ICBT Patient Workbook[1]

Version 4.0 august 2010

Introduction to the Patient Workbook

This workbook is your guide as you do the Integrated Cognitive Behavioral Therapy (ICBT) program.

You will be doing this treatment as an individual one-on-one therapy.

ICBT is a type of therapy for people dealing with substance use or mental health issues or both. It has been proven to be effective and helpful for many people. Unfortunately, most people with these problems never receive ICBT. We are happy you have the opportunity to obtain ICBT as your treatment.

The first part of this workbook involves determining whether you have certain problems or not.
We will figure out how these problems may be affecting you. We can explore what, if anything, you want to do about these problems. ICBT may be an option.

The second part of the workbook includes handouts you may be using if you continue with the ICBT.
These handouts are meant to help explain ideas in the ICBT, give you something to refer to when you are not in the sessions, and guide you through practicing some of the new skills you will be learning. This is ***your*** book – use it in whatever way is best for you and don't hesitate to ask your clinician for extra copies or to explain anything that you don't fully understand.

Don't feel overwhelmed. ICBT goes at a pace that you set and that is comfortable for you.

Your clinician will tell you about the handouts that go with each session. He or she will tell you how to use the handouts and will explain them while you are in session. Each handout is designed to fit exactly with what you are working on that day, but several of them may be used over and over again throughout the ICBT program.

There are a total of 19 handouts in this workbook. Some handouts are factsheets that you can read and learn from, other handouts are worksheets that you will be writing things down on.

The final part of the workbook includes two handouts. These are for when you are finishing the ICBT program. These are worksheets designed to help you to reflect on how the program has benefitted you, and guide what your clinician and you decide on for next steps.

We are glad you are in position to get ICBT.

But first, we should determine if you feel that you need it, and then, if you want it.

Trauma Event Checklist (TEC) **HANDOUT #1**

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event **check (√)** one or more of the boxes to the right to indicate that: (a) it **happened to you** personally, (b) you **witnessed it** happen to someone else, (c) you **learned about it** happening to someone close to you, (d) you're **not sure** if it fits, or (e) it **doesn't apply** to you. Be sure to consider your **entire life** (growing up as well as adulthood) as you go through the list of events.

	Event	Happened to me	Witnessed it	Learned about it	Not Sure	Doesn't apply
01	Natural disaster (for example, flood, hurricane, tornado, earthquake)					
02	Fire or explosion					
03	Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
04	Serious accident at work, home, or during recreational activity					
05	Exposure to toxic substance (for example, dangerous chemicals, radiation)					
06	Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
07	Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
08	Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
09	Other unwanted or uncomfortable sexual experience					
10	Combat or exposure to a war-zone (in the military or as a civilian)					
11	Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12	Life-threatening illness or injury					
13	Severe human suffering					
14	Sudden, violent death (for example, homicide, suicide)					
15	Sudden, unexpected death of someone close to you					
16	Serious injury, harm, or death you caused to someone else					
17	Any other very stressful event or experience					

PTSD Checklist (PCL) **HANDOUT #1**

If an event listed on the previous page **happened to you** or you **witnessed it,** please complete the items below. If more than one event happened, please choose the one that is **most troublesome to you now**.

The event you experienced was _____ on _____.
(Event) (Date)

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then **circle** one of the numbers to the right to indicate how much you have been **bothered** by that problem **in the past month**.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Repeated, disturbing **memories, thoughts or images** of the stressful experience?	**1**	**2**	**3**	**4**	**5**
2	Repeated, disturbing **dreams** of the stressful experience?	**1**	**2**	**3**	**4**	**5**
3	Suddenly **acting or feeling** as if the stressful experience **were happening again? (As if you were reliving it?)**	**1**	**2**	**3**	**4**	**5**
4	Feeling **very** upset when **something reminded you** of the stressful experience?	**1**	**2**	**3**	**4**	**5**
5	Having **physical reactions** (e.g., heart pounding, trouble breathing, sweating) when **something reminded you** of the stressful experience?	**1**	**2**	**3**	**4**	**5**
6	Avoiding **thinking about or talking about** the stressful experience or avoiding **having feelings** related to it.	**1**	**2**	**3**	**4**	**5**
7	Avoiding **activities or situations** because they **reminded you** of the stressful experience?	**1**	**2**	**3**	**4**	**5**
8	Trouble **remembering important parts** of the stressful experience?	**1**	**2**	**3**	**4**	**5**
9	**Loss of interest** in activities that you used to enjoy?	**1**	**2**	**3**	**4**	**5**
10	Feeling **distant or cut off** from other people?	**1**	**2**	**3**	**4**	**5**
11	Feeling **emotionally numb** or being unable to have loving feelings for those close to you?	**1**	**2**	**3**	**4**	**5**
12	Feeling as if your **future** will somehow be **cut short**?	**1**	**2**	**3**	**4**	**5**
13	Trouble **falling or staying asleep**?	**1**	**2**	**3**	**4**	**5**
14	Feeling **irritable** or having **angry outbursts**?	**1**	**2**	**3**	**4**	**5**
15	Having **difficulty concentrating**?	**1**	**2**	**3**	**4**	**5**
16	Being **"super-alert"** or watchful or on guard?	**1**	**2**	**3**	**4**	**5**
17	Feeling **jumpy** or easily startled?	**1**	**2**	**3**	**4**	**5**

Mental Health Problems and the Symptoms That Bother Me **HANDOUT #2**

Instructions: In thinking about the information you provided to your clinician during your first interview or what you recently discussed, you and your clinician will make a list of the problems that bother you most. Both of you will also list symptoms related to these problems. Your clinician will help you with this handout.

Problem	NAME OF THE PROBLEM	SYMPTOMS OR THINGS THAT THE PROBLEM CAUSES FOR YOU
1		
2		
3		
4		
5		
6		
7		
8		

Positive Psychology **HANDOUT #3**

Instructions: Many people may be motivated to begin treatment to eliminate the negative effects of mental health problems or substance use from their lives. But people are really more motivated to change by the positive things that can happen. Think about how your mental health/substance use problems have interfered with your life and kept you from things you want for yourself, such as jobs, relationships, leaving the house or even having sexual relations or driving a car. Keep this in mind and fill in the spaces below.

SYMPTOMS (REFER TO WHAT YOU WROTE ON HANDOUT #2)	THE MAJOR WAYS THESE SYMPTOMS INTERFERE WITH MY LIFE	WHAT I WOULD LIKE TO DO IF THESE SYMPTOMS WERE OUT OF MY WAY

What are the top three things you could do without these problems? Be as specific as possible.

1. _____

2. _____

3. _____

Pros and Cons Worksheet **HANDOUT #4**

Instructions: List a problem listed on Handout #2 that you wish to address and consider for change, then fill out each box below.

Problem:_____

_____

CONS (REASONS NOT TO CHANGE)	**PROS (REASONS TO CHANGE)**
Good things about keeping things the same.	Not-so-good things about keeping things the same.
Not-so-good things about changing this problem.	Good things about changing this problem.

Personal Rulers **HANDOUT #5**

Instructions: Write down a problem you listed on Handout #2. Circle a number on the "Importance Ruler" to indicate how important it is to make a change in this problem area. Circle a number on the "Confidence Ruler" to indicate how confident you are that this change can be made. On the "Readiness Ruler," circle a number to indicate how ready you are to make this change.

Problem:_____

_____

Importance Ruler

Not at all Important | Somewhat Important | Fairly Important | Important | Very Important | Extremely Important

Confidence Ruler

Not at all Confident | Somewhat Confident | Fairly Confident | Confident | Very Confident | Extremely Confident

Readiness Ruler

Not at all Ready | Somewhat Ready | Fairly Ready | Ready | Very Ready | Extremely Ready

Introduction to ICBT: Pulling Together in the Same Direction **HANDOUT #6**

The therapy you will be doing is called Integrated Cognitive Behavioral Therapy or ICBT.

ICBT is a proven therapy that is very effective for most psychological and substance use related issues.

Most people never get help for these kinds of issues, and if they do, they hardly ever get ICBT.

The ICBT you'll be doing is to help you better manage your thoughts, feelings and behavior related to your substance use, and the symptoms from traumatic life experiences that you may have had. Based on scientific research, if you do this ICBT, you can increase your chances for recovery, not to mention lead a more peaceful life.

This ICBT has 3 key skills that we hope you can learn and become good at.

The first is a relaxation technique we call "Mindful Relaxation." It's pretty simple to learn, and you'll do it to relax at the start of every session.

The second is a skill called "Flexible Thinking" to help you anticipate and deal better with situations, thoughts and feelings that upset you. Dealing with negativity is really important to your recovery. And learning to think more flexibly will help you feel and behave more freely.

And, third, in "Patient Education" you will gain knowledge about your symptoms so that you are better informed and prepared for your recovery.

Practice

In some ways, your ICBT clinician is like a teacher or coach. They present you with new information and teach you some new skills to help you get by better. Likewise, since you'll be in a learning mode, you will be asked to do some things, or practice some things, you learn between sessions. That way, you get more experience, and with repetition get better at the skills.

Drug and alcohol issues

The ICBT you will be doing here is primarily meant to help you with your traumatic life experiences and symptoms, or PTSD. You may also have a drug or alcohol problem. Your clinician and you will discuss a plan to be sure your drug and alcohol problems are being treated as well. Doing the ICBT program alone, without also dealing with your drug and alcohol problems, may not give you the best results. Be sure you and your clinician are on the same page about what you need to do for your drug and alcohol problems, and how the ICBT fits into your overall recovery program.

Remember, asking questions is a reflection of your wisdom not your ignorance.

Mindful Relaxation **HANDOUT #7**

You may be experiencing a lot of intense fear, stress, nervousness and anxiety. These feelings are common for people with substance use issues who also have experienced a trauma or who have PTSD. People with substance use disorders suffer from severe anxiety, especially in early recovery. Learning to manage an endless flow of fear and anxiety is part and parcel of experiencing positive or negative feelings you used to "medicate" with drugs and alcohol. For someone with both disorders, though, anxiety and fear can be overwhelming.

Your ICBT clinician will provide you with a simple and portable tool to manage anxiety, called Mindful Relaxation. This is proven to be very helpful. It can give you a new way of dealing with negative emotions.

Mindful Relaxation is a practice which, like most mediations and even prayer, begins with a focus on the simple act of breathing. Breathing is something that is very basic, that we all do, and something that tells us we are alive. Attention to breathing has a longstanding tradition in many eastern religions, yoga, exercise and all forms of mediation.

Mindful Relaxation has two main parts:

- The Centering Technique. The idea behind centering is to help you reach a state of feeling present, stable, and tuned-in to yourself. This will help to ground you and get out of your head. Sometimes when we're stuck in our heads our thoughts and feelings seem to swirl around like a tornado. Doing the Centering Technique will help you to be still.

- The Breathing Technique. The idea behind relaxing breathing is to help you focus on the way you inhale and exhale, so that your body is more able to feel relaxed, soothed, and calm. If you breathe in too much without a full exhale, you will actually feel more anxiety and nervousness. However, if you balance the way you breathe in and out, you will feel much better.

Doing Mindful Relaxation

Centering Technique

- Get in as comfortable a position as you can.
- Close your eyes. Breathe normally and relax.
- Make sure both feet are on the floor. Press the balls of your feet ever so gently on the ground.
- Get out of your head. Drop down from your thoughts to your center or core.
- Visualize your center or core - the core of you. Many people locate this somewhere between their spine and belly button.
- Relax, pay attention and experience this core. Notice that it is calm, in the present, and yours.

Breathing Technique

- Continue in the centering experience.
- Take a normal breath in through your nose.
- As you exhale, try to extend your breathing out thru your mouth. (Don't do it so that it is uncomfortable, but just a little longer than you had been doing.)

- Try it again – Normal breath in through your nose, longer breath out through your mouth.
- Repeat the breathing until you have done 10-15 breaths.
  (You may also think of a word that calms you while you do this. This could be a word like "serene", or "peace" or simply "calm." Or if you want, picture a scene that is relaxing to you).

Practice

Mindful Relaxation is a skill that can really help you manage anxiety, nervousness, fear, and stress; but like all skills, you need to practice to get good at it. The better you are at it, the more it will help you when you need it most. It's kind of like a fire drill - it's best to practice under normal circumstances so that it becomes automatic or like a reflex—you can do it without thinking. This makes it more likely that it will be successful during times of stress such as during an actual fire (or anxiety or panic state).

Start by practicing Mindful Relaxation twice a day, every day, for 10-15 breaths at a time.

Try to do this when you are not feeling stressed. This will not take long at all, and doing it when nothing is upsetting you will help you get good at it so it will be easy to use when you are anxious, scared, or panicky.

A Activating Situations

What are the people, places and things that make you want to use?

Are these situations avoidable?

B Beliefs

What are the beliefs or thoughts that make it more likely for you to use?

Are there alternative thoughts or beliefs that support your recovery?

C Consequences

What are the feelings that increase the chances of using?

What are the feelings that increase your chances of not using?

C Coping Skills and Behaviors

What behaviors increase the chances of using?

What behaviors or coping skills do you use to support your recovery?

SUPPORTS FOR MY RECOVERY…

Who could you call as a support to your recovery or talk with about a desire to use?
Who are your top 5 support people? Put their phone number next to their name.

1)_____ #:_____

2)_____ #:_____

3)_____ #:_____

4)_____ #:_____

5)_____ #:_____

Feelings from A to Z **HANDOUT #9**
(Page 1 of 2)


Afraid


Angry


Annoyed


Anxious


Bored


Carefree


Confused


Depressed


Determined


Elated


Embarrassed


Free


Funny


Giddy


Guilty


Happy


Hurt


Innocent


Irritated


Jealous


Joyful


Kind


Lonely


Lost

Feelings from A to Z
(Page 2 of 2)


Meditative


Mischevious


Naughty


Optimistic


Paranoid


Puzzled


Quirky


Resentful


Sad


Satisfied


Scared


Shy


Thoughtful


Tired


Upset


Violated


Vivacious


Wild


eXcited


Yucky


Zany

Primary Negative Emotions and the Common Thoughts That Drive Them **HANDOUT #10**

Primary emotions	Related emotions	My experience of this emotion	Common thoughts that drive them	My thoughts
Anxiety and fear	Apprehension, worry, scared, panic, agitated, nervous, racing, tense, stressed		I am not safe or in danger Something I don't want is going to happen I am losing control I am going to fall apart I am going to be rejected I am going to be negatively judged	
Depression and sadness	Grief, loss, forlorn, abandoned, worthless, doomed, loser, empty, bored, woeful, inadequate		I am unlovable I am worth nothing I am lost I have been totally rejected I am really undesirable Nothing will ever change for me My life is over Something I don't want has happened	
Shame and guilt	Remorseful, regretful, embarrassed, humiliated, exposed		I have caused irreparable damage to others I have let people down I only have myself to blame I have not lived up to my ideals I am not deserving I have been sinful I am a horrible person	
Irritability and anger	Rage, resentment, vengeful, aggressive		I have been (or am being) disrespected I have been (or am being) wronged I have been (or am being) unfairly treated I have been (or am being) bullied Others are to blame for my situation	

ABCs of Our Emotions **HANDOUT # 11**

This handout is about the "ABCs" of emotions. We all have emotions or feelings. Many of us tried to block them out with drugs and alcohol, but now that we are not using we are going to experience them; for better and for worse. People who have experienced a trauma in their lives (or who have PTSD), often experience very powerful emotions.

Even though you might not agree just yet, experiencing feelings is a good thing. It is about living life on life's terms. It is about using our feelings to guide us, and also help us to understand what needs to change.

We often say that people aren't struck by lightning to be drunk or sober. The process of using drugs or alcohol, or of relapsing, is the result of a series of events. If you were able to look at the process in a kind of slow motion, you might see that things started with certain decisions made earlier. There is a chain of events.

One example is the 30-year-old man who received an invitation to his college roommate's wedding. He knew this could be a risky situation given he had only 20 days clean, but he figured he would have another 40 by the time of the wedding. He decided not to tell his sponsor about the invitation, and made his own "executive decision" and attended the wedding. Before the wedding even began he felt the excitement as he was snorting cocaine in the parking lot. When did his relapse start, in the parking lot?

Here's another example. A woman wakes up one morning and notices that it's raining outside. She feels harassed and agitated—this is not going to be her day. Why? Well, she thinks that she is going to get her new shirt wet because it's going to be a hassle getting under cover at the bus stop on the way to work.

So how does the ABCs of Emotions explain the process or series of events that leads to something?

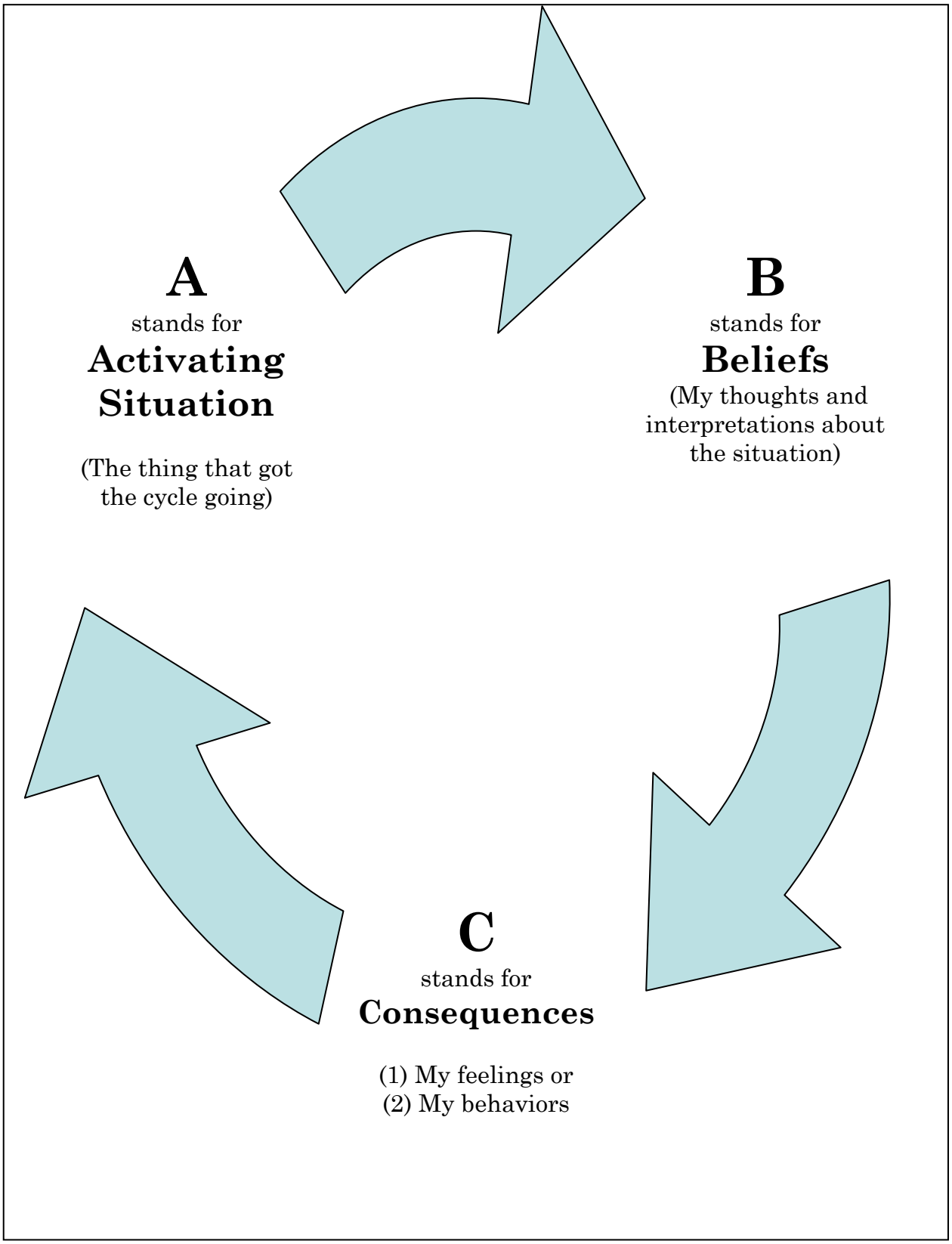
The A is the Situation, or Activating Situation. The thing that begins the process.

The B is the Belief or Thought about the situation. Sometimes things happen so quickly in our minds that we don't catch the B part. We miss the belief.

The C stands for Consequence. The consequence could be a feeling or even a behavior. Generally, we don't miss the feeling though, do we? But sometimes it seems like we go directly from the situation to the behavior without even noticing the feeling until later. Either way we go from A to C in a nanosecond.

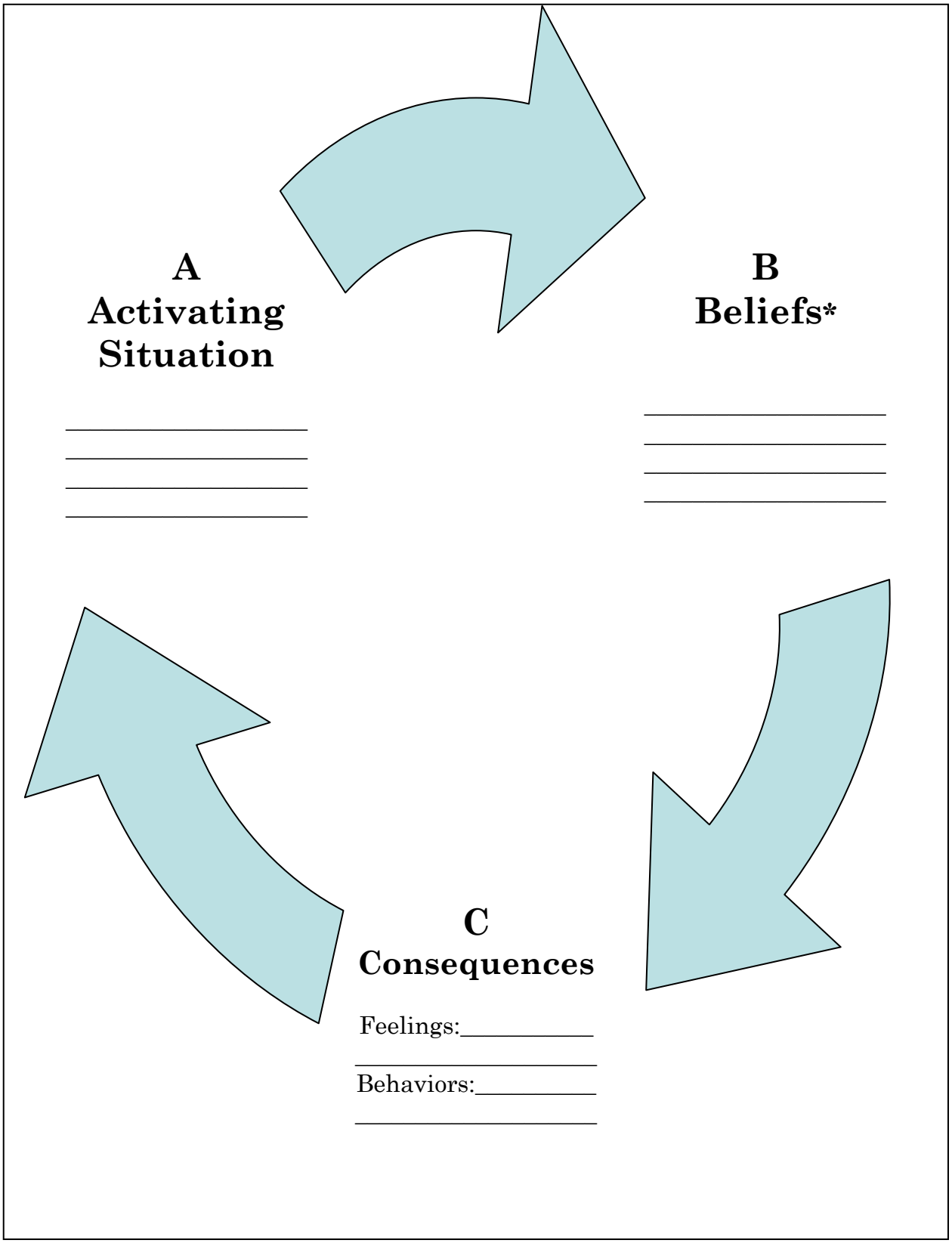
The figure on the next page shows this cycle. The bottom line message is that your thoughts play an incredibly important role with your feelings. In some ways, feelings are very natural, organic states. They are what they are. It's the ***thoughts*** that give rise to them. Ultimately, it's the thoughts that we can change. That in turn, can help us regulate our feelings in more balanced ways. It's the flexibility in our thinking that can give us this freedom.

The ABCs of Emotions



ABCs of MY Emotions Worksheet **HANDOUT #12**

Use this chart to map out some of your own ABCs of emotions cycles.



***Any Common Styles? (Check all that apply): __All-or-nothing thinking __Worst case scenario thinking __ Discounting the positive__ Emotional reasoning __ Labeling __ Magnification/Minimization __ Mental filter __ Mind reading ___ Overgeneralization __ Personalization __ "Should" or "must" statements __ Tunnel vision**

Common Styles of Thinking **HANDOUT #13**

TYPE	DEFINITION	EXAMPLE
Tunnel Vision	Focuses only on the negative characteristics of something, not the positive ones.	"My boss is awful. She's demanding, judgmental, and opinionated." "My life is terrible, nothing is going well."
All-or-nothing thinking	Looks at things as falling into only two extreme categories ("black or white") instead of on a continuum ("shades of gray").	"My boyfriend doesn't want to live together, so we should break up!" "That table looks messy – my house is a disaster!"
"Should" and "must" statements	Are based on your pre-determined ideas about how things are supposed to be, not on how things really are or could reasonably be.	"I should be more willing to take risks." "I must stop feeling afraid all the time." "I shouldn't make mistakes."
Worst case scenario thinking	Predicts that the absolute worst, most awful outcome will happen. This can make a small problem seem like it will turn into a catastrophe.	"What if someone breaks into my house and rapes me?!" "What if I yell at my son and he hates me forever?!"
Personalization	When you think you are responsible for things that are actually out of your control, such as how others behave, think, or feel.	"My therapist was late because I said the wrong thing last week." "My husband only hits me when I'm a bad wife."
Disqualifying or discounting the positive	Leads you to minimize or downplay positive events because you believe they don't count (anyone could do it, you got lucky, or it wasn't *that* good).	"I've been sober for a week, but anyone can last a week." "I passed my certification, but it was just dumb luck."
Overgeneralization	Takes one bad situation and concludes that it will continue to happen over and over, and will probably get worse.	"That man raped me; men will always take advantage of me." "I had a bad dream; I'll never get a good night's sleep."
Emotional reasoning	Assumes that because you <u>feel</u> a certain way, that's how it must <u>be</u> in reality.	"I am scared, therefore something bad is about to happen." "I feel angry so obviously you have treated me terribly."
Mind reading	Happens when you believe you know what someone else is thinking or feeling, even if you haven't thought about other plausible explanations.	"He thinks I'm stupid because I didn't know the answer." "She didn't look at me, she doesn't like me anymore."
Labeling	Assigns an overarching characteristic to someone based on one thought, feeling or action, usually in a very negative way.	"She's such a loser." "I'm an idiot." "What a jerk." "He's stupid."
Mental filter	Ignores the many good characteristics and focuses only on one or two bad characteristics.	"When I spoke at the AA meeting at first I was really nervous and dry-mouthed, but I got more comfortable as I kept talking. I am sure people only remember the first part and think I am a basket case."
Magnification/minimization	Emphasizes the negative parts of something and downplays the positive parts.	"I'm a bad mother, I yell at my kids at least once a week. They are doing well in school; they must get it from their dad."

A
Activating Situation

The event, situation, person, place or thing that starts the process.

B
Belief

The belief, thought or interpretation about the Activating Situation.

C
Consequence

The resulting Feeling or Behavior.

D
Disputing the Belief

What common style of thinking was used?
What evidence is there that the belief is accurate or not?

E
Entirely New…

Based on D, is there any reason for a different
Thought? Or Behavior?

Flexible Thinking Worksheet: The ABCDE of MY Emotions **HANDOUT #15**

A Activating Situation

What is the situation?

B Belief

What are your beliefs or thoughts?

C Consequence

Resulting Feelings:

Resulting Behaviors:

D Disputing the Belief

Common Styles of Thinking (Check all that apply):

__All-or-nothing thinking __Worst case scenario thinking __ Discounting the positive __ Emotional reasoning
__ Labeling __ Magnification/Minimization __ Mental filter __ Mind reading ___ Overgeneralization
__ Personalization __ "Should" or "must" __ Tunnel vision

What evidence is there that the belief is accurate or not?

E Entirely New…

New Thought?

New Behavior?

Posttraumatic Stress Disorder Fact Sheet **HANDOUT #16**

What is Posttraumatic Stress Disorder?

Research indicates that 7 to 12 percent of people develop posttraumatic stress disorder (PTSD) at some point in their lives, with women more likely than men to develop it. PTSD is an anxiety disorder that can occur after a person experiences a traumatic event such as combat or military experience, sexual or physical abuse or assault, a serious accident, or a natural disaster such as a fire, tornado, flood, or earthquake. Some people develop PTSD after seeing someone else experience a traumatic event. The more severe and the greater the number of traumatic events experienced, the more likely someone is to develop the disorder. PTSD often leaves one feeling vulnerable, out of control, and as if one is in constant danger. These feelings are persistent, are strong, and do not disappear over time on their own. Everyday life, work, and relationships can be negatively affected.

What PTSD is not

Most people experience a traumatic event at some point in their lives, and they often have negative feelings and agitation immediately afterward. This response is normal, and often the negative feelings go away over the following several weeks. Such a response is not PTSD. To be diagnosed with PTSD, the person must have persistent trauma-related problems for at least a month after the event. The person must also have specific symptoms, which are described below.

What are the Symptoms of PTSD?

PTSD is defined as experiencing three types of persistent symptoms following a traumatic event:

- re-experiencing the event through intrusive memories, dreams, or flashbacks, or feeling distress upon exposure to trauma-related stimuli
- avoidance of people, places, or things that remind the person of the traumatic event; numbing of feelings or detachment from others
- increased arousal, including increased heart rate and muscular tension, restlessness, difficulty sleeping, irritability, poor concentration, feeling on guard or hyper-vigilant, or having an exaggerated startle response

What is the Cause of PTSD?

PTSD is caused by exposure to a traumatic event such as physical or sexual abuse, violence, combat, natural disaster, or accident. It is unknown why some people develop PTSD in response to traumatic events, while others do not. The risk of developing PTSD after exposure to a trauma appears to be related to a combination of genetic predisposition and environmental factors. People with other psychiatric disorders are more likely to develop PTSD after a traumatic event.

What are the Usual Treatments for PTSD?

Medication and therapy are the two most effective treatments for PTSD. Antidepressants are an effective treatment. Although antidepressants can reduce PTSD symptoms and improve functioning, once the medications are discontinued, the symptoms often return.

Therapy methods that have proven to be effective include exposure therapy and cognitive-behavioral therapy (CBT). To reduce anxiety and PTSD symptoms, exposure therapy focuses on re-confronting, in a safe way, memories, situations, places, people, or events related to the trauma. CBT works by teaching people how to identify, challenge, and change negative trauma-related thoughts with more accurate and adaptive ones. CBT often also includes teaching anxiety management techniques such as relaxation, positive thinking, and through stopping. Therapy based on these methods can both reduce the frequency and severity of symptoms, and sometimes eliminate the disorder. In contrast to medication, gains made with either exposure therapy or CBT last long after the therapy is over.

How Does the Use of Alcohol and Other Drugs Affect PTSD?

People with PTSD often seek relief with alcohol or drugs. Re-experiencing trauma in nightmares and flashbacks is upsetting, and sometimes a person may try to reduce or escape those feelings by using alcohol or drugs such as cocaine, heroin, or marijuana. Similarly, people often use substances to cope with their anxiety or as a numbing "anesthetic" to ease their pain. Finally, in an attempt to live a normal life in the company of others, a person may use substances in order to facilitate sexual relationships, socialize with friends, or even work more easily with others. Although this kind of substance-use "solution" is counterproductive in the long run, it often reflects the user's wish to simply get through life as normally as possible, using the substance as an aid. People with PTSD who have substance use disorders often have worse PTSD symptoms over time and develop more severe addiction problems.

How Does PTSD Affect Addiction Treatment and Recovery?

Even if a person with PTSD stops using drugs or alcohol, the posttraumatic stress disorder is still present. In fact, many people find that once they are no longer under the influence of substances, their PTSD symptoms return or get worse with a vengeance. This is why it is particularly important for addiction treatment providers to screen and assess for PTSD, so that as substance use disorders are being addressed, treatment can also begin for PTSD. People with PTSD who do not receive treatment have a more challenging recovery from addiction and are at greater risk for relapse. Because of the symptoms of PTSD – such as social avoidance, having troubling flashbacks, and irritability – patients may also have more trouble connecting in peer support groups such as AA (Alcoholics Anonymous) and NA (Narcotics Anonymous).

Treatment for Co-occurring PTSD and a Substance Use Disorder

Unfortunately, there is no evidence to suggest that treatment for PTSD will also fix a substance use disorder. And, as mentioned above, many people beginning to abstain from substances actually experience a worsening of PTSD symptoms. Therefore, the best option is integrated or combined treatment for both substance use and PTSD. Addiction treatments should focus on substance use. To address the PTSD, therapy, medications, or both can be used. With these, the person can develop coping skills that will help manage or overcome the symptoms far more effectively than drugs or alcohol ever could. People with PTSD can benefit from attending peer support groups, and can also benefit from connecting with others who have these co-occurring disorders and are in recovery.

Symptom	My experience of the symptom	Readiness to try Flexible Thinking on this experience* Rate from: 0 – Not at all ready 10 – Extremely ready
Re-experiencing		
Disturbing memories, thoughts or images		
Repeated disturbing dreams		
Reliving the event(s)		
Upset about reminders		
Having physical reactions		
Avoidance		
Not thinking or talking about it		
Not doing activities or going places reminding me of it		
Not remembering key parts		
Loss of interest in enjoyable activities		
Feeling distant or cut-off from people		
Feeling numb or not loving		
Having no sense of future		
Increased anxiety		
Sleep problems		
Irritable or angry		
Problems concentrating		
Super alert or on guard		
Jumpy or easily startled.		

*Consider using the Readiness Ruler from Handout #5

Change and Acceptance **HANDOUT #18**

Hopefully the ICBT program has helped you. Often it can be hard to notice positive changes that happen over time. Below you can list ways that the 3 parts of the ICBT program have helped you and ways in which it may have fallen short of your goals. You can also make notes about the positives and negatives of the ICBT program overall.

Skill	How it helped me...	How it fell short...
Mindful Relaxation		
Flexible Thinking		
Patient Education		
OVERALL		

What recommendations would you have to improve the ICBT program for future patients? _____

_____

_____

_____

Serenity **HANDOUT #19**

You are nearing completion of this program. It is possible that you may have made some very important changes in how you view yourself and how you cope with problems in your life.

What things about yourself, or how you deal with things, have changed (or you want to keep working at changing)?

1.

2.

3.

What things about yourself, or how you deal with things, have <u>not</u> changed (or maybe you will be unable to change them)?

1.

2.

3.

Do you think that it would be possible to come to accept these things that you cannot change, and have them be a smaller part of who you are? Or, do you think you will need more help to change these things?

Do you think that the top three goals you envisioned for yourself will still be possible even with the things you cannot change still present in your life?

SERENITY PRAYER

"God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

[1]The development of this workbook was supported by the National Institute On Drug Abuse (R01DA027650). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute On Drug Abuse or the National Institutes of Health. Correspondence: Mark P. McGovern, Department of Psychiatry, Dartmouth Medical School, 85 Mechanic Street, Suite B4-1, Lebanon, New Hampshire 03766. Email: mark.p.mcgovern@dartmouth.edu