Lisa M. Najavits, PhD is Adjunct Professor, University of Massachusetts Chan Medical School (Worcester, MA) and Director, Treatment Innovations. She specializes in the development of new counseling models for trauma and addiction, clinical trials research, and community-based care. She is author of over 200 professional publications, as well as the books Seeking Safety: A Treatment Manual for PTSD and Substance Abuse; Finding Your Best Self: Recovery from Addiction, Trauma, or Both; A Woman's Addiction Workbook; and Creating Change: A Past-Focused Treatment for Trauma and Addiction.

She was on the faculty of Harvard Medical School (McLean Hospital) for 25 years and Boston University School of Medicine (VA Boston) for 12 years. She served as president of the Society of Addiction Psychology of the American Psychological Association; and has consulted widely on public health efforts in trauma and addiction both nationally and internationally, including to the National Institutes of Health, the Surgeon General, the United Nations, and the Substance Abuse Mental Health Services Administration. She is on various advisory boards and has received awards including the Betty Ford Award of the Addiction Medical Education and Research Association, the Young Professional Award of the International Society for Traumatic Stress Studies; the Early Career Contribution Award of the Society for Psychotherapy Research; the Emerging Leadership Award of the American Psychological Association Committee on Women; and the Barnard College (Columbia University) Distinguished Alumna award. She is a licensed psychologist in Massachusetts and conducts a psychotherapy practice. She received her PhD in clinical psychology from Vanderbilt University and bachelor's degree in history with honors from Barnard College (Columbia University). You can download her full resume or, for a training she is conducting, a brief introduction and photo (high resolution or, for the web, lower resolution). The best way to reach her is via email director@treatment-innovations.org.

https://www.treatment-innovations.org/lisa-najavits.html

2/6/25 Treatment Innovations / Lisa M. Najavits, PhD

Outline and objectives

Short program on *Seeking Safety* (e.g., plenary, or panel as part of a conference)

Title: *Seeking Safety:* An evidence-based model for trauma and/or addiction

Trainer: certified to provide this training by Lisa Najavits, the developer of *Seeking Safety*. To see or verify our list of certified trainers, please see our list. Lisa supervises each trainer directly, including preparation and oversight of training materials (slides, videos).

Intended audience: A broad range of staff from addiction, mental health, medical, and other programs, including those who directly treat clients, but can also include other staff (e.g., administrators, mental health aides, counselors, nurses, advocates), as well as trainees, peers, and people in recovery. No prior training nor professional degree is required.

Summary: The goal of this presentation is to describe *Seeking Safety,* an evidence-based model for trauma and/or addiction (clients do not have to have both issues). Anyone who attends can implement Seeking Safety in their setting if they choose to. *Seeking Safety* teaches present-focused coping skills to help clients attain safety in their lives. It is highly flexible and can be conducted in any setting by a wide range of clinicians and also peers. There are up to 25 treatment topics, each representing a safe coping skill relevant to trauma and/or addiction, such as "Asking for Help", "Creating Meaning", "Compassion", and "Healing from Anger". Topics can be done in any order and the treatment can be done in few or many sessions as time allows. *Seeking Safety* strives to increase hope through emphasis on ideals; it offers exercises, emotionally-evocative language, and quotations to engage patients; attends to clinician processes; and provide concrete strategies to build recovery skills. For a short program, we cover a brief overview of *Seeking Safety* and how it fits the larger context of trauma informed care and addiction treatment. Assessment tools and national resources are also provided. For more information on *Seeking Safety* see www.seekingsafety.org.

Objectives:
1) To describe current understanding of trauma, addiction, and their combination.
2) To increase empathy and understanding of trauma and addiction.
3) To briefly describe the Seeking Safety model.
4) To provide assessment and treatment resources.

References:
Black, C. (2018). *Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family*. Las Vegas: Central Recovery Press.

Briere, J. N., & Scott, C. (2014). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Edition)*. Thousand Oaks, CA: Sage Publications.

Herman, J. L. (1992). *Trauma and Recovery*. New York: Basic Books.

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Krause, S. (2023). Adolescent Toolkit for Seeking Safety. See www.seekingsafety.org.

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Najavits, L.M., Clark, H.W., DiClemente, C.C., Potenza, M.N., Shaffer, H.J., Sorensen, J.L., Tull, M.T.,

Zweben, A. & Zweben, J.E. (2020). PTSD/Substance Use Disorder Comorbidity: Treatment Options and Public Health Needs. *Current Treatment Options in Psychiatry*, pp.1-15.

Najavits, L. M. (2022). Trauma and Substance Abuse: A Counselor's Guide To Treatment. In M. Cloitre & U. Schynder (Eds.), *Evidence-Based Treatments for Trauma-Related Disorders (2nd edition).* Springer-Verlag.

Najavits, L.M. & Krause, S. (2023). Group Delivery of Seeking Safety for Trauma and/or Addiction. In *Group Approaches to Treating Traumatic Stress in Adults* (Ruzek, Yalch & Burkman, eds.). New York: Guilford.

Najavits, L. M. (in press). *Creating Change: A Past-Focused Treatment for Trauma and Addiction*. New York: Guilford.

Sherman, A. D. F., Balthazar, M., Zhang, W., Febres-Cordero, S., Clark, K. D., Klepper, M., Coleman, M., & Kelly, U. (2023). Seeking Safety intervention for comorbid post-traumatic stress and substance use disorder: A meta-analysis. *Brain and Behavior*, e2999.

Substance Abuse Mental Health Services Administration (SAMHSA) (2014). Trauma Informed Care in Behavioral Health Services *Treatment Improvement Protocol (TIP) Series*. Washington, DC: Department of Health and Human Services.

van der Kolk, B. A. (2015). *The body keeps the score: Brain, Mind, and Body in the healing of trauma*. Penguin Books.

Audiovisual (if an onsite training): LCD projector; audio setup (to show video segments); microphone (any type is fine)

Methods of instruction: lecture, slides, video clips (if time allows), question/answer.

Contact information

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1/17/25 Lisa Najavits, PhD / Treatment Innovations

Trauma and PTSD

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

Simple PTSD results from a single event in adulthood (DSM-V symptoms); Complex PTSD is not a DSM term but is included in the ICD-11; it can result from multiple traumas, typically in childhood (broad symptoms, including personality problems)

Rates: 10% for women, 5% for men (lifetime, U.S.).About 25-30% of people exposed to trauma develop PTSD.

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

Addiction

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

DSM-V-TR term is "substance-related and addictive disorders", which can be mild, moderate, or severe.Rates: 35% for men; 18% for women (lifetime, U.S.)

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

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

The Link Between Trauma and Addiction

About trauma and addiction

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

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

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

Treatment issues

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

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

Splits in treatment systems (mental health versus addiction).

Fragile treatment alliances and multiple crises are common.

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

Recommended treatment strategies

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

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

Diversity Issues

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

Seeking Safety

About *Seeking Safety*

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

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

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

Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding)
- Other topics: Introduction/Case Management, Safety, Life Choices, Termination

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

Key principles of *Seeking Safety*

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

Additional features

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

Evidence Base

Seeking Safety is an evidence-based model, with over 60 published research articles and consistently positive results. For all studies, go to www.seekingsafety.org, section Evidence. Studies include pilots, randomized controlled trials, and multi-site trials.

Resources on *Seeking Safety*. All below are available from www.seekingsafety.org and/or from the order form toward the end of these handouts.

✧ **Implementation / research articles:** all articles related to Seeking Safety can be freely downloaded.
✧ **Training:** training calendar and information on setting up a training (section Training).
✧ **Consultation:** on clinical implementation, research studies, evaluation projects.
✧ **Fidelity Scale:** free download (section Assessment).
✧ **Book:** *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Has the clinician guide and all client handouts. Also available in 16 languages as well as an adaptation in American Sign Language.
✧ **Video training:** (1) *Seeking Safety* (2-hour training video by Lisa Najavits); (2) *Asking for Help* (one-hour demonstration of a group session with real clients); (3) *A Client's Story* (26 minute unscripted life story by a male trauma survivor) and *Teaching Grounding* (16 minute example of the grounding scriptfrom Seeking Safety with a male client); (4) *Adherence Session* (1-hour session for rating with the Seeking SafetyAdherence Scale).
✧ **Online learning**
✧ **Teaching Guide to Introduce Seeking Safety to your agency**
✧ **Engagement materials:** card deck, poster, magnets, wallet card, coping skills key chain; some in Spanish, French.

Contact Information

Contact: *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1610 [phone]; info@treatment-innovations.org [email]; www.seekingsafety.org or www. www.treatment-innovations.org [web]

We can add you to the Seeking Safety website to list that you conduct Seeking Safety. If desired email info@seekingsafety.org your basic information. *Example:* Boston, MA: Chris Garcia, LCSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. chrisgarcia@gmail.com.

Resources on Addiction and Trauma

a) **Addiction**	
National Clearinghouse for Alcohol and Drug Information	800-729-6686; www.health.org
National Drug Information, Treatment & Referral Hotline	800-662-HELP; http://csat.samsha.gov

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

Educational Materials

Books on trauma and addiction

1. Najavits, L. M. (2024). Creating Change: A Past-Focused Treatment for Trauma and Addiction. New York: Guilford.
2. Najavits, L. M. (2019). Finding Your Best Self: Recovery from Addiction, Trauma or Both. New York, NY: GuilfordPress.
3. Black, C. (2017). Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family. LasVegas: Central Recovery Press.
4. Ouimette, P. & Read, J. (2013) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders (2nd edition). Washington, DC: American Psychological Association Press.
5. Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford.

Books on trauma

1. Herman, J. L. (2023). Truth and Repair. New York: Basic Books.
2. Crawford, L. (2021). Notes on a Silencing: A Memoir. Hachette: New York.
3. Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols, and Procedures. New York: Guilford Press.
4. Evans, A. (2017). Trauma-Informed Care: How Neuroscience Influences Practice: Routledge.
5. Briere, J.N. & Scott, C. (2015). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (DSM-5 update). Thousand Oaks, CA: Sage.
6. van der Kolk (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. New York: Viking.
7. Hoge, C.C. (2010). Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI. GPP Life Press.
8. Stone, R. (2007). No secrets no lies: How black families can heal from sexual abuse. New York: Harmony.
9. Shay, J. (1994). Achilles in Vietnam: Combat trauma and the undoing of character. New York: Simon & Schuster.
10. Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.

Books on addiction

1. Washton, A. M. & Zweben, J. E. (2023). Treating Alcohol and Drug Problems in Psychotherapy Practice (2nd edition). New York: Guilford Press.
2. Grisel, J. (2019). Never Enough: The Neuroscience and Experience of Addiction. New York: Doubleday.
3. Alter, A. (2017). Irresistible: The rise of addictive technology and the business of keeping us hooked: Penguin.
4. Najavits L. M. (2002). A Woman's Addiction Workbook. Oakland, CA: New Harbinger.
5. Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
6. Knapp, C. (1997). Drinking: A Love Story. New York: Random House.
7. Miller, W. R., Zweben, A., et al. (1995). Motivational Enhancement Therapy Manual (Vol. 2). Rockville, MD: U.S. Department of Health and Human Services. Free from www.health.org.

Videos

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

Clinically-Relevant Articles

1. Hoge, C. W., Chard, K. M., & Yehuda, R. (2024). US Veterans Affairs and Department of Defense 2023 Clinical Guideline for PTSD—Devolving Not Evolving. *JAMA Psychiatry*, *81*(3), 223-224.
2. Petreca, V. G., & Burgess, A. W. (2024). Long-Term Psychological and Physiological Effects of Male Sexual Trauma. *The Journal of the American Academy of Psychiatry and the Law*, *52*(1), 23-32.
3. Rubenstein, A., Duek, O., Doran, J., & Harpaz-Rotem, I. (2024). To expose or not to expose: A comprehensive perspective on treatment for posttraumatic stress disorder. *American Psychologist*, *79*(3), 331.
4. Sherman, A. D. F., Balthazar, M., Zhang, W., Febres-Cordero, S., Clark, K. D., Klepper, M., Coleman, M., & Kelly, U. (2023). Seeking Safety intervention for comorbid post-traumatic stress and substance use disorder: A meta-analysis. *Brain and Behavior*, e2999.
5. Najavits, L.M. & Krause, S. (2023). Group delivery of Seeking Safety for trauma and/or addiction. In Group Approaches to Treating Traumatic Stress in Adults (Ruzek, Yalch & Burkman, eds.). New York: The Guilford Press.
6. Najavits, L. M., Ledgerwood, D. M., & Afifi, T. O. (2023). A Randomized Controlled Trial for Gambling Disorder and PTSD: Seeking Safety and CBT. *Journal of Gambling Studies*, *39*(4), 1865-1884.
7. Substance Abuse and Mental Health Services Administration (SAMHSA) (2023). Incorporating Peer Support Into Substance Use Disorder Treatment Services. Treatment Improvement Protocol (TIP) Series 64. Publication No. PEP23-02-01-001. Rockville, MD: SAMHSA. Free download [search "TIP 64"]
8. Substance Abuse and Mental Health Services Administration (2023). Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory.
9. Najavits, L. M. (2022). Trauma and substance abuse: A clinician's guide to treatment. In M. Cloitre & U. Schynder (Eds.), *Evidence-based treatments for trauma-related disorders (2nd edition)*: Springer-Verlag.
10. Substance Abuse and Mental Health Services Administration (SAMHSA, 2022) National Guidelines for Child and Youth Behavioral Health Crisis Care. Publication No. PEP22-01-02-001 Rockville, MD.
11. Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., Tull, M. T., Zweben, A., Zweben, J. E. (2020). PTSD / substance use disorder comorbidity: Treatment options and public health needs. *Current Treatment Options in Psychiatry*, 1-15.
12. Hoge, C. W., & Chard, K. M. (2018). A window into the evolution of trauma-focused psychotherapies for posttraumatic stress disorder. *JAMA, 319*(4), 343-345.
13. Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. In S. Gold, J. Cook, & C. Dalenberg (Eds.), *Handbook of trauma psychology* (pp. 195–214). Washington, DC: American Psychological Association.
14. Najavits, LM, Schmitz, M, Johnson, KM, Smith, C, North, T et al. (2009). Seeking Safety therapy for men: Clinical and research experiences. In *Men and Addictions*. Nova Science Publishers, Hauppauge, NY.
15. Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801, Rockville, MD. Free download [search "TIP 57"].
16. Substance Abuse and Mental Health Services Administration (2023). Counseling Approaches To Promote Recovery From Problematic Substance Use and Related Issues. Treatment Improvement Protocol (TIP) Series 65. Publication No. PEP23-02-01-003. Rockville, MD.
17. Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. *The Clinical Supervisor*: 1-31.
18. Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European journal of psychotraumatology*, *3*(1), 17246.

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

Safe Coping Skills (Part 1)

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

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

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

Safe Coping Skills (Part 2)

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

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

Lisa Najavits, PhD

Detaching From Emotional Pain (Grounding)

WHAT IS GROUNDING?

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

WHY DO GROUNDING?

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

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

Guidelines

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

WAYS TO GROUND

Mental Grounding

- Describe your environment in detail using all your senses. For example, "The walls are white, there are five pink chairs, there is a wooden bookshelf against the wall..." Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature. You can do this anywhere. For example, on the subway: "I'm on the subway. I'll see the river soon. Those are the windows. This is the bench. The metal bar is silver. The subway map has four colors..."
- Play a "categories" game with yourself. Try to think of "types of dogs", "jazz musicians", "states that begin with 'A'", "cars", "TV shows", "writers", "sports", "songs", "European cities."
- Do an age progression. If you have regressed to a younger age (e.g., 8 years old), you can slowly work your way back up (e.g., "I'm now 9"; "I'm now 10"; "I'm now 11"…) until you are back to your current age.
- Describe an everyday activity in great detail. For example, describe a meal that you cook (e.g., "First I peel the potatoes and cut them into quarters, then I boil the water, I make an herb marinade of oregano, basil, garlic, and olive oil…").
- Imagine. Use an image: *Glide along on skates away from your pain*; *change the TV channel to get to a better show*; think of *a wall as a buffer between you and your pain.*
- Say a *safety statement*. "My name is____; I am safe right now. I am in the present, not the past. I am located in_____; the date is_____."

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

Physical Grounding

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

Soothing Grounding

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

WHAT IF GROUNDING DOES NOT WORK?

- Practice as often as possible, even when you don't "need" it, so that you'll know it by heart.
- Practice faster. Speeding up the pace gets you focused on the outside world quickly.
- Try grounding for a looooooonnnnngggg time (20-30 minutes). And, repeat, repeat, repeat.
- Try to notice whether you do better with "physical" or "mental" grounding.
- Create your own methods of grounding. Any method you make up may be worth much more than thoseyou read here because it is *yours*.
- Start grounding early in a negative mood cycle. Start when the substance craving just starts or whenyou have just started having a flashback.

Taking Good Care of Yourself

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___
♥Have 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 over-eating) 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 nor 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 who 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 one 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___
♥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___
♥Attend religious services (if you like them)? YES___ NO___ N/A___
♥Other: _____ YES ___ NO ___

YOUR SCORE: _____ (total # 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 Addiction. 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 list 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."

Creating Meaning in PTSD and Addiction

MEANINGS THAT *HARM*	DEFINITION	EXAMPLES	**MEANINGS THAT *HEAL***
Deprivation Reasoning	Because you have suffered a lot, you deserve substances (or other destructive behavior).	*--I've had a hard time, so I'm entitled to get high.* *--If you went through what I did, you'd cut your arm 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 be feeling this upset.* *--I shouldn't have 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.
Time Warp	It feels like 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.
Actions Speak Louder than Words	Show distress by actions, or people won't see the pain.	*--Scratches on my arml show what I feel* *--An overdose will show them.*	**Break Through the Silence.** Put feelings into words. Language is the most powerful communication for people to know you.
Beating Yourself Up	In your mind, you yell at yourself and put yourself down.	*--I'm a loser.* *--I'm a no-good piece of dirt.*	**Love—Not Hate--Creates Change.** Beating yourself up does not change your behavior. 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 (no longer a child); I have choices (I am not trapped); I am getting help (I am not alone).

The Escape	An escape is needed (e.g., food, cutting) because feelings are too painful	*--I'll never get over this; I have to cut myself.* *--I can't stand cravings; I 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.
Ignoring Cues	If you don't notice a problem it will go away.	*--If I just ignore this toothache it will go away* *--I don't abuse 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 just buy a bottle of wine for a new recipe*	**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 won't notice me.* *--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.
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 wrong.*	**Give Yourself a Break.** Don't 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).
I am My Trauma	Your trauma is your identity; it is more important than anything else	*--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.

"Tough Cases" -- Rehearsing Difficult Client Scenarios

Below are examples of "tough cases" in the treatment of trauma and addiction. They are organized bythemes related to this dual diagnosis.

Trauma/PTSD:
- "I'll never recover from PTSD."
- "Reading about trauma makes me want to burn myself."
- "How can I give up substances when I still have such severe trauma problems?"

Addiction:
- "Using cocaine makes my PTSD better—I can't give it up."
- "It's my alter who drinks and she's not here now" (dissociative identity disordered client)
- "I definitely think I can do controlled drinking."
- "Do I have to get clean before working on my trauma?"
- "In AA they said to me, 'You don't drink because you were molested as a child, you drink because you're an alcoholic.'

Self-Nurturing:
- "I just can't experience pleasure—nothing feels fun to me."
- "All of the people I know drink to have a good time."
- "Whenever I try to do something pleasurable I feel guilty."
- "My partner doesn't want me to go out of the house."

Safety:
- "I don't want to stay safe; I want to die."
- "Safe coping skills are a nice idea, but when I get triggered it's so fast that I don't even have time to think about what I'm doing."
- "I feel like I need mourn my trauma now, not wait until later."

Boundaries in Relationships:
- "I can't say 'no'. It makes me feel I'm being mean, like my abuser."
- "When I say 'no' to my partner I get hit."
- "I want to set a boundary with you-- stop telling me to get off substances! I'm not ready."
- "You tell me to reach out to others, but I feel safer alone."
- "My cousin keeps offering me crack no matter how much I say not to."

Honesty:
- "But it will hurt the other person if I'm honest."
- "I can be honest in the role-play, but in real life I could never do it."
- "I won't tell my doctor that I abuse alcohol."
- "Should I tell everyone at work that I'm an addict?"
- "Are you telling me I'm a liar?"
- "When I was growing up, I told my mother that my brother molested me and she said I was lying."

Creating Meaning:
- "My thoughts are bad, just like I'm bad."
- "But my negative thoughts really are true!"
- "Positive thinking never works for me."

Trauma Symptom Checklist-40

How often have you experienced each of the following in the last month? Please circle one number, 0 through 3.

	Never			Often
1. Headaches	0	1	2	3
2. Insomnia	0	1	2	3
3. Weight loss (without dieting)	0	1	2	3
4. Stomach problems	0	1	2	3
5. Sexual problems	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. "Flashbacks"(sudden, vivid, distracting memories)	0	1	2	3
8. Restless sleep	0	1	2	3
9. Low sex drive	0	1	2	3
10. Anxiety attacks	0	1	2	3
11. Sexual overactivity	0	1	2	3
12. Loneliness	0	1	2	3
13. Nightmares	0	1	2	3
14. "Spacing out" (going away in your mind)	0	1	2	3
15. Sadness	0	1	2	3
16. Dizziness	0	1	2	3
17. Not feeling satisfied with your sex life	0	1	2	3
18. Trouble controlling your temper	0	1	2	3
19. Waking up early in the morning	0	1	2	3
20. Uncontrollable crying	0	1	2	3
21. Fear of men	0	1	2	3
22. Not feeling rested in the morning	0	1	2	3
23. Having sex that you didn't enjoy	0	1	2	3
24. Trouble getting along with others	0	1	2	3
25. Memory problems	0	1	2	3
26. Desire to physically hurt yourself	0	1	2	3
27. Fear of women	0	1	2	3
28. Waking up in the middle of the night	0	1	2	3
29. Bad thoughts or feelings during sex	0	1	2	3
30. Passing out	0	1	2	3
31. Feeling that things are "unreal"	0	1	2	3
32. Unnecessary or over-frequent washing	0	1	2	3
33. Feelings of inferiority	0	1	2	3
34. Feeling tense all the time	0	1	2	3
35. Being confused about your sexual feelings	0	1	2	3
36. Desire to physically hurt others	0	1	2	3
37. Feelings of guilt	0	1	2	3
38. Feeling that you are not always in your body	0	1	2	3
39. Having trouble breathing	0	1	2	3
40. Sexual feelings when you shouldn't have them	0	1	2	3

Important note: this measure assesses trauma-related problems in several categories. According to John Briere, PhD "***The TSC-40 is a research instrument only***. **Use of this scale is limited to professional researchers**. It is not intended as, nor should it be used as, a self-test under any circumstances." For a more current version of the measure, which can be used for clinical purposes (and for which there is a fee), consider the Trauma Symptom Inventory; contact Psychological Assessment Resources, 800-331-8378. The TSC-40 is freely available to researchers. No additional permission is required for use or reproduction of this measure, although the following citation is needed: Briere, J. N., & Runtz, M. G. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. Journal of Interpersonal Violence, 4, 151-163. For further information on the measure, go to www.johnbriere.com.

ProQOL R-IV

PROFESSIONAL QUALITY OF LIFE SCALE

Compassion Satisfaction and Fatigue Subscales—Revision INTERVENE

Note: see also the 2021 healthcare version: *https://proqol.org/proqol-health-1*

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the ***last 30 days***.

0=Never 1=Rarely 2=A Few Times 3=Somewhat Often 4=Often 5=Very Often

_____	1.	I am happy.
_____	2.	I am preoccupied with more than one person I help.
_____	3.	I get satisfaction from being able to help people.
_____	4.	I feel connected to others.
_____	5.	I jump or am startled by unexpected sounds.
_____	6.	I feel invigorated after working with those I help.
_____	7.	I find it difficult to separate my personal life from my life as a helper.
_____	8.	I am losing sleep over traumatic experiences of a person I help.
_____	9.	I think that I might have been “infected” by the traumatic stress of those I help.
_____	10.	I feel trapped by my work as a helper.
_____	11.	Because of my helping, I have felt “on edge” about various things.
_____	12.	I like my work as a helper.
_____	13.	I feel depressed as a result of my work as a helper.
_____	14.	I feel as though I am experiencing the trauma of someone I have helped .
_____	15.	I have beliefs that sustain me.
_____	16.	I am pleased with how I am able to keep up with helping techniques and protocols.
_____	17.	I am the person I always wanted to be.
_____	18.	My work makes me feel satisfied.
_____	19.	Because of my work as a helper, I feel exhausted.
_____	20.	I have happy thoughts and feelings about those I help and how I could help them.
_____	21.	I feel overwhelmed by the amount of work or the size of my casework load I have to deal with.
_____	22.	I believe I can make a difference through my work.
_____	23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
_____	24.	I am proud of what I can do to help.
_____	25.	As a result of my helping , I have intrusive, frightening thoughts.
_____	26.	I feel “bogged down” by the system.
_____	27.	I have thoughts that I am a “success” as a helper.
_____	28.	I can't recall important parts of my work with trauma victims.
_____	29.	I am a very sensitive person.
_____	30.	I am happy that I chose to do this work.

Disclaimer

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.

Self-scoring directions, if used as self-test

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
    a. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
    b. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
    c. **Circle** the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the average scores below.

Compassion Satisfaction Scale. The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout Scale. The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Trauma/Compassion Fatigue Scale. The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

If you have any concerns, you should discuss them with a health care professional.

Treatment Innovations
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617-299-1670 (orders)
orders@treatment-innovations.org (email)

Seeking Safety

www.treatment-innovations.org
www.seekingsafety.org

It's simplest to use the Store at www.treatment-innovations.org, but if you prefer you can fill out this form or call in a phone order (617-299-1670).

✧ ***Seeking Safety*** **Clinical Resources** ORDER FORM ✧

	Each	Number	Total
✧ **TRAINING VIDEOS*** ✧			
Set of all 4 Seeking Safety training DVDs below (one each of #1, 2, 3, 4)	$ 425	X ___	= $ _____
DVD #1 – *Seeking Safety* (2 hours)	$ 155	X ___	= $ _____
DVD #2 – *Therapy Session: Asking for Help (*1 hour)	$ 155	X ___	= $ _____
DVD #3 – *A Client's Story* / *Example of Grounding* (36 mins.)	$ 80	X ___	= $ _____
DVD #4 – *Adherence Session: Healthy Relationships* (1 hour)	$ 80	X ___	= $ _____
**If preferred, we offer streaming of the videos for 1, 3, 6, or 12 months; we also offer DVD rentals.* See website Store or email us			
✧ **POSTER** ✧			
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Asking for Help

SUMMARY

Each of the disorders—PTSD and substance abuse—leads to problems in asking for help. Today's topic encourages patients to become aware of their need for help, and provides guidance in how to do so effectively.

ORIENTATION

"It feels like the telephone weighs a thousand pounds."

"I lose whether I get help or not. If I get help, I feel guilty; if I don't, I feel humiliated and alone."

"How hard is it to ask for help? I think it's easier to give up cocaine than to ask for help."

"Everyone in my life has hurt me one way or another. I guess I'll have to try to trust. It's not easy—I can't take any more hurt."

For both PTSD and substance abuse, others' help is essential. It has been said, "The power of drugs equals the need for help. . . . They are as closely related as supply and demand in economics, as inseparable as pressure and volume in behavior of gasses. . . . The gun is pointed at my head: get help or die" (DuWors, 1992, pp. 97–99). Similarly, for severe PTSD it has been said that healing can take place only in the context of relationships (Herman, 1992).

There are good reasons why patients may find it hard to reach out for help. They may have had no one to trust while growing up; they may feel a need to keep up an image as someone "strong"; they may have learned that asking for help evokes punishment. For many patients with PTSD, sufficient help was not available at the time of the trauma, and they may

feel unable to seek help now when it is more available to them. Substance use may have come to seem like the only "help" they could get. Some patients may have sought help from systems that failed them, such as treatment systems ignorant about PTSD or substance abuse, or legal systems that may have punished them rather than providing treatment. For a description of one patient's dilemmas in asking for help, see "A Patient's Story: Why It's Hard to Ask for Help" at the end of this topic.

Today's topic provides explicit instruction in how to reach out more often, and more effectively, toward others. This skill can literally save lives in times of need. Because there are many people in patients' lives who truly cannot or will not provide help, a key theme is learning to move on to others who can, even if only to treaters. See also the topic *Setting Boundaries in Relationships* for more on getting patients to say "yes" to help from others.

Countertransference Issues

Some therapists, particularly if they grew up in a supportive environment, underestimate patients' obstacles in seeking help. They may believe that the problem is mostly in patients' perceptions rather than in reality, and they may be unaware of some real dangers in reaching out for help. See "Suggestions" (below) for more on this issue.

SESSION FORMAT

1. ***Check-in*** *(up to 5 minutes per patient)*. See Chapter 2.
2. ***Quotation*** *(briefly)*. See page 170. Link the quotation to the session—for example, "Today we'll focus on asking for help. That may feel like a big risk for some people—but it is incredibly important to learn to take that risk and reach out."
3. ***Relate the topic to patients' lives*** *(in-depth, most of session)*.
   a. *Ask patients to look through the handouts*:

      Handout 1: Asking for Help
      Handout 2: Approach Sheet

   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 effective ways to ask for help.
- ☐ Rehearse how to ask for help.
- ☐ Explore patients' experiences in asking for help.

Ways to Relate the Material to Patients' Lives

★ ***Role plays.*** The best situations to role-play are current, real-life situations that patients raise. Also, patients can choose upcoming events that provide an opportunity to reach out for help. If a patient has had any unsafe behavior since the last session (substance use, starting a physical fight, self-cutting, unprotected sex, suicide attempt), it is strongly recommended that this be the top priority in rehearsing the skill. For example, you might say, "Role-play the last time you used a substance. Whom could you have called? What could you have said?" Other role-play ideas include "Tell your therapist you don't feel safe," "Call a friend when you are feeling lonely," "Ask someone to go with you to a self-help meeting," "Ask your partner to help you review the material in this treatment," or "Call someone if you feel like hurting yourself or someone else."

★ ***Work on the Approach Sheet (Handout 2).*** Help patients identify a current situation that would benefit from asking for help, and process how to go about it. The goal is to get patients out of the assumptions "in their heads" and into finding out "what's real." Thus, guide them to fill out the first three boxes of Handout 2, the blank Approach Sheet (what help they need help, whom they can ask, and what they predict will happen). Then, before the next session, they can try actually asking for the help specified and observe whether their prediction was accurate (filling out the fourth box in the sheet).

To help create a success experience, make sure that patients are truly trying something new and not just going through the motions; try to set up a situation with the most likelihood of success (e.g., asking someone safe); explicitly discuss how to prepare if a request for help doesn't go well; explore practical and emotional obstacles to following through on the assignment; and, when patients come to the next session, process what happened. If it didn't go well, the idea is to help patients learn something constructive from the experience (e.g., "I'm able to take a risk," or "Now I know I need to find other people to ask help from"). Also, find out *how* they asked for help, and give honest feedback and instructions on more effective ways.

★ ***Discussion***

- "What do you most want help with?"
- "Why is asking for help such a crucial coping skill?"
- "Was there a time recently when you needed to call someone for help, but didn't?"
- "Is it harder to ask for help with your PTSD, your substance abuse, or both equally?"
- "Why might PTSD and substance abuse make it hard for you to ask for help?"
- "What happens when you do not ask for help?"
- "Are there any successes you've had in asking for help? What made those possible?"
- "Do you think you can learn to ask for more help?"
- "How can you cope if the other person refuses to help?"
- "If you feel an impulse toward a destructive behavior, do you know whom you would call and what you would say?"
- "Why would asking for help make you more *independent* in the long run?"
- "Can you 'coach' the other person in advance on what you want him or her to say?"

Suggestions

✦ ***You may want to introduce the topic with a simple, forceful statement:*** "I am going to tell you one of the greatest secrets of recovery you will ever hear. This is like a law of physics and as solid as the ground we walk on: You need help from others to recover." Allow patients to respond to this, and praise any positive examples they provide of asking for help.

✦ ***Out-loud rehearsal is typically most effective.*** Having patients rehearse how they would ask for help tends to be more engaging than a general discussion. Thus role plays and the Approach Sheet generally work best.

✦ ***Note that some patients have no one safe to ask help from.*** This is a very real situation for some people. In this case, the goal becomes practicing asking help from treaters (e.g., a hotline, an AA member or sponsor, a therapist). It is usually less helpful to "debate" with patients whether particular friends or family members really would be there for them—patients' instincts may be accurate, and the goal of the session is to have them locate help anywhere they can. Treaters are an excellent source for mastering the skill of asking for help, and over time, patients may then be able to move on to developing a safe support network of nontreaters. Patients can be encouraged even now to get involved in activities that will help them to build a support network (e.g., self-help groups, leisure activities, religious organizations). However, some patients are not yet capable of utilizing these, in which case treaters become the "fall-back" option. You may also want to offer patients resources from Handout 1 in the topic *Community Resources*, which provides many toll-free numbers for obtaining informational help. Here too, just practicing reaching out is the goal.

✦ ***Be sure to take very seriously that there may be valid reasons why asking for help is genuinely dangerous for some patients at this point.*** Sometimes patients have abusive partners who will hurt them if they seek help; at other times, emotional obstacles may be dangerous (e.g., "If I don't get the help I ask for, I become suicidal"), or treaters/treatment systems are unhelpful. The most important strategy is usually to empathize with patients' fears and to redirect them to safe options. For example, a patient can plan on asking for help just before or during a therapy session (such as making a call in the therapist's office) to be able to process how it went. It is not helpful, in contrast, to respond with simplistic "cheerleading" such as "Just keep trying with your partner," or "You can do it!"

✦ ***Encourage patients to instruct people in their lives about the kind of help they need.*** For example, one concern patients raise is that if they ask for help before using a substance, the other person will try to talk them out of it. Try to have patients rehearse explicitly in advance what they want the other person to say—for example, "I cannot stop you from using, but I am worried about you," or "I will just listen to anything you want to say." See the topic *Getting Others to Support Your Recovery* for more on this.

✦ ***It may be safest to start with concrete, physical help rather than emotional help.*** For example, asking a friend for a ride to a self-help meeting may be easier than asking for advice on a complex emotional problem. The goal is to take a step, however small, toward reaching out to others in a time of need. Adjusting the level of difficulty of the task (not too hard, not too easy) is key. Also, patients should select someone who truly has the potential to help, not a

"hopeless case," such as a family member who has abused them or a friend who has refused to help in the past.

✦ ***Any time is better than no time.*** Sometimes patients believe that they can only ask for help before using (or other such events) and once they've begun a self-destructive act it is too late to reach out. Process ways to ask for help at any point in the sequence, as in this example:

Before: "Call someone when you have a drug craving, before you use."
During: "If you're at a bar, go to the pay phone and call your sponsor."
After: "Call a friend the next day to discuss what happened."

✦ ***Identify ways to cope with rejection before it happens.*** Rehearse how patients might handle it if a person refuses a request for help. Cognitive strategies may be especially helpful, such as explanations that are not self-blaming: "I guess the person I asked just isn't as generous as I had thought," "I can learn from this and try again later with someone else," "I need to give myself credit for trying, even if it didn't work out as I had hoped."

✦ ***Persistence matters.*** Patients should not give up easily. Offer suggestions, such as "You may have to ask twice for someone to 'hear' you," or "If one person can't help you, try another person immediately."

✦ ***Patients may be afraid of becoming too dependent if they ask for help.*** It is often a surprise that in fact it makes them more *independent* in the long run. Learning to recognize and prioritize one's needs, knowing how to put a request for help into words, tolerating the vulnerability of such a request—all of these empower patients and increase strength and self-esteem. Asking for help means that one is not afraid of people and can join with others safely.

✦ ***Notice how patients ask for help, particularly in the role plays.*** You may need to give honest feedback and instructions on more effective ways to ask for help. For example, one patient said, "I told my partner that she was totally unhelpful and that she had to start helping me from now on." This person needed guidance in softening the approach.

✦ ***Some patients may not understand the quotation.*** You may want to emphasize that it suggests the importance of taking risks in life. Not taking risks, though it may feel "self-protective," can keep one alone and isolated. Reaching out for help is an important risk to take.

Tough Cases

* "I'm always helping others, but no one helps me."
* "I can ask for help in role plays, but not in real life."
* "I don't have anyone in my life to ask help from."
* "Whenever I ask for help, I get rejected."
* "I can't ask for help when I feel like using—I don't want to be talked out of it."
* "I'm calling you from a pay phone and I need help right now; I'm going to kill myself."
* "My family does not want me to get help from anyone except them."
* "When I was growing up, I was beaten if I asked for help."
* "As a Latino in this society, I can only ask for help from other Latinos."

A PATIENT'S STORY: WHY IT'S HARD TO ASK FOR HELP

"My trauma started around the time I was about 5 or so. Always around nighttime, when the lights went out, it was a scary time. Bad things happened in the dark. I would pretend to be asleep but that didn't matter. If I closed my eyes, it would go away. But that wasn't true. I would hold onto my doll for comfort. Sometimes I would hold on so tight I thought her head would pop off.

"So why didn't I ask for help? If only I went for help, I could have stopped the whole thing. But I didn't. I did nothing; I let it all happen. Was I stupid? Or maybe I liked it? Please give me the answers—I don't have them. I feel dirty, always feeling dirty. Growing up, and even now when I think about it, it was always my fault. I didn't stop any of it. Even after the rape at 11 years old, I still didn't tell anyone. Even as an adult, I let it go on in my marriage. An adult! I should have stopped it then. But I didn't. I'm just a little girl crying for help but not doing anything about it.

"Well, yes, my trauma did happen as a little girl. That's just it—a little *girl. This man was very powerful. There was no way I could stop this person who was terrifying me. No, I am not stupid, and I did not enjoy it. It sickens me when I think about it. I couldn't go for help because then my sisters would have been hurt. I was helpless. He was my father, a very powerful figure in my life. I may not have gotten help then, but I'm getting help now. It's never too late to ask for help. I will get my life in order and stand on my own two feet. If I talked then, bad things would have happened. Well, no more. I will not be hurt any more in my life."*

Quotation

"And the trouble is, if you don't risk anything, you risk even more."

—Erica Jong
(20th-century American writer)

Asking for Help

MAIN POINTS

★ It is very common to have difficulty asking for help if you have PTSD and substance abuse.

★ You must get help from others to recover. No one can do it alone.

★ In learning to ask for help, start "small": Practice on safe people, with simple requests.

★ Try to ask for help *before* a problem becomes overwhelming. But you can call any time—*before*, *during*, or *after* a hard time.

★ Prepare how you'll handle it if the person refuses your request for help.

★ In asking for help, you don't have to "spill" everything.

★ Asking for help makes you stronger and more *independent* in the long run.

★ Learning to ask for help may feel very awkward at first.

★ If there is no one in your life to ask help from, work on building a support network.

★ When asking for help, be gentle—no demands, threats, or insults.

★ Discover whether your fears are accurate: Compare your *prediction* to *reality*.

★ Carry in your wallet a list of phone numbers you can call.

Approach Sheet

★ *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?

(2) What will you say?

(3) What do you predict will happen?

(4) What did happen in reality?

★ *You may want to ask yourself:*

- What did you learn from trying this?
- Did you get what you wanted, or at least part of what you wanted?
- Is there anything you might do differently next time?
- How do you feel about your experience?
- How difficult was it?

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, hotlines, 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.

(2) What will you say?

"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."

(3) What do you predict will happen?

She won't want to help me. She'll think I'm pathetic.

(4) What did happen in reality?

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.

Sfinansowano ze środków Narodowego Instytutu Wolności – Centrum Rozwoju Społeczeństwa Obywatelskiego w ramach Rządowego Programu Wspierania Rozwoju Organizacji Poradniczych na lata 2022-2033

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Czy masz rodzeństwo? *(zaznacz **X**)***: ___TAK, ___NIE**

Podaj liczbę rodzeństwa *(jeśli je posiadasz)* **:** _____

INSTRUKCJA:

Kwestionariusz ten składa się z szeregu zdań. Przeczytaj każde z nich uważnie i zaznacz w jakim stopniu opisuje Twoje doświadczenia, zachowania lub uczucia. Pamiętaj, że nie ma tu dobrych lub złych odpowiedzi. Dlatego ważne jest, abyś odpowiadał/a szczerze.

Arkusz ten został podzielony na dwie części. W części I przytoczone zostały różne sytuacje, Twoim zadaniem będzie zaznaczenie, czy opisywane zdarzenia kiedykolwiek przytrafiły się właśnie Tobie. W części II wymienione są różnorodne myśli, uczucia i zachowania. Twoim zadaniem w tej części będzie ocena tego z jaką częstotliwością właśnie u Ciebie występowały takie myśli, uczucia lub zachowania w ciągu ostatnich trzech miesięcy.

W obu częściach zaznacz właściwą odpowiedź krzyżykiem (**x**). Jeśli się pomylisz – otocz krzyżyk kółkiem i zaznacz nowy krzyżyk przy prawidłowej odpowiedzi.

Część I

W tej części będziesz się posługiwać następującą skalą:

- **T - TAK** – jeśli dane zdarzenie kiedykolwiek Ci się przytrafiło lub jeśli zdanie dobrze opisuje Twoje doświadczenia;
- **N - NIE** – jeśli wskazane zdarzenie nie było Twoim udziałem, zdanie w ogóle nie opisuje Twoich doświadczeń;

		TAK	NIE
1.	Często jestem obiektem kpin i żartów ze strony innych osób	T	N
2.	Zostałem/am ranny/a w wyniku jakiegoś wypadku	T	N
3.	Ktoś próbował mnie pocałować wbrew mojej woli	T	N
4.	Zdarzyło się, że rodzic/opiekun lub inny dorosły bił mnie pasem lub innym przedmiotem	T	N
5.	Zdarza się, że chodzę głodny/a, bo w domu nie ma co jeść	T	N
6.	Rodzice/opiekunowie lub inni dorośli często wyzywają mnie od najgorszych	T	N
7.	Rówieśnik/czka, którego/którą znałem, popełnił/a samobójstwo	T	N
8.	Osoba dorosła zachęcała mnie, abym dotykał/a jej miejsc intymnych	T	N
9.	Rodzic/ opiekun lub inna osoba dorosła uderzyła mnie tak mocno, że miałem/am później siniaki	T	N
10.	W domu z reguły jestem sam/a do późna	T	N
11.	Rodzic/opiekun lub inny dorosły groził, że mi „coś zrobi” (np. uderzy, wyrzuci)	T	N
12.	Bliska mi osoba uległa poważnemu wypadkowi	T	N
13.	Ktoś zachęcał mnie do „zbliżenia intymnego”, mimo iż tego nie chciałem/am	T	N
14.	Rodzic/opiekun lub inna osoba dorosła potrząsała mną lub mnie chwytała mocno, aby zwrócić na siebie moją uwagę	T	N
15.	Zdarza się, że nie mam odpowiedniej odzieży na zimę (wystarczająco ciepłej)	T	N
16.	Gdy rodzic/opiekun jest zły, krzyczy na mnie bez powodu	T	N
17.	Obawiałem/am się, że mój rodzic/ktoś bliski umrze w wyniku choroby	T	N
18.	Ktoś dotykał moich miejsc intymnych wbrew mojej woli	T	N
19.	Zdarzyło się, że rodzic/opiekun lub inna osoba dorosła spoliczkowała mnie (uderzył/a ręką w twarz)	T	N
20.	Rodzice/opiekunowie nie kupują mi ubrań, mimo że potrzebuję nowych (obecne są stare/zniszczone)	T	N
21.	Rodzice/ opiekunowie lub inne osoby dorosłe zwracają się do mnie w sposób wulgarny lub poniżający	T	N
22.	Byłem/am obecna w miejscu, w którym akurat wybuchł pożar	T	N
23.	Rodzic lub inny dorosły robił mi zdjęcia, gdy byłem/am nago	T	N
24.	Zdarzyło mi się dostać „lanie” od rodzica/opiekuna lub innej osoby dorosłej	T	N
25.	Zdarza się, że muszę chodzić w za małych butach	T	N
26.	Rówieśnicy zazwyczaj ubliżają mi/naśmiewają się ze mnie	T	N
27.	W związku z chorobą / wypadkiem długo leżałem/am w szpitalu	T	N
28.	Ktoś wstawił moje nagie zdjęcie do Internetu	T	N
29.	Czasami rodzice/inne osoby dorosłe dają mi klapsa, „dają po łapach” lub szturchają mnie	T	N
30.	Zdarza się, że muszę chodzić w podartych/ brudnych ubraniach	T	N

		TAK	NIE
31.	Moi rodzice/opiekunowie lub inne osoby dorosłe nieustannie mnie krytykują	T	N
32.	Ktoś bardzo mi bliski zmarł	T	N
33.	Rodzice/opiekunowie lub inni dorośli stosują wobec mnie kary fizyczne (np. klapsy), gdy chcą mnie zdyscyplinować	T	N
34.	Inni przezywają mnie w obraźliwy sposób bez powodu	T	N
35.	Rodzice / opiekunowie nie interesują się mną i nie mogę liczyć na ich wsparcie	T	N
36.	Uczestniczyłem/am w wypadku drogowym	T	N
37.	Rodzic/opiekun lub inna osoba dorosła uderzyła mnie, kiedy zrobiłem/am coś źle (za karę)	T	N
38.	Odnoszę wrażenie, że rodziców/opiekunów nie interesuje to, o której wracam do domu, ani to gdzie przebywam	T	N
39.	INNE (wymień, jeśli spotkały ciebie jakieś trudne zdarzenia lub doświadczenia):		

Część II

Pamiętaj, że w tej części oceniasz z jaką częstotliwością doświadczałeś/aś różnych myśli, uczuć lub zachowywałeś/aś się we wskazany w zdaniu sposób w okresie ostatnich trzech miesięcy poprzedzających badanie.

W tej części będziesz się posługiwać następującą skalą:

1) **Zdecydowanie nie** – zdanie w ogóle nie odnosi się do Twoich uczuć, myśli czy Twojego zachowania, zdanie jest całkowicie nietrafne;
2) **Raczej nie** – zdanie raczej nie odnosi się do Twoich uczuć, myśli, nie jest trafne do opisu Twojego zachowania;
3) **I tak i nie** – zdanie jest równie trafne jak i nietrafne, nie potrafisz zdecydować;
4) **Raczej tak** – zdanie raczej odnosi się do Twoich uczuć, myśli, dość trafnie opisuje to jak zachowujesz się w różnych sytuacjach;
5) **Zdecydowanie tak** – zdanie jest całkowicie trafne, bardzo dobrze opisuje Ciebie – twoje myśli, uczucia lub zachowania w różnych sytuacjach;

		Zdecydowanie nie	Raczej nie	I tak i nie	Raczej tak	Zdecydowanie tak
1.	Strach/niepokój jest stale obecny w moim życiu	1	2	3	4	5
2.	Moje ciało wydaje mi się obce	1	2	3	4	5
3.	Czuję, że nie mam już siły, aby dalej żyć	1	2	3	4	5
4.	Lubię prowokować kłótnie z innymi	1	2	3	4	5
5.	Często bez żadnej przyczyny boli mnie brzuch lub głowa	1	2	3	4	5

		Zdecydowanie nie	Raczej nie	I tak i nie	Raczej tak	Zdecydowanie tak
6.	Unikam rzeczy/sytuacji, które przypominają mi o trudnych zdarzeniach (np. którymś z części I)	1	2	3	4	5
7.	Często boję się wychodzić z domu	1	2	3	4	5
8.	Czasami mam wrażenie, że jestem kimś innym niż w rzeczywistości	1	2	3	4	5
9.	Wiem, że w przyszłości nie spotka mnie nic dobrego	1	2	3	4	5
10.	W złości zdarza mi się zniszczyć coś, co akurat mam pod ręką	1	2	3	4	5
11.	Często kręci mi się w głowie (czuję jakbym miał/a stracić przytomność)	1	2	3	4	5
12.	Nieustannie wracam myślami do trudnych/przykrych zdarzeń (rozpamiętuję je)	1	2	3	4	5
13.	Cały czas czuję się zalękniony/a	1	2	3	4	5
14.	Wydaje mi się, że żyję w jakimś filmie/baśni/bajce	1	2	3	4	5
15.	Gdy jest mi smutno, czasem myślę o tym, aby zrobić sobie krzywdę	1	2	3	4	5
16.	Lubię ośmieszać innych ludzi (wyśmiewać się z nich)	1	2	3	4	5
17.	Gdy się czymś denerwuję, mam biegunkę lub nie mogę się załatwić	1	2	3	4	5
18.	Miewam koszmary senne związane z trudnym zdarzeniem jakiego doświadczyłem/am (np. którymś z części I)	1	2	3	4	5
19.	Zdarza się, że odczuwam lęk, boję się czegoś bez wyraźnego powodu	1	2	3	4	5
20.	Czasem wydaje mi się, że różne złe rzeczy nie przytrafiły się mi tylko komuś innemu	1	2	3	4	5
21.	Zdarza mi się myśleć, że lepiej byłoby gdybym się wcale nie urodził/a	1	2	3	4	5
22.	Zdarza mi się bez namysłu mówić ludziom przykre rzeczy	1	2	3	4	5
23.	Gdy się stresuje zdarza się, że czuję jakbym się dławił/a (mam kłopoty z przełykaniem)	1	2	3	4	5
24.	Nie potrafię przestać myśleć o wszystkich złych rzeczach, jakie mnie spotkały	1	2	3	4	5
25.	Przebywanie wśród ludzi napawa mnie lękiem/niepokojem	1	2	3	4	5
26.	Czasem nie poznaję swojego ciała (np. w lustrze)	1	2	3	4	5
27.	Uważam, że nie zasługuję na nic dobrego	1	2	3	4	5
28.	Zdarza mi się umyślnie potrącać/przewracać innych	1	2	3	4	5
29.	Zdarza mi się wymiotować nawet, gdy nie jestem chory/a (np. w sytuacji, gdy się czymś mocno stresuję/denerwuję)	1	2	3	4	5
30.	Czasem czuję się jak wtedy, gdy przytrafiło mi się coś złego (czuję jakbym przeżywał/a to na nowo)	1	2	3	4	5
31.	Odczuwam lęk, gdy myślę o swojej przyszłości	1	2	3	4	5
32.	Czasem wydaje mi się, że zostałem „opętany” przez jakąś siłę (np. ducha, demona)	1	2	3	4	5

		Zdecydowanie nie	Raczej nie	I tak i nie	Raczej tak	Zdecydowanie tak
33.	Życie mnie nie cieszy i czuję, że nic nie sprawia mi już przyjemności	1	2	3	4	5
34.	Chętnie wdaję się w bójki z innymi	1	2	3	4	5
35.	Gdy się czymś denerwuję często czuję ból w klatce piersiowej	1	2	3	4	5
36.	Zdarza się, że odtwarzam w pamięci wszystkie szczegóły trudnego wydarzenia (np. któregoś z części I)	1	2	3	4	5
37.	Często tak bardzo się boję, że chce mi się płakać	1	2	3	4	5
38.	Wydaje mi się, że mam w sobie drugą osobę	1	2	3	4	5
39.	Uważam, że nie ma we mnie nic dobrego (w niczym nie jestem dobry/a)	1	2	3	4	5
40.	W złości często uderzam pięścią np. w ścianę/meble	1	2	3	4	5
41.	Często czuję, jak boli mnie całe ciało (mimo, że jestem całkiem zdrowy/a)	1	2	3	4	5
42.	Cały czas chcę rozmawiać z innymi o trudnych wydarzeniach, które mi się przytrafiły w przeszłości (np. którychś z części I)	1	2	3	4	5
43.	Wszystko mnie martwi, nawet rzeczy, które nie są ważne	1	2	3	4	5
44.	Często udaję, że jestem kimś innym	1	2	3	4	5
45.	Wydaje mi się, że moje życie jest bezwartościowe	1	2	3	4	5
46.	Zdarza mi się kogoś uderzyć, gdyż nie potrafię się opanować	1	2	3	4	5
47.	Gdy się stresuję, często dostaję gorączki	1	2	3	4	5
48.	Często nie mogę się skoncentrować na lekcji, bo ciągle myślę o przykrych rzeczach, które mnie spotkały	1	2	3	4	5

Czy masz jakieś uwagi dotyczące kwestionariusza?

Adaptacja i walidacja polska: Draczyńska, D., Mokros, Ł. Nowakowska, A., Anczewska, M., (2025). Polish Adaptation and validation of the International Trauma Questionnaire (ITQ) for PTSD and cPTSD according to ICD-11 in non-clinical and clinical samples. European Journal of Psychotraumatology. DOI: 10.1080/20008066.2025.2468116 na podstawie: Cloitre, M., Shevlin M., Brewin, C.R., Bisson, J.I., Roberts, N.P., Maercker, A., Karatzias, T., Hyland, P. (2018). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and Complex PTSD. Acta Psychiatrica Scandinavica. 138(6), 536–546. https://doi.org/10.1111/acps.12956

MIĘDZYNARODOWY KWESTIONARIUSZ TRAUMY

(International Trauma Questionnaire, ITQ)

OPIS:

Międzynarodowy Kwestionariusz Traumy (International Trauma Questionnaire, ITQ) to samoopisowy kwestionariusz składający się z 19 pytań. Pierwsze to pytanie otwarte o historię doświadczenia traumatycznego, następnych 18 odnosi się do podstawowych objawów zespołu stresu pourazowego (PTSD) i złożonego PTSD (cPTSD). Został opracowany na podstawie Międzynarodowej Klasyfikacji Chorób – ICD-11. Kwestionariusz ITQ jest dostępny nieodpłatnie w domenie publicznej.
Składa się z dwóch głównych kategorii, z których każda zawiera trzy grupy objawów:
Zespół Stresu Pourazowego (ang. Post Traumatic Stress Disorders – PTSD):

- ponowne doświadczanie
- unikanie
- aktualne poczucie zagrożenia

Zaburzenia Organizacji Osobowości (ang, Disturbance in Self-Organization – DSO):

- dysregulacja afektu
- negatywny obraz siebie
- zaburzenia w relacjach

Zaburzenia Organizacji Osobowości są istotne w ocenie i diagnostyce cPTSD.

SCHEMAT DIAGNOSTYCZNY:

PTSD: Diagnoza PTSD wymaga potwierdzenia występowania jednego z dwóch objawów w każdej z trzech grup objawów tj.: (1) ponowne doświadczanie urazowego wydarzenia w teraźniejszości, (2) unikanie, (3) aktualne poczucie zagrożenia. Dodatkowo wymaga potwierdzenia co najmniej jednego objawu w ramach upośledzenia funkcjonowania związanego z tymi objawami. Potwierdzeniem objawu lub objawu upośledzenia funkcjonowania jest wynik ≥2.
(1) ponowne doświadczanie urazowego wydarzenia w teraźniejszości: P1, P2
(2) unikanie: P3, P4
(3) aktualne poczucie zagrożenia: P5, P6
upośledzenie funkcjonowania: P7, P8, P9

cPTSD: Diagnoza cPTSD wymaga potwierdzenia występowania jednego z dwóch objawów w każdej z trzech grup objawów dla PTSD [(1) ponowne doświadczanie urazowego wydarzenia w teraźniejszości, (2) unikanie, (3) aktualne poczucie zagrożenia] oraz jednego z dwóch objawów w każdej z trzech grup objawów dla Zaburzeń Organizacji Osobowości tj.: (1) dysregulacja afektu, (2) negatywny obraz siebie, (3) zaburzenia w relacjach. Dodatkowo, co najmniej jeden objaw upośledzenie funkcjonowania musi zostać potwierdzony dla PTSD i co najmniej jeden objaw upośledzenia funkcjonowania w obszarze Zaburzeń Organizacji Osobowości (ang, DSO, Disturbance in Self-Organization). Potwierdzeniem objawu lub objawu upośledzenia funkcjonowania jest wynik ≥2.
(1) dysregulacja afektu: C1, C2
(2) negatywny obraz siebie: C3, C4
(3) zaburzenia w relacjach: C5, C6
upośledzenie funkcjonowania: C7, C8, C9

Osoba może otrzymać diagnozę PTSD lub cPTSD, ale nie obydwu jednocześnie. Jeśli dana osoba spełnia kryteria diagnozy cPTSD, nie może otrzymać rozpoznania PTSD.

Instrukcje dotyczące punktacji są dostępne na stronie 4 tego dokumentu.

Adaptacja i walidacja polska: Draczyńska, D., Mokros, Ł. Nowakowska, A., Anczewska, M., (2025). Polish Adaptation and validation of the International Trauma Questionnaire (ITQ) for PTSD and cPTSD according to ICD-11 in non-clinical and clinical samples. European Journal of Psychotraumatology. DOI: 10.1080/20008066.2025.2468116 na podstawie: Cloitre, M., Shevlin M., Brewin, C.R., Bisson, J.I., Roberts, N.P., Maercker, A., Karatzias, T., Hyland, P. (2018). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and Complex PTSD. Acta Psychiatrica Scandinavica. 138(6), 536–546. https://doi.org/10.1111/acps.12956

MIĘDZYNARODOWY KWESTIONARIUSZ TRAUMY

(International Trauma Questionnaire, ITQ)

Instrukcja: Proszę określić przeżycie, które najbardziej Pana/Panią niepokoi/dręczy/nęka, a następnie udzielić odpowiedzi na związane z nim pytania.

Krótki opis doświadczenia:

_____
_____
_____
_____

Kiedy to wydarzenie miało miejsce? (Proszę zakreślić jedną odpowiedź.)

a. mniej niż 6 miesięcy temu
b. 6 do 12 miesięcy temu
c. 1 do 5 lat temu
d. 5 do 10 lat temu
e. 10 do 20 lat temu
f. więcej niż 20 lat temu

Poniżej wymienione są różne trudności, które ludzie czasem zgłaszają w odpowiedzi na traumatyczne lub stresujące wydarzenia życiowe. Proszę przeczytać je uważnie, a następnie zakreślić jedną z cyfr po prawej stronie wskazując jak bardzo uciążliwe było to dla Pana/Pani w ciągu ostatniego miesiąca.

		Wcale	Trochę	Umiarkowanie	Znacznie	Bardzo
P1	Czy miewa Pan/Pani niepokojące sny odtwarzające fragmenty Pana/Pani przeżycia/doświadczenia lub wyraźnie z nim powiązane?	0	1	2	3	4
P2	Czy doświadcza Pan/Pani pojawiania się w myślach wyrazistych obrazów lub wspomnień i ma Pan/Pani poczucie ponownego przeżywania tego wydarzenia?	0	1	2	3	4
P3	Czy unika Pan/Pani wewnętrznych przeżyć przypominających to wydarzenie (np. myśli, uczuć lub doznań fizycznych)?	0	1	2	3	4
P4	Czy unika Pan/Pani zewnętrznych sytuacji przypominających to wydarzenie (np. ludzi, miejsc, rozmów, przedmiotów, czynności lub sytuacji?	0	1	2	3	4
P5	Czy jest Pan/Pani bardzo czujny/ czujna, ostrożny/ ostrożna lub w stałej gotowości?	0	1	2	3	4
P6	Czy czuje się Pan/Pani pobudzony/pobudzona i łatwo Pana/Panią przestraszyć?	0	1	2	3	4

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Czy w ciągu ostatniego miesiąca trudności wymienione powyżej:

		Wcale	Trochę	Umiarkowanie	Znacznie	Bardzo
P7	Miały wpływ na Pana/Pani relacje lub życie towarzyskie?	0	1	2	3	4
P8	Miały wpływ na Pana/Pani pracę lub zdolność do pracy?	0	1	2	3	4
P9	Miały wpływ na jakikolwiek inny, ważny obszar Pana/Pani życia taki jak: rodzicielstwo, chodzenie do szkoły, na studia lub inne ważne zajęcia?	0	1	2	3	4

Poniżej wymienione są różne trudności wskazywane przez osoby, które doświadczyły traumatycznych lub stresujących wydarzeń życiowych. Stwierdzenia dotyczą tego, jak się zazwyczaj Pan/Pani czuje, jak zazwyczaj myśli Pan/Pani o sobie i w jaki sposób zazwyczaj odnosi się Pan/Pani do innych. Proszę odpowiedzieć na nie zastanawiając się w jakim stopniu każde z nich dotyczy Pana/Pani.

Jak bardzo prawdziwe jest to stwierdzenie w stosunku do Pana/Pani?

		Wcale	Trochę	Umiarkowanie	Znacznie	Bardzo
C1	Kiedy jestem zdenerwowany/ zdenerwowana, dużo czasu zajmuje mi uspokojenie się.	0	1	2	3	4
C2	Czuję się odrętwiały/ odrętwiała emocjonalnie lub zablokowany/ zablokowana.	0	1	2	3	4
C3	Czuję się jakby nigdy nic mi się nie udawało.	0	1	2	3	4
C4	Czuję się bezwartościowy/ bezwartościowa.	0	1	2	3	4
C5	Czuję się zdystansowany/ zdystansowana lub odcięty/ odcięta od ludzi.	0	1	2	3	4
C6	Trudno jest mi być blisko emocjonalnie z ludźmi.	0	1	2	3	4

Proszę określić czy w ciągu ostatniego miesiąca, powyższe trudności dotyczące emocji, przekonań na swój temat oraz relacji z innymi wpływały na:

		Wcale	Trochę	Umiarkowanie	Znacznie	Bardzo
C7	Powodowały niepokój lub cierpienie w związku z Pana/Pani relacjami lub życiem towarzyskim?	0	1	2	3	4
C8	Miały wpływ na Pana/Pani pracę lub zdolność do pracy?	0	1	2	3	4
C9	Miały wpływ na jakikolwiek inny, ważny obszar Pana/Pani życia taki jak: rodzicielstwo, chodzenie do szkoły, na studia lub inne ważne zajęcia?	0	1	2	3	4

1. Punktacja do postawienia diagnozy PTSD i cPTSD

PTSD

Jeżeli P1 lub P2 mają wynik ≥2, kryteria dla (1) ponowne doświadczanie urazowego wydarzenia w teraźniejszości (Re_dx) są spełnione.
Jeżeli P3 lub P4 mają wynik ≥2, kryteria dla (2) unikanie (Av_dx) są spełnione.
Jeżeli P5 lub P6 mają wynik ≥2, kryteria dla (3) aktualne poczucie zagrożenia (Th_dx) są spełnione.
ORAZ
co najmniej P7, P8 lub P9 ma wynik ≥2, kryteria upośledzenia funkcjonowania dla PTSD (PTSDFI) są spełnione.

Jeżeli kryteria dla: (1) ponowne doświadczanie urazowego wydarzenia w teraźniejszości (Re_dx) ORAZ (2) unikanie (Av_dx) ORAZ (3) aktualne poczucie zagrożenia (Th_dx) są spełnione ORAZ kryteria upośledzenia funkcjonowania dla PTSD (PTSDFI) są spełnione, wtedy kryteria do postawienia rozpoznania PTSD są spełnione.

cPTSD

Jeżeli C1 lub C2 mają wynik ≥2, kryteria dla (1) dysregulacja afektu (AD_dx) są spełnione.
Jeżeli C3 lub C4 mają wynik ≥2, kryteria dla (2) negatywny obraz siebie (NSC_dx) są spełnione.
Jeżeli C5 lub C6 mają wynik ≥2, kryteria dla (3) zaburzenia w relacjach (DR_dx) są spełnione.
ORAZ
Co najmniej jeden z C7, C8, C9 ma wynik ≥2, kryteria dla kryteria upośledzenia funkcjonowania dla DSO (DSOFI) są spełnione.

Jeżeli kryteria dla (1) dysregulacja afektu (AD_dx) ORAZ (2) negatywny obraz siebie (NSC_dx) ORAZ (3) zaburzenia w relacjach (DR_dx) ORAZ kryteria dla kryteria upośledzenia funkcjonowania dla DSO (DSOFI) są spełnione, wtedy kryteria do postawienia DSO są spełnione.

PTSD jest rozpoznawane, kiedy kryteria dla PTSD są spełnione, ALE NIE są spełnione dla DSO.
cPTSD jest rozpoznawane, jeżeli kryteria dla PTSD są spełnione ORAZ kryteria dla DSO są spełnione.
Niespełnienie kryteriów dla PTSD lub spełnienie kryteriów tylko dla DSO skutkuje brakiem rozpoznania cPTSD.

2. Punktacja wymiarowa dla PTSD i cPTSD

Punkty można obliczyć dla każdej grupy objawów PTSD i DSO, zsumować, aby uzyskać wyniki PTSD i DSO.

PTSD

Suma wyników Likerta dla P1 i P2 = wynik dla Ponowne doświadczanie urazowego wydarzenia w teraźniejszości (Re)
Suma wyników Likerta dla P3 i P4 = wynik dla Unikania (Av)
Suma wyników Likerta dla P5 i P6 = wynik dla Aktualne poczucie zagrożenia (Th)
Wynik PTSD = Suma Re, Av i Th

DSO

Suma wyników Likerta dla C1 i C2 = wynik dla Dysregulacja afektu (AD)
Suma wyników Likerta dla C3 i C4 = wynik dla Negatywny obraz siebie (NSC)
Suma wyników Likerta dla C5 i C6 = wynik dla Zaburzenia w relacjach (DR)
Wynik cPTSD = Suma AD, NSC i DR

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ANEKS

Skala Założeń Wobec Świata World Assumptions Scale Ronnie Janoff-Bulman
Polska adaptacja: Maciej Załuski, Marcin Gajdosz

Używając poniższych skal, proszę zadecydować, w jakim stopniu zgadza się Pani (Pan) z kolejnymi stwierdzeniami. Proszę odpowiadać rzetelnie. Odpowiedź proszę **zaznaczyć kółkiem, np:**

1 – 2 – 3 – (4) – 5 – 6. Dziękuję.

1 = Zdecydowanie się **nie zgadzam.**
2 = Raczej się **nie zgadzam.**
3 = Częściowo się **nie zgadzam.**
4 = Częściowo się **zgadzam.**
5 = Raczej się **zgadzam.**
6 = Zdecydowanie się **zgadzam.**

1. Nieszczęścia najrzadziej przytrafiają się szlachetnym, porządnym ludziom.
   1 – 2 – 3 – 4 – 5 – 6

2. Ludzie są z natury nieprzyjaźni i nieżyczliwi.
   1 – 2 – 3 – 4 – 5 – 6

3. Nieszczęścia przytrafiają się ludziom przypadkowo.
   1 – 2 – 3 – 4 – 5 – 6

4. Ludzie są z natury dobrzy.
   1 – 2 – 3 – 4 – 5 – 6

5. Na świecie dobrych rzeczy jest znacznie więcej niż tych złych.
   1 – 2 – 3 – 4 – 5 – 6

6. Przebieg naszego życia jest w większości określony przez przypadek.
   1 – 2 – 3 – 4 – 5 – 6

7. Z reguły ludzie zasługują na to, co dostają od życia.
   1 – 2 – 3 – 4 – 5 – 6

8. Często myślę, że w niczym nie jestem dobry/a.
   1 – 2 – 3 – 4 – 5 – 6

9. Na świecie jest więcej dobra niż zła.
   1 – 2 – 3 – 4 – 5 – 6

10. W zasadzie jestem szczęściarzem/rą.
    1 – 2 – 3 – 4 – 5 – 6

11. Nieszczęścia ludzi są rezultatem popełnionych przez nich błędów.
    1 – 2 – 3 – 4 – 5 – 6

12. Tak naprawdę, ludzie nie dbają o to, co przytrafia się innym.
    1 – 2 – 3 – 4 – 5 – 6

13. Zazwyczaj zachowuję się w taki sposób, aby osiągnąć jak najwięcej pozytywnych rezultatów.
    1 – 2 – 3 – 4 – 5 – 6

14. Ludzie z dobrym charakterem są szczęśliwi.
    1 – 2 – 3 – 4 – 5 – 6

15. Życie jest przepełnione niewiadomymi, które zależą od przypadku.
    1 – 2 – 3 – 4 – 5 – 6

16. Gdy myślę o swoim życiu, uważam siebie za szczęściarza/rę.
    1 – 2 – 3 – 4 – 5 – 6

17. Prawie zawsze staram się nie dopuszczać, aby przydarzyły mi się złe rzeczy.
    1 – 2 – 3 – 4 – 5 – 6

18. Mam o sobie złe zdanie.
    1 – 2 – 3 – 4 – 5 – 6

19. Z reguły dobrzy ludzie dostają od życia to, na co zasługują.
    1 – 2 – 3 – 4 – 5 – 6

20. Poprzez nasze działania możemy zabezpieczyć się przed nieszczęściami, które mogą się nam przytrafić.
    1 – 2 – 3 – 4 – 5 – 6

21. Patrząc na swoje życie, zdaję sobie sprawę, że przypadkowe zdarzenia dobrze się dla mnie ułożyły.
1 – 2 – 3 – 4 – 5 – 6

22. Gdyby ludzie podjęli działania zapobiegawcze, można by uniknąć większości nieszczęść.
1 – 2 – 3 – 4 – 5 – 6

23. Podejmuję niezbędne działania, aby ochronić się przed nieszczęściami.
1 – 2 – 3 – 4 – 5 – 6

24. W zasadzie życie jest w większości grą przypadków.
1 – 2 – 3 – 4 – 5 – 6

25. Świat jest dobrym miejscem.
1 – 2 – 3 – 4 – 5 – 6

26. Zasadniczo ludzie są życzliwi i pomocni.
1 – 2 – 3 – 4 – 5 – 6

27. Zazwyczaj zachowuję się w sposób dający mi największe korzyści.
1 – 2 – 3 – 4 – 5 – 6

28. Jestem bardzo usatysfakcjonowana/y tym, jakim jestem człowiekiem.
1 – 2 – 3 – 4 – 5 – 6

29. Gdy zdarzają się nieszczęścia, to zazwyczaj dlatego, że ludzie nie podjęli odpowiednich działań, by się przed nimi uchronić.
1 – 2 – 3 – 4 – 5 – 6

30. Jeśli się przyjrzeć wystarczająco wnikliwie, można zobaczyć, że świat jest pełen dobroci.
1 – 2 – 3 – 4 – 5 – 6

31. Mam powód, aby wstydzić się swojego charakteru.
1 – 2 – 3 – 4 – 5 – 6

32. Jestem większą/ym szczęściarą/rzem niż większość ludzi.
1 – 2 – 3 – 4 – 5 – 6

Sposób zliczania wyników

Wynik pomiaru każdego z 8 przekonań jest sumą oceny 4 stwierdzeń, zgodnie z poniższym kluczem. W przypadku stwierdzeń oznaczonych **gwiazdką** przed dodaniem wyników, należy zmienić oceny (1 = 6, 2 = 5, 3 = 4, 4 = 3, 5 = 2, 6 = 1).

Życzliwość otaczającego świata	5, 9, 25, 30	SUMA:
Życzliwość ludzi	2*, 4, 12*, 26	SUMA:
Kontrola zdarzeń negatywnych	11, 20, 22, 29	SUMA:
Sprawiedliwość	1, 7, 14, 19	SUMA:
Przypadkowość	3*, 6*, 15*, 24*	SUMA:
Własna wartość	8*, 18*, 28, 31*	SUMA:
Szczęście	10, 16, 21, 32	SUMA:
Kontrola własnego zachowania	13, 17, 23, 27	SUMA:
RAZEM:		SUMA:

Chcąc uzyskać wyniki skumulowane w 3 duże grupy przekonań (życzliwość otaczającego świata, sensowność i wytłumaczalność zdarzeń życiowych, wartościowość człowieka) należy zsumować oceny stwierdzeń zgodnie z poniższym kluczem. W przypadku stwierdzeń oznaczonych **gwiazdką** przed dodaniem wyników, należy zmienić oceny (1 = 6, 2 = 5, 3 = 4, 4 = 3, 5 = 2, 6 = 1).

Życzliwość otaczającego świata: 2*, 4, 5, 9, 12*, 25, 26, 30

Sensowność i wytłumaczalność zdarzeń życiowych: 1, 3*, 6*, 7, 11, 14, 15*, 19, 20, 22, 24*, 29

Wartościowość człowieka: 8*, 10, 13, 16, 17, 18*, 21, 23, 27, 28, 31*, 32.