CBT Strategies for Trauma and Addiction

Prepared for:

Jack Hirose and Associates
Online Course

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CBT for Trauma and Addiction: Course Agenda

Session #1: Intro To Trauma and Addiction, Cognitive Approaches

- PTSD
- Addictive Behaviour Disorders
- Dual Diagnosis
- Traditional CBT Approaches
- DBT and Schema Therapy

Session #2: CBT-Based Interventions, Cognitive Model of Addiction

- Awareness and Mindfulness
- Distraction and Grounding Techniques
- Case Conceptualisation and Individualized Treatment Planning
- Complex Chain Analysis
- Restructuring chame based and other cognitions and coping skills

Session #3: A CBT Approach to PTSD, Relapse Prevention

- Psychoeducation and Skills Training Phase
- Exposure Work
- Moral Injury, Post-Traumatic Growth, and Relapse Prevention

CBT for Trauma and Addiction: The Relationship Between

- Approximately 60-70% of Americans have experienced some form of trauma in their lives
- Estimates suggest 70-80% of Canadians will experience PTSD at some point in their lives
- 21.6% of Canadians met criteria for substance use disorder (2012 National Survey Estimate)
- 6% Americans qualify for substance use disorder (approx 21 million)

CBT for Trauma and Addiction: Relationship Between Trauma and Addiction

* Addiction and trauma often associated with each other
* Trauma is risk factor for developing substance or other addictive behaviour problems
* Addictive behavioiours are often times attempts to cope with results of traumatic experiences

CBT for Trauma and Addiction: Relationship Between Trauma and Addiction

* Addiction and trauma often associated with each other
* People with with substance use disorders high incidence of Trauma and PTSD
* Impaired driving, going to dangerous places to get substances, impaired judgment one contributing factor to increase risk of retraumatised

CBT for Trauma and Addiction: Relationship Between Trauma and Addiction

* Some studies show as high as 50% of women in tx for substance abuse also report some form of sexual assault in their past
* 20% of veterans w/ ptsd also substance problems
* Many clinical reports indicate 1/3 of those seeking tx for substance abuse havePTSD dx

CBT for Trauma and Addiction: Relationship Between Trauma and Addiction

"Shame is the heartbeat of addiction"
- John Bradshaw

CBT Strategies for Trauma and Addiction

What they are: Trauma and PTSD

CBT for Trauma and Addiction: Trauma and PTSD

- 60-80% Canadians/Americans experience 1 traumatic event
- 8% of lifetime ptsd
- Most trauma survivors never develop ptsd symptoms and majority who do recover
- Women 2x more likely than men
- Most recovery in 1st 3 months
- When persists for 1 yr almost never remits w/o tx

CBT for Trauma and Addiction: Trauma and PTSD

- Classification - Trauma and Stressor - Related Disorders
- PTSD dx requires having been exposed to traumatic or stressful event that involved actual or threatened death or serious injury
- PTSD persists when information is processed in such a way that real past threat is perceived as current

CBT for Trauma and Addiction: CBT for PTSD

- Becomes pathological when

1) Associations among stimuli do not accurately reflect the world
2) Harmless stimulus erroneously associated with threat meaning
3) Avoidance behaviours are evoked by harmless stimuli
4) Excessive and easily triggered response elements interfere with daily function

CBT for Trauma and Addiction: PTSD

- Traditionally characterized as a normal response to abnormal event
- Much current thinking is to view this differently

CBT for Trauma and Addiction: The Neurobiology of Trauma

- When someone experience as a traumatic event brain chemistry is altered
- Affects endocrinology, neurochemistry, brain circuitry

CBT for Trauma and Addiction: The Neurobiology of Trauma - Lower Region

- Lowest brain centers hold our most primitive survival reactions
- Involved in activating defense\ stress reactions
- Reflexively respond to triggers & response produces startle response (accelerated heart rate, increase breathing, muscle tension)

CBT for Trauma and Addiction: The Neurobiology of Trauma - The Limbic System

- Provides neural basis for memories and emotions
- Contains amgydyla & and hippocampus

CBT for Trauma and Addiction: The Neurobiology of Trauma - The Limbic System

—> In response to triggering images

- Amygdala acts as a warning system by scanning the environment for danger and send the information to the hypothalamus

- Hypothalamus initiates a set of actions in the endocrine system that releases with cortisol and other hormones to engage the body stress response

- Hippocampus' role is maintaining long-term memory - also Context processing originates in Hippocampus

CBT for Trauma and Addiction: The Neurobiology of Trauma - Prefrontal Cortex

- The logical reasoning part of the brain
- Responsible for decision-making, rational thinking, logic, planning memory

CBT for Trauma and Addiction: The Neurobiology of Trauma - Prefrontal Cortex

- Under stress this part of the brain functions at diminished capacity - difficulty thinking through situations
- Involved with memories which are encoded differently during traumatic events - may be "gaps" in memory

CBT for Trauma and Addiction: PTSD and the DSM

Trigger is Exposure to actual or threatened death, serious injury, or sexual violation

Examples include:

* Domestic, family, dating violence
* Community violence
* Sexual or physical assault
* Natural disaster
* Motor vehicle or other related accident
* War, refugee experiences, etc

CBT for Trauma and Addiction: PTSD and the DSM

Trigger is Exposure to actual or threatened death, serious injury, or violation

* Directly experiences traumatic event
* Witnesses traumatic event in person
* Learns that traumatic event happened to a close family member or close friend
* Experiences first hand repeated or extreme exposure to aversive details of traumatic event

CBT for Trauma and Addiction: PTSD and the DSM

* SYMPTOM CLUSTERS

1. Reliving
2. Avoiding
3. Pervasive negative changes in emotion
4. Excessive physiological arousal

CBT Strategies for Trauma and Addiction

Addictions

CBT for Trauma and Addiction: Addiction Biological Risk Factors

- Trait Impulsivity/Aggression
- Other Genetic factors (estimated 40-60%)
- Race
- Gender
- Stage of Development

CBT for Trauma and Addiction: Environmental Risk Factors

- Lack of Parental Supervision
- Peer and School Experiences
- Drug experimentation as children or adolescents
- How the drug is used
- Community Poverty

CBT for Trauma and Addiction: Why People Use Substances

* To Feel Good
* To Not Feel at all (numb)
* To Forget
* To alleviate pain
* To regulate emotions
* To foster feelings of relaxed state or excitement

CBT for Trauma and Addiction: Traditional Abuse vs. Dependence Understanding

* Abuse

- Usage leads to putting self in dangerous situations, jeopardizing

CBT for Trauma and Addiction: Traditional Abuse vs Dependence Understanding

* Concepts of physical dependence vs psychological dependence

Psychological Dependence

- Psych preoccupation & believe "need" to relieve negative emotions

Physiological Dependence - physiological sx if stop or reduce use

- Body needs it to function
- Develop tolerance
- Withdrawal Sx
- Often need detox

CBT for Trauma and Addiction: Addictive Behaviour Disorders

- Substance Use Disorders
- Pathological Gambling

CBT for Trauma and Addiction: Proposed Disorders

- Compulsive Buying Disorder
- Internet Addiction
- Sexual Addiction
- Computer Game Addiction

CBT for Trauma and Addiction: Addictive Behaviour Disorders and DSM

1. Taking the substance in larger amounts or for longer than you meant to
2. Inability to cut back or stop in spite of repeated attempts to
3. Excessive amount of time devoted to behaviour
4. Cravings and Urges to engage in the behaviour or usage
5. Unable to meet school, work, family, or other obligations due to the behaviour or the results of the behaviour

CBT for Trauma and Addiction: Addictive Behaviour Disorders and DSM

6. Continuing to engage in behaviour in spite of problematic relationships

7. Quitting social, occupational, recreational activities

8. Continuing to engage in the behaviour in even when doing so puts one in danger

9. Continuing to engage in behaviour in spite of knowing a condition of some kind will be worsened

10. Needing increasing amount to gain desired effect

11. Withdrawl sx, which remit with additional use/behaviour

CBT for Trauma and Addiction: Addictive Behaviour Disorders and DSM -Severity

* 2 or 3 = Mild Use Disorder
* 4 or 5 = Moderate Use Disorder

6 or more = Sever Use Disorder

* Substances: Alcohol, Cannabis, Hallucinagins, Stimulants, etc

CBT for Trauma and Addiction: Addictive Behaviour Disorders and DSM - Gambling

Cognitive Approaches

Cognitive Behavior Therapy (CBT)

Cognitive Behavior Therapy (CBT)

- Aaron T. Beck, 1960, University of Pennsylvania
- Principle that thoughts influence feelings

Cognitive Behavior Therapy (CBT)

Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy

- Developed by Marsha Linehan in the 1970s
- Looking for a method to treat chronically suicidal
- Found traditional CBT to be too invalidating
- Added validation to empirically supported CBT
- Concept of Dialectics

Dialectical Behavior Therapy

"Juxtaposes contradictory ideas and seeks to resolve a conflict; a method of examining opposing ideas in order to find truth"

Dialectical Behavior Therapy: Core Modules

- **Mindfulness Skills**
- **Emotion Regulation Skills**
- **Distress Tolerance Skills**
- **Interpersonal Effectiveness Skills**

Cognitive Behavior Therapy (CBT)

Cognitive Behavior Therapy - Tenets: Levels of Cognition

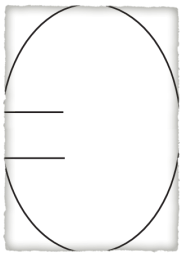
Cognitive Behavior Therapy - Core Beliefs

- Core Beliefs/Schemas
- Beck identified beliefs in 3 different areas
  1. Beliefs about self
  2. Beliefs about others
  3. Beliefs about the world

Cognitive Behavior Therapy - Tenets

- Term "schema" Coined in 1926 by Piaget - "Structures that integrate meaning into events
- Beck - "Cognitive structures that organize experience and behavior"
- Landau & Goldfried - "mental filters that guide the processing of information"

Cognitive Behavior Therapy - Tenets: Identifying Core Beliefs



Judith Beck, 2011

Cognitive Behavior Therapy - Tenets: Identifying Core Beliefs

- Example Beliefs About Self
  - I am a failure
  - I am worthless
  - I am vulnerable
  - I am helpless
  - I am a burden
  - I am defective
  - I am unlovable

Cognitive Behavior Therapy - Tenets: Identifying Core Beliefs

- Example Beliefs About Others
  - Others are mean
  - Others are uncaring
  - Others are self-absorbed
  - Others aren't deserving of my time
  - Others are to be taken advantage of
  - Others are unreliable
  - Others are untrustworthy

Cognitive Behavior Therapy - Tenets: Identifying Core Beliefs

- Example Beliefs About the World
  - The world is exciting
  - The world is boring
  - The world is scary
  - The world is evil
  - The world is a lost cause
  - I am defective
  - The world is dangerous

Schema Focused Therapy (SFT)

Schema Focused Therapy (SFT)

- Broad, comprehensive theme or pattern
- Comprised of memories, cognitions, emotions, bodily sensations
- Developed in childhood, elaborated in adulthood
- 18 Schamas in 5 different domains

Schema Focused Therapy (SFT)

- Domain #1: Disconnection and Rejection
  - Abandonment
  - Mistrust
  - Defectiveness
  - Emotional Deprivation
  - Social Isolation

Schema Focused Therapy (SFT)

- Domain #2: Impaired Autonomy & Performance
  - Dependence
  - Vulnerability
  - Enmeshment
  - Failure

Schema Focused Therapy (SFT)

- Domain #3: Impaired Limits
  - Entitlement/Grandiosity
  - Insufficient Self-Control

Schema Focused Therapy (SFT)

- Domain # 4: Others Directness
  - Subjugation
  - Self-Sacrifice
  - Approval Seeking

Schema Focused Therapy (SFT)

- Domain #5: Overvigilance
  - Negativity
  - Emotional Inhibition
  - Unrelenting Standards
  - Punitiveness

Characteristics of Schemas

- Active vs Dormant
- Compelling
- Pervasive vs Discrete

Schema Reinforcement Process

- Maintenance
- Avoidance
- Overcompensation

odification and Behavioural Pattern

- Vulnerability
- Insufficient Self-Control
- Defectiveness
- Social Isolation
- Entitlement

ıma and Addiction: Behavioural Patte

Let's Connect!

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CBT Strategies for Trauma and Addiction Session 2: Cognitive Strategies and Techniques, The Cognitive Model of Addiction

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Types of Interventions

1. Environmental Interventions
2. Behavioral Interventions
3. Cognitive Interventions
4. Pharmacological Interventions

Cognitive Interventions

1. Mindfulness
2. Distraction
3. Cognitive Restructuring

Cognitive Restructuring

- Identify and Label Distortions
- Challenging
- Rational Disputation
- Statistics and Likelihood
- Imagery
- Perspective/Comparison
- Polling Exercises
- Belief Modification Strategies

Identifying and Labelling Cognitive Distortions

1. Rationalization. In an attempt to protect yourself from hurt feelings, you create excuses for events in life that don't go your way or for poor choices you make. We might call these *permission-giving statements* that give ourselves or someone else permission to do something that is in some way unhealthy.

2. Overgeneralization. You categorize different people, places, and entities based on your own experiences with each particular thing. For example, if you have been treated poorly by men in the past, "all men are mean," or if your first wife cheated on you, "all women are unfaithful." By overgeneralizing, you miss out on experiences that don't fit your particular stereotype. This is the distortion on which all of those "isms" (e.g., racism, sexism) are based.

3. All-or-nothing thinking. This refers to a tendency to see things in black and white categories with no consideration for gray. You see yourself, others, and often the whole world in only positive or negative extremes rather than considering that each may instead have both positive and negative aspects. For example, if your performance falls short of perfect, you see yourself as a total failure. If you catch yourself using extreme language (best ever, worst, love, hate, always, never), this is a red flag that you may be engaging in all-or-nothing thinking. Extreme thinking leads to intense feelings and an inability to see a "middle ground" perspective or feel proportionate moods.

Cognitive Distortions

4. Discounting the positive. You reject positive experiences by insisting that they "don't count" for some reason or another. In this way, you can maintain a negative belief that is contradicted by your everyday experiences. The terms *mental filter* and *selective abstraction* basically describe the same process.

5. Fortune telling. You anticipate that things will turn out badly and feel convinced that your prediction is already an established fact based on your experiences from the past. Predicting a negative outcome before any outcome occurs leads to anxiety.

6. Mind reading. Rather than predicting future events, engaging in this distortion involves predicting that you know what someone else is thinking when in reality you don't. This distortion commonly occurs in communication problems between romantic partners.

7. Should statements. You place false or unrealistic expectations on yourself or others, thereby setting yourself up to feel angry, guilty, or disappointed. Words and phrases such as *ought to, must, has to, needs to*, and *supposed* to are indicative of "should" thinking.

8. Emotional reasoning. You assume that your negative feelings reflect the way things really are. "I feel it, therefore it must be true."

9. Magnification. You exaggerate the importance of things, blowing them way out of proportion. Often, this takes the form of fortune telling and/or mind reading to an extreme. This way of thinking may also be referred to as *catastrophizing* or *awfulizing*.

10. Personalization. You see yourself as the cause of some external negative event for which, in fact, you were not primarily responsible. You make something about you that is not about you and get your feelings hurt.

Identifying and Labelling Cognitive Distortions

1. Rationalization. In an attempt to protect yourself from hurt feelings, you create excuses for events in life that don't go your way or for poor choices you make. We might call these *permission-giving statements* that give ourselves or someone else permission to do something that is in some way unhealthy.

- *Its ok to use because…*
- *Its ok NOT to face my fears because…*

Cognitive Behavior Therapy (CBT)

Events → Thoughts → Feelings → Actions → Results

Rationalisation →

Identifying and Labelling Cognitive Distortions

2. Overgeneralisation - You categorize different people, places, and entities based on your own experiences with each particular thing. For example, if you have been treated poorly by men in the past, "all men are mean," or if your first wife cheated on you, "all women are unfaithful." By overgeneralizing, you miss out on experiences that don't fit your particular stereotype. This is the distortion on which all of those "isms" (e.g., racism, sexism) are based.

- *"Since I was attacked by a supervisor who was a 6'6 blonde male with a deep voice, All tall, blonde, men with loud/deep voices & in positions of authority are a threat"*

Identifying and Labelling Cognitive Distortions

3. All or Nothing Thinking - This refers to a tendency to see things in black and white categories with no consideration for gray. You see yourself, others, and often the whole world in only positive or negative extremes rather than considering that each may instead have both positive and negative aspects. For example, if your performance falls short of perfect, you see yourself as a total failure. If you catch yourself using extreme language (best ever, worst, love, hate, always, never), this is a red flag that you may be engaging in all-or-nothing thinking. Extreme thinking leads to intense feelings and an inability to see a "middle ground" perspective or feel proportionate moods.

- *"This is the worst feeling in the world - I have to do something to make it go away immediately."*
- *"Xanax is the only thing that will help!"*
- *"Since I had one slip, I have completely blown my recovery"*

Identifying and Labelling Cognitive Distortions

4. Discounting the positive. You reject positive experiences by insisting that they "don't count" for some reason or another. In this way, you can maintain a negative belief that is contradicted by your everyday experiences. The terms *mental filter* and *selective abstraction describe a similar* process.

- *"I can't kick this - I don't have what it takes"*

Cognitive Behavior Therapy (CBT)

Events → **Thoughts** → **Feelings** → **Actions** → **Results**

D/C Pos →

Identifying and Labelling Cognitive Distortions

5. Mind reading. Rather than predicting future events, engaging in this distortion involves predicting that you know what someone else is thinking when in reality you don't. This distortion commonly occurs in communication problems between romantic partners.

5. Fortune telling. You anticipate that things will turn out badly and feel convinced that your prediction is already an established fact based on your experiences from the past. Predicting a negative outcome before any outcome occurs leads to anxiety.

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- *"He is going to hurt me"*
- *"Since she hasn't been through what I have been, she will never be able to understand and will never be able to help me."*

Cognitive Behavior Therapy (CBT)

Events → **Thoughts** → **Feelings** → **Actions** → **Results**

Mind Reading
Fortune Telling
Magnification →

Identifying and Labelling Cognitive Distortions

7. Should Statements - You place false or unrealistic expectations on yourself or others mentally insisting 'she should do this' or I 'shouldn't' have done that. Words and phrases such as *ought to*, *must*, *has to*, *needs to*, and *supposed* to are indicative of "should" thinking.

- *"I shouldn't have used"*
- *"Trauma shouldn't affect me this bad"*
- *"I shouldn't have survived when they didn't - I don't deserve help"*

Cognitive Behavior Therapy (CBT)

Events → Thoughts → Feelings → Actions → Results

Should Others →

Should Self →

Identifying and Labelling Cognitive Distortions

8. Emotional reasoning. You assume that your negative feelings reflect the way things really are. "I feel it, therefore it must be true."

- *"Since I feel scared, this person/situation is dangerous"*
- *"If it feels good, do it!"*

Identifying and Labelling Cognitive Distortions

10. Personalisation - You see yourself as the cause of some external negative event for which, in fact, you were not primarily responsible. You make something about you that is not about you.

- *"He wouldn't have sought me out to abuse me if there wasn't something wrong with me"*
- *"Since my child is using, I/we must have done something wrong"*

Cognitive Behavior Therapy (CBT)

Cognitive Interventions: Dealing with Your "Internal Roommate"

Cognitive Model of Addiction

The Transtheoretical Model

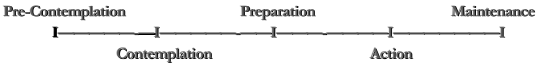
Motivational Enhancement Therapy

Motivational Enhancement Therapy

Stages of Change

Motivational Enhancement Therapy

Stages of Change



Gaining Insight

Expressions of Concern

CBT for Addictions - Pros and Cons

Case Conceptualisation

Conceptualization – Essential Components

- Relevant Childhood Data
- Current Life Stressors
- Core beliefs
- Substance/Addiction Related Beliefs
- Thoughts
- Emotions
- Behaviors

Case Conceptualization also Addresses

* Why did the pt start using?
* How did recreational use lead to problem usage?
* Why has pt not been able to stop on their own?
* How did key beliefs and coping skills develop?
* How did the pt function before substance problem?

Case Study: "Vonnie"

Goal Setting and Treatment Planning

1) Problem List
2) Goal List
3) Behavioral Targets
4) Identify Triggers for Behaviors
5) Identify Cognitions associated with target behaviors

Conceptualisation Drives Treatment Planning

Conceptualisation Drives Documentation

Cognitive Model of Addiction - Treatment

Interventions

- Restructure cognitions related to function of use
- ID drug related beliefs
- Pros & Cons
- Imagery
- Flashcards
- Addict Letters
- Cue Cards

Cognitive Model of Addiction: Session Acuity Protocol

1. Usage or other Destructive Behaviors
2. Therapy Interfering Behaviours
3. Quality of Life Interfering Behaviours

Addictive Behaviour Relapse Prevention Questions

- Did you relapse this week?
- If yes, tell me what happened
- On a scale of 0-10 how close did you get?
- At what point during the week were you most tempted to use? What were you doing?
- On a scale of 0-10 how strong was the craving at that time.
- What was going through your mind at the time?

Addictive Behaviour Relapse Prevention Questions

- What kept you from relapsing? Anything else?
- How many times to you think you were tempted to use this week but didn't?
- What skills did you use to resist the urges?
  - Behavioral Skills? (what did you do?)
  - Cognitive (what did you think?)
- What did you do right this week
- What changes do you need to implement this week?

Cognitive Model of Addiction

CB Chain Analysis

Cognitive Model of Addiction: CB Chain Analysis

Cognitive Model of Addiction: Cognitive Cue Card

Cognitive Model of Addiction Behavioural Coping Card

Schema Based Letter Writing

Smart Recovery 4 Point Program

- Building and Maintaining Motivation
- Coping with Urges
- Managing Thoughts, Feelings, and Behaviors
- Living a Balanced Life

Want More Addictions Tools?

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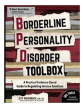

CBT Strategies for Trauma and Addiction Session 3: Trauma and PTSD Treatment and Recovery Strategies

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A Cognitive Approach to PTSD

CBT for Trauma and Addiction: CBT for PTSD

- PTSD persists when information is processed in such a way that real past threat is perceived as current ("fear conditioning")
- Cognitive and Emotional processing is mechanism underlying successful reduction of symptoms
- Goal is to help pts face traumatic memories and situations associated with them
- Fear is represented in memory as cognitive structure that is program for escaping danger
- Structure includes 1) fear stimuli and 2) fear response and 3) meaning associated with

CBT for Trauma and Addiction: CBT for PTSD

- Conditions necessary for successful modification of fear structure:
  - Fear structure must be activated, otherwise it is not available for modifications
  - New information incompatible with fear structure must be incorporated
  - Confrontation with stimuli that are safe or low probability of harming

(When this occurs, information that used to evoke anxiety no longer does)

- Requires deliberate, systematic confrontation with stimuli that are safe or low probability of harming

CBT for PTSD: Goals

- Decrease/Eliminate flashbacks and dissociation
- Move from flashback to intentional recall
- Change meaning associated with
- Acceptance
- Benefits/Growth/Resilience
- Improve overall functioning

CBT for PTSD: 3 Stages of Treatment

1. Pre-Exposure Stage
2. Exposure Stage
3. Post-Exposure Stage

CBT for PTSD: Stage 1

- Psychoeducation re PTSD
- Psychoeducation re Neurobiology of Trauma
- Explain Rationale for Exposure based treatment & Obtain Consent
- Teach Basic De-escalation Skills

CBT for PTSD: Stage 1

- Levels of Alertness Research
- Avoidance
- Hypervigilence/Exagerated Startle Response
- Flashbacks/dissociation
- Numbness
- Shame and Self-Blame
- Defectiveness schemas

CBT for PTSD: Stage 1

- Soothing
- Distraction
- Grounding

CBT for PTSD: Stage 2

- 3 part summary of life

1. Post Trauma (Impact statement)
2. Pre trauma life (emphasis on positives)
3. Trauma Narrative

CBT for PTSD: Stage 2 - Impact Statement

- Views of:
  - Self
  - World
  - Safety
  - Trust
  - Power
  - Competency
  - Intimacy

CBT for PTSD: Stage 2 - Trauma Narrative

Guidelines for Trauma Narrative

- Hand written
- First person
- As much detail as possible

CBT for PTSD: Stage 3

- Residual Nightmare work
- Dealing with moral injury and related cognitions to guilt and shame
- Reclaim former self and other post-traumatic growth
- Silver Lining Technique
- Trauma taken tool and other resilience strategies
- Coming out of shame, relational healing, and seeking connection
- Values - Based Recovery
- Managing triggers, anger management, skills training and other quality of life improving work

CBT for PTSD - Stage 3: Nightmare Rescripting

CBT for Trauma and Addiction: Moral Injury and Post-Traumatic Growth

Moral Injury

"- the damage done to one's conscience or moral compass when that person perpetuates, witnesses, or fails to prevent acts that transgress one's own moral beliefs, values, or ethical code of conduct"

CBT for Trauma and Addiction: Moral Injury and Post-Traumatic Growth

* Trauma is an event that has an effect on one's ongoing sense of t
* Not just violence happening TO people; but acts they did or di
* Importance of ongoing creating a sense of safety as well as reassigning blame and redefining value and helping them see good things can come from difficult situations

CBT for Trauma and Addiction: Moral Injury is associated with

- Isolation
- Anger
- Guilt and Shame
- Powerlessness
- Suicide

CBT for Trauma and Addiction: Moral Injury Goals

- Come out of hiding
- Restructure cognitions related to guilt and shame
- Spiritual healing
- Making meaningful connections
- Reassign meaning associated with suffering and promote resilience

CBT for Trauma and Addiction: Post-Traumatic Growth

- Positive psychological changes resulting from the struggle with challenging circumstances around the crisis
- They say what does not kill you makes you stronger - not always the case - but with proper cognitive approach can be true
- May never be exactly the same afterwards, but can be healthy and happy

CBT for PTSD: Stage 3: Shame Silencer Tool

CBT for PTSD: Stage 3: Trauma Taken Tool

CBT for PTSD: Stage 3: Silver Lining Technique

CBT for Trauma and Addiction:
Relational Healing and Additional Tools for Recovery

- Accountability & Support
- Judgment regarding relationship choices
- Boundaries and Assertiveness
- Social Skills Training
- Anger and Forgiveness
- Values Based Recovery

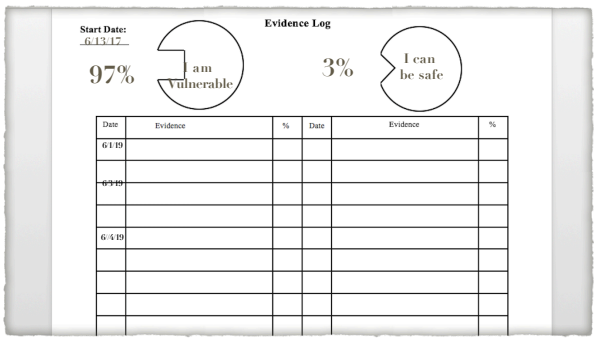
CBT for Trauma and Addiction: Relational Healing

- Relationships can promote healing or contribute to triggers and relapse

Relationships and Support

Intimacy
=
"Into - Me - See"

Ongoing Data Logs



Evidence Log

Start Date: 6/13/17

97% I am vulnerable

3% I can be safe

Date	Evidence	%	Date	Evidence	%
6/1/19					
6/3/19					
6/4/19					

Interpersonal Effectiveness Skills: Case Study

Interpersonal Effectiveness: Relationship Effectiveness

D escribe

E xpress

A sk

R enforce

M indfully focused

A ppear confident

N egotiate

Interpersonal Effectiveness: Relationship Effectiveness

G entle

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Interpersonal Effectiveness: Relationship Effectiveness

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Interpersonal Effectiveness Skills: Case Study

Integrated DBT/CBT/SFT Case Study

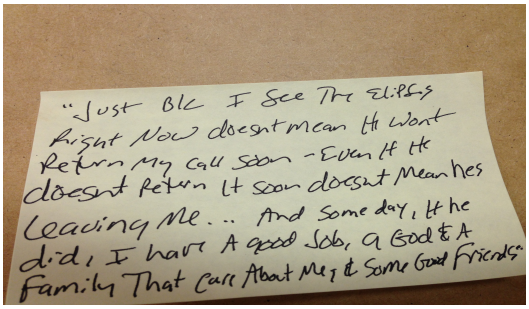
Key Cognitions

- "You don't have the right to turn off your phone" (you shouldn't)
- "Since you turn your phone off, you've broke our agreement"
- "You must play by my rules"
- "All men are liars"
- "If I don't stay in control, he might leave"
- "If he doesn't agree to exactly what i say I will dump him."
- "I have to drink to not feel this upset"

Key Schemas

- Abandonment
- Subjugation
- Insufficient Self-Control

Cognitive Model of Addictions: Schema Flashcard



CBT for Anger: Cognitive Strategies

- Rational Responding Techniques
- Reduce Personalization
- Challenge "Shoulds"
- Id and replace "Hot" Cognitions
- Forgiveness Work
- Pros and Cons

CBT for Anger: Forgiveness Interfering Cognitions

VALUES CLARIFICATION TOOL

CBT for Trauma and Addiction: Values - Based Recovery

Relapse Prevention

- Relapse - "a recurrence of symptoms after a period of impro

Relapse Prevention: Warning Signs

- Appetite Disturbance
- Sleep Disturbance
- Escalation in suicidal or self-injurious thoughts
- Increased "moodiness"/agitation/"Stressed out"
- Social Withdrawl
- Feeling "disconnected"/Paranoid

Relapse Prevention: Road to Recovery

- **Things I'm Doing Right**
- **Vulnerabilities to relapse**
- **Episode Management**
- **Failing Forward**
- **Restructuring Cognitions Related to Loss**
- **Booster Sessions**

Relapse Prevention: Things I'm Doing Right!

Relapse Prevention: Vulnerabilities

Relapse Prevention: Warning Signs

Relapse Prevention: Episode Management

Relapse Prevention: Wrapping Up

Relapse Prevention: How Do I Know I am Getting Better?

Want More Trauma Tools?

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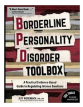

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