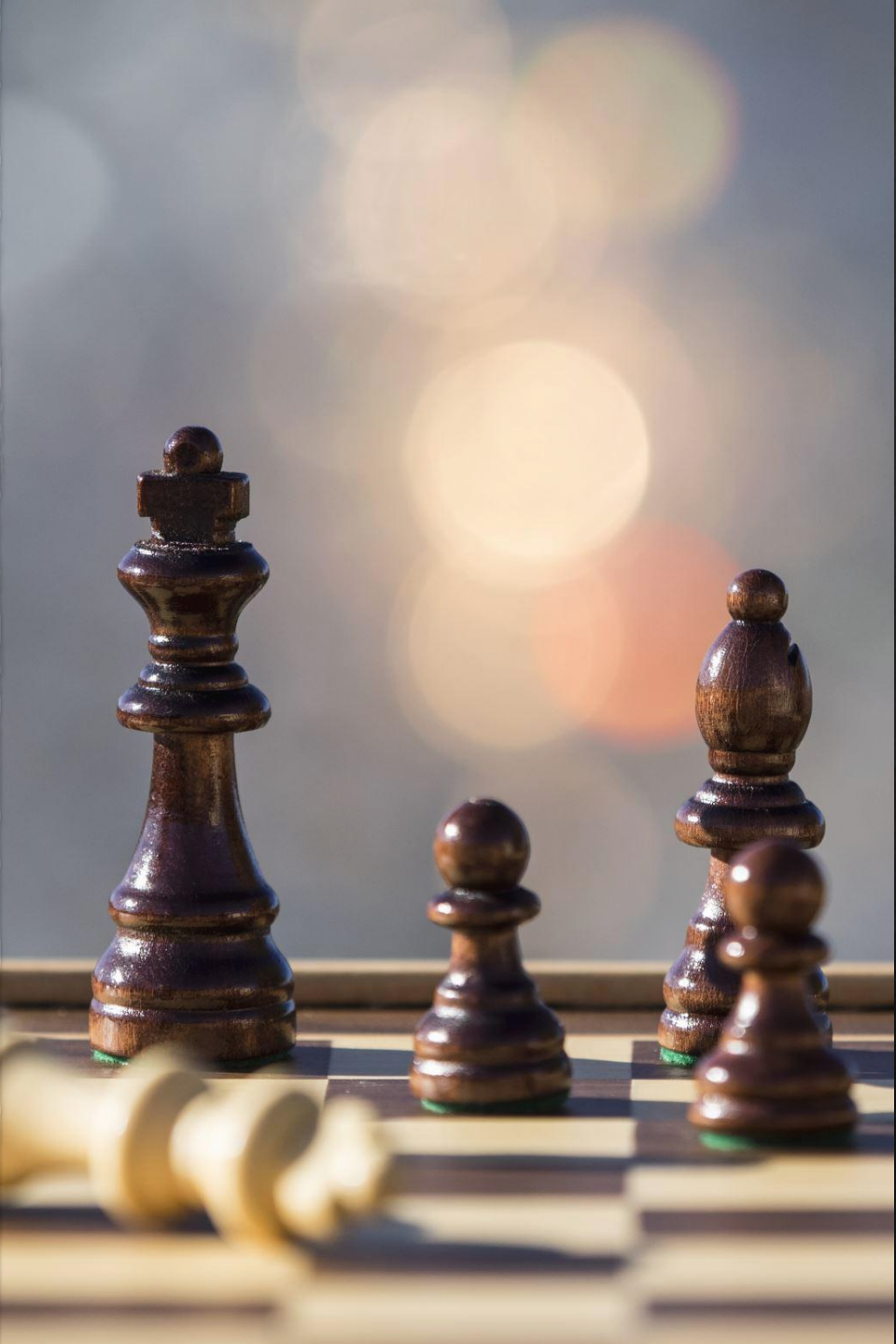
Trauma Reactions: Seeking Safety Exercise Using Grounding to Detach from Emotional Pain



Trauma Reactions: Using Grounding to Detach from Emotional Pain

Remember:

- Most people when practicing grounding are not able to completely dispel a negative emotion; help them to focus on reducing the negative emotion (on a scale from 0-10) from a 10 to a middle-range number like 5 or 6, instead of aiming for a 0.
- As with all techniques, grounding can only work if the therapist truly believes that it works. If you are not confident in the efficacy of this method, it will fall flat for your client.



Trauma Repetition

“Repeating behaviors and/or seeking situations or persons who recreate the trauma experience”

Clinical Patterns of Trauma Repetition

- ◆ Reenactment
- ◆ Efforts to resolve the
irresolvable
- ◆ Obsessive Compulsive
Disorder
- ◆ Repetition Compulsions



Presenting Symptoms of Trauma Repetition

Inability to stop a childhood pattern

Doing something destructive over and over developed from early life

Reliving over and over a “story” out of your past

Engaging in abusive relationships repeatedly

A desire to redo an early trauma experience

Repeating painful experiences

Compulsively doing something to others that was done to you as a young person

Reverting to things done as a child

Doing things to others that were done to you in your family

Having thoughts and behavior repeatedly that do not feel good

Preoccupied with children of a certain age

Clinical Strategies for Trauma Repetition



Assessment for obsessive compulsive disorder



Cognitive restructuring of key experiences and key beliefs about those experiences



Recreation of experiences through visualization to reduce experience's power



Disrupt systemic cycles that occur in the family system that draw upon this experience for power or that empower the trauma



Understand how history repeats itself in your life experiences



Develop patterns which help center you



Work on boundaries

Trauma Repetition: Exploring Anger

Anger is a valid feeling that is an inevitable part of recovery.

Anger can be both constructive and destructive.

PTSD and Substance Abuse are both disorders of control—anger must be a part of establishing recovery because of this, as anger arises when people feel that situations are out of their control.

Distinguish between acting out vs. acting in

Trauma Repetition: Seeking Safety Exercise Commitment

Learning creative strategies for keeping commitments and identifying emotions that get in the way of doing so

Feelings that stand in the way of keeping commitments lesson once one learns that such feelings are “just feelings” and not true predictors of one’s capabilities.

Keeping commitments is a way of striving for the highest ideals in one’s relationships to oneself and others.

Putting caring into action; demonstrating the value of your relationships

Reflects and/or cultivates the self-discipline that is the foundation of a healthy life.

Substance abuse is often a series of broken promises; with PTSD comes the tendency to view emotions as the most important reality of all.

Emphasis on making *realistic* promises and keeping them.

Emphasis on the positive potential of efforts, rather than self-criticism of the past.

Guide patients to anticipate setbacks along the way, in order to increase the likelihood of overall success.

Trauma Repetition: Red Flags Vs Green flags

”

- ◆ Step 1: Identify Signs of Danger and Signs of Safety; Step 2: Create a Safety Plan
- ◆ Threat of relapse; Substance Abuse is a chronic illness
- ◆ PTSD and Substance Abuse are highly prone to repression as an intrapsychic defense in the form of dissociation, minimization, and denial
- ◆ Discussion of the downward *and* upward spirals of addiction are equally important
- ◆ Creating a concrete plan for “what to do when” reaffirms the benefit of active coping, particularly if it can be done in the early stages of danger rather than once it hits disaster levels.
- ◆ “Life does not have to be tragic. You, with the help of others, can write a new script.”



Trauma Pleasure

Trauma Pleasure

Finding pleasure in the presence of danger, violence, risk or shame

Seeking Safety, The Treatment

Coping with Triggers
Recovery Thinking

Clinical Patterns of Trauma Pleasure

Sado-masochism
or pain exchange

Sex offending

Engaging in sex
work

High risk/high
intensity seeking
experiences

Arousal
addiction
responses

Presenting Symptoms of Trauma Pleasure

- Engaging in high-risk behaviors
- Feeling sexual when lonely
- Feeling sexual when degraded or used
- Feeling bad because you enjoyed experiences that were exploitive
- Seeking more because the last excitement was not enough
- Being orgasmic when hurt or beaten
- Needing lots of stimulation
- Use of drugs like cocaine or amphetamines to speed things up or to heighten “high risk” activities
- Feeling sexual when frightened
- Feeling sexual when violence occurs
- Feeling sexual when someone is “nice”
- Getting “high” on activities that are dangerous
- Getting excited/aroused when faced with dangerous situations
- Loving to “gamble” on outcomes
- Liking sex when it is dangerous
- Doing sexual things that are risky

Trauma Pleasure Treatment Goal

Our Goal with these Patients are to help them create a new story, explore their options. Make new decisions and imagine or discover what it might be like to rethink a situation.

Substance abuse has a deep root with these patients such as a cry for help, shows how out of control they feel, a way to access their internal thoughts, feelings and memories. Or to shut off the internal world of thoughts, feelings and memories.

Sometimes an opportunity to get back at their abuser by saying I can hurt myself more than you can hurt me. Finally, a genuine way of protection in that it is either use or suicide.

Trauma Pleasure: Seeking Safety exercise :Coping with Triggers

- Three step behavior model for coping with triggers: change (1) *who* you are with, (2) *what* you are doing, and (3) *where* you are.
- All to establish safe emotional distance from a trigger
- PTSD and Substance Abuse are both chronic conditions with significant susceptibility to large spikes in reactivity (triggers/triggering episodes).
- Goal: Help patients develop skills that will allow them to, over time, learn to notice soon when they are entering a “trigger zone” and can learn to move quickly and effectively to a safe place.
- Triggers and Coping Responses can be behavioral, cognitive, or interpersonal

Trauma Pleasure: Seeking Safety Exercise : Recovery Thinking

O1

Thought associated with PTSD or substance abuse are contrasted by healthier recovery thinking.

O2

1) Identifying the meaning patients create (particularly those associated with PTSD and substance abuse).

O3

2) Helping patients shift from thoughts that harm to thought that heal (recovery thinking). By making List, creating a new story, making a decision and imagining.

When Why We/ They Use Matters

- ◆ A Patients Reason for getting high or other unsafe behavior may have numerous reasons and complex meanings of long-standing origin. By exploring such meaning, we are more likely to intervene at the deepest level
- ◆ A cry for help : it shows people how out of control I feel
- ◆ A way to access one's internal world (feelings, thought, memories). I know there's a lot inside me I need to get to, and I can't do it unless I'm stoned.
- ◆ A way to shut off one's internal world: addiction is the way of dealing with the garbage and trying to shut everything off.
- ◆ A way to get back at an abuse: by using a patient may be saying via behavior, you can't hurt me more, or, I have control over my body now.
- ◆ A slow suicide because I want to die anyway.

Trauma Splitting

Splitting

Trauma Splitting

- Ignoring traumatic realities by disassociating or splitting off experiencing parts of self

Seeking

Seeking Safety, The Treatment

- Integrating the Split Self

Clinical Patterns of Trauma Splitting

Avoiding Reality
Through Excessive
Daydreaming

Compartmentalizing
Parts of Self to Reduce
Tension

Fantasy Addictive
Responses such as
Romance Addiction or
Artistic or Mystical
Preoccupation

Living a Double Life

Extreme
Procrastination

Dissociative Disorders

Presenting Symptoms of Trauma

Splitting

Dissociative episodes– feeling separate from body as a reaction to a flashback

Avoiding stories, parts of movies, or reminders of experiences

Withdrawal or lack of interest in important activities

Experiencing confusion often

Living in a “fantasy” world when things are tough

Tendency to be preoccupied with something else other than what is needed

Often lost in fantasies rather than dealing with real life

Having a life of “compartments” that others do not know about

Being a daydreamer

Difficult concentrating

Avoiding thoughts or feelings associated with trauma experiences

Inability to recall important details of experiences

Procrastinating, interfering with life activities

Tendency to be addiction prone

Hooked on “romance” as a way to avoid problems

A problem with “putting off” important tasks

Living a “double life”

Loving romance fantasies

Sometimes living in an “unreal” world

Use of marijuana or psychedelics to hallucinate

Clinical Strategies for Trauma Splitting

- ◆ Assess for multiple personality disorder/dissociative disorders
- ◆ Assess for fantasy addictive responses
- ◆ Strategies for integration of realities/selves
- ◆ Learn that dissociating is a normal response to trauma
- ◆ Learn how to retain focus within reality framework
- ◆ Connect trauma issues with dissociative or addictive patterns
- ◆ Identify ways you split reality and the triggers to these patterns
- ◆ Cultivate a caring adult who stays present so you can stay whole



Orientation

“It feels like a Civil war is going on inside of me.”

“Its’ the angry rebellious side of me that uses drugs.”

“I don't know why I feel, think and even see myself acting like a 3 year old. From where I'm sitting your very large and I have to do what I'm told or else. Sometimes I even get the feeling I need to hide so you don't hurt me.”

High anxiety, can't make decisions. Lots of ambivalence about recovery.

Trauma Splitting: Integrating the Split Self

Integration for recovery

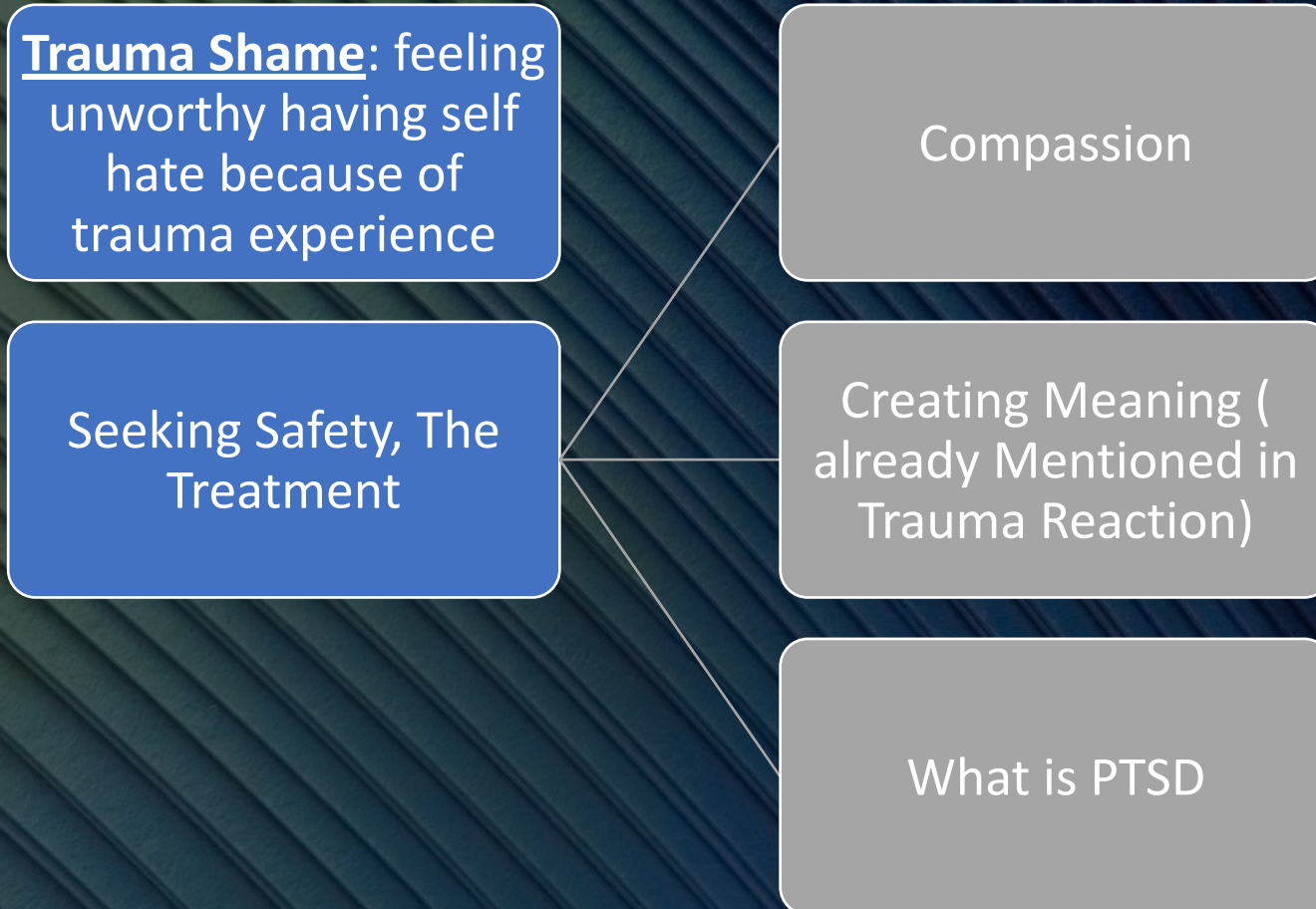
Splitting is a self-serve, coping mechanism that allows the splitter to remain alive despite severe trauma

Splitting may result in patients' having significant ambivalence about recovery

Having patients identify different sides of themselves openly will help with managing those sides without shame when they emerge

Patients often want to reject the parts they do not like but can be taught that all sides are there for a good reason and need to be welcomed or accepted— the sides that they perceive as “bad” are often the very ones responsible for finding creative ways (like addiction) to keep them alive.

Trauma Shame





Clinical Patterns of Trauma Shame

- ◆ Shame Cycles
- ◆ Self-Mutilation
- ◆ Self-Destructive Behavior
- ◆ Expressing Self-Hatred Through Suicidal Ideation
- ◆ Shame Based Personality
- ◆ Depression
- ◆ Co-Dependency Personality Disorder

Presenting Symptoms of Trauma Shame

Feeling bad about yourself because you feel experiences were your fault

Feeling lonely and estranged from others because of experiences

Engaging in self-mutilating behaviors (cutting self, burning self, etc.)

Engaging in self-destructive behaviors

Enduring physical or emotional pain most people would not accept

Avoiding mistakes at "any cost" because you think you should be punished for past behavior, unable to forgive yourself

Feeling bad when something good happens

Suicidal thoughts, suicidal threats, suicide attempts

Inability to experience certain emotions (love, happiness, sadness, etc.)

Feeling as if you must avoid depending on people

Dim outlook on future

Feeling unworthy, unlovable, immoral, or sinful because of experiences

Trying to be perfect

A sense that others are always better than you

Avoiding experiences that feel good

Clinical Strategies for Trauma Shame

- ◆ Religious or spirituality-based therapy on shame
- ◆ Shame reduction strategies
- ◆ Learn visualization and affirmation
- ◆ Intense family of origin work— and understand shame dynamics in family of origin
- ◆ Restructure shaming belief
- ◆ Teach nature of shame cycle
- ◆ Complete a secrets list
- ◆ Start reprogramming self with affirmations



Compassion

- Goal of replacing destructive self-talk with compassionate self-talk.
- Only a loving stance towards the self produces lasting change.
- Teach that harsh self-talk is not “truth” or “responsibility” but a pattern of re-abusing the self in a pattern that was learned from others previously.
- Harshness is often a defense against exploring a particular problem in an honest way– it is an obstacle to growth.
- Reframe from “I know ___ is dangerous for me, but I did it anyway. I am a horrible person who can never change.” to “I know ___ is dangerous for me, but I did it anyway. There must be a good reason why I did it anyway. Maybe it is because ___ or ___. I can do ___ or ___ to get the support I need to address that problem in a new and healthier way.”
- Compassion for self is a process of being genuinely curious with yourself– asking “Why?” sincerely.
- Harsh and Compassionate Self-Talk can follow the same formula with drastically different results:

Situation + Coping Skill = Consequence



Trauma Abstinence

“Compulsive deprivation which occurs especially around moments of success, high stress, shame or anxiety; aversion to having a need.”

Clinical Patterns of Trauma Abstinence

Anorexia

Inhibited
Sexual Desire

Sexual
Anorexia

Compulsive
Saving

Agoraphobia
and Other
Phobic
Responses

Poverty
Obsessions

Success
Avoidance

Self-Neglect

Underachieving

Workaholism

Presenting Symptoms of Trauma Abstinence

Denying self basic needs at times– like groceries, shows, books, medical care, rent,

^{heat}
Avoiding sexual pleasure

Hoarding money and not spending money on legitimate needs

Performing “underachieving” jobs

Feeling very guilty about any sexual activity

Spoiling success opportunities

Periods of not interest in eating

Seeing comfort, luxuries, and play activities as frivolous

Skipping vacations because of lack of time or money

Dieting

Avoiding doing normal activities because of fears

Often being “under employed”

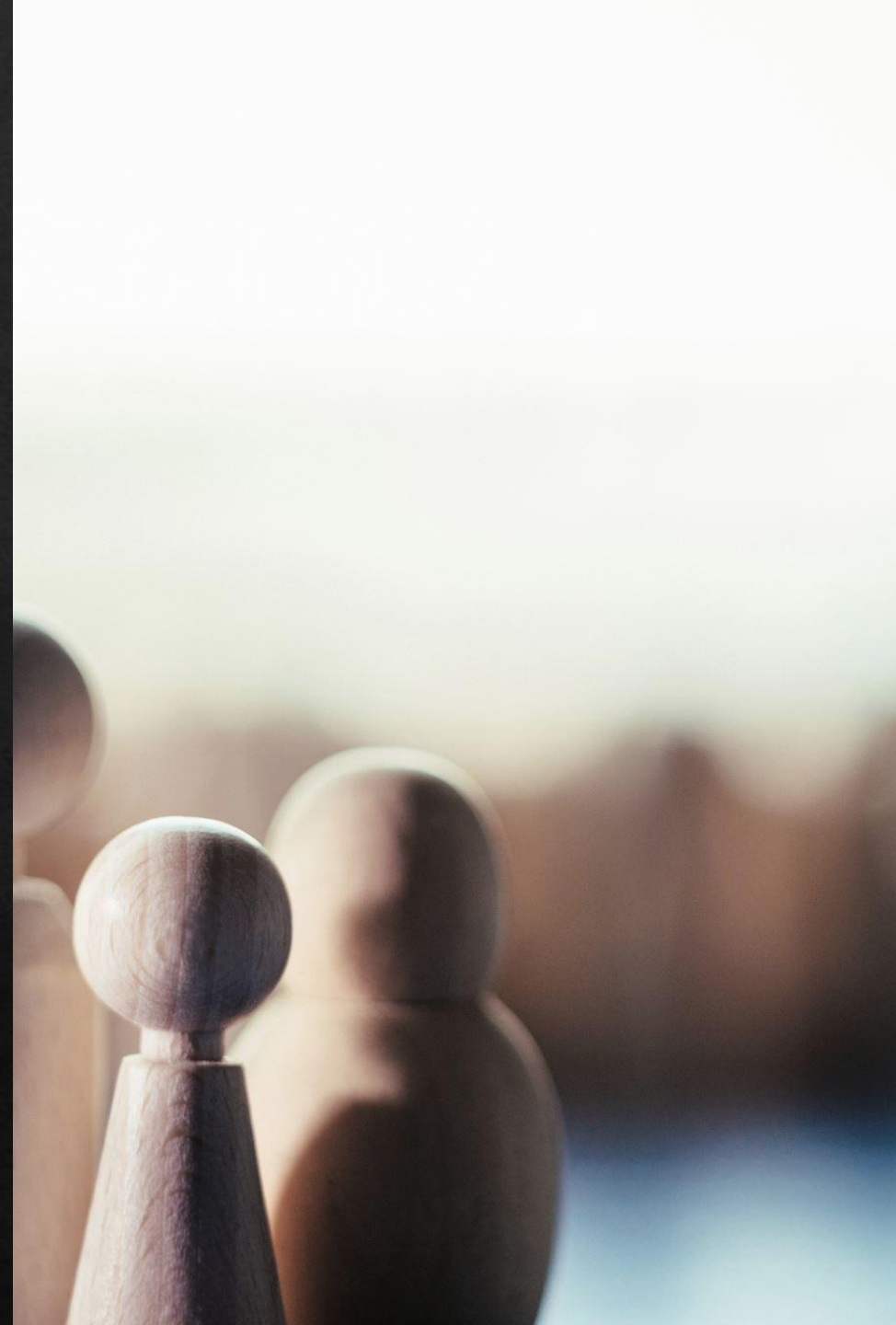
Purging food or using diuretics, exercise, etc. to avoid weight gain

Having low interest in sexual activity

Having difficult with play

Trauma Abstinence: Safe and Unsafe Nurturing

- ◆ Safe self-nurturing means seeking fun, joy, and pleasure in healthy ways and without excess.
- ◆ Unsafe self-nurturing means seeking pleasure in an activity that causes you harm (legal, financial, social, personal, emotional, or physical) and/or doing the activity to excess.
- ◆ Unsafe self-nurturing can look like: aversion to pleasure, seeking pleasure at your own expense, seeking pleasurable but triggering events, feeling guilty when seeking pleasure or having survivor's guilt.



Trauma Abstinence: Taking Good Care of Yourself

- ◆ PTSD and substance abuse almost always lead to deficits in self-care
- ◆ Guiding pts. through a questionnaire or group exercise to review how and how well they take care of themselves can be a critical act in targeting trauma reactions in order to establish recovery
- ◆ Self-neglect is a part of PTSD
- ◆ Many of our patients have had only poor models of self-care in their caregivers and inner circles
- ◆ PTSD and substance abuse compound an individual's vulnerability to revictimization

Trauma Blocking

Trauma Block: A pattern exists to numb/block out that stem from trauma in your life

Seeking Safety, The Treatment

Using Grounding to Detach from Emotional Pain

Healing from Anger

Honesty

Clinical Strategies for Trauma Blocking

- ◆ Differential diagnosis of addiction
 - ◆ Confront patterns of blocking behavior
 - ◆ Initiate addiction treatment
 - ◆ Learn concepts of multiple addictions
 - ◆ Establish relapse prevention plan
 - ◆ Work to identify experiences which cause pain or diminished you
 - ◆ Introduce 12 step support
 - ◆ Introduce patient to intuition-based (*not* control and restriction-based) strategies for reconnection with coping mechanisms in ways that re-establish a health relationship.
-
- ◆ Acknowledge that these coping mechanism have been clever skills created by your patient to keep them safe, and are not character flaws
 - ◆ Create alternative ways for anxiety reduction
 - ◆ Initiate trauma resolution strategies
 - ◆ Connection addiction relapse with trauma work
 - ◆ Re-experience feelings in a safe environment to help make sense of them and reduce their power



Clinical Patterns of Trauma Blocking



COMPULSIVE
OVERSHARING/TALKING



EXCESSIVE SLEEPING



ALCOHOL USE DISORDER
OR USING OTHER
DEPRESSANT SUBSTANCES



SATIATION ADDICTIVE
RESPONSE

Presenting Symptoms of Trauma Blocking

- Difficulty staying awake
 - Drinking to excess when life is too hard
 - Always looking for something to do, uncomfortable being at rest
 - Preoccupation with food and eating
 - Feeling anxious and “behaving/doing” to making things go away
 - Using drugs to escape
 - Getting “lost” in work
- Doing anything excessively to avoid problems
 - Using depressant drugs as a way to cope
 - Using TV, social media, reading and hobbies to “numb out”
 - Sleeping to avoid
 - Working so you won’t have to feel
 - Wishing to “slow down” one’s mind

Trauma Blocking: Seeking Safety Exercise Honesty

- ◇ What is the cost of dishonesty?
- ◇ When is it safe to be honest?
- ◇ What if the other person doesn't accept honesty?
- ◇ Honesty needs to be selective and is deeply connected to trust earned or lost.
- ◇ Secrecy, denial, lies, and avoidance are hallmarks of PTSD and Substance Abuse.
- ◇ These can be intrapsychic as well as interpersonal— you can lie to yourself.

Questions?



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