

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: Write a list of people you can call when you are having problems (e.g., wanting to talk, feeling afraid, drug cravings, needing a ride, etc.). Include friends, family members, self-help sponsors, treaters, hot-lines, drop-in centers, and anyone else you can think of (see example below).

List of people to call for help

1. My friend Martha: 466-4215 or 252-7655
2. My therapist (Dr. Klein): 855-1111 or can page at 855-1000
3. My AA sponsor (Barbara): 731-1502

✦ Option 2: Go for it! Fill out the Approach Sheet.

APPROACH SHEET-EXAMPLE

Fill in the first three parts now. Later, after you've approached the person, fill in the last part.	(1) Who will you talk to?	My friend Elizabeth.
"Please help me not drink at the party tonight—you can help by not offering me any alcohol and checking in with me at times during the party to see if I'm okay."	(2) What will you say?	
She won't want to help me. She'll think I'm pathetic.	(3) What do you predict will happen?	
I called Elizabeth. She was very willing to watch out for me at the party, and also gave me the phone number for a good AA group in town. She didn't convey any judgment or negative views of me.	(4) What did happen in reality?	

Taking Good Care of Yourself



SUMMARY

Patients are guided to explore how well they take care of themselves, using a questionnaire listing specific behaviors (e.g., "Do you get annual medical check-ups?", "Do you have safe sex?"). They are asked to take immediate action to improve at least one self-care problem.

ORIENTATION

"I need to remember that my problems are as important as anyone else's."

The concept of "self-care" is introduced as another means of attaining safety in one's life. PTSD and substance abuse almost always lead to deficits in self-care, such as not eating properly or not obtaining needed medical care. Patients are guided to recognize that self-care is a way of treating oneself with respect, valuing one's body, and attending to one's needs. A few points to keep in mind:

Self-neglect as part of PTSD. Many patients learned, as a result of trauma, that their needs were not important. A typical thought is "If no one else cares, why should I?" Those who were childhood victims may not even be aware that they are neglecting themselves, because they are so used to being treated badly. They need to learn to listen to their needs to break the cycle of neglect. Even with adult-onset PTSD, self-neglect is often present and may be associated with suicidal thinking, self-blame, or guilt (e.g., "I didn't deserve to survive the fire when others died; I feel bad about being nice to myself now").

The downward spiral of substance abuse. Severe substance abuse can lead to a downward spiral in which, one after another, a person's positive connections to the world are lost: physical health, job, family, home, friends, and money. Such deterioration needs to be stopped by active intervention on all fronts.

Poor role models of self-care. Many patients have had poor family models of self-care, particularly if their own parents experienced substance abuse, trauma, or psychiatric prob-

lems. They often lack basic knowledge about what is appropriate. One patient, for example, talked about living for months with severe pain from a toothache because it didn't occur to her that she should not have to live with such pain.

Vulnerability to revictimization. People with PTSD are at higher risk of being retraumatized than those without PTSD, and people with substance abuse are at higher risk of being traumatized than those without substance abuse (Fullilove et al., 1993; Herman, 1992; Najavits et al., 1997). Thus, in addition to the task of recovering from past trauma, the need for protection from further trauma is very real. Many patients have such low self-regard that they put themselves in dangerous situations. The patient who drives a car at high speed or while dissociating; the patient who starts a barroom fight; the patient who gets into an abusive relationship; the patient who walks alone after dark in a dangerous neighborhood—all are putting themselves at risk for injury. Such behaviors may also reflect “passive suicidality”: a wish to die, but without having to kill oneself directly.

Today's topic offers a simple questionnaire for patients to identify their self-care problems, with the goal of then making a concrete plan to remedy at least one problem.

Countertransference issues

Therapists may want to take the Self-Care Questionnaire themselves to better relate to patients' own struggles in these areas. Also, some therapists may find it helpful to create an image of patients as small children who need to learn self-care skills—imagining what each patient was like at age 7, for example. Creating such an image may make it easier to be compassionate about these problems (as it often takes a lot of work to succeed in helping them).

Acknowledgments

Khantzian (1985) has written about self-care deficits in substance abuse; Herman (1992) discusses it in relation to PTSD; and Trotter (1992) explores it in relation to the dual diagnosis of PTSD and substance abuse.

SESSION FORMAT

1. *Check-in (up to 5 minutes per patient).* See Chapter 2.
2. *Quotation (briefly).* See page 178. Link the quotation to the session—for example, “Today we’ll continue to talk about self-care. The quote emphasizes the need to do the best you can with your life.”
3. *Relate the topic to patients’ lives (in-depth, most of session).*
 - a. *Ask patients to look through the handout, Self-Care Questionnaire.*
 - b. *Help patients relate the skill to current and specific problems in their lives.* See “Session Content” (below) and Chapter 2 for suggestions.
4. *Check-out (briefly).* See Chapter 2.

SESSION CONTENT

Goals

- ☐ Discuss the concept of self-care and its relationship to PTSD and substance abuse.
- ☐ Help patients identify their specific self-care problems.
- ☐ Motivate patients to commit to immediate action on at least one self-care problem.

Ways to Relate the Material to Patients' Lives

- ★ **Ask patients to fill out the Self-Care Questionnaire.** Ask patients to report their total score if they feel comfortable doing so.

★ **Identify one self-care problem to improve.** The simplest way is for patients to select one of the self-care deficits they have identified on the Self-Care Questionnaire. They should pick a realistic but significant goal that can be achieved before the next session. This can serve as their commitment at the check-out, if desired. Also, help patients explore emotional and practical obstacles that may arise in working on their chosen goal. Patients can report at the next session how it went (e.g., what they did, how it felt, and whether they can continue to keep it up).

★ Discussion

- “What did you learn from doing the Self-Care Questionnaire?”
- “Did any feelings come up as you were doing the Self-Care Questionnaire?”
- “What does ‘self-care’ mean?”
- “What is ‘self-neglect’?”
- “Do you have any self-care problems that were not on the Self-Care Questionnaire?”
- “Why do you think PTSD and substance abuse are associated with self-care problems?”
- “Do you know anyone who takes good care of him- or herself (e.g., friend, colleague, AA sponsor, therapist)? What can you learn from that person about self-care?”

Suggestions

- ♦ **For “resistant” patients, explore origins of self-care problems.** Patients are often entrenched in their self-neglect. Redirecting them back to the meaning and origin of their self-neglect is usually more successful than “debating” whether patients should change their behavior. Thus a therapist might say, “Let’s explore why it is that you do that to yourself,” “Did anyone in your family do this?”, “Is it a way of telling the world something?”, “How could you put into words what that behavior means?”, “What message are you giving yourself when you don’t attend to that need?”

♦ **Note that some patients take issue with the quotation.** Some patients may know that Janis Joplin was a heroin addict who died of an overdose. If they mention that, a possible response is “Yes, and that’s why it’s so incredibly important to take care of oneself—not to end up like that,” or “Yes, and isn’t it sad that she could not take her own advice well enough?” In short, the fact of her death does not negate the quotation.

Tough Cases

- * "I don't deserve to take better care of myself."
- * "I know my psychiatric meds help, but they are a constant reminder that I'll never have a normal life, so I don't want to take them."
- * "I don't have money to get an annual medical exam; I'll be okay."
- * "I know about unsafe sex, but in the heat of the moment, I just don't care."
- * "I have a lump in my breast, but I'm not getting an exam—it reminds me of abuse to have a doctor touch me, and anyway I don't want more bad news in my life."

**"Don't compromise yourself.
You are all you've got."**

—Janis Joplin
(20th-century American singer)

Self-Care Questionnaire

★ Answer each question below "yes" or "no", if a question does not apply, leave it blank.

Do you . . .

- ♥ Associate only with safe people who do not abuse or hurt you? Yes ___ No ___
- ♥ Get annual medical check-ups with a:
 - Doctor? Yes ___ No ___
 - Dentist? Yes ___ No ___
 - Eye doctor? Yes ___ No ___
 - Gynecologist (women only)? Yes ___ No ___
- ♥ Eat a healthful diet (healthful foods and not under- or overeating)? Yes ___ No ___
- ♥ Have safe sex? Yes ___ No ___
- ♥ Travel in safe areas, avoiding risky situations (e.g., being alone in deserted areas)? Yes ___ No ___
- ♥ Get enough sleep? Yes ___ No ___
- ♥ Keep up with daily hygiene (clean clothes, showers, brushing teeth, etc.)? Yes ___ No ___
- ♥ Get adequate exercise (not too much or too little)? Yes ___ No ___
- ♥ Take all medications as prescribed? Yes ___ No ___
- ♥ Maintain your car so it is not in danger of breaking down? Yes ___ No ___
- ♥ Avoid walking or jogging alone at night? Yes ___ No ___
- ♥ Spend within your financial means? Yes ___ No ___
- ♥ Pay your bills on time? Yes ___ No ___
- ♥ Know whom to call if you are facing domestic violence? Yes ___ No ___
- ♥ Have safe housing? Yes ___ No ___
- ♥ Always drive substance-free? Yes ___ No ___
- ♥ Drive safely (within 5 miles of the speed limit)? Yes ___ No ___
- ♥ Refrain from bringing strangers home to your place? Yes ___ No ___
- ♥ Carry cash, ID, and a health insurance card in case of danger? Yes ___ No ___
- ♥ Currently have at least two drug-free friendships? Yes ___ No ___
- ♥ Have health insurance? Yes ___ No ___
- ♥ Go to the doctor/dentist for problems that need medical attention? Yes ___ No ___
- ♥ Avoid hiking or biking alone in deserted areas? Yes ___ No ___
- ♥ Use drugs or alcohol in moderation or not at all? Yes ___ No ___
- ♥ Not smoke cigarettes? Yes ___ No ___
- ♥ Limit caffeine to fewer than 4 cups of coffee per day or 7 colas? Yes ___ No ___
- ♥ Have at least 1 hour of free time to yourself per day? Yes ___ No ___
- ♥ Do something pleasurable every day (e.g., go for a walk)? Yes ___ No ___
- ♥ Have at least three recreational activities that you enjoy (e.g., sports, hobbies—but not substance use)? Yes ___ No ___
- ♥ Take vitamins daily? Yes ___ No ___
- ♥ Have at least one person in your life that you can truly talk to (therapist, friend, sponsor, spouse)? Yes ___ No ___
- ♥ Use contraceptives as needed? Yes ___ No ___
- ♥ Have at least one social contact every week? Yes ___ No ___

(cont.)

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- ♥ Attend treatment regularly (e.g., therapy, group, self-help groups)? Yes ☐ No ☐
- ♥ Have at least 10 hours per week of structured time? Yes ☐ No ☐
- ♥ Have a daily schedule and "to do" list to help you stay organized? Yes ☐ No ☐ N/A ☐
- ♥ Attend religious services (if you like them)? Yes ☐ No ☐
- ♥ Other: _____ Yes ☐ No ☐

Your score: (total number of No's): _____

NOTES ON SELF-CARE

Self-care and PTSD. People with PTSD often need to *learn* to take good care of themselves. For example, if you think about suicide a lot, you may not feel that it's worthwhile to take good care of yourself and may need to make special efforts to do so. If you were abused as a child, you got the message that your needs were not important. You may think, "If no one else cares about me, why should I?" Now is the time to start treating yourself with respect and dignity.

Self-care and substance abuse. Excessive substance use is one of the most extreme forms of self-neglect because it directly harms your body. And the more you abuse substances, the more you are likely to neglect yourself in other ways too (e.g., poor diet, lack of sleep).

Try to do a little more self-care each day. No one is perfect in doing everything on the questionnaire at all times. However, the goal is to take care of the most urgent priorities first, and to work on improving your self-care through daily efforts. "Progress, not perfection."

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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: Identify one self-care problem from the Self-Care Questionnaire (one "no" answer) that you want to work on. Before the next session, make that "no" into a "yes"—solve that self-care problem. If you want to, write out how it went: How did it feel to do it? Was it successful? Any next steps you'd like to take?
- ✦ Option 2: Take any four of the following words and write a page on how your life could be improved by attending to them (be creative—there's no right or wrong answer to this):

Self-Care Dignity Body Attention Love Effort
Knowledge Respect Safety Physical

- ✦ Option 3: Find someone in your life who takes very good care of her- or himself. Interview this person, asking everything you can about how the person does it, how it feels, and how the person learned it.
- ✦ Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	I have a bad toothache.	I have a bad toothache.
★ Your Coping ★	Not doing anything about it. Just trying to put it out of mind.	Call dentist immediately. Say wasn't taken good care of when I was growing up, I need to do things better now."
Consequence	It keeps getting worse. I feel miserable.	This feels strange—I'm used to waiting until everything is in crisis. But I know this was the best way to handle it.

How safe is your old way of coping? — How safe is your new way of coping? —

Rate from 0 (not at all safe) to 10 (totally safe)

Compassion



SUMMARY

Patients with PTSD and substance abuse typically have enormous self-loathing. They “beat themselves up” and blame themselves. Today’s topic guides patients to replace destructive self-talk with compassionate self-talk. They are taught that only a loving stance toward the self produces lasting change.

ORIENTATION

Patients are often quick to recognize that they use a lot of harsh self-talk. They typically say that they do this because “it’s true” (e.g., “I’ve messed up my life and that’s just a fact”). Or, they believe that such harshness is a way of taking responsibility (e.g., “I used again yesterday. What a fool—it’s my own fault, I just never learn”).

In today’s topic, patients are taught that harsh self-talk is not “truth” or “responsibility.”

Rather, it is a pattern of reabusing themselves that for many was learned in childhood. If a parent used harshness as a method of control, they internalized that voice until it is now part of them. It can be a surprise for them to learn that harshness is an *obstacle* to growth. Harsh self-talk rarely leads to positive change, and certainly not to lasting change. It is really a defense against exploring, in an honest way, a particular problem. For example, a patient who drinks despite repeated promises to quit may say, “I’m such a loser; I can’t do anything right. I swear I won’t drink next time, no matter what.” This sort of internal dialogue is likely to result in the patient’s drinking next time. There is no exploration of why the drinking occurred. A compassionate inner dialogue might be: “I know drinking is dangerous for me, but I did it anyway. There must be a good reason for it. Maybe it’s because I’m still sad about my brother’s death. I can call my sponsor and talk about how sad I feel.”

In teaching patients the contrast between harshness and compassion, it is important to keep in mind that compassion can feel extremely difficult, unnatural, and wrong to them. And it may bring up intense emotion. For example, one patient said that it made her much more aware of sadness over the lack of love she had while growing up.