

# TAMAR

Trauma, Addictions, Mental health, and Recovery



**UCSF** Smoking Cessation  
Leadership Center

National Center of Excellence for  
Tobacco-Free Recovery

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If you are interested in learning more about tobacco-free recovery, please email [Brian.Clark@ucsf.edu](mailto:Brian.Clark@ucsf.edu) at SCLC, call SCLC's toll-free line (877) 509-3786, or visit [SmokingCessationLeadership.ucsf.edu](http://SmokingCessationLeadership.ucsf.edu).

## Contents

<b>Introduction</b>	1
Welcome	1
Rationale	1
TAMAR Background	1
Background for Facilitators	2
Shame and Forgiveness	3
Creative Expression	4
Mind-body Skills Practice	4
TAMAR Intake/Assessment	5
Contents	6
Creating a Trauma-informed Learning Environment	8
Time Management	8
<b>Module 1: Introduction to TAMAR</b>	9
<b>Module 2: The Effects of Trauma</b>	22
<b>Module 3: Trauma Reminders</b>	32
<b>Module 4: Self-soothing</b>	39
<b>Module 5: Tolerating Distress</b>	45
<b>Module 6: Containment I</b>	57
<b>Module 7: Containment II</b>	70
<b>Module 8: Physical and Emotional Abuse</b>	84
<b>Module 9: Sexual Abuse (Females)</b>	91
<b>Module 9: Sexual Abuse (Males)</b>	97
<b>Module 10: Trauma and Addiction</b>	102
<b>Module 11: Addressing Tobacco Use Among Individuals who Experienced Trauma</b>	108
<b>Module 12: Boundaries and Safety</b>	116
<b>Module 13: Intimacy and Trust</b>	126
<b>Module 14: Sexual Communication, Negotiation, and Consent</b>	134
<b>Module 15: Parenting</b>	142
<b>Module 16: Closing Ritual</b>	144

## Introduction

### Welcome

Congratulations! By becoming a facilitator of Trauma, Addictions, Mental health, And Recovery (TAMAR), you will play an essential role in helping individuals understand the impact of trauma on their lives, their families, and their communities, which will help them develop vital skills for coping with the effects of trauma and, basically, living healthier lives. Recognizing trauma as a major factor in behavior can also help make your job duties easier, the community safer, and programming more effective. This manual provides everything you need to facilitate successful TAMAR groups.

### Rationale

Scientific literature indicates that early exposure to trauma and violence, termed Adverse Childhood Events or ACEs, results in changes to the brain that can severely impact behavior. Often, exposure to trauma results in unhealthy behaviors, such as drug use. Because of this, TAMAR has expanded and is now being used, not only with justice-involved individuals, but also in faith-based and community groups, as well as in various treatment programs.

### TAMAR Background

TAMAR was developed in the late 1990s as part of a federally funded, gender-specific program for incarcerated women in Maryland. It has since been implemented in multiple justice and behavioral health systems across the country as well as being used in various faith-based and community programs. The original TAMAR intervention was updated in 2019 to create a clinical intervention that combines psychoeducation about trauma and its impact with concrete techniques designed to help participants of any gender identify their triggers and learn and practice skills for self-regulating trauma symptoms.

## What's New

This most recent iteration of the TAMAR manual (2023) includes a module on smoking cessation and its relationship to recovery for individuals with behavioral health problems often developed in response to trauma. According to the Centers for Disease Control (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 1 in 4 (or 25%) of adults in the U.S. have some form of mental illness or substance use disorder, and these adults consume almost 40% of all cigarettes smoked by adults.<sup>i</sup> Sadly, these individuals are more likely to die from commercial tobacco-related illnesses than from any other cause, including drug overdose and suicide.<sup>ii</sup>

In addition to research showing that an individual's chance of maintaining abstinence from harmful substances increases up to 25% when smoking cessation is integrated into his/her/their treatment, there is also a growing body of evidence showing that quitting smoking improves mental health, leading to more positive moods and less anxiety.<sup>iii</sup>

Because of these facts, we feel that Incorporating a smoking cessation module increases the likelihood of achieving overall wellness, which is our aim when treating the impact of trauma on an individual through TAMAR.

## Background for Facilitators

None of us is protected from misfortune, be it a one-time catastrophic event or a long-term hardship. We may be directly involved with illness, violent crime, natural disaster, divorce, accidents, abuse, domestic violence, or war. We might also encounter these events secondhand. Whether directly or indirectly experienced, these types of incidents can be traumatic.

<sup>i</sup> Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56), p.A-48. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

<sup>ii</sup> Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *J Consult Clin Psychol.* 2004 Dec;72(6):1144-56. doi: 10.1037/0022-006X.72.6.1144. PMID: 15612860.

<sup>iii</sup> Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P et al. Change in mental health after smoking cessation: systematic review and meta-analysis *BMJ* 2014; 348 :g1151 doi:10.1136/bmj.g1151

What is traumatic for one person may be only stressful for another. Many factors contribute to the impact of trauma: age, social and cultural influences, history of previous trauma, physical and psychological health, and quality of coping skills. Support systems available at the time of the trauma and afterwards play a substantial role in how we cope. To deny pain in our lives is to walk a dangerous path that can lead to lifelong dysfunction.

The aftereffects of trauma are both psychological and physiological. Feelings of helplessness and hopelessness contribute to changes in self-image and contaminate interpersonal relationships. Emotional flooding and numbing, chaotic and conflicted thought processes, and maladaptive behaviors are symptoms related to being overwhelmed by trauma.

Sleep disturbances, phobias, flashbacks, memory impairment, hypervigilance, physical pain, and addictions are other debilitating symptoms that can be related to post-traumatic stress.

Regardless of the cause or origin of the trauma, adults are responsible for developing the necessary coping skills to move forward. With careful thought and daily practice, most people can recover a sense of safety and purpose in their lives; some will achieve even more effective and beneficial ways of functioning in the world than those they used before the trauma.

To overcome the impact of traumatic stress one needs to restore, or develop, healthy ways to tolerate distress and pain, to exhibit compassion and respect for oneself, to interact with others without compromising personal values and beliefs, and to make changes that allow for purpose and meaning in life. Creativity, a natural human function, plays an important role in the development of these abilities. TAMAR offers an opportunity to everyone, regardless of previous experience or artistic talent, to manage symptoms of traumatic stress in a creative, life-affirming way.

## Shame and Forgiveness

Shame is often a core feature of trauma. With no awareness of how trauma impacts the mind and body, survivors may not understand why they react the way they do in the face of stressful or triggering events. They may feel great shame afterwards for their reactions, or they may feel “out of control” or “crazy.” TAMAR modules de-stigmatize and de-pathologize the trauma response by explaining to participants how their brains and bodies respond to stress and trauma, helping them identify and understand their own unique ways of reacting under stressful or traumatic circumstances, and emphasizing the possibility of change through self-regulation strategies. With this approach, participants can understand why they responded as they did while still accepting responsibility for their actions. They can begin to forgive themselves and can gain more of a sense of control and mastery over their emotional and physiological responses to stressful events and triggering stimuli.

## Creative Expression <sup>iv</sup>

When people experience or witness sexual violence or other extreme traumatic events, the world turns upside down and inside out and often results in a sense of helplessness, hopelessness, and chaos. Aftereffects of trauma can severely impact the lives of victims and those close to them. Worldviews and self-image are forever altered. Interpersonal relationships are affected. People may experience a loss of meaning in their lives. Creative art processes can help people re-construct worldview and self-image, adaptively integrating the trauma experience and its aftereffects. Creativity in itself is a quest for meaning. In expressive therapy, we are most interested in helping participants develop their personal creativity, their ability to see something in a new way.

Creative processes are important to those who have experienced trauma as they can offer a life-enhancing experience in themselves. Playing with colors, shapes, forms, images, and words can be a revitalizing activity. Hope and motivation can be accessed by engaging in a creative process, such as the exercises presented in this curriculum. Verbal interventions alone cannot always accomplish this task with as much open acceptance and immediacy. Perhaps the key point to remember is that almost an infinite variety of creative techniques can be brought to bear on trauma—the only real limitation is the imagination of the facilitator.

## Mind-body Skills Practice

Each module contains one or two suggested mind-body skills practice exercises that can be incorporated at the end of both meetings of the module. These are proven techniques to activate the body's parasympathetic relaxation response and to aid in "switching off" the sympathetic "fight or flight" nervous system response.

However, some trauma survivors may find activities such as mindfulness or deep breathing more agitating than relaxing. Please encourage participants to attempt the skills with an open mind, with the caveat that if they find themselves becoming more agitated or distressed at any point, to stop the exercise and journal, sit quietly, or ask for support.

Several examples of mind-body skills are provided in the modules.<sup>v</sup> Facilitators may also wish to consult Internet resources for additional guided scripts, worksheets, and sample videos.

<sup>iv</sup> Adapted from Cohen, B., Barnes, M., & Rankin, A. (1995). *Managing traumatic stress through art: Drawing from the center*. Lutherville, Maryland: Sidran Traumatic Stress Institute.

<sup>v</sup> TherapistAid: Relaxation Techniques: <https://www.therapistaid.com/therapy-guide/relaxation-skills-guide>; Positive Psychology Program. 22 Mindfulness Exercises, Techniques & Activities For Adults (+ PDF's): <https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities/>; Mindfulness exercises compatible with Dialectical Behavioral Therapy (DBT): <https://www.mhs-dbt.com/blog/wp-content/uploads/2017/03/Mindfulness-Exercises.pdf>; Awareness exercises compatible with DBT: [https://www.dbtselfhelp.com/html/one\\_thing.html](https://www.dbtselfhelp.com/html/one_thing.html)

## TAMAR Intake/Assessment

### Intake

The following forms, included as attachments at the end of this manual, can be used or adapted for use. Forms are reviewed with and completed/signed by participants prior to the beginning of group.

- Attachment A: TAMAR Expression of Interest Assessment Form
- Attachment B: TAMAR Consent Form
- Attachment C: TAMAR Confidentiality Policy
- Attachment D: TAMAR Individual Plan
- Attachment E: TAMAR Group Rules

### Ongoing Assessment

Please see instructions below for ongoing assessment forms/documentation, included as attachments at the end of this manual.

Attachment F: TAMAR Participant Check-in

At the beginning and end of each session, participants will be asked to check in on their feelings using a scale of 1-10. These check-ins will be anonymous and solicited by the facilitators to assess the effectiveness of the group. The average rating is added to each group note.

Additionally, following every third session, participants will be asked to complete a survey (TAMAR Participant Check-in form) measuring outcomes of participation in TAMAR groups.

Attachment G: TAMAR Group Note

This note should be completed at the end of each group session.

## Contents

This intervention comprises the 15 modules listed below. Each module includes the following elements:

- I. A check-in at the beginning;
- II. A reminder of guidelines for participation and sharing of personal information;
- III. An interactive educational and discussion component;
- IV. Mind–body skills (soothing activity near the end of the session); and
- V. A check-out at the end of the session

**MODULE 1:** Introduction to TAMAR

Meeting A: What's in It for Me?

Meeting B: Poetry Therapy

**MODULE 2:** The Effects of Trauma

Meeting A: What Is Trauma?



Meeting B: Responses to Stress and Trauma

**Module 3: Trauma Reminders**

Meeting A: Recognizing Triggers Meeting B: Introduction to Mindfulness

**Module 4: Self-soothing**

Meeting A: Clustering Meeting B: Coping Kit

**Module 5: Tolerating Distress**

Meeting A: Introduction to Distress Tolerance Skills Meeting B: Distress Tolerance Skills, Continued

**Module 6: Containment I**

Meeting A: What is Containment?

Meeting B: Concept of Containment, Continued

**Module 7: Containment II Meeting A: Grounding Meeting B: Imagery**

**Module 8: Physical and Emotional Abuse Meeting A: What is Physical Abuse? Meeting B: What is Emotional Abuse?**

**Module 9: Sexual Abuse**

Meeting A (females): What is Sexual Abuse?

Meeting B (females): What is Sexual Abuse, Continued

Meeting A (males): Characteristics Often Seen Among Men Sexually Abused as Children

Meeting B (males): Facts and Myths about Males Sexually Abused as Children

**Module 10: Trauma and Addiction Meeting A: Addiction as Coping**

Meeting B: The Cost of Coping through Addiction

**Module 11: Addressing Tobacco Use in Individuals who Experienced Trauma**

Meeting A: Why is tobacco use common in people who have experienced trauma?

Meeting B: Helping people quit and stay quit

**Module 12: Boundaries and Safety**

Meeting A: Control over Your Body/Defining Your Boundaries

Meeting B: Setting Limits and Asking for What You Want

**Module 13: Intimacy and Trust**

Meeting A: What is Intimacy?

Meeting B: Exploring Trust

**Module 14:** Sexual Communication, Negotiation, and Consent

Meeting A: Sexual Communication Styles

Meeting B: Sexual Communication and Consent

**Module 14:** Parenting

Meeting A: The Impact of Trauma on Parenting Meeting B: “Letter to a Child” Exercise

**Module 15:** Closing Ritual

Meeting A: Reframing Your Life Story Meeting B: Group Poem and Graduation

## Creating a Trauma-informed Learning Environment

While facilitating TAMAR and throughout your day, practice trauma-informed approaches to the best of your ability.

- To facilitate a sense of safety, avoid asking participants to close their eyes during the exercises or do anything that makes them feel unsafe. Review the ground rules for respectful participation in each session. Model, point out, and validate respectful and empathetic behavior.
- To promote trustworthiness and transparency, clearly communicate what will be happening in each session and why. Ensure that participants understand the laws around disclosure of personal information and mandated reporting.
- Encourage voice and choice by emphasizing that participants are not required to share personal information about themselves with the group. Explain that no one (staff or peers) will be looking at participants' work without their knowledge or permission. Give as many choices as possible in activities; for example, explain that participants can either write or draw their responses to an exercise.
- Ask questions to engage participants. Provide multiple opportunities for creative expression. Validate responses and show you value participants' contributions. Encourage and validate creativity and healthy risk-taking. Ask for suggestions about activities.
- Support empowerment. Whenever possible and appropriate, encourage participants to facilitate activities or lead an exercise, thus strengthening their sense of themselves as leaders.
- Practice awareness of gender, history, and culture by using gender-appropriate and culturally competent instructional materials.

## Time Management

Topics within TAMAR will likely generate much energy and discussion. Some groups may need more time than others to complete certain exercises. Be flexible, rather than rush through all the material to "fit" a module into a session. If a module is not completed in one session, resume it in the next session. If you finish a module with time to spare, you can begin the next module. Use your best judgment based on the needs of your group. Regardless of where you conclude, always allow time for the check-out at the end of the session.

## Module 1: Introduction to TAMAR

### Learning objectives

Upon completion of this module, participants will

- know what is expected of them in this group,
- recognize how TAMAR can benefit them in the short and long term, and
- take away one idea about how to cope with stress.

### Meeting A: What's in it for me?

#### Materials

- Flip chart and markers
- Handout: When Bad Things Happen to Good People
- Handout: Well-known People with Difficult Past

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

A. Introduce the guidelines by asking, "What do you need to trust this group?" Chart responses, looking for and reinforcing the following:

- Confidentiality (What is said here, stays here.)
- Listen.
- Don't interrupt.
- No cross-talk.
- No name-calling.

NOTE: Save this list of guidelines to post and review at the beginning of every session.

Explain to the group, "We are going to be talking about some difficult things in this group. If you want to share, please give us 'headlines,' not details. Remember, you do not have to share anything personal unless you want to."

B. Ask group, "What can you do if you feel numb, distressed, or angry during the group session?"

Chart responses, which may include the following:

- I can ask to talk to someone.
- I can ask to take a break.
- I can draw or doodle.
- I can practice other stress management skills.

#### Education and discussion

A. Distribute HANDOUT: When Bad Things Happen to Good People, explaining that a lot of bad things that are out of our control happen. Ask participants if they have examples of events not

on the list. What about being in a facility? Is that stressful? Why or why not?” Summarize the activity by introducing trauma. “Trauma comes from the word ‘to wound.’ Being affected by trauma does not mean you are weak. It means you are human. With the right knowledge and support, you can heal.”

B. Using HANDOUT: Well-known People with Difficult Past, share examples of well-known people with traumatic pasts. [Answers to handout: (a) Former U.S. President Barack Obama, (b) Queen Latifah, (c) Oprah Winfrey, (d) Sonia Sotomayor, first Latina Supreme Court Justice in

U.S. history, (e) Nikki Minaj, (f) Caron Butler, (g) Tyler Perry] Prompt discussion among the participants by asking, “What bad or stressful things have these famous people experienced?” Chart the responses, which might include neglect, abuse, and witnessing or experiencing violence. Point out that the events in the celebrities’ lives could be considered traumatic, yet they did not prevent success. Trauma did not define them.

C. Introduce concept of mind–body skills, by sharing the following:

- In this group, we are going to learn what are called mind–body or “self-regulation” skills to help us cope with stress.
- Everyone is different. Not everything is going to be helpful for every person.
- We are going to learn and try lots of different things.
- You are encouraged to practice the skills between our sessions on your own. It may take two or three tries to get the hang of them.
- Try the activities with an open mind.
- Take what you like (what works for you) and leave the rest.
- If any of the skills suggested in this group cause you to feel more agitated or distressed, feel free to discontinue, sit quietly, or draw/write in your journal as an alternative.

**Mind–body skills: Abdominal breathing Lead exercise by explaining:**

- Normally, we breathe very shallowly, up in our chests.
- Sometimes, we may even hold our breath when we are stressed.
- Learning to breathe down into our stomachs naturally helps calm us down.
- It also brings more oxygen into our body and brain, which helps us think more clearly.
- Abdominal breathing before, during, or after a stressful situation can be very helpful.

Guide participants on abdominal-breathing:

- First, breathe as you normally do.
- What parts of your body move as you breathe? Notice what it feels like.
- Now, I invite you to sit and place your hand on your chest and one hand on your stomach.
- With your mouth closed, breathe in for four seconds or until you feel your whole chest fill with air all the way down to your belly.

- Hold in the air for four seconds.
- Slowly blow all the air out through your mouth until it's all gone.
- Try this three, or four times.
- Did you notice anything different about how you feel, physically or emotionally?

### Check-out

Close the group with a 1-10 check on feelings. Encourage participants to practice abdominal breathing and journal about anything they notice before the next session.

## Handout: When Bad Things Happen to Good People

- Childhood sexual, physical, emotional abuse
- Neglect, abandonment
- Rape, date rape, sexual assault
- Trafficking
- Domestic violence
- Experiencing/witnessing other violent crime
- Serious injury or illness
- Death, loss, grief
- Institutional abuse and neglect
- War/terrorism
- Community and school violence, bullying
- Chronic stressors like racism, poverty
- Natural disasters like earthquakes, floods, hurricanes
- Any misuse of power by one person over another

Would you like to add to the list?

Did any of these things happen to you?

## Handout: Well-known People with Difficult Pasts

Can you guess who these people are?

a) This politician grew up wondering if something was wrong with him because his mom was white, and his dad was black. He wondered how his life would have been different if his father had not left him at a very early age.

ANSWER:

b) As a child, this mega-famous female rapper, TV star, and film star was sexually abused by a teenager charged with her care.

ANSWER:

c) This TV celebrity billionaire's growing-up years involved poverty, drugs, sexual abuse, and pregnancy (at age 14) of a baby who died shortly after birth.

ANSWER:

d) This federal judge grew up in housing projects, was diagnosed with diabetes at age 7, and experienced the death of her father at age 9.

ANSWER:

e) This singer-turned-actress' father was addicted to crack cocaine, was sometimes violent, and would steal from her mother. At one point, he burned down their home and her mother barely escaped.

ANSWER:

f) This former Sacramento Kings basketball star was arrested 15 times in his early life and adolescence.

ANSWER:

g) This famous filmmaker and creator of the "Madea" series experienced physical and sexual abuse as a child and recalls that he "never felt safe" growing up.

ANSWER:



## Meeting B: Poetry Therapy

### Materials

- Flip chart and markers
- Handout: Poetry Therapy (excerpt from Alice Walker's poem)
- Handout: Visual Poem–Protection
- Handout: Phrases for Visual Poem
- Colored pencils/markers for Visual Poem activity

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Review guidelines for participation, posting sheet with responses from the last session. Review what participants need to feel safe and respected during the session (confidentiality, listen, don't interrupt, no cross-talk, no name-calling, etc.). Remind participants of the following:

- We are going to be talking about some tough stuff in this group.
- You do not have to share anything personal unless you want to.
- Share “headlines,” not details.
- If you feel numb, distressed, or angry during group, remember you can ask to take a break, draw or doodle, practice stress management skills, etc.

### Education and discussion

A. Ask participants, “Did anyone try the breathing we introduced in the last session? Do you have anything to report on how it felt to breathe that way?”

B. Distribute HANDOUT: Poetry Therapy (excerpt from Alice Walker's poem), explaining that in this session we are going to use poetry to begin to explore some of the difficult experiences that have happened to us.

- Invite a participant to read the excerpt from the Alice Walker poem.
- Ask participants, “What do you think the author meant by ‘control rather than eradication’ is the best I can do?’ Do you agree? Why or why not?”
- Explain that, in this group, we are going to learn how to better control difficult feelings and impulses that we experience as a result of traumatic or stressful experiences.
- Reinforce the idea of self-forgiveness, by saying “We will learn how to begin to forgive ourselves for the times we did and said things we regret.”

C. Conduct protection activity/visual poem exercise using remaining handouts.

### Mind-body skills

Lead participants in another round of abdominal breathing (see Meeting A for script.)

## Check-out

Close the group with a 1-10 check on feelings. Encourage participants to practice mindfulness and belly breathing and to journal about anything they notice before the next session.

## Handout: Poetry Therapy<sup>3</sup>

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I do not like violence. So much has been done to me.  
But having embraced my complete being  
I find anger  
and the capacity for violence within me.

Control  
rather than eradication is about the best  
I feel I can do.

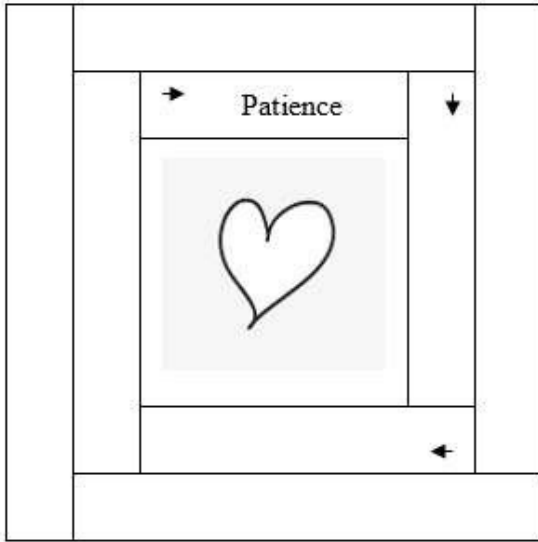
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*Alice Walker*

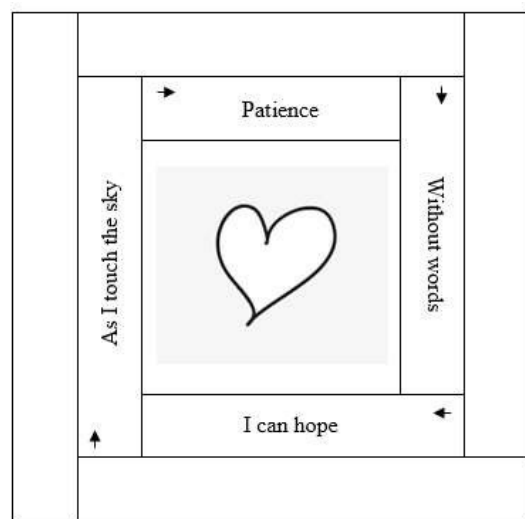
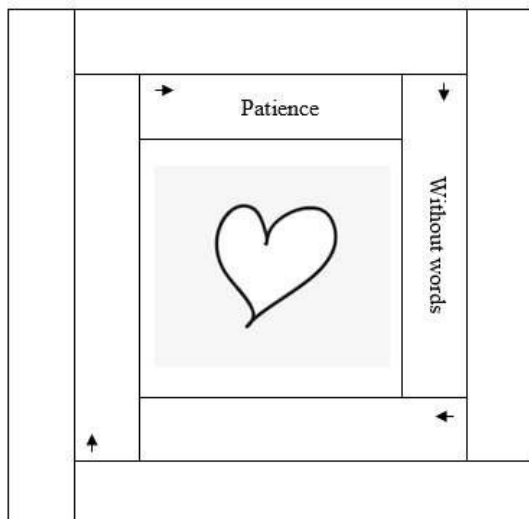
<sup>3</sup> Excerpted from Walker, A. (1996). *Her blue body everything we know: Earthling poems 1965-1990 complete*. New York: Harcourt, Inc.

## Handout: Visual Poem–Protection

1. Think of an image to represent something about yourself you need to protect. This could be a strength, a feeling, a personal quality, an activity, a relationship, an area of vulnerability that needs protecting.
2. Draw this image (or a symbol representing it) in the center of the provided square form. Make a brief note about what this image means to you.
3. Circle one word from column I that might be helpful to improve your sense of protection. Write this word in the box above the picture. See example below:



4. Circle one phrase from each of the other columns that has significance to you and relates to what it is that you need to protect. Write each of these phrases in the rectangular boxes continuing to move outward around the image until all the boxes have writing in them. See diagram below:



5. You have completed your visual poem. You may want to write the poem in a more typical written form. The order of the phrases can be varied. One possibility is to read/write the poem starting with the shortest, most interior phrases, continuing around the square toward the outermost edge, until you have read/written all the phrases. Another way is to start with the longest exterior phrase and read/write the poem going inward until you reach the last rectangular box with one word. You may wish to use the one-word column selection for the title of your poem.
6. Write about the meaning of the visual poem.

## Handout: Phrases for Visual Poem

Circle one phrase from each column that has significance for you.

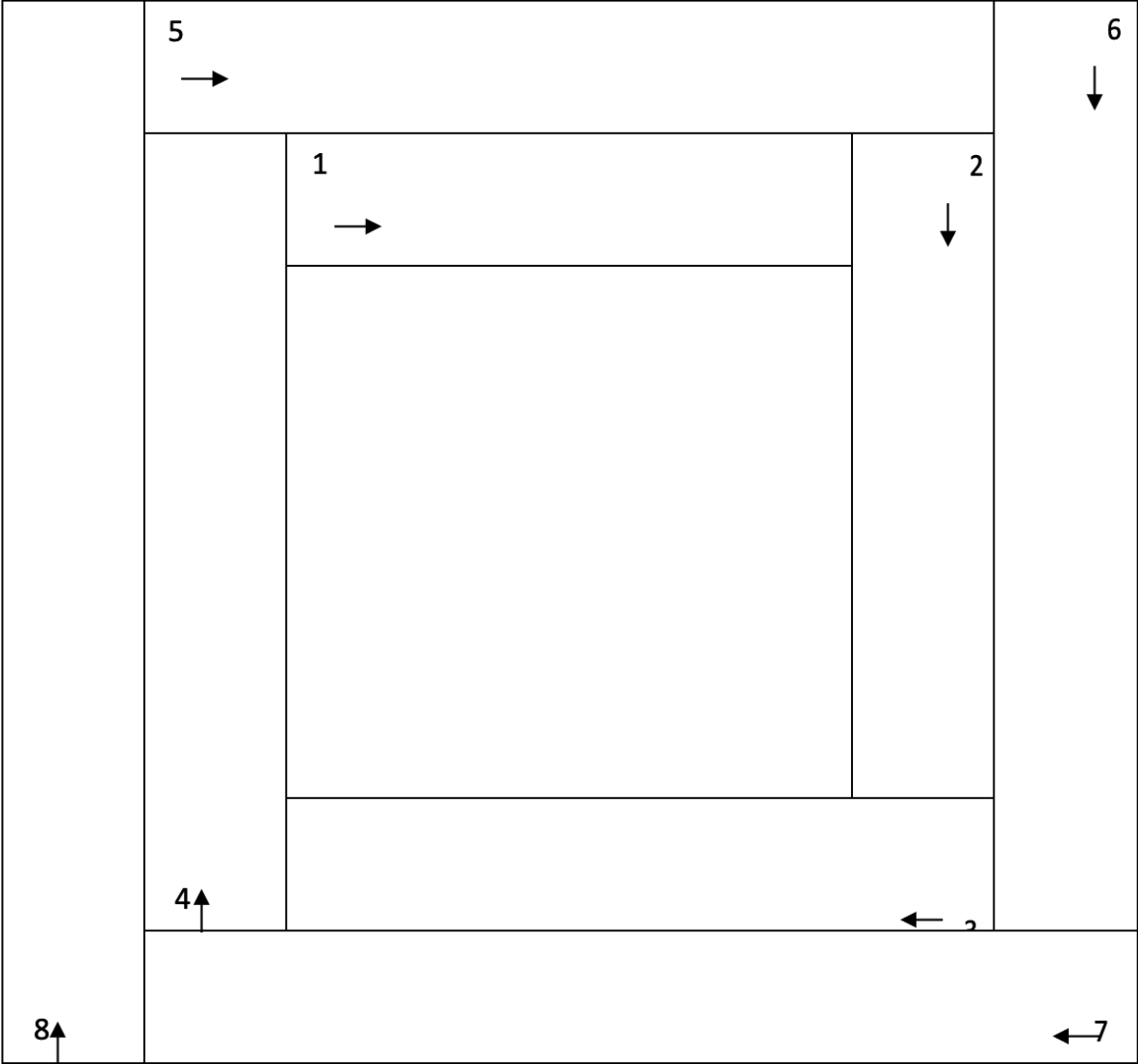
1	2	3	4	5	6
<b>Knowledge</b>	After Betrayal	I See Energy	As I Arrange a Change	Tempted by my Imagination	I Broaden my Understanding
<b>Compassion</b>	From Despair	I Can Smile	As I Look for Choices	Reminded of Possibilities	I Will Keep my Spirit Intact
<b>Recovery</b>	Toward Opportunity	I Balance Pain	As I Call for Help	Needed by Other Beings	I Will Keep on Walking
<b>Stillness</b>	Against Gravity	I Touch Comfort	As I Speak with the Sun	Surrounded by Luminosity	I Carry Dawn in my Arms
<b>Heartstrings</b>	Out of Silence	I Can Hope	As I Slow Down	Repaired by Small Mercies	I Will Save my Life
<b>Resilience</b>	Beyond Belief	I Feel Spring	As I Watch over Myself	Protected by Caring	I Will Go Beyond Worries
<b>Inspiration</b>	Inside Truth	I Am Becoming	As I Search for Beauty	Dazzled by Encouragement	I Will Receive Gifts of Wonder
<b>Humanity</b>	Against Violence	I Can Dance	As I Touch the Sky	Aligned with Wisdom	I Will Find Wheels or Wings
<b>Patience</b>	Without Words	I Cry Out	As I Weep for Dreams	Treated with Respect	I Will Memorize Flowers
<b>Negotiation</b>	Beneath Stones	I Hug Trees	As I Give Permission	Jumbled by Feelings	I Will Believe in Myself
<b>Integrity</b>	With Kindness	I am a Warrior	As I Crystalize Form	Refined by Creativity	I Will Seek a Sacred Place
<b>Appreciation</b>	Across Indecision	I Receive Strength	As I Applaud Myself	Reassured by my Own Hand	I Will Make Gentle Sounds
<b>Willingness</b>	Through Tears	I am Aware	As I Yearn for Consolation	Deepened by Presence	I Deserve to be Real
<b>Tenderness</b>	Above Nonsense	I Bring Solace	As I Discover Truth	Linked to Survival	I Will Hold on Tight
<b>Intention</b>	With Preparation	I Blink Twice	As I Become More Aware	Edged with Hunger	I Will Discover the Doorways
<b>Adventure</b>	Between Realities	I am Alive	As I Grieve My Losses	Imprinted with Color	I Will Take a Second Look
<b>Dignity</b>	Before Action	I Question Control	As I Hold Raindrops	Removed from Mayhem	I Will Make a First Try
<b>Connection</b>	Amidst Blooms	I Look into Life	As I Play in This World	Wrapped in Thought	I Will Abide by Faith

## Handout: Phrases for Visual Poem

Circle one phrase from each column that has significance for you.

7	8
Expecting Simplicity and Complexity	The World Begins to Radiate Light
Acknowledging the Sweet and the Bitter	No Longer Seen and Not Heard
Exploring Playgrounds and Battlefields	My Distress Becomes Bearable
Considering Scarcity and Abundance	More than Zero, <u>Less</u> than Infinity
Embracing Similarity and Diversity	Places of Sanctuary can be Found
Continuing with Doubt and Certainty	Forever Changing, Forever the Same
Absorbing Light and Shadow	My Anger Begins to Serve a Purpose
Breathing in and <u>Breathing</u> out	The World Offers a Measure of Reason
Remembering Triumphs and Tribulations	Somebody is Calling my Name
Accepting Fragmentation and Wholeness	In a Moment of Total Strength
Experiencing Aloneness and Correspondence	I Recognize Things of Essential Worth
Navigating the Visible and Invisible	Sometimes in Fury, Sometimes in Despair
Allowing Yes, No, and Maybe	Garlic Heals, Hot Chocolate Soothes
Weaving Together Sorrow and Joy	As it Unfolds, One Moment at a Time
Honoring the Difficult and the Easy	I am Learning to Live with Who I am
Voicing Rights and Wrongs	Something More Powerful than Fear
Envisioning Responsibility with Freedom	Waiting in Darkness, Waiting for Light
Shifting Between Contraction and Expansion	Echoes from the Universe, I Stand in Awe

Handout: Visual Poem





## Module 2: The Effects of Trauma

### Learning objectives

Upon completion of this module, participants will

- be able to define trauma in their own terms,
- explain how stress and trauma affect the body and the brain, and
- develop greater awareness of their own stress response.

### Meeting A: What Is Trauma?

#### Materials

- Flip chart and markers
- Handout: Examples of the Effects of Trauma

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

A. Present the Substance Abuse and Mental Health Service Administration's definition of trauma (the three Es):

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has lasting negative effects on the person's functioning and mental, physical, social, emotional, or spiritual well-being.

Recap the conversation about traumatic events from Module 1 (HANDOUT: When Bad Things Happen to Good People) and explain that this module covers the experience and effects of traumatic events.

Review the experiences aspect of the definition, emphasizing that everyone has a different reaction to traumatic events. For example, two people could experience the same event, such as surviving a car accident, and react differently. One person might have trouble sleeping, and the other person might sleep all the time.

Effects refers the way people respond and behave due to trauma. Ask the group to take turns reading from the HANDOUT: Examples of the Effects of Trauma. Note that every person is unique, so we are all uniquely affected by trauma. Let the group explore ways to cope. Ask if anyone tried the mind/body exercise from the previous meeting.

B. Introduce the concept of fight-flight-freeze as a model of our how our bodies deal with stress and trauma. Distinguish trauma from stress:

- Trauma makes you feel like your life is in danger or you are not safe.
- Stress is uncomfortable, but no life-threatening danger is present.
- The stress response is also known as the “fight-flight-freeze” response or “Triple F.” This automatic response helps us cope with danger, allowing us to survive as human beings.
- Fight: You may yell at someone or punch them for sneaking up on you.
- Flight: You may avoid going to a party because you know your ex will be there.
- Freeze: You may hope the danger doesn’t notice you, like how your mind goes blank when someone asks you a question.

Ask the participants for other examples of fight, flight, freeze. Chart the responses.

Sum up by explaining: “Emotions like intense anger, fear, and anxiety are signs that the stress response is activated, whether the danger is real or imagined (perceived).”

### Mind-body skills: 4:8 Breathing

Introduce exercise by saying: “When an exhale is even a few counts longer than the inhale, it sends a signal to your brain to turn off your fight/flight response and that it is safe to relax.”

- To begin, sit comfortably. You may keep your eyes open or closed.
- Breathe in through your nose, counting silently 1, 2, 3, 4 as you inhale.
- Breathe out through your mouth, counting silently 1, 2, 3, 4, 5, 6, 7, 8 as you exhale.
- Imagine breathing out slowly and steadily as if through a straw.
- Try to keep your breathing even and smooth.
- Repeat breathing and counting two more times, or as much as you like.
- If the 4:8 count feels too long or causes anxiety, there is no need to push yourself. Try decreasing the breath lengths to four in and six out, or two in and four out, and so on. The most important thing is that the exhale is longer than the inhale, not the absolute length of the breath.

### Check-out

Close the group with a 1-10 check on feelings.

## Handout: Examples of the Effects of Trauma

- We may have scary memories or dreams.
- We may feel jumpy or nervous or angry.
- We may watch out for danger and worry about bad things happening.
- We may have trouble sleeping and paying attention.
- We may not want to talk or think about trauma(s), but traumatic memories pop into our minds anyway.
- We may feel upset and have strong reactions in our bodies (heart beating fast, sweating, stomach ache) when something reminds us of the trauma(s).
- We may do anything we can to avoid a place or a person who reminds us of the trauma or bad experience.
- We may feel empty and numb, like we can't feel anything at all.
- We may use substances to try to cope with upsetting feelings and sensations in our body.
- We may turn to unhealthy relationships.
- We may have a hard time trusting other people.
- We may turn to smoking or other substances to cope with feelings of anxiety or discomfort.

What can you add to the list?

Have you experienced any of these feelings?

## Meeting B: Responses to Stress and Trauma

### Materials

- Flip chart and markers
- Colored pencils or markers for art activity Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Demonstrate the hand model of the brain:

It may help to understand what happens in the brain when we are stressed. This is a story about how we think and what happens when we “flip our lid.” Flipping our lid means losing control. When people flip their lid, it means that they are no longer thinking and acting clearly.



FIGURE 2:  
Open hand



FIGURE 2:  
Thumb over palm



FIGURE 3:  
Fingers over thumb

Pretend this hand is a brain. [Show an open hand to demonstrate—see Figure 1).

Imagine that the palm of the hand to the wrist is the part of the brain called the “primitive brain.” [Trace a circle around your palm to demonstrate.]

The primitive brain controls the body’s automatic functions. These are the bodily functions we don’t think about; they happen automatically. Heartbeat and breathing are two examples of what the primitive brain controls.

This is the mid-brain, also known as the limbic system, the part of the brain that controls our “fight or flight” response. [Cross your thumb over your palm—see Figure 2.]

This part of the brain also stores our old memories, including ones that are traumatic. Sometimes those memories make us feel scared or upset because of what happened in our past, even if what is happening right now is not the same. This represents the cortex of your brain.

[Close your fingers over your thumb, with your fingers facing toward the participants—see Figure 3.]

The front, where the fingers are, is the only place where thinking and problem- solving happens! This is also the only place in the brain where self-control happens. The cortex talks to the primitive brain, saying things like, “You’re going to be okay. Stay calm. Don’t worry.” What happens when you get really stressed out or triggered?

[Raise fingers again—see Figure 2 above.]

You expose your old memories and activate the fight-flight-freeze response.

Review this with participants by asking the following questions:

- What does the primitive brain (palm of the hand) control? ANSWER: Automatic functions of the body, such as breathing and heartbeat
- What does the middle part of the brain (the “thumb”) control? ANSWER: Our emotions, such as anger and fear
- What does the cortex (the “fingers”) do? ANSWER: Talks to the primitive and middle parts of our brain Tells us to “Stay calm. Don’t worry. It going to be okay.”
- When we “flip our lids,” what happens? ANSWER: We are reacting to memories stored in the middle brain. We may go into a “fight-flight-freeze” response.

Remind participants that the stress response is our body’s way of warning us when there is danger, so we can get to safety, but it can be harmful if we feel stress all the time. We need to know how to “deactivate” the stress response when we don’t need it. In TAMAR, you will learn how to better notice when you’re about to flip your lid and how to keep your lid on.

B. Introduce the “Felt Sense” somatic art exercise<sup>4</sup> by saying: “After being through something painful or horrific, being in the body can be very challenging. Many times, we need to re-learn how to feel sensations in the body to occupy the body again. Just having the willingness to stay present while sensing a few basic things is a positive step. The ‘felt sense’ is a simple but powerful exercise for healing from trauma because it counters both dissociation (numbing) and hypervigilance. The goal is to begin to develop the ability to be in tune with and describe your felt sense, the sensations occurring on subtle and obvious levels in all areas of your body.”

The only caution for this exercise is if you find a traumatized part of the body during the exercise. Either put your awareness on a neutral or positive part or be sure to do something to give resources to that part. For example, say, “I am with you, I am here for you, I am present with you,” using your awareness to connect with that part of the body.

Review examples of sensations on HANDOUT: Felt Sense. Instruct participants:

- Sit quietly. See if you can describe the sensations you notice in your body. Pay attention to more and more subtle sensations and use as many words as you can think of to describe it.
- Pay attention to any areas where you feel tension or tightness.
- Fill in the tension on HANDOUT: Coloring Your Felt Sense. Follow the key at the bottom of the page, either use a pen marking xxx or use color orange.
- Rest your attention on just ONE area where you feel tension. Keep your attention resting on that spot without moving it away for five breaths. If you are tempted to wander your focus to other areas of tension, remember that you can focus on that area next time.

<sup>4</sup> Adapted from Levine, P. (2002). *Waking the tiger: Healing trauma: The innate capacity to transform overwhelming experiences*. California: North Atlantic Books.

- Bring to mind an “oasis spot.” An oasis spot is a location—inside the body, in the imagination, or in nature—where there is complete calm and peace. It embodies the “calm and alert” state that is natural to all living beings when they are feeling safe.

Examples:

- o Any place within the body like thighs, calves, or feet that feels unperturbed, natural, still, serene, and calm. This changes from day to day, so be alert to the true sensation in the moment. For example, sometimes the feet may be an oasis spot, sometimes they are numb and outside the awareness, or sometimes they are activated and tense).
- o A place in nature that you feel the calm emanating from: blades of grass in the lawn, moss in a forest, pine trees, a flower patch, branches of a tree, clouds. This can even be a memory of a place you have experienced.
- o An animal or pet: sleeping cat, rabbit munching leaves
- o Place within the imagination, a guided visualization to one’s “Safe Place”

In this exercise, we will tune into an oasis spot in nature. Think about a place in nature familiar to you or that feels peaceful in your imagination. Bring it to mind. Pay attention to the space in and around this oasis spot. For example, sense the space between the blades of grass, the space between clouds, between branches or trees. Rest your attention on this oasis spot, especially the space, for five breaths.

Optional: To prompt a deeper sense of the calm alert state, ask participants, “What would you feel like if you were that space?”

- Rest your awareness back on your body and sense a place of tension (the same or a different one). Rest your awareness there for five breaths. Then rest your awareness on the oasis spot you have in mind. Rest it there for five breaths. Keep going back and forth. Go back and forth until you feel a shift in the overall felt sense in your body.
- Go to the second paper and color or draw in the areas that feel different now. You can use your imagination and draw any symbols and colors you like. For example, if you feel more sensation in your legs, you can draw spirals or green—whatever comes to you.
- Invite participants to use the key to color in sensations and emotions or to use their own colors, words, and symbols.
- Remind participants that it’s okay to struggle with connecting emotions to sensations in our bodies. With practice, it will get easier over time.

### **Mind-body skills: 4:8 Breathing**

Practice 4:8 breathing introduced in Meeting A.

## Check-out

Close the group with a 1-10 check on feelings. Encourage participants to notice an emotion and describe where they feel it in the body. What did it feel like?

## Handout: Felt Sense

### Examples of Qualities of the Felt Sense

#### 1. Feeling/sensation

- Pressure – even, uneven, supportive feeling, crushed feeling, cutting off circulation
- Air current – gentle, cool, warm, from right, from left, stimulating, rush, like a feather, like mist
- Tension – solid, dense, warm, cold, inflamed, protective, constricting, angry, sad
- Pain – ache, sharp, twinge, slight, stabbing
- Tingling – prickly, vibration, tickling, numb
- Itch – mild, angry, irritating, moving, subtle, small, large area

2. Temperature – warm, hot, burning, cool, cold, clammy, chills, icy, frozen, feels like: hearth, oven, fire, sunshine, baked bread, snow, stone, shade

3. Size – small, large

4. Shape – flat, circle, blob, like a mountain

5. Weight – light, heavy

6. Motion – circular, erratic, straight line

7. Speed – fast, slow, still

8. Texture – rough, wood, stone, sandpaper, smooth, silk

9. Element – fire, air, earth, water, wood

10. Color – gray, blue, orange etc.

11. Mood/emotion – sinking, pulling in, open, closed, uplifting, sunny day, dark cloud, storm

12. Sound – buzzing, singing, humming

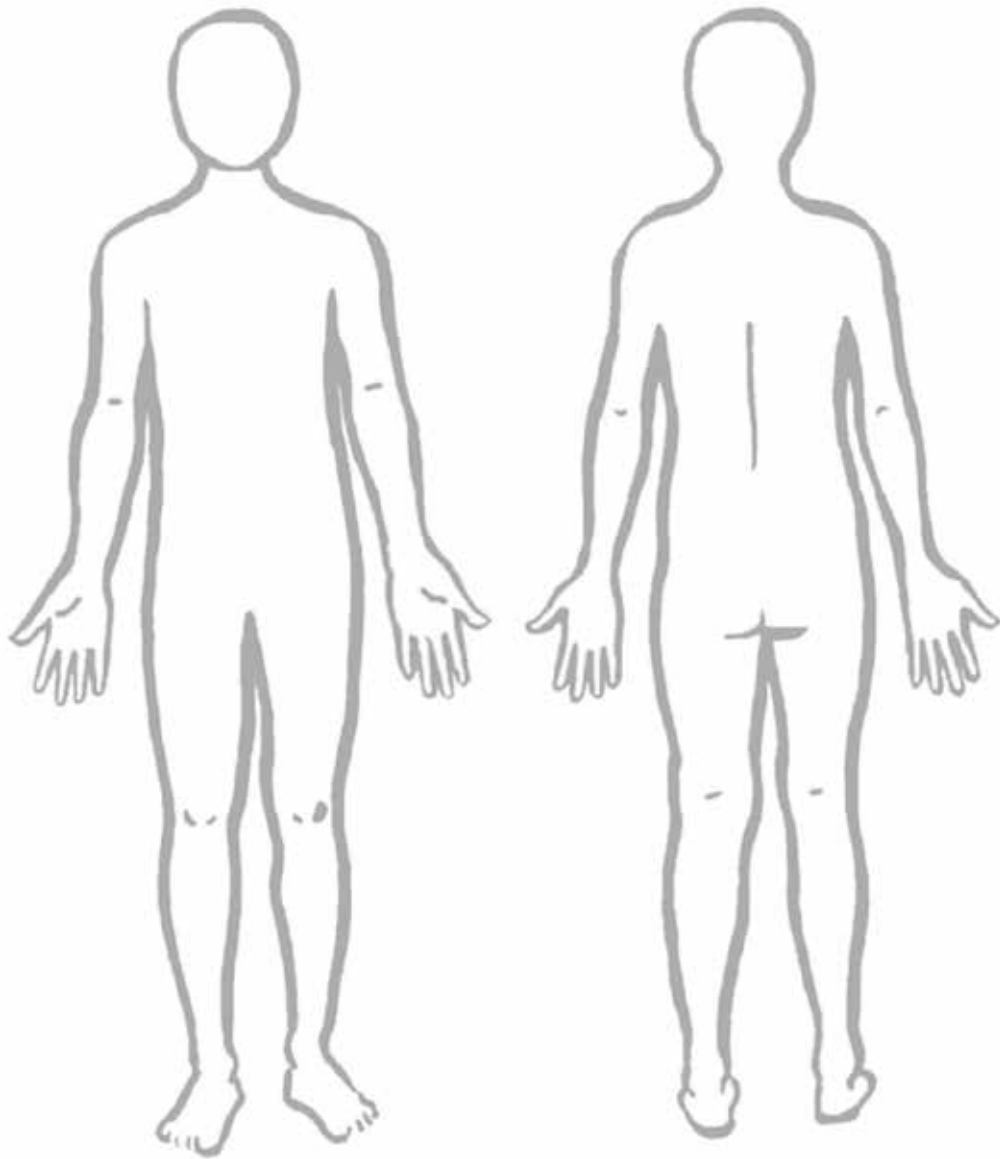
13. Taste – sour, bitter, sweet

14. Smell – pungent, sweet, like rain, like leaves

15. Absence/nothingness – blank, empty

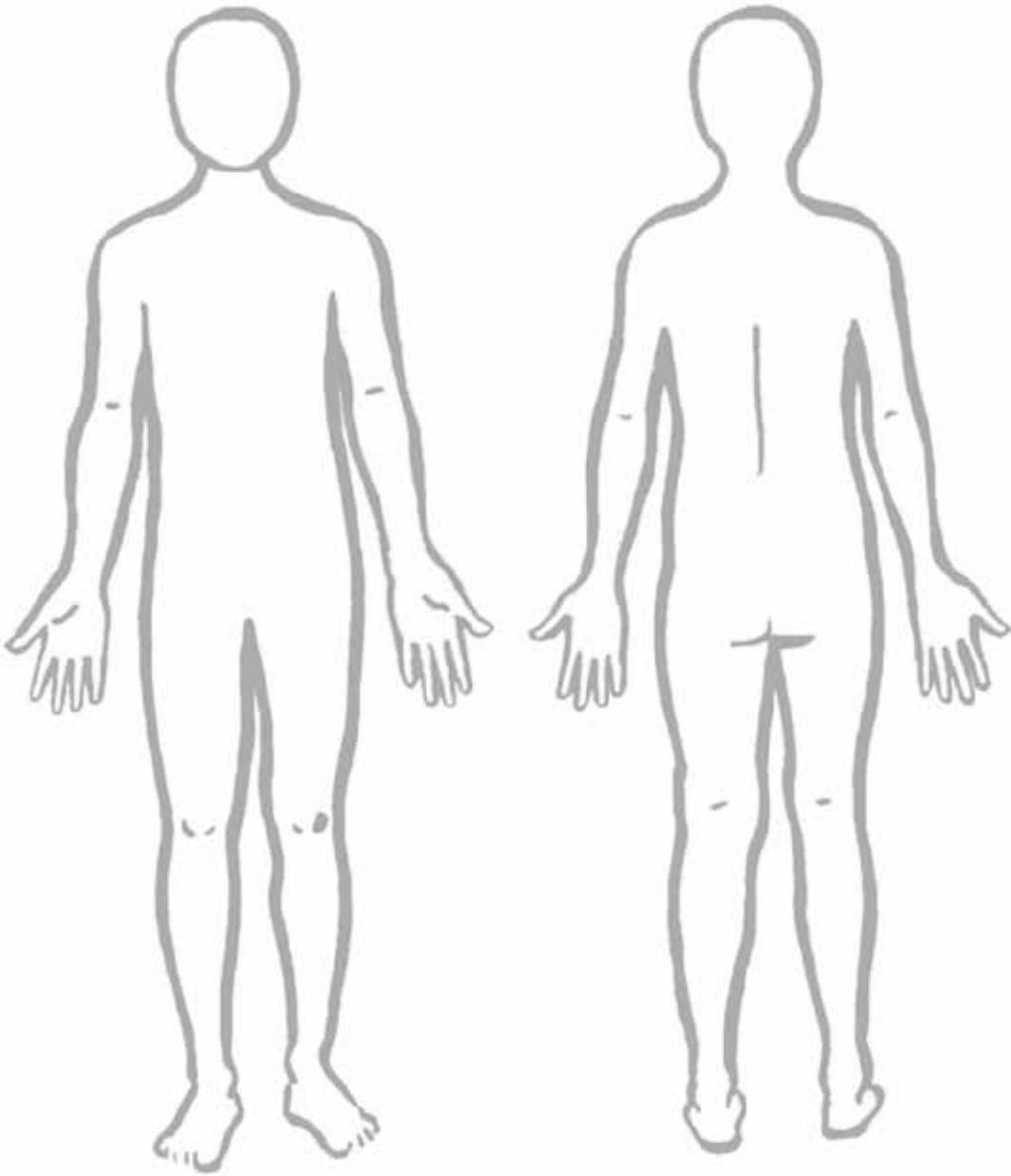


Handout: Coloring Your Felt Sense (side A)



KEY:	
Tension.....	XXXXX XXXXX
Fear Hyperarousal.....	
Absent Numb Nothing..	draw outline
Anger.....	#### ####
Sorrow Regret..	oooo oooo
Guilt.....	~~~~~

Worksheet: Coloring Your Felt Sense (side B)



KEY:	
Tension.....	XXXXXX XXXXXX
Fear Hyperarousal.....	////////
Absent Numb Nothing..	draw outline
Anger.....	#### ####
Sorrow Regret..	oooo oooo
Guilt.....	~~~~

## Module 3: Trauma Reminders

### Learning objectives

Upon completion of this module, participants will

- be able to describe a trigger as a “trauma reminder,”
- better identify their own trauma reminders, and
- describe mindfulness as a way to deactivate the stress response.

### Meeting A: Recognizing Triggers

Materials

- Flip chart and markers
- Handout: Recognizing Triggers

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Refer to the 1-10 feelings scale used to open each session. Explain, “We can think of our emotions like a thermometer. Sometimes it feels like we go from 0 to 10 in a single second. At these times, we are triggered and are at our ‘boiling point.’ When we are at a 10, our minds and bodies are usually reacting to danger, which might be real or imaginary. The more we can be aware of our triggers, the better we can manage ourselves and respond to the situation rather than react out of a triggered brain.”

Facilitate discussion of the following points:

- Triggers are things that remind you about the trauma(s). We also refer to them as “trauma reminders.”
- When you experience these trauma reminders, you may feel unsafe or as if you were living through the trauma(s) again.
- The important thing is to begin to be more aware of your own trauma reminders, so you can respond rather than react.
- You can use mind–body skills to gain control over the trauma reminders.
- Trauma reminders can include places, people, words, sounds, smells, sensations, etc.
- Trauma reminders can be anniversaries, such as someone’s death, holidays that remind you of your loved ones, or birthdays. You may feel sad or angry on these anniversaries and not even realize it until you remember what day it is.

Ask, “What are examples of triggers or trauma reminders?” Chart responses, which may include:

- A block where someone died
- The smell of an abuser's perfume or cologne
- A song that was playing at the time of a violent event
- The sound of a dog barking
- The sound of police or ambulance sirens
- Unexpected loud noises, such as a car backfiring
- The anniversary of my son's death
- Christmas without my kids
- Someone who looks like or sounds like someone who abused me

Distribute HANDOUT: Recognizing Triggers, asking participants to draw or write about one or more of their triggers. Debrief by asking the following questions:

- What was that like for you?
- Was it difficult or easy to identify your triggers?

### **Mind-body skills: Body Scan**

Talk participants through the following exercise:

- Begin by bringing your attention into your body. Close your eyes if that's comfortable or keep them open.
- Notice your body seated wherever you're seated, feeling the weight of your body on the chair, on the floor.
- Take a few deep breaths.
- As you bring in more oxygen, feel your body enlivening. And as you exhale, have a sense of relaxing more deeply.
- You can notice your feet on the floor, notice the sensations of your feet touching the floor: the weight and pressure, vibration, heat.
- You can notice your legs against the chair, pressure, pulsing, heaviness, lightness. Notice your back against the chair.
- Bring your attention into your stomach area. If your stomach is tense or tight, let it soften. Take a breath.
- Notice your hands. Are your hands tense or tight? Allow them to soften.
- Notice your arms. Feel any sensation in your arms. Let your shoulders be soft.
- Notice your neck and throat. Let them be soft. Relax.
- Soften your jaw.
- Notice your forehead. Let your face and facial muscles be soft.
- Then notice your whole body, present. Take one more breath.
- Be aware of your whole body as best you can. Take a breath.

Check-out

Close the group with a 1-10 check on feelings.

## Handout: Recognizing Triggers

Triggers, or trauma reminders, are things that remind you about the trauma(s). They can include certain places, people, words, tone of voice, sounds, smells, types of fabric, physical sensations, etc. When you experience these reminders, you may feel unsafe or as if you were living through the trauma(s) over again. But you can use your coping and relaxation skills to gain control over these reminders.

Please draw, list, or write about any of your trauma reminders using the space below.

## Meeting B: Introduction to Mindfulness

### Materials

- Flip chart and markers
- Handout: Three Primary States of Mind

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Introduce mindfulness by explaining, “We’re going to learn and practice some more coping tools for dealing with our trauma reminders and stress. They are easy to do, and you can do them anywhere. So far, we have practiced belly breathing. Now, we are going to learn about mindfulness.”

Incorporate the following discussion points:

- We often focus on the past and the future. Learning to stop and come back to the present helps us deal with stress, especially when we start to be triggered.
- Mindfulness means being in the present, being aware of what is happening and what you are doing, observing what is going on, and participating fully in what is going on around you.
- Mindfulness skills are like a workout for the brain. Just like lifting weights, the more you practice, the stronger your mind will be.
- Mindfulness shifts the stress response, helping us feel calmer and in more control of our bodies and actions.
- Mindfulness can be practiced by anyone.

B. Distribute and review HANDOUT: Three Primary States of Mind.<sup>5</sup>

The three primary states of mind are:

Reasonable Mind. A person is in Reasonable Mind when they are approaching things intellectually, thinking logically, planning behavior, paying attention to empirical facts (facts that can be observed or measured or counted), focusing their attention, and when they are “cool,” that is, not emotional in their approaches to solving problems. Some examples of Reasonable Mind might be:

- Calling the bus station to find out the bus schedule, instead of just walking over and hoping to find a bus

<sup>5</sup> This handout is inspired by Linehan, M. (1993.) Skills Training Manual for Treating Borderline Personality Disorder. New York: The Guilford Press. Text is reproduced with permission from dbtselfhelp.com.

- Planning for an outing several days before
- Measuring the ingredients to bake a cake
- Studying for a test
- Looking up information on the Internet Ask participants:
- What are some other examples of the way you use Reasonable Mind?
- How can Reasonable Mind be helpful?
- Can you think of any times when it is not helpful to be in Reasonable Mind?

Emotion Mind. A person is in Emotion Mind when their thinking and behavior are controlled mostly by their emotions. Logical thinking and planning are difficult, facts may be distorted or made larger or more important, and thoughts and behaviors might be said to be “hot.” The energy of the behavior tends to match the intensity of the feelings. Some examples of emotion mind might be:

- Having a fight with someone you disagree with
- Cuddling or making love
- Snapping at someone for not being able to give you what you want
- Spending money you don’t have just because you like it Ask the following questions and chart responses:

- What do you do when you are in Emotion Mind?
- In what ways can it be helpful or good to be in Emotion Mind?
- What are ways that it might not be helpful to be in Emotion Mind?

Wise Mind. Wise Mind is the coming together, the overlap of Reasonable Mind and Emotion Mind. When they come together or overlap, they produce something bigger than either of them were separately. What is added is intuition, a feeling of “knowing” what’s right, a felt sense, a sense that some people feel in their body (head, heart, stomach or somewhere else) that something is just right, the right thing to do or the right way for things to be. You can experience intuition about what’s right or appropriate without thinking about it, without knowing it intellectually—just feeling it. Ask:

- Do you ever have this intuition that something just “feels right?” The right thing to do or say or plan for? Could you give us an example?
- Do you have this sense of knowing somewhere in your body? Where? (I feel it in my midsection, around my belly. Something there tells me that I am doing what’s good for me, what’s effective, the best thing in the moment.)
- Do you have other ways of knowing this? This is what we mean by Wise Mind. It takes into account your logical thinking and planning and your emotions, but it’s something more, a place of calmness and wisdom.

Everyone has this Wise Mind. Some of you may not have found it yet. But it is important that you learn to find a place of calmness inside you, to let go of the intense emotions, so that you can sense the wisdom inside you.

- Some of you will experience Wise Mind after a crisis. It is like the calm after the storm.
- Sometimes you may suddenly see something in a new way that makes sense to you.
- Sometimes you may “feel” the right choice in some dilemma, when the feeling comes from deep inside you.

### **Mind-body skills: Getting in Touch with Wise Mind**

Wise mind is sometimes experienced in the center of the body (belly), in the center of the head, or between the eyes. Sometimes a person can find it by following the breath in and out.

Breathe in and out gently. Follow your breath as it comes in and goes out. Let the focus of your attention settle down into your breathing, into the very bottom of your in-breath, into your physical center. This very centered point is Wise Mind. Practice this exercise daily, so that you can get a sense of what Wise Mind feels like.

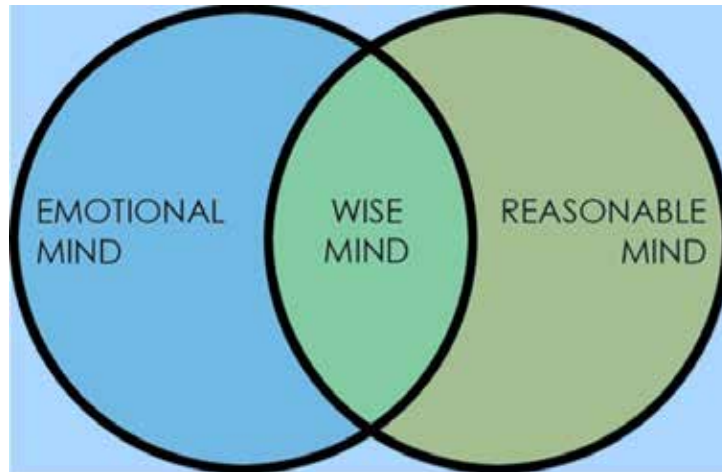
### **Check-out**

Close the group with a 1-10 check on feelings. Encourage participants to notice when they are using Reasonable Mind, Emotional Mind, and Wise Mind, and to journal about it.



## Handout: Three Primary States of Mind<sup>6</sup>

Your mind has three states: The reasonable mind, the emotional mind, and the wise mind. Everyone possesses each of these states, but most people gravitate toward a specific one most of the time.



People use their reasonable mind when they approach a situation intellectually. They plan and make decisions based on fact.

Examples:

The emotional mind is used when feelings control a person's thoughts and behavior. They might act impulsively with little regard for consequences.

Examples:

The wise mind refers to a balance between the reasonable and emotional halves. People can recognize and respect their feelings, while responding to them in a rational manner.

Examples:

<sup>6</sup> © 2015 Therapist Aid LLC, provided by TherapistAid.com (reproduced with permission)

## Module 4: Self-soothing

### Learning objectives

Upon completion of this module, participants will be able to

- recognize existing methods of self-comfort,
- distinguish healthy ways of coping from damaging ways of coping, and
- apply at least one self-soothing technique.

### Meeting A: Clustering

#### Materials

- Flip chart and markers
- Clustering worksheet
- Attachment H: PMR Script

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

A. Describe clustering: a quick and easy way to generate ideas and insights. It can help us get “unstuck” by breaking through internal barriers. By revealing details of inner organization and history, clustering facilitates an understanding of your issues and feelings, as well as communication with other people.

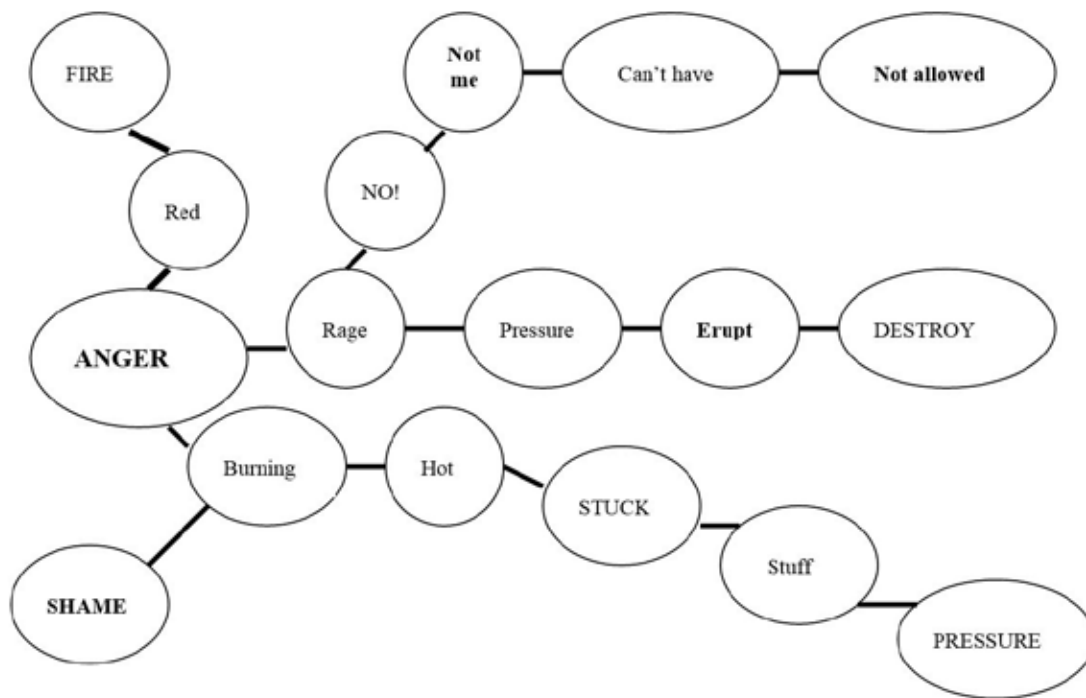
B. Explain the technique of clustering, demonstrating using a chalkboard or flip chart. Choose a word or phrase as a topic. This can be a mood, issue, person, memory, part of yourself, feeling, dream symbol or character, today’s date. Write this in the center of the page and circle it. Turn off all internal censors and judgments. What’s the first thing that comes to mind? Write this above, below, or to the side of your cluster word, circle it, and draw a line connecting it to the middle. What does the second word make you think of? Write it down, circle it, and connect it with a line to the word before it. Continue in this way until you can go no further.

Now, return to the original word and begin the process again, spinning a new thought-line of associations that occur spontaneously. You can go back to previous thought-lines at any time and add in more associations.

Soon your page will begin to look like a web of concentric rings. You’ll know you’re done when you run out of juice (or paper!) or when you feel a slight internal shift. Stop, survey your cluster, let associations come together in your mind, and do a 5-minute writing reflection that synthesizes your discoveries or expands on one area of the cluster.

With each cluster, you'll find a personal expanded definition of the theme that represents a personal history of your relationship to it. It is, therefore, a way of better understanding your meaning when you use the cluster word or phrase.

Clustering does not have to lead to detailed and complex analysis. Often, the pattern becomes apparent upon first view. See example below.



Using the Clustering Worksheet in the participant workbook, ask participants to complete their own cluster and to write a 5-minute reflection exploring some aspect of the clustering process. Brainstorm suggestions for the cluster, which may include difficult feelings or desired qualities.

C. Initiate discussion on what it means to comfort oneself. Survivors of trauma are often aware of the necessary but less-than-ideal ways in which they have comforted themselves in the past: drugs and alcoholic fantasy, dissociation, overeating, self-cutting, and compulsive activity. They are less aware of benign ways to self-comfort. Facilitate conversation by asking the following questions:

1. When you feel bad, how did you (before incarceration) or do you (during incarceration) take care of yourself? (How do you help yourself feel good, calm, and not afraid?). Typical responses include the following:

- Reading a book or magazine
- Distracting myself
- Avoiding certain situations
- Counting to myself
- Socializing
- Meditating
- Taking a bath
- Listening to music
- Keeping busy

- Praying or reading the bible
- Blocking things out of my mind
- Exercising
- Doing fun things, like going to the movies
- Smoking a cigarette
- Using drugs or alcohol
- Fantasizing
- Talking to someone who is calming
- Taking medicine
- Yelling and letting it all out
- Eating
- Watching videos or gaming

This question helps participants define ways in which they care for themselves. Often, people who have been severely traumatized feel bereft of any positive means for making themselves feel better and may even have trouble with the concept of self-soothing. In fact, most people do have some strategies to ease internal anxiety and tension. This question is designed not only to help people to think about new strategies but also to allow them to appreciate the positive strategies they already use and consequently feel more empowered.

This is a good opportunity to begin to distinguish between effective and ineffective strategies (Does it work?) and constructive versus self-destructive strategies (What are the unintended consequences?).

2. Some strategies are of the “feel good now, pay later” variety. Define what “cost” means. First, something costly can lead to negative consequences. Using drugs can result in legal trouble or can impair judgment, perhaps leading to re-traumatization. Another aspect of cost involves how much energy the strategy exhausts. Denial is a way to deal with stressful events but can use a lot of psychic energy. A third aspect of cost has to do with missed opportunities. For example, someone may use a less healthy strategy and therefore be blinded to healthier options.

Ask participants, “What costs are associated with the following common comfort strategies?”

- Using drugs
- Having sex
- Smoking cigarettes
- Fighting
- Drinking alcohol
- Overeating
- Sleeping too much
- Self-mutilating
- Engaging in too much screen time

3. Ask participants to think about people they can count on for comfort. Ask them to describe the people they count on. What qualities do they have that are comforting? Typical responses include:

- Being thoughtful
- Getting a hug
- Being respectful
- Being honest
- Being a good listener
- Being close and familiar
- Being understanding
- Being calm and even tempered
- Just being there and available

- Checking in with each other
- Having been through personal recovery
- Being helpful and supportive

For many trauma survivors, what they have learned about the interpersonal landscape is how to identify problem people. They are often sensitive to the nuances of negative behavior. However, they have more trouble recognizing the positive qualities of people. Therefore, rather than being hypervigilant or suspicious, the goal for participants is to identify what it is about another person that is positive.

Many of the initial responses to Question 3 will be vague and abstract. Help participants to articulate the behavioral markers of comforting behavior. For example, if participants list “being thoughtful” as a comforting aspect of someone else’s behavior, ask participants to define the specific actions that feel soothing (i.e., the other person calls you back when you’ve called and left a message).

4. What do you do for yourself when you are upset and there is no one available to help you?

Typical responses include:

- Listen to music
- Watch TV
- Eat
- Sleep
- Read
- Exercise
- Write a letter or in a journal
- Take a shower
- Mediate

Often, people feel dependent on others for comfort. Encourage participants to identify strategies that go beyond relying on someone else for comfort. If participants demonstrate difficulty identifying self-soothing behaviors, go back to the responses in Question 1 and ask them which strategies can be done alone.

Participants should perform a self-assessment of the strategies they use. For example, how many of the comforting strategies you use require another person? How many of your self-soothing strategies cost money? How many of your strategies are self-generated? Do you feel too many of your strategies are dependent on other people? Do you want to expand your choice of comforting strategies? What is your first choice when needing to comfort yourself? If that is not a possibility, then what do you choose? Then what choice?

### **Mind-body skills: Progressive muscle relaxation (PMR)**

Progressive muscle relaxation (PMR) is a variation on the body scan. See Attachment H: PMR script.

Why PMR? Survivors of trauma and people under stress are often so tense throughout the day that they don’t easily recognize what being relaxed feels like. The idea is to learn to distinguish between the feelings of a tensed muscle and a completely relaxed muscle. Participants can learn to be more aware of tension in their bodies and learn how to “cue” a relaxation response when needed.

As an orientation, explain to participants, “Progressive muscle relaxation teaches you how to become aware of muscular tension and to relax your muscles through a two-step process. First,

you tense particular muscle groups in your body, such as your neck and shoulders. Next, you release the tension and notice how your muscles feel when you relax them.”

Explain, “This exercise is designed to help you lower your overall tension and stress levels. It can help reduce anxiety, ease physical problems (such as stomachaches and headaches), reduce insomnia, and improve sleep.”

Emphasize, “If you experience any pain during this exercise due to injury, don’t tense that particular muscle group.”

### Check-out

Close the group with a 1-10 check on feelings.

## Meeting B: Coping Kit

Many people in prison, whether convicted of drug offenses or not, have a history of using alcohol and other substances as a way to self-soothe. Lack of privacy and personal space limit an incarcerated person’s options for self-soothing. Their options are further limited by the institutional setting and prison rules. This module will provide a concrete way for participants to generate a list of self-soothing activities that are possible and permissible in prison.

### Materials

- Flip chart and markers
- Coping kit worksheet
- Markers or colored pencils

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

Education and discussion

A. Ask, “How have you altered your soothing techniques because of your confinement in prison?”

Sample responses:

- I can’t take a walk in the woods now, so I just fantasize that I am walking through the woods.
- I have a cell mate, so it is hard to get time alone in my room. Sometimes, I go take a shower just so I can be alone for a few minutes. I used to like to go for a run when I was upset, so now I exercise in my cell.
- I’m learning to write down my thoughts and feelings in a journal instead of running from them like I did when I was using cocaine.
- I used to feel better when I was holding my son, now I look at his picture when I feel sad.
- I don’t know what to do when I feel upset. I always used drugs before.
- I have started reading the Bible.

Many soothing strategies are still viable in a prison setting; others need to be modified. By sharing creative strategies, participants can get ideas from one another. Negotiating for space and privacy with a cell mate is especially relevant to this discussion.

B. Conduct “coping kits” exercise. Often bringing supplies for creating coping kits into the prison is difficult. As an alternate exercise, each person can generate a list of things they can do for themselves when they need help coping. Participants can take their lists back to their rooms to use for future reference. Typical responses include:

- Write in my journal
- Write letters home
- Fantasize about walking in the woods like I used to do before being incarcerated
- Reread letters from home
- Look at pictures of my kids
- Do sit-ups and other exercises I can do in my cell

### **Mind-body skills: Progressive muscle relaxation (PMR)**

Conduct a guided PMR activity using supplied script from Meeting A.

### **Check-out**

Close the group with a 1-10 check on feelings.

## Module 5: Tolerating Distress<sup>7</sup>

### Learning objectives

Upon completion of this module, participants will be able to

- begin to identify negative aspects of being unable to tolerate distress,
- verbalize the benefits of learning to tolerate distress,
- apply strategies for distracting from intolerable distress, and
- change their subjective experience of distress by using art.

Facilitator background: This module is based on Dialectical Behavior Therapy (DBT) as developed by Dr. Marsha Linehan. Dr. Linehan notes:

Distress tolerance skills constitute a natural progression from mindfulness skills. They have to do with the ability to accept, in a non-evaluative and nonjudgmental fashion, both oneself and the current situation. Essentially, distress tolerance is the ability to perceive one's environment without putting demands on it to be different, to experience your current emotional state without attempting to change it, and to observe your own thoughts and action patterns without attempting to stop or control them. Although the stance advocated here is a nonjudgmental one, this should not be understood to mean that it is one of approval. It is especially important that this distinction be made clear to clients: Acceptance of reality is not equivalent to approval of reality.

The distress tolerance behaviors targeted here are concerned with tolerating and surviving crises and with accepting life as it is in the moment. The four sets of crisis survival strategies include: distracting, self-soothing, improving the moment, and thinking of pros and cons.

A note on self-soothing: Many of the examples provided in DBT skills groups (take a bath, go for a walk outside, use essential oils, etc.) may not be appropriate or accessible in a facility. For this reason, the focus in TAMAR is on encouraging participants to consider mind-body skills practices and awareness practices that can be conducted in any environment at any time.

Improving the moment is replacing immediate negative events with more positive ones. Some strategies for improving the moment are cognitive techniques having to do with changing appraisals of oneself (encouragement) or the situation (positive thinking, meaning, imagining). Some involve changing body responses to events (relaxing). Focusing on one thing in the moment has to do with acceptance and letting go.

<sup>7</sup> Handouts adapted from Linehan, M. (1993.) Skills Training Manual for Treating Borderline Personality Disorder. New York: The Guilford Press.



## Meeting A: Introduction to Distress Tolerance Skills

### Materials

- Flip chart and markers
- Handout: Distract with “The Wise Mind ACCEPTS”

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Introduce the concept of distress tolerance skills by saying, “Everyone has to tolerate some amount of pain and distress in life. Life simply is not pain-free. Always trying to avoid pain leads to more problems than it solves.” Ask participants for examples.

Continue, “But there are times for people to distract themselves from pain also. Painful situations cannot always be immediately processed. It is often not an appropriate time for working on painful emotions or situations. This module is not about working things out or changing things; it is about accepting and tolerating things.

The skills in this module are ones that help people get through life when they can’t immediately make changes for the better in their situation. We can think of these as crisis survival strategies. The skills are ways of surviving difficult situations without resorting to behaviors that will make the situations worse.

Some of them will seem easy, some challenging. Out of these skills, you are encouraged to try as many as you can, and then pick some that especially work or apply to you. It can really benefit you to try things that are new. You never know what might help you until you have tried.”

B. Distribute and discuss HANDOUT: Distract with “The Wise Mind ACCEPTS.” Introduce the handout by saying “We are going to learn a series of methods for coping with overwhelming painful emotions and intolerable situations. These strategies are intended to help you get through crisis situations and overwhelming emotions. They are not supposed to be a ‘cure all’ for one’s problems or life. Beneficial effects may only be temporary (but achieving them is not a small feat, nonetheless).” Remind participants that these are ways to survive painful situations and emotions.

Go over each letter of ACCEPTS. (You may need to remind participants of the “Wise Mind” concept from DBT introduced in Module 3.)

Acknowledge that not all strategies mentioned in the handouts will be accessible or possible within a facility; solicit examples of each that participants can practice or access while in the particular service system.

## Mind-body skills: Mindful standing

Introduce skill by reminding participants that mindfulness can be practiced anytime, anywhere. We do not have to be sitting still with eyes closed. We can even practice when standing in line. Begin by inviting participants to stand up.

- See if you can notice what it feels like to stand mindfully.
- Do you feel your calf and leg muscles working?
- Notice the sensation of your feet in your shoes.
- Now gently begin to shift your weight slowly to one foot, then the other foot.
- See if you can be aware of which muscles are working as you shift your weight slowly back and forth.
- Does one leg feel heavier? Lighter?
- Now shift back to center and stand while breathing mindfully.
- No need to make the breath longer or shorter. Just breathe naturally, noticing where you can feel the breath the most. Is it at the nostrils? Or the rise and fall of the chest or stomach?
- Bonus: see if you can follow your breath while you also practice awareness of the sensations of standing.

### Check-out

Invite a 1-10 check in on feelings. Remind participants to work with the ACCEPTS distraction skills, and journal on their experience if they wish.

## Handout: Distract with “The Wise Mind ACCEPTS”

### Activities

What activities can you think of that you can get involved in and distract yourself from your distress?

### Contributing

Help someone. Do something nice or surprising for someone. What have you done this week to contribute? What can you do next week to contribute? Plan something in advance. This takes you away from your pain and puts your attention on your concern for someone else.

### Comparisons

Compare yourself to people coping the same as or less well than you. If you are doing better than you were a year or two or five years ago, make that comparison.

Discussion: What do you think about the comparisons?

### Emotions

Read emotional books, listen to emotional music. For this to work, you need to read or listen to things that have an emotion opposite to one you are feeling. For example, if you're feeling sad or angry, listen to or read or think of something humorous that will make you laugh.

Discussion: Are there examples of books or other media that you can access in this facility that can be used for this purpose?

### Pushing away

Push away a distressing situation by leaving it mentally for a while. Build an imaginary wall between yourself and the situation. Imagine yourself pushing it away with all your strength. Block the situation in your mind. Each time it comes up, tell it to go away, or put some other thoughts in its place, perhaps some more pleasant thoughts. Try putting the pain on a shelf, or in a box, to contain it and get it out of the way. You can get it later, but now you can let it go.

Discussion: Describe examples of what worked for you.

## Thoughts

Examples include: counting to 10 or counting the tiles in a floor, the panes in a window, or the cracks in a wall. Anything to keep your focus on the counting. This is a good one to use in a sudden emergency, when you need to quickly pull something out of your bag of tricks. Other ways of distracting your thoughts are reading, doing crossword puzzles, and writing poetry, if you can keep your thoughts away from your pain.

Discussion: Can you think of other ways to distract your thoughts?

## Sensations

Hold ice in your hand or apply it to the back of your neck; put a rubber band on your wrist and snap it; listen to loud music; take a hot or cold shower. Any strong physical stimulus like this can loosen your connection to your pain and distract you from it.

Discussion: What can be practiced/allowed in the facility?

## Meeting B: Distress Tolerance Skills 2

### Materials

- Flip chart and markers
- Paper and markers
- Handout: IMPROVE the Moment
- Handout: Drawing a Breath
- Handout: Reflecting on Drawing a Breath

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Invite participants to share if they had a chance to practice any of the distraction skills they learned and if so, what the experience was like.

B. Distribute HANDOUT: IMPROVE the Moment and explain, “We already talked about distraction, using the word ACCEPTS to help us remember. Now, we are going to begin talking about some skills for improving the moment using the word IMPROVE to help us remember.

At times when you can’t or don’t want to use distracting or self-soothing skills, when you are in a difficult time or a stressful situation, there are several skills you can use for improving the moment.

These will reduce your distress, sometimes just for a short time (though you can always repeat them), and sometimes for longer. We can learn to make ourselves feel better. If we can’t change the situation we are in, or the struggles we are having, we can change the way we feel. It takes some practice to learn these skills, so be patient with yourself.”

Imagery. Explain, “Using imagery, you can create a situation different from the actual one; in this sense, it is like leaving the situation. You can be sure that the place you go to is a safe and secure one, which can be very helpful during flashbacks. For it to be useful, you have to practice when you are not in a crisis enough times to get it firmly down as a skill.” Imagery can also be used to cope more effectively with crises. Practicing effective coping in imagination can actually increase one’s chances of coping with it effectively in real life.

NOTE: Imagery is practiced in greater detail in Containment II, Meeting B.

Finding or creating Meaning helps many people in crises. Victor Frankl wrote an important book about surviving Nazi concentration camps, *Man’s Search for Meaning*, based on the idea that people need to find or create meaning in their lives to survive terrible suffering. Finding or creating meaning is similar to the strategy of making lemonade out of lemons.

Life is at times unfair for reasons that no one can understand. People do not have to assume that there is a purpose to their suffering, although those who are religious or spiritual may see it this way. Those who do not believe in a higher power can still create meaning or purpose, however.

Get feedback about participants' views on the meaning or purpose of suffering. What do you think the meaning or purpose of suffering is? Do you think there is a meaning? How can you create a meaning?

When you find or create something that gives meaning to you in your distress, hold on to it. Say it over to yourself many times a day. You will find it comforting. Write it down in your journal so you can remember it if you should need it again.

Prayer is defined here as the complete opening of oneself to the moment. Note that the suggestion of prayer is not one of begging to have the suffering or crisis taken away. Nor is it a "Why me?" prayer. Explain, "Because people have very different experiences with prayer and religion, we will not be inviting people to pray in group today. But if this is something that resonates with your belief system, you can do it on your own."

Relaxing is changing how the body responds to stress and crises. Often, people tense their bodies as if by keeping them tense, they can make the situation change. They try to correct the situation by controlling their bodies. The goal here is to accept change within the body. The idea is that the body communicates with the mind; acting with the body can help in acting with the mind.

NOTE: Remind participants that we are learning and practicing mind-body relaxation skills throughout this entire group. Ask for some reminders of skills we have already learned (Following the breath, 4:8 breathing, etc.).

One Thing in the Moment. Although it can be very difficult to do, focusing on one thing in the moment can be very helpful in the middle of a crisis; it can provide time to settle down. The secret of this skill is to remember that the only pain one has to survive is "just this moment." We all often suffer much more than required by calling to mind past suffering and thinking about future suffering we may have to endure. In reality, however, there is only "just this moment."

Practice exercise: Invite all participants to sit comfortably and imagine or "get in touch with" some current discomfort, irritation, or anxiety right now, this moment in the session.

- Ask participants to raise a hand slightly when they have the focus. Ask them to notice their level of current discomfort.
- Now, ask them to start thinking about all the past times they have had to endure such feelings. Ask them also to bring to mind and think about how much more of these feelings have to be endured in this skills training session and all future sessions. Instruct them to notice now their level of discomfort. Then ask them to refocus the mind on "just this moment."

- Explain: “Say in your mind ‘just this moment.’ Let go of thoughts of the future and the past.” Have them notice now their level of discomfort.
- Discuss the exercise.

Vacation. Taking a “vacation from adulthood” is ceasing to cope actively and retreating into self. Explain that the trick is to take a vacation in a way that does not harm you and to make sure the vacation is brief. It should only last from a few moments to no longer than a day. When you have responsibilities, taking a vacation depends on getting someone else to take over your duties for a while. Discuss whether a vacation is possible while in a facility. Are there any small and simple ways to “take a vacation?”

Encouragement is saying positive things to oneself. Explain, “The idea is to talk to yourself as you would talk to someone you care about who is in a crisis. Or talk to yourself as you would like someone else to talk to you.”

Practice exercise: Ask for examples of encouraging things people could say to themselves. If participants struggle, ask what they might say to a good friend. Chart responses.

C. Distribute HANDOUT: Drawing a Breath and HANDOUT: Reflecting on Drawing a Breath. Conduct the expressive arts activity described on the handout.

### **Mind-body skills**

Mindful breathing exercise is included in “Drawing a Breath” exercise.

### **Check-out**

Check out with a 1-10 on feelings. Invite participants to continue to practice different distress tolerance skills and journal about their experience.

## Handout: IMPROVE the Moment

### Imagery

Imagine very relaxing scenes. Imagine a secret room within yourself, seeing how it is decorated. Go into the room whenever you feel very threatened. Close the door on anything that can hurt you. Imagine everything going well. Imagine coping well. Make up a fantasy world that is calming and beautiful and let your mind go with it. Imagine hurtful emotions draining out of you like water out of a pipe.

### Meaning

Find or create some purpose, meaning, or value in the pain. Remember, listen to, or read about spiritual values. Focus on whatever positive aspects of a painful situation you can find. Repeat them over and over in your mind.

### Prayer

Open your heart to a supreme being, greater wisdom, God, your own wise mind. Ask for strength to bear the pain in this moment. Turn things over to God or a higher being.

### Relaxation

Try muscle relaxing by tensing and relaxing each large muscle group, starting with your hands and arms, going to the top of your head, and then working down; exercise hard; massage your neck and scalp, your calves and feet. Breathe deeply; half-smile; change facial expression.

### One thing in the moment

Focus your entire attention on just what you are doing right now. Keep yourself in the very moment you are in; put your mind in the present. Focus your entire attention on physical sensations that accompany non-mental tasks (e.g. walking, washing, doing dishes, cleaning, fixing). Be aware of how your body moves during each task.

### Vacation

Give yourself a brief mental or physical “vacation,” if possible.

### Encouragement

Cheerlead yourself. Repeat over and over: “I can stand it,” “It won’t last forever,” “I will make it out of this,” and “I’m doing the best I can do.”



## Handout: Drawing a Breath<sup>8</sup>

### Materials

- Scratch paper
- Two sheets of white drawing paper
- Pencils

Post-traumatic stress can affect the way you breathe. Holding your breath, as well as breathing rapidly or shallowly may be related to chronic anxiety which can be a symptom of post- traumatic stress. Awareness and regulation of the quality of your breathing can have several positive effects. Slowing and deepening your breath allows for adequate intake of oxygen and output of carbon dioxide, both of which are necessary for physical well-being. Conscious breathing during times of distress can allow you to release muscular and emotional tension, reducing your level of distress. Focusing awareness on your breathing can shift your thoughts away from flashbacks and nonproductive or obsessive thinking and bring your consciousness back into the present.

This art experience helps you to use the quality of your breathing to manage distress. You will be making two line drawings to depict the quality of your breathing.

1. Sit in a comfortable chair and place your feet solidly on the floor. Notice the sensation of your feet pressing against the floor.
2. Notice the quality of your breathing by considering the following:
  - the depth of your breathing: shallow, deep, moderate
  - the rate of your breathing: fast, slow, moderate
  - the pause between the inhalation and exhalation of your breath
  - the expansion and contraction of your rib and abdominal areas
  - changes in the overall pattern of your breathing

### Guidelines

1. Practice drawing different kinds of lines with the pencil on scrap paper: long and short; thick and thin; curved and angular; quick and slow; light and heavy pressure; dashes and dots.
2. Focus on your breathing. As you are inhaling and exhaling, visualize your breath as a line and draw each breath with the pencil on the sheet of white drawing paper. Use one or more types of lines to represent your breathing. Take about five minutes to record your breathing. If you feel comfortable doing so, close your eyes while you draw.
3. Alter the quality of your breathing until you achieve a more relaxed state by letting your abdomen expand when you are inhaling and contract when you are exhaling. As you are inhaling and exhaling, try saying silently to yourself: “breathing in calm, breathing out tension.” You may want to substitute your own words for “calm” and “tension.”

<sup>8</sup> Activity adapted from Cohen, B., Barnes, M., & Rankin, A. (1995). Managing traumatic stress through art: Drawing from the center. Lutherville, Maryland: Sidran Traumatic Stress Institute.

4. Draw your altered breathing on another sheet of white drawing paper. Take about five minutes to record your breathing. Use one or more types of lines to depict each breath. Close your eyes while you are drawing if you are comfortable doing so.

## Handout: Reflecting on Drawing a Breath

1. Describe the visual qualities of the lines in each of your drawings.
2. Describe the similarities and differences between the two drawings. Compare both the quality/quantity of the lines and the use of space on the paper.
3. Consider how the line quality reflects your distress level.
4. Describe how you were able to consciously change the quality of your breathing and note the difference it made in your distress level.
5. You can use breath awareness as an indicator of your distress level. How would a drawing of your breathing differ if you were petting a dog, watching a scary movie, riding a Ferris wheel, or watching the clouds go by on a lazy summer afternoon?
6. You can consciously change the quality of your breathing to reduce your stress level. Think of ways you can remind yourself to modify your breathing when you are experiencing distress. With practice, breath regulation will become more automatic.

## Module 6: Containment I

### Learning objectives

Upon completion of this module, participants will be able to

- describe levels of consciousness and different parts of memory,
- explain how dissociation and avoidance can be forms of coping, and
- practice temporarily containing overwhelming feelings.

### Meeting A: What is Containment?

#### Materials

- Flip chart and markers
- Handout: The Concept of Self-regulation
- Handout: Self-regulation Worksheet

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

A. Referring to HANDOUT: The Concept of Self-regulation, discuss the model of the mind. Ask participants to complete HANDOUT: Self-regulation Worksheet. Debrief activity by facilitating conversation on the following questions:

- How do you know something is conscious?
- How do you know something is unconscious?
- How would you increase your self-awareness?

B. Ask participants to write an alpha poem about a feeling they are having.<sup>9</sup> To do this, participants pick a word that describes how they are feeling and then create a poem using the letters of that word. Here are examples using “sad” and “mad”:

Sometimes	Maybe
All I want to	Anger
Do is cry	Doesn't have to be violent

#### Mind-body skills: Breathing life cycle

Conduct the exercise using the following prompt: Another way to breathe mindfully is to notice the beginning, middle, and end of each inhalation and exhalation (similar to how you can hear the beginning, middle, and end of sounds). See if you can concentrate on the life of each breath

<sup>9</sup> “Alpha Poem” from Adam, K., & Young, W. (1998). *The Way of the Journal: A Journal Therapy Workbook for Healing*. Lutherville, MD: Sidran Press.

going in and out. If you get distracted or lost in thought, just return to noticing the beginning, middle, and end of the breath.

### **Check-out**

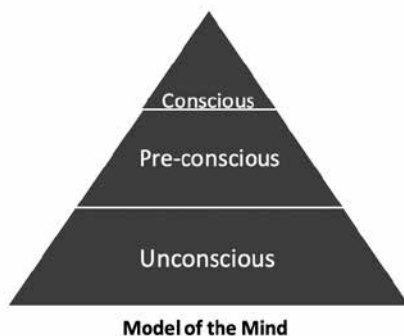
Close the group with a 1-10 check on feelings.

## Handout: The Concept of Self-regulation<sup>10</sup>

Self-regulation is a term that can be used to cover the whole process of becoming more aware of emotions and other internal experiences. Self-regulation also refers to managing what you encounter, as you become more aware. If you struggle to know what you are feeling at any given time, or have trouble with managing intense feelings, self-regulation skills can help you feel more in control of emotions without having to shut them out completely. Greater control of your emotions will also allow you to increase awareness of pleasant feelings. After all, if you shut out uncomfortable feelings, the pleasant feelings get shut out also.

Self-regulation begins with awareness. You cannot regulate what you don't notice. Your mind is the center of your awareness, but your mind is complex. Sometimes you may not notice things that are important. Your mind may wander. Perhaps there are times when you cannot get something off your mind. You might obsess about something that worries you. You may try to focus your attention on a problem to no avail. Information may be elusive. To begin practicing self-regulation, you need to understand some of the ways your mind works.

The diagram below serves as a model of the human mind, so you can get an idea of what happens with traumatic experiences that may be kept out of awareness for extended periods of time. Keep in mind that this is only a model and represents experiences rather than the actual mental processes at work.



- In this model, the conscious mind represents present awareness of the environment and one's self. The conscious mind is in touch with what is happening now. You may be consciously aware of the temperature of the room you are in or of the noises outside.
- The pre-conscious represents things that can be remembered at will or at least with a little effort, like phone numbers and addresses.
- The unconscious represents a place where information or awareness about yourself and your experiences is stored. This information is not necessarily consciously available to you. Those embarrassing slips of the tongue are often said to have come from the unconscious.

<sup>10</sup> Vermilyea, E. (2000). *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*. Lutherville, MD: Sidran Press.

Memories, disowned feelings, and motivations may exist in the unconscious outside of present awareness. Yet, these aspects of self still affect and sometimes control behavior. When a person dissociates, some aspect of his or her experience may be stored away in the unconscious resulting in the sensation of time loss or amnesia. It's as if information has been stored in a memory bank and cannot be retrieved in the usual way. On the other hand, these memories that you can't get to may sometimes come up with no warning. So, there is often a problem with having no memory or feeling (numbing) or having too much memory or feeling (flooding).

## Handout: Self-regulation Worksheet

Please answer the following questions.

1. Conscious mind: Name three things that you are aware of right now (for example: the warmth of the room).
2. How do you know you are aware of them? What evidence is there?
3. Pre-conscious mind: Name three non-traumatic things that aren't usually in your awareness but that you remember easily (for example, your phone number or address).
4. How do you become aware of those things? How do you bring them into your mind? For example, do you create images or think about them?
5. Unconscious mind: What things that are usually not in your mind come into your mind outside of your control (for example, remembering the loss of a loved one or pet)?
6. Which of the items below makes life harder for you: things you are presently aware of, things you can recall, or things that come into your mind outside of your control?
7. Are there changes you would like to make regarding the way your mind is working these days? If so, what are they? If not, why not?



## Meeting B: Concept of Containment, Continued

### Materials

- Flip chart and markers
- Handout: Why Do I Shut Things Out?
- Handout: Cycle of Traumatic Stress Responses
- Handout: Create a Container
- Handout: Reflecting on My Container
- Attachment I: 2-step Self-holding Exercise
- Blank paper
- Colored pencils or markers

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Further explain the concepts of containment and dissociation by reviewing key points of HANDOUT: Why Do I Shut Things Out? and HANDOUT: Cycle of Traumatic Stress Responses.

B. Walk participants through the instructions on HANDOUT: Create a Container and HANDOUT: Reflecting on My Container.

Mind-body skills: 2-step self-holding exercise

See Attachment I for stand-alone handout for facilitators. This exercise is inspired by Dr. Peter Levine. People who have experienced trauma can suffer extreme states of terror, hyperarousal, immobility, nervousness, and internal chaos. They may be so overwhelmed that they simply cannot figure out how to escape. This exercise is an “escape,” a road out. The goal of this exercise is to calm the nervous system, bring the self back into the body, and to develop more body awareness. The goal is also to feel the body as a container and get a sense of having boundaries. We can also use these exercises to develop self-regulation. We can begin to feel skilled and empowered to change the physiological and emotional states we find ourselves in.

#### STEP 1



Sit with your eyes opened or closed, whatever feels most comfortable for you.

Get into a comfortable position.

Place one hand on your forehead. Place the other hand on your heart.

Pay attention to what is going on inside your body. Gently place your attention on where your hands and body meet.

Pay attention to the area inside yourself under one hand. How does it feel now that there is a hand touching it?

Then pay attention to the hand. How does it feel now that it's touching your body? Do the same for the other hand.

Focus on whichever hand you feel drawn to, at your own pace, for as long as needed.

Remain that way until you feel a shift. It could be a change in energy flow, a change in temperature, or a feeling.

Just keep your hands there until you feel some kind of shift. You may have to wait a while, so be patient.

## STEP 2



Take the hand that is on your forehead and place it onto your belly. Repeat as in Step 1.

Pay attention to any feelings going on inside your hands.

Then put your attention inside your body; focus on the sensations in your body where your hands are laying.

You may go back and forth slowly if you like, focusing on one hand area and then the other. Focus on whichever hand you feel drawn to, at your own pace, for as long as needed.

Wait until there is a shift.

## Check-out

Close the group with a 1-10 check on feelings. Encourage participants to practice using their containers as needed and journal about their experience.

## Handout: Why Do I Shut Things Out?

Sometimes people who experience trauma will shut thoughts and feelings away in an effort to manage intensely painful experiences. This kind of coping through reduced awareness is sometimes called dissociation, numbing, or avoidance. Dissociation, numbing, and avoidance (shutting things out) are not necessarily done on purpose, and a person may not even realize that it is happening.

When people dissociate or numb out during trauma, the experience is stored in the brain in a different way from non-traumatic experiences. Information about thoughts, emotions, behavior, or physical feelings is disconnected and stored in the brain in such a way that a person may not be able to retrieve it very easily. This information can be lost or unavailable for a short or a long time. Some people find that information from years of their life is unavailable to them. They can't remember. Other people find that they do all kinds of things to keep memories of the trauma from resurfacing. In other words, they remember the trauma, but they try to numb out and avoid thinking about it. What they don't realize is that not dealing with the trauma (once they are safe) increases the power that the trauma has over them.

Usually, coping through dissociation is quite rare. However, for people who have had traumatic experiences as children and little or no help coping with those experiences, dissociation, numbing, and avoidance may have been the only ways to deal with the traumas and remain sane. One of the problems with this method of coping is that the unconscious can, in a sense, "fill up" (not literally). Often, as adults, people who have used dissociation, numbing, and avoidance as their main coping mechanisms find that at some point, they stop working, and thoughts and feelings that relate to the trauma start to crop up. This can lead to a general increase in traumatic stress responses, such as anxiety, hypervigilance, and visual images about the trauma.

For example, if you feel threatened and react to the threat in the same way that you did as a child, chances are the reaction will reinforce the feeling of threat.

Jill struggles with memories of abuse as a child. She often has the feeling that she is in danger, especially at night. No matter what she does, she can't make herself feel safe. Usually, when she feels scared or threatened, Jill hides in her closet with the light off. She puts a blanket over her head and huddles as far into the corner as possible, just like when she was young and mommy was mad at her.

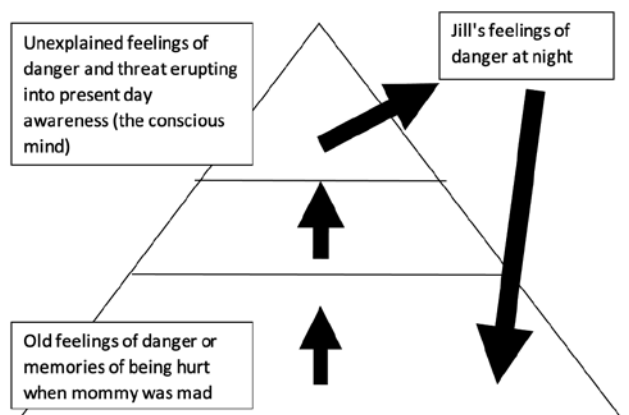
Sometimes she falls asleep there and wakes up extremely disoriented and frightened. Jill has trouble understanding why the closet feels safe sometimes and scary at other times. While in the closet, Jill usually disappears into her mind or worries about whether someone will find her and hurt her.

In this example, Jill engages in a behavior that actually increases her fear. The fact that she hid in closets as a child is significant. Hiding as an adult reinforces the feelings of apprehension she had as a child. However, although it may make her feel more threatened, vulnerable, and

disoriented, it also seems like a safe thing to do. Sometimes it makes her focus on the terror of being found and hurt. The adaptation (hiding) is a reaction to the traumatic stress response (feeling threatened), which increases the traumatic stress response (feeling vulnerable, helpless, and disoriented). Jill's initial impulses to hide are creating more distress for her. Her hiding is an effort to shut down awareness.

While that may have been the only way to manage as a child, it may not be the best way anymore. Shutting down awareness, as an adult, increases overall vulnerability in many ways. In the closet, Jill is more vulnerable to her own fears. In the outside world, hiding or reducing external awareness would make Jill more vulnerable to real, external threats as well as more vulnerable to her own internal processes. When survivors attempt to shut away awareness, it often causes something else to come up or erupt. These "eruptions" are often experienced or understood as flashbacks or nightmares and frequently cause an increase in other disruptive experiences and posttraumatic responses. While a certain amount of dissociation is normal, the kind that relates to traumatic events is a way of creating a barrier between you and awareness of things that threaten or frighten you. This type of dissociation frequently interferes with daily life.

Over time, dissociation stops working the same way it used to. When it begins to break down, you may find yourself experiencing thoughts and feelings related to the trauma, nightmares, or other disruptive phenomena. Once this process has begun, or when you feel a need to improve your quality of life, it's time to learn new ways of coping because dissociation is no longer going to work the old way.



This model shows what can happen if dissociation increases and new material is shut away. Eruptions increase. These eruptions bring into present awareness the very things you may be dissociating to avoid. The result is a vicious cycle of dissociation to avoid the eruptions that dissociation causes. This cycle of traumatic stress responses can keep you from doing all kinds of things that you want and need to do.

## Handout: Cycle of Traumatic Stress Responses

The “Cycle of Traumatic Stress Responses” shows how avoidance, dissociative coping, and posttraumatic experiences lead to each other creating a virtually constant feeling of being trapped in stress responses. A stress response can trigger avoidance in the form of denial, dissociation, bingeing, substance abuse, self-harm, and other behaviors in an effort to get rid of feelings. These avoidance behaviors, in turn, can trigger stress responses inside because they are reminders of old efforts to deal with painful feelings. The stronger the response, the stronger the impulses are to avoid. The effort spent avoiding leaves little energy to manage

day-to-day life resulting in increased stress responses that increase the impulses to avoid.



Fortunately, self-regulation skills can help you tolerate (sit with) and control intense feeling states that have led to avoidance or dissociation in the past. You can learn to feel and control the intensity of your emotions to reduce avoidance, which helps reduce the frequency and intensity of traumatic stress experiences. This exercise will teach you the relationship between dissociation, numbing, avoidance, and traumatic stress and help you to

replace old, currently problematic coping (e.g., dissociation, avoidance etc.) with conscious, more effective methods of coping (e.g. imagery, artwork, self-talk etc.).

The self-regulation recipe we will practice involves the following steps:

**Experience:** Notice how you feel; notice pleasurable feelings as well as uncomfortable feelings; observe without judging; don't numb out and try not to make uncomfortable feelings worse; take note of what's going on inside.

**Express:** Say something; tell yourself what you are noticing; write; draw your feelings; tell someone else who can listen supportively.

**Contain:** Consciously postpone dealing with the overwhelming portion of what you're experiencing; hold only what you can stand for a length of time, then put it aside. You will be storing these things in your pre-conscious instead of your unconscious.

**Retrieve:** Later, when you are able (with a friend, in therapy, or with a journal), bring back a small portion of what you stored and repeat the process of experiencing and expressing with that small piece.

## Handout: Create a Container<sup>11</sup>

People who have experienced personal trauma can often become overwhelmed by feelings or thoughts that can lead to non-productive and harmful behavior. If this has been an issue for you, learning to develop and use containment images and techniques can improve your level of functioning and sense of well-being. Containment is a self-management tool that allows you to store overwhelming information, images, or feelings for exploration later, without causing distress to you in the present. The concept of containment is different from advice such as “Pull yourself together and get on with your life” or “Just put the trauma behind you and don’t think about it anymore.”

Creating an image of a container to hold recurrent, intrusive material provides you with a method of self-control that can protect you from re-traumatization. When you gain more control and become more emotionally stable, you can decide to examine some of these overwhelming thoughts, memories, feelings, or impulses. Then you can remove them, one at a time, from the container or containers you have created for their safe protection. This art experience helps you create an image of a container to temporarily store intrusive thoughts and overwhelming feelings.

1. What one intrusive thought, overwhelming feeling, or unhealthy impulse would you like to temporarily contain?

2. Spend a few minutes considering the necessary features of a container designed to safely hold this thought, feeling, or impulsive behavior. Think about its form, location, and function. The more personalized your image, the more effective this technique will be. You may design a simple or elaborate container. Here are some examples:

- a chained trunk located under the sea, to confine traumatic flashbacks
- a locked room located at the end of a long corridor, for storage of overwhelming feelings
- a DVD located on a shelf in a remote study, to provide for later viewing of traumatic events
- a filing cabinet located in a vault, for organizing information related to the trauma
- a protective bubble located on a cloud, to hold unpleasant body sensations

Your container should have some way to be securely closed and a way to be reopened, over which you have complete control.

<sup>11</sup> Cohen, B., Barnes, M., & Rankin, A. (1995). *Managing traumatic stress through art: Drawing from the center*. Lutherville, Maryland: Sidran Traumatic Stress Institute.

3. Draw a picture of your container.
4. Consider the location that would best suit your container. Add these surroundings to your picture.
5. Study your drawing. Add any features necessary to make your container more effective.

## Handout: Reflecting on My Container

1. Describe your container in writing. Be as specific as possible about its physical characteristics and location.

2. Explain why the various features of your container are significant to you.

3. What steps must you take to place overwhelming material into your container? For example, you could close your eyes and imagine the following:

- a symbolic object to represent the unsafe feeling, thought, or sensation
- wrapping this object up, perhaps labeling it
- placing this package in the container
- closing the container securely

Practice these steps to build your confidence in using this technique. You can visualize your container when you are alone or in public to temporarily contain overwhelming feelings and thoughts. You may find that you require different types of containers for various feelings, memories, or sensations. This art experience can be used again each time you wish to modify a container or create a new one.



## Module 7: Containment II

### Learning objectives

Upon completion of this module, participants will be able to

- describe different grounding techniques,
- select appropriate imagery techniques, and
- practice both grounding and imagery techniques outside of group at least twice a week.

### Meeting A: Grounding

#### Materials

- Flip chart and markers
- Facilitator Guidance: Grounding
- Handout: Grounding 1 Worksheet
- Handout: Grounding 2 Homework (2 pages)

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

- A. Highlight main points from facilitator guidance on grounding.
- B. Ask participants to complete HANDOUT: Grounding 1 Worksheet, reminding them to focus on brainstorming grounding techniques that can be practiced in a facility.
- C. Distribute HANDOUT: Grounding 2 Homework to be completed before the next session.

#### Mind-body skills: 5, 4, 3, 2, 1 grounding technique

This technique will take you through your five senses to help remind you of the present. This is a calming technique that can help you get through tough or stressful situations.

Take a deep breath to begin.

5 - LOOK: Look around for five things that you can see and say them to yourself in your mind. For example, you could say, "I see the chair. I see the cup. I see the picture frame...."

4 - FEEL: Pay attention to your body and think of four things that you can feel and say them quietly in your mind. For example, you could say, "I feel my feet in my socks, my hands in my lap, the hair on the back of my neck, and the chair I am sitting on."

3 - LISTEN: Listen for three sounds. It could be the sound of cars outside, the sound of a clock ticking, or the sound of your stomach rumbling. Say the three things to yourself in your mind.

2 - SMELL: Name two things you can smell. If you can't smell anything, then just think of and imagine your two favorite smells.

1 - TASTE: Say one thing you can taste. It may be the toothpaste from brushing your teeth or your tongue in your mouth. If you can't taste anything, then think of your favorite thing to taste.

Take another deep breath to end.

### Check-out

Check out with a 1-10 on feelings. Remind participants to fill out their daily grounding worksheet to the best of their ability in the days before the next session.

## Facilitator Guidance: Grounding 12

Objectives: To increase present-focused awareness; to facilitate clear reality contact; to reduce posttraumatic experiences (i.e., flashbacks, hypervigilance, and intrusive recollections); and to reduce dissociative experiences (i.e., spontaneous trance, depersonalization, time loss and uncontrolled switching).

### Concepts:

1. Present-focused awareness is an important way of combating the avoidance which occurs through dissociation (spontaneous trance, uncontrolled switching, time loss, and depersonalization) and traumatic stress adaptations (numbing, avoidance, flashbacks, nightmares, and panic). If we are paying attention to the here and now, then we are less likely to be lost in the past with no awareness of present-day resources. In addition, we are also less likely to be caught up in fearful thoughts about the future. In the past, dissociation may have been the only defense against trauma; leaving the body was a helpful skill back then. It was too painful and/or dangerous to focus on experiences as they happened. In the present however, shutting thoughts and feelings out or leaving our bodies recreates the old fears and makes us feel just like we did as a child. Present focused awareness is your defense against becoming trapped in the hopeless and helpless feelings of the past.

2. Grounding is the process of achieving present-focused awareness and becoming connected to reality in the present moment. Stress responses can numb people, so they don't experience the terror and the horror of trauma in the moment. Dissociation and numbing continue to reduce present awareness in an attempt to protect against overwhelming traumatic events and experiences. However, over time, dissociation and numbing may fail or may interfere with everyday life. Survivors become aware of stress responses such as flashbacks. Dissociation and numbing were wartime survival techniques. Using wartime strategies during peacetime is not effective. Dissociation may have helped you to manage the unmanageable, but, as an adult in peace time, you need life skills rather than survival skills. Just like war veterans with PTSD who struggle to cope with peacetime living, you need to learn how to manage intense, overwhelming experiences in more present-focused ways.

Bill had a traumatic childhood. He witnessed terrible fights between his parents and had to protect his brothers and sisters from his father. He was always afraid when he heard people yelling because it had always meant danger in his house. He used to "fade away" (trance out) whenever the yelling would start so that he wouldn't have to be scared. Now, as an adult, Bill can't go anywhere that might expose him to yelling because he becomes terrified and "fades away" (trances out) almost automatically. Bill's inability to manage his reactions to yelling

<sup>12</sup> Adapted from Vermilyea, E. (2000). *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*. Lutherville, MD: Sidran Press.

severely restricts his life because he can't be around his children when they yell, and he can't enjoy things like ball games because of the yelling. Sometimes he hears yelling in his head, and he can't stop himself from fading away. Bill's posttraumatic experiences (flashbacks) and wartime coping mechanisms (fading away) are interfering with his peacetime life.

There are several things that Bill can do to help himself. The first of those things is to begin using grounding techniques with self-talk. Bill will need to practice the techniques almost constantly to combat the automatic numbing and dissociation that takes over when he is "triggered" by the yelling.

## Handout: Grounding 1 Worksheet

Using your five senses, try different grounding techniques. There is no one size fits all. Each person, each body type is different.

Sight – Open your eyes; look around; name present-day sights; connect with them; realize that you're an adult; look at how tall you are.

Sound – Listen for present-day sounds and name them; let them bring you closer to the present; talk to yourself inside; say reassuring things.

Taste – Drink coffee or herbal tea; if possible, use tastes that you connect with being safe and being an adult. If nothing else is available, drinking a glass of water can be grounding.

Smell – If possible, use scented hand lotion or scented soap to remind you of the present.

Touch – Hold a safe object; clasp your hands together, noticing the pressure and warmth; feel textures and let them bring you closer to the present; pet your cat or dog (or parrot!); connect with a loving presence in your life and let it help you remain in the present. Resting a hand on your stomach can be grounding (feeling the rise and fall of the chest) and create a sense of containment.

Swaying side to side – The movement can be comforting and is biologically based to enhance relaxation (think of a mother rocking/swaying a newborn baby). The swaying from side to side can be done in a way that is not noticeable, like switching the pressure from foot to foot while standing.

Items to use for grounding yourself:

Sight	Sound	Smell	Taste	Touch
Watch/clock	Soothing music	Coffee	Peppermint	Lotion
Photograph	Familiar sounds	Scented lotion	Cinnamon	A pebble
Colors	Your voice	Soap	Lemon	Ice cube

## Handout: Grounding 2 Homework

Use the worksheet on the second page of the handout to keep track of how focused or grounded you are for a whole week. Put a number from 1-10 in each box for each hour. Indicate how grounded you are. 1, 2 or 3 would show that you are not very grounded; 4, 5, or 6 would show somewhat grounded; and 7, 8, 9 or 10 would indicate mostly grounded. When the week is over and your worksheet is completed, answer the following questions:

Do you notice any patterns (days of the week, times of day) to feelings of being disconnected or numb? If so, what are they?

Are these patterns meaningful to you? Do they relate to past experiences? How so?

Do the patterns relate to present day stressors? How so?

## Handout: Grounding 2 Homework (page 2)

Rate how grounded you feel on a scale of 1 being not grounded at all to 10 being very grounded.

<input type="checkbox"/>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>8:00</b>							
<b>9:00</b>							
<b>10:00</b>							
<b>11:00</b>							
<b>Noon</b>							
<b>1:00</b>							
<b>2:00</b>							
<b>3:00</b>							
<b>4:00</b>							
<b>5:00</b>							
<b>6:00</b>							
<b>7:00</b>							
<b>8:00</b>							
<b>9:00</b>							
<b>10:00</b>							
<b>11:00</b>							
<b>Midnight</b>							

## Meeting B: Imagery

### Materials

- Flip chart and markers
- Facilitator Guidance: Imagery as a Tool
- Handout: Imagery Worksheet
- Handout: Establishing a Safe Place
- Handout: Reflecting on My Safe Place

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Introduce the concept of imagery referring to information on Facilitator Guidance: Imagery as a Tool.

B. Allow time for participants to fill out HANDOUT: Imagery Worksheet

C. Facilitate the creative arts exercise, using HANDOUT: Establishing a Safe Place Worksheet and HANDOUT: Reflecting on My Safe Place.

### Mind-body skills: Safe Place

Practice visualizing your safe place and the objects in it. Use your senses to fully enter the safe place. Notice how it looks, paying attention to even the smallest details. Arrange and rearrange details as needed to suit your liking. Notice the sounds, or the silence. How does it feel? Stay in this place for a while and go there whenever you need to soothe and calm yourself.

### Check-out

Close the group with a 1-10 check on feelings.



## Facilitator Guidance: Imagery as a Tool<sup>13</sup>

**Objectives:** To reduce the frequency and intensity of unpleasant or frightening imagery and increase the use and effectiveness of positive, soothing, and helpful imagery.

**Concepts:** Imagery is the process of using your imaginations. You can use your imagination to soothe yourself, solve a problem, or visualize a goal. However, your imaginations can also frighten and confuse you. Traumatic stress responses and dissociative experiences often emerge through imagery that is unconsciously driven. In other words, you may not have control over it, yet you might sometimes scare yourself by imagining threats, negative outcomes, or other frightening things. When your imagination scares you, you may think that someone dangerous (from the past) is around. It is possible to even “see” that person. When people are under a great deal of stress, imaginations can act as movie projectors making them see scary or traumatic things that aren’t happening in the present.

With PTSD, a person’s memory can call to mind frightening thoughts, pictures, sounds, tastes, smells and/or physical experiences from the past without even meaning to do so.

These flashbacks are coming from the mind, so you need to use your mind—your imagination— to fight them and get them under control.

Safe places are images or visualizations that are soothing or comforting. Safe place images can make you feel safer, more secure. Safe places can be real or imaginary.

<sup>13</sup> Adapted from Vermilyea, E. (2000). *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*. Lutherville, MD: Sidran Press.

## Handout: Imagery Worksheet

Recall a time or place where you felt loved, comfortable, secure or confident. Where were you? (Inside? Outside? At home? On vacation?)

What were you doing? What was going on?

Who was there? (Friends? Family? Pets?)

What good feelings were you having that day? (Excitement? Satisfaction? Joy? Awe?)

Focus on those feelings for a moment. Imagine that you have a volume dial inside. Turn the feelings up a little as you slowly breathe deeply. Focus on every detail of the image of that day. Hold those feelings for a few minutes more. Then, when you are ready, use the dial to turn them down. Allow the feelings to fade naturally. Try not to shut them off.

Use the space below to say something about the day that you pictured.

When you are stressed, anxious, or frightened, the ability to create space within yourself can help you “take a break” from life’s struggles. This can be done with imagery. Why else would people hang scenic pictures at home, stack trophies on shelves, and keep calendars of beaches by desks? These things bring pleasant imagery to mind in the middle of a hard day and allow people to imagine, to picture, how they would feel if they were at the beach instead of knee deep in paper work. This can provide very real relief. This kind of imagery can reduce stress and tension in anyone.

For example, maybe you would like a tree house or a field full of wild flowers all to yourself. Then, when you are having a hard time you could think about the tree house or the field and allow yourself to imagine every detail about how that place would soothe and protect you. Pretty soon you may find that you feel a little better because you took “time out” to think about and “visit” your safe place. Safe places allow you to take a break when you need one, no matter where you are or what you are doing.

Work to create safe places that will be useful to you no matter what your state of mind. You may need several different kinds of safe or protective places. Don’t forget to attend all parts of yourself as well as all feelings inside. For example, you may want to use different safe places

depending on how you feel. Be specific. Would there be plants or animals? Is it inside or outside? Is it real or imaginary? Is your safe/protected place warm or cool? What would you have there – toys, food...?

Draw your safe places. Invite all parts of your mind to participate. Remember that some places are unsafe and are not valid safe places such as: bars or other scary, potentially abusive environments. Beware of places with mostly good connotations where a trauma did occur. You may need different safe places for different times depending on your mood.

Take some time now to create a safe place or two—or more!

## Handout: Establishing a Safe Place<sup>14</sup>

Everyone needs a place where they can feel safe. This might be a country retreat, an ocean beach, a peaceful garden, or a cozy room. But these types of places are not always available to people when they need them most. A mental haven, accessible through guided imagery, can be available to you whenever you need it. Having an inner safe place has proven effective in helping people cope with stress and increasing their sense of safety and comfort. The use of an imaginary safe place is especially helpful for people who have experienced trauma. When fear, panic, or self-destructive thoughts become overwhelming, you can use your imagination to go to a restful inner sanctuary—a personal haven from the aftereffects of trauma and other life stresses—to regain a sense of safety, to restore strength, and to achieve a renewal of spirit.

This art experience helps you to create a drawing of an imaginary safe place that you can use as a tool to manage overwhelming stress.

### Getting Started

1. List all the places, both real and imaginary, that have felt relatively secure and safe to you during your life. (If you have never had an experience of a safe place, don't be discouraged. Try to imagine what such a place would be like.)
  
2. Take your time and allow yourself to begin to see, in your imagination, a place that feels safe to you. It can be real, imaginary, or have elements of both. You are in control of this visualization: If anything appears that makes you uneasy, you can replace it with something comforting. This safe place can be located anywhere: in a room, house, building, boat, or outdoor setting. This environment may be based on one or more of the safe places you listed above, or you may want to create an entirely new safe place. Write some preliminary notes describing a safe place suitable for you.
  
3. List the features that you want to include in your safe place. These might be elements that are comfortable (pillows, blankets, furniture), familiar (meaningful items from among your possessions), or pleasurable (flowers, music, books).

<sup>14</sup> Adapted from Cohen, B., Barnes, M., & Rankin, A. (1995). *Managing traumatic stress through art: Drawing from the center*. Lutherville, Maryland: Sidran Traumatic Stress Institute.

4. Draw your safe place using the art materials. There are many ways to represent your safe place, from different points of view (aerial or side views) to a simple diagram or a more elaborate illustration.

5. Make a “security check” of your safe place and add any features that will enhance your sense of safety and comfort. For example, if your safe place is a room, you may want to add a door that can be closed or a window with a beautiful view.

## Handout: Reflecting on My Safe Place

Imagine standing in your safe place. What do you see to the left and right of you, behind and in front of you, above and below you? (You may want to make a series of sketches representing each of these different viewpoints.)

1. List each of the visual features in your safe place picture.
2. Describe the significance and purpose of each feature.
3. Place your picture a few feet away and imagine it on a large screen. First, observe the picture in its entirety; next, carefully study its details. List the circumstances in which it might be helpful to use your imaginary safe place. For example, you can visualize your safe place for brief moments when you are in public and for longer periods of time when you are by yourself.
4. Create a step-by-step plan that will enable you to mentally get to your imaginary safe place. This plan might begin with a phrase such as “going to my safe place” or it might begin with the image of a flight of stairs that can take you to your safe place.

Practice visualizing the image so that you can see all details clearly even when your eyes are closed. Find a place where you can hang your safe place artwork and look at it regularly until you can consciously use it in your daily life. You may want to create an actual safe place in your living space.

## Module 8: Physical and Emotional Abuse

### Learning objectives

Upon completion of this module, participants will

- recognize what behaviors constitute physical and emotional abuse,
- recognize the impact abuse had had on their lives, and
- understand that healing is possible.

Meeting A: What is Physical Abuse?

### Materials

- Flip chart and markers Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Often, people experience more than one type of abuse. Sexual and physical abuse, for example, is almost always accompanied by emotional abuse. Survivors often find it easier to talk about physical trauma, which although painful, carries less stigma than sexual abuse and is more immediately identifiable than emotional abuse.

Facilitate discussion among participants about the following questions:

1. What do you think constitutes physical abuse? Sample responses:

- Being beaten by my mother
- Being hit repeatedly
- Getting hit by my partner
- Getting disciplined with a cord
- Being hit with a bat or a belt
- Getting hit until I bled
- My brother being thrown across the room
- Being burned
- Being shaken as a small child
- Being shot or stabbed
- Being choked
- Being held down
- Being locked in a closet
- Being starved

If participants have difficulty answering this question, ask them to consider these aspects: nature of the injury (What was done?), severity of the injury (How bad was the injury?), public versus private (Did anyone other than the abuser and the victim know?), and frequency of the abuse (How often did it occur?)

2. What dynamics between the abuser and the victim tend to make it more likely that abuse will occur? Sample responses:

- The abuser has power over you.
- The abuser is older or bigger.
- The abuser is around a lot and has multiple opportunities to take advantage of you.
- You feel very dependent on the abuser.
- The abuser has power in the family (even if younger).
- The abuser has control over money and resources.
- The abuser drinks.
- The abuser is more likely to be believed because of community position.

Once again, if participants have difficulty answering this question, prompt conversation by asking:

- Are the abuser and the victim intimates?
- Are the abuser and the victim family members?
- Are the abuser and the victim known to one another?
- Are they hostile to one another?
- Do they have equal power?

If participants continue to cover the same material as in Question 1, feel free to move on to Question 3.

3. What role do threats and intimidation play in physical abuse? Sample responses:

- My abuser constantly put pressure on me or threatened me.  
vMy mother always told me I was bad, so I came to believe I deserved to be hit.
- My husband would wear me down with his threats; that is when he beat me most.
- I was told I was stupid and was punished until I felt worthless.
- I was afraid someone else would be hurt if I told.
- Threats made me afraid to tell anyone.

Point out that living in constant fear of being hit is a form of violence. Participants may report that they actually felt relieved when the beating finally occurred, ending the tension associated with waiting.

Participants will begin to see that physical abuse rarely exists in isolation. It is frequently accompanied by emotional abuse in the form of threats and criticism. An abuser maintains power by keeping the victim in a state of constant fear.



4. What impact has physical abuse had on your life and on your relationships? Sample responses:

- I'm fearful about getting into a relationship. I'm afraid I'll get hurt.
- I am unable to trust another person.
- I never believe those who say they care.
- It's hard for me to express my anger because I'm afraid I'll be beaten for it.
- When I hear a loud noise, my body becomes rigid.
- I have made a vow to myself never to spank my children.
- I turn my anger and rage inward.
- I feel like I need to take care of the other person to keep him/her happy.
- I don't know what a good relationship is like.
- I am afraid I will hit someone.
- I feel numb.
- I am determined to come out on top always.
- I have come to expect to be hit; I don't even try to avoid it anymore.
- I never thought I was being beaten; I always thought I was giving as good as I got. Isn't hitting part of every relationship?
- I get depressed easily.
- I don't take good care of myself.
- I would kill someone who tried to hurt me.

The most apparent impact of physical abuse on survivors is their lack of trust and ongoing sense of fearfulness. You may want to help participants see how low self-esteem, paranoia, and their own rage also may be connected to a history of physical abuse.

Participants often are articulate about how abuse has affected their current functioning. They may feel stuck, however, when they try to think of how to change that impact. Make sure that participants end the activity with hope that their scars may eventually heal. You can say things like, "Trauma is not destiny" or "Your past does not have to define your present or your future."

B. Ask participants to develop a recipe for healing the scars of abuse. Prompt them by asking, "What ingredients would you put in the recipe?" As participants develop the recipe, write the recipe on the flip chart. Often, participants request that leaders make copies of this recipe for distribution during the next group. Sample responses:

- Tell the abuser how much they hurt you
- Let out the pain and anger with a good cry
- The passage of time
- Keep emotional distance
- Talk and think about yourself in a positive manner
- Keep physical distance from the abuse or abusive situation
- Create your own family, the way you want it to be
- Self-assertiveness
- Take care of yourself
- Acknowledge the abuse
- Get involved in a caring relationship
- Believe your version of the story
- Spirituality
- Know that you are important, too

Participants generally find it easy to participate in this exercise. Even though they may have been unable to heal themselves, most know what a healing formula might look like.

### **Mind-body skills: Mindful listening**

Find something in the room to listen to and focus on the sound as you breathe. If the sound goes away, pick another sound to focus on. Just as we did with the breath, if you get distracted by thoughts, just pull yourself back to the sound you were focusing on. See if you can just listen and refrain from analyzing the sound, such as whether you find it pleasant or unpleasant or wondering where the sound is coming from.

### **Check-out**

Close the group with a 1-10 check on feelings.

## Meeting B: What is Emotional Abuse?

### Materials

- Flip chart and markers
- Paper and pens for participants

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Survivors of physical and sexual abuse inevitably also suffer the scars of emotional abuse. However, emotional trauma is so much a part of everyday life that it often goes unnoticed. Emotional abuse can contribute to a damaged and distorted sense of self in adulthood. Facilitate discussion among participants about the following questions:

1. What is emotional abuse? Sample responses:

- Being neglected by my parents
- Never being given any attention by my mother
- Having parents who didn't interact or talk with me
- Being criticized all the time
- Being constantly compared to my siblings and never measuring up
- Having mind games played on me
- Constantly being given mixed messages by someone
- My mother's telling me "You'd be better off dead."
- My dad always wanting to control me
- My boyfriend's threatening me all the time
- Family members always telling me that I'm dumb or crazy
- Being given too much responsibility: I was raising my siblings when I was 12 years old
- Being called names
- Never being allowed to have a childhood
- Being made to feel ashamed all the time
- Being told I was not wanted

If not raised, point out the following can be considered emotional abuse:

- Neglect
- Shaming

- Manipulation
- Deprivation
- Severe criticism
- Dysfunctional parents (due to alcoholism, addiction, mental health issues)
- Isolation
- Abandonment
- Role reversals—parentified child

A discussion of the dynamics of emotional abuse can be aided by asking participants about specific relationships (e.g., with parents, with adult children, with intimate partners, friends, bosses.).

2. What strategies did you use to escape the abuse? Sample responses:

- I was always trying to please.
- I tried to be perfect.
- I withdrew from everyone.
- I started using drugs.
- I tried to get attention from other people.
- I fantasized a lot of the time.
- I ran away from home.
- I got into a lot of fights with my family because I was so angry.
- I ignored it.
- I was very good and obedient.
- I started dating when I was very young, so I could be out all the time.
- I joined a cult.
- I did not try to escape and now I hate myself for it
- I went to my neighbor's house all the time.
- I stayed late at school
- I stuffed the feelings down by eating all the time.

The term “escape” may suggest unhealthy ways of coping with the abuse. If participants only mention negative strategies, you can ask them if they know of any positive ways of handling emotional abuse.

3. What impact do you think this abuse has had on your adult functioning? Prompt participants by asking about the impact of emotional abuse on self-esteem, relationships, success, ability to experience pleasure, and day-to-day functioning. Sample responses:

- I have very poor self-esteem.
- I feel out of control.
- I'm hopeless.
- I don't trust anyone so it's hard to have relationship.
- I don't trust myself.
- I'm always angry.
- I usually assume the worst.
- I withdraw.
- I know I have a poor attitude about my life.
- I'm depressed.
- I eat to feel better.
- I still try to please everyone.
- I'm afraid to speak my mind or disagree with anyone.
- I'm more critical than I would like to be.

B. Ask participants to think of abusive comments directed toward them as children. Anything that made them feel bad, inferior, or threatened can be included. Participants should write the phrase on a piece of paper and discuss the comment with the group. Participants will shred the piece of paper to symbolically eliminate the phrase from the English (Spanish, or other) language. Sample responses:

- You should never have been born.
- You're just like your father, the rotten SOB.
- You'll never amount to anything.
- If you do that one more time, you can go live out on the streets.
- Keep that up and you'll never go to college.
- You are ugly and stupid.
- You are evil because you're so black.

It is useful for participants to see that many of the abusive comments were either irrational criticisms or things over which they could not possibly have had any control.

### **Mind-body skills: Find Your Center**

Sit upright in a comfortable position and take several deep breaths. On the next exhale, lean as far to the right as you can without falling over. Inhale and return to center. Then, exhale and lean far to the left. Inhale to the center. Slowly start to repeat, leaning less and less every time. When you finally reach the middle, your center, take several deep breaths and notice what it feels like to be in balance.

### **Checkout**

Close the group with a 1-10 check on feelings.

## Module 9: Sexual Abuse (Females)

### Learning objectives

Upon completion of this module, participants will be able to

- verbalize how sexual abuse has impacted their lives with regard to self-defeating thoughts and behaviors and
- begin to develop an awareness of their right to a healthy self-concept.

### Meeting A: What is Sexual Abuse?

#### Materials

- Flip chart and markers
- Paper and pens for note-taking
- VIDEO: Healing Neen (Beginning through 28-minute mark)

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

Introduce this module by saying, “In this session, we will be looking at the trauma of childhood sexual abuse through the life story of one woman in a video called Healing Neen. We’ll watch the first half of the film this session and the second half at our next session. As you watch, please look for or take notes on the following things, as well as anything else that stands out for you.”

1. How did childhood sexual abuse affect Neen growing up?
2. In what ways did she try to cope with what happened to her?
3. Can you relate to any parts of Neen’s story? Why or why not?

#### Mind-body skills: Body wake-up exercise

Ask participants to join in a body wake-up exercise. Participants can remain sitting in their chairs.

The group starts by rubbing their hands together to create warmth and then placing their warm hands over their eyes. The exercise continues by rubbing the hands together again and then placing the warm hands on both temples; then rubbing again, placing their hands on both sides of the neck; rubbing hands again and then placing hands on their shoulders.

Next, ask participants to brush away the stress in their left arm by using their right hand. starting at the shoulder and brushing down the arm, thinking about brushing out all the stress in the arm. Repeat this exercise for the right arm. Repeat the same process for both legs by starting at the hip and brushing the stress out and down the legs.

Now, start again with arms and knead from shoulder to hand. Begin with the left arm and then right arm. Repeat the same for the legs by kneading each thigh with both hands as if you were kneading bread. Repeat the same for the calf muscles in the lower legs. When you have completed the calf muscles, place your hands on your toes and run your hands up the front of your legs, the abdomen, chest, neck, and head. Extend both arms to the sky.

Sweep arms down to the toes again and repeat the massage up the body a second time.

Ask participants how their bodies feel. Do they feel more energized? Suggest doing this simple exercise when people feel tired and need to be awake.

### Check-out

Acknowledge the intensity of the session. Close the group with a 1-10 check on feelings.

Encourage participants to reach out for one-on-one assistance and/or to practice their coping strategies if needed.

## Meeting B: What is Sexual Abuse, Continued

### Materials

- Flip chart and markers
- Paper and pens for note-taking
- VIDEO: Healing Neen (28-minute mark to 54-minute mark)

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

Introduce this meeting by saying, “In this session, we are going to watch the second half of Healing Neen. As you watch, please look for or take notes on the following things, as well as anything else that stands out for you.”

Facilitate a discussion after the film using the following questions:

- When and how did things begin to change for Neen?
- How did Neen break the cycle of child abuse in her family?
- Can you relate to any parts of Neen’s story? The other women who spoke in the film?

Why or why not?

- Did anything else stand out for you in the film?”

### Mind-body skills

Ask participants to practice the body wake-up exercise introduced in Meeting A.

### Check-out

Acknowledge the intensity of the session. Close the group with a 1-10 check on feelings. Encourage participants to reach out for one-on-one assistance and/or to practice their coping strategies if needed.



## Module 9: Sexual Abuse (Males)

Learning objectives

Upon completion of this module, participants will be able to

- better understand the effects of childhood sexual abuse often seen among adult male survivors and
- identify and explore myths and facts regarding males who have experienced sexual abuse as children.

Meeting A: Characteristics Often Seen Among Men Sexually Abused as Children

### Materials

- Flip chart and markers
- Handout: Characteristics Often Seen Among Men Sexually Abused as Children
- Video: Bristlecone Project: Men Overcoming Sexual Abuse and Assault

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

NOTE to facilitators: Women feel alone and isolated in their abuse; men may feel even more so. Be prepared to deal with the sense of isolation, inability to confide about their abuse, and the belief that, because this just doesn't happen to boys, they are somehow different from others, in a most negative way.

Just because we may believe a person is likely to (should) feel, think, or act in a certain way about their experience, check first to see how participants have reacted to the abuse. It is often instructive for survivors to look at other ways of viewing one's experience. Seeing that there are options is often a surprise and can be enlightening and empowering to the survivor.

Remember that this is an educational group; avoid taking a therapeutic stance in the session.

A. Write the following on flip chart to introduce the purpose of this session: "Understanding the effects of childhood sexual abuse on your life as a man is a first step in healing."

Distribute HANDOUT: Characteristics Often Seen Among Men Sexually Abused as Children. Use the following points to guide discussion:

- It is very important to understand that each person has individual reactions to abuse. Although there may be tendencies or trends based upon type or intensity of the abuse, gender, age of onset, perpetrator variables, etc., keep in mind that the reactions of individuals may vary greatly.

- Elicit additional ideas from participants on ways survivors may respond to a history of childhood sexual abuse.
- Males often do not believe that there are many (any) others who have experienced what they have in their abuse. This is especially true if they were abused by women.
- Men often feel very alone in dealing with their sexual abuse with great shame and guilt responses.
- The inability to “tell” often leads to ineffective reactions in the attempt to control their own pain, as well as to control their environment.

B. Show VIDEO: Bristlecone Project: Men Overcoming Sexual Abuse and Assault. Facilitate discussion using the following questions:

- What ideas about manhood make it challenging for men to seek help if they have been sexually abused or assaulted?
- What are some of the long-term effects of male sexual abuse or assault discussed in the film?
- What are some of the steps a man can take towards healing, discussed in the film?

### **Mind-body skills: Body wake-up exercise**

Ask participants to join in a body wake-up exercise. Participants can remain sitting in their chairs.

The group starts by rubbing their hands together to create warmth and then placing their warm hands over their eyes. The exercise continues by rubbing the hands together again and then placing the warm hands on both temples; then rubbing again, placing their hands on both sides of the neck; rubbing hands again and then placing hands on their shoulders.

Next, ask participants to brush away the stress in their left arm by using their right hand. starting at the shoulder and brushing down the arm, thinking about brushing out all the stress in the arm. Repeat this exercise for the right arm. Repeat the same process for both legs by starting at the hip and brushing the stress out and down the legs.

Now, start again with arms and knead from shoulder to hand. Begin with the left arm and then right arm. Repeat the same for the legs by kneading each thigh with both hands as if you were kneading bread. Repeat the same for the calf muscles in the lower legs. When you have completed the calf muscles, place your hands on your toes and run your hands up the front of your legs, the abdomen, chest, neck, and head. Extend both arms to the sky.

Sweep arms down to the toes again and repeat the massage up the body a second time.

Ask participants how their bodies feel. Do they feel more energized? Suggest doing this simple exercise when people feel tired and need to be awake.

## Close-out

Acknowledge the intensity of the session. Close the group with a 1-10 check on feelings. Encourage participants to reach out for one-on-one assistance and/or to practice their coping strategies if needed.

## Handout: Characteristics Often Seen Among Men Sexually Abused as Children

Aggressive behaviors

Controlling behaviors

Highly sexualized language and behaviors

Confusion over sexual identify

Inappropriate attempts to assert masculinity

Vulnerability toward compulsive behaviors Homophobic concerns

A greater difficulty than women dealing with shame

A greater reluctance than women to seek treatment/help

Strong tendency to minimize abuse experiences

Greater tendency to dwell on revenge against the perpetrator and in a more violent way

Experience sexual dysfunction

A feeling he let down not only himself, but his gender too, by not preventing the abuse from occurring

Intense feelings of being different from others

Sense that he is the only one this has happened to Suicide ideation and attempts

Impaired ability to trust or to feel close

Nightmares

Flashbacks

Sleeping disorders

## Meeting B: Facts and Myths about Males Sexually Abused as Children

### Materials

- Flip chart and markers
- Handout: Facts and Myths about Males Sexually Abused as Children

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

NOTE to facilitators: For any man harmed by unwanted or abusive sexual experiences—and anyone who wants to support him, becoming free of these myths is necessary to overcoming the effects of the abuse and to achieving the life he wants and deserves.

Without consideration of alternative ways of viewing a situation, true choice does not exist. With only one possibility present, a person cannot choose a different way of thinking, feeling, and behaving.

Challenging some of these beliefs may be difficult for participants. The myths were learned many years ago and have been reinforced over time by socialization, as well as self-indoctrination by male survivors.

Be vigilant for signs of distress as long-held belief systems are challenged. Be very supportive and encouraging of exploring “other” belief systems about one’s abuse.

A. Introduce today’s topic with the following points:

- There are myths that everyone absorbs growing up, and continue to hear as adults, usually without even thinking about it. Some boys and men will, at least for a while, believe them and suffer the consequences.
- As long as societies believe these myths, and teach them to children from their earliest years, many men harmed by unwanted or abusive sexual experiences won’t get the recognition and help they need.
- As long as boys or men harmed by unwanted or abusive sexual experiences believe these myths, they will feel ashamed and be less likely to seek whatever knowledge, understanding, and help they need to achieve the lives they want and deserve.
- And so long as these myths are believed, it increases the power of another devastating myth: that it was the child’s fault. It is never the fault of the child in a sexual situation— although some people are skilled at getting those they use or abuse to take on a responsibility that is always, and only, their own.

B. Distribute HANDOUT: Facts and Myths about Males Sexually Abused as Children. Encourage participants to take turns reading the facts and myths aloud. Facilitate a discussion based on the handout.

### **Mind-body skills: Body wake-up exercise**

Ask participants to practice the body wake-up exercise introduced in Meeting A.

### **Check-out**

Acknowledge the intensity of the session topic. Close the group with a 1-10 check on feelings. Encourage participants to reach out for one-on-one assistance and/or to practice their coping strategies if needed.

## Handout: Facts and Myths about Males Sexually Abused as Children<sup>15</sup>

Cultural myths surrounding the sexual abuse and assault of boys and men can be serious obstacles to understanding and healing, so it's important to learn just how wrong they are. Before exploring the myths, though, here are some key facts:

### Facts

1. Boys and men can be sexually used or abused, and it has nothing to do with how masculine they are.
2. If a boy liked the attention he was getting, or got sexually aroused during the abuse, or even sometimes wanted the attention or sexual contact, this does not mean he wanted or liked being manipulated or abused, or that any part of what happened, in any way, was his responsibility or fault.
3. Sexual abuse and assault harms boys/men and girls/women in ways that are similar and different, but equally harmful.
4. Boys can be sexually abused by both straight and gay men and women. Sexual abuse is the result of abusive behavior that takes advantage of a child's vulnerability and is in no way related to the sexual orientation of the abusive person.
5. Whether he is gay, straight or bisexual, a boy's sexual orientation is neither the cause nor the result of sexual abuse. By focusing on the abusive nature of sexual abuse rather than the sexual aspects of the interaction, it becomes easier to understand that sexual abuse has nothing to do with a boy's sexual orientation.
6. Girls and women can sexually abuse or assault boys and men. The boys and men are not "lucky," but exploited and harmed.
7. Most boys and men who are sexually abused or assaulted will not go on to sexually abuse or assault others.

### Myths

1. Boys can't be sexually used or abused, and if one is, he can never be a "real man." What happens to any of us as children does not need to define us as adults or men. It is important to remember that 1 in 6 boys are sexually abused before age 18, and that those boys can grow up to be strong, powerful, courageous and healthy men.
2. If a boy experienced sexual arousal during abuse, he wanted and/or enjoyed it, and if he ever did partly want the sexual experiences, then they were his fault. Many boys and men believe this myth and feel lots of guilt and shame because they got physically

<sup>15</sup> Source: <https://1in6.org>

aroused during the abuse. But that doesn't make it true. Boys are not seeking to be sexually abused or exploited.

3. Sexual abuse is less harmful to boys than girls. The long-term effects of sexual abuse and assault can be quite damaging for both males and females. The harm caused by sexual abuse or assault mostly depends on things not determined by gender, including: the abuser's identity, the duration of the abuse, whether the child told anyone at the time, and if so, whether the child was believed and helped.

4. Most men who sexually abuse boys are gay. Studies about this question suggest that men who have sexually abused a boy most often identify as heterosexual and often are involved in adult heterosexual relationships at the time of abusive interaction. There is no indication that a gay man is more likely to engage in sexually abusive behavior than a straight man and some studies even suggest it is less likely.

5. Boys abused by males must have attracted the abuse because they are gay or they become gay as a result. It is common for boys and men who have been abused to express confusion about their sexual identity and orientation. Some guys who identify as heterosexual fear that due to their experiences as boys, they must "really" be homosexual. They may believe this would mean that they can't be a "real man," as defined by the larger society. Men who identify as gay or bi-sexual may wonder if their sexual orientation was influenced in any way by the abusive experience or was the cause of their orientation.

6. If a female used or abused a boy, he was "lucky," and if he doesn't feel that way there's something wrong with him. Being sexually used or abused, whether by males or females, can cause a variety of other emotional and psychological problems. However, boys and men often don't recognize the connections between what happened and their later problems. To be used as a sexual object by a more powerful person, male or female, is never a good thing, and can cause lasting harm.

7. Boys who are sexually abused will go on to abuse others.

This myth is especially dangerous because it can create terrible fear in boys and men. They may not only fear becoming abusers themselves, but that others will find out they were abused and believe they're a danger to children. Sadly, boys and men who tell of being sexually abused often are viewed more as potential perpetrators than as guys who need support.



## Module 10: Trauma and Addiction

### Learning objectives

Upon completion of this module, participants will be able to

- recognize addictive/compulsive behaviors as coping mechanisms,
- make the connection between their addiction/compulsive behaviors and their trauma, and
- begin to see how excessive dependence on drugs, alcohol, food, sex, etc. may be a form of self-abuse.

### Meeting A: Addiction as Coping

#### Materials

- Flip chart and markers
- Handout: Coping

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

A. Frequently, compulsive behaviors, emotional distress, and trauma recovery are seen as separate issues, with people receiving treatment from separate systems for each of these problems. An integrated approach to recovery and skill development demands that survivors be helped to see addictions as dysfunctional coping mechanisms tied directly to past, current, and future trauma.

Explaining the “double edge” of addiction. Addictions may offer escape, relief, a sense of being in control, a way to protect oneself, or of just feeling better. However, they can also destroy one’s body, numb one’s feelings, break up relationships, lead people to behavior that tears down self-esteem, and kill.

Define what is meant by compulsive behaviors: A compulsion is not merely a habit; it is a behavior that seems out of one’s control, a behavior so powerful it seems to rule one’s life. A person may engage in more than one compulsive behavior at a time. People who have used drugs and alcohol may recognize that they also engage in other compulsive behaviors. It is useful for participants to see that all compulsions serve similar purposes and have similar characteristics.

Ask, “Do you have behaviors that could be considered compulsive or addictive? What are they?”

Sample responses:

Hypersexuality	Masturbating	Lying
Overeating	Cleaning	Stealing
Hoarding	Cutting myself	Praying
Shopping	Exercising	Gaming
List making	Gambling	Hair pulling
Drinking, drugging, smoking	Handwashing	Checking and rechecking appliances

NOTE: If not mentioned, talk about “positive” addictions/behaviors, e.g. religion, perfectionism, etc.

Ask, “When did you first engage in these compulsive or addictive behaviors? What purpose have these behaviors served?” Sample responses:

- My father taught me to keep everything. He wouldn’t allow me to waste anything or else I suffered the consequences; that’s how I started hoarding.
- I scratch myself, so I can feel alive.
- I thought that as long as I was skinny, no one would see me as a sex object.
- When I cleaned my room at home, I felt in control.
- My father injected me with heroin while he was abusing me; that was the beginning of my addiction.
- I started shopping in high school because it made me feel clean and pretty again.
- When I cried as a baby, my parents gave me alcohol to quiet me.
- Watching the TV was a way to escape.
- I shop to keep busy, so I won’t have to think.
- Whenever I felt bad about myself, I would gorge on sweets and then force myself to throw up.

Be sure that participants understand that addictive/compulsive behaviors can serve as a means of coping with the pain of trauma before asking the next question.

Ask, “What kind of relationship do you have with your compulsion – adversarial, friendly, loving?”

Sample responses:

- When everyone else lets me down, I could turn to my drugs and beer.
- Cleaning felt like the only thing I had control of in my life. Now I know that wasn’t true.
- I never felt lonely when I was shopping.
- Drugs were the only friend that never let me down.
- The gambling became a trap I couldn’t escape.
- I felt good when I was eating, but my problems were still there when I was done.
- The drug let me down; it gave me false hope.
- I felt secure when I had a lot of things.
- I felt the exercising would save me.

- I hated the cigarettes even though I craved them.
- I felt like I was married to cocaine.

NOTE: Participants may be surprised to realize just how important their compulsions have been to their survival. In many cases, these behaviors became more than just a way to block out pain; they were a way to feel normal or even became a person's best companion.

B. Distribute HANDOUT: Coping. Ask participants to complete it during this meeting or on their own between meetings, ready to report back next meeting.

### **Mind-body skills: Breathing through cravings**

Explain that this breath can be helpful if you are experiencing any kind of addictive or compulsive craving. Sit comfortably anywhere with your spine straight but not rigid. Take the deepest breath you can and hold it without straining until you need to exhale. You can exhale through your nose or mouth. Repeat this seven times. After you are done, sit quietly with your eyes closed for just one minute and feel the shift in your body and mind.

### **Check-out**

Close the group with a 1-10 check on feelings.

## Handout: Coping

Write or draw about your own experience of coping.

1. How did you cope in the past?

2. How do you cope these days?

3. How has your coping affected your life?

4. What positive coping skills have you developed or wish to develop?

## Meeting B: The Cost of Coping through Addiction

### Materials

- Flip chart and markers Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

Review questions on coping handout from previous meeting. Ask if participants have any insights to share, especially about how coping has affected their lives.

Ask, “What has your addiction or compulsion cost you?” Sample responses:

- Using drugs cost me my kids. CPS took them away from me.
- I’m HIV positive from having so many sex partners.
- I lost my home.
- I went to jail for possession of cocaine.
- I lost my self-respect.
- I’ve spent so much money on shopping I have nothing to show for myself.
- My boyfriend dumped me because I was using.
- My family won’t let me come in the house.
- I dropped out of school because I was too busy cleaning.
- My family lost respect for me.
- My self-esteem went way down.
- I can’t have friends over because of the clutter.
- I lost my car due to a gambling debt.
- I have never really had a serious relationship.
- I got lung cancer from smoking.
- I’m ashamed to wear a bathing suit because of the cuts on my body.

Ask, “Could your addiction be considered a form of self-abuse? Why or why not?”

NOTE: As people recall what they have lost, they may begin to feel emotions that have been suppressed for years. Some will feel great sadness. Others will feel enraged at perpetrators, at circumstances, or at themselves. You should allow them to feel their feelings and then direct the conversation toward how one can move beyond the pain toward genuine recovery.

Additional questions, as time allows:

- How do family and friends respond to your compulsive behavior?
- Did you ever try to stop the behavior? How did you feel?

### **Mind-body skills**

Practice the “Breathing through cravings” skill from Meeting A.

### **Check-out**

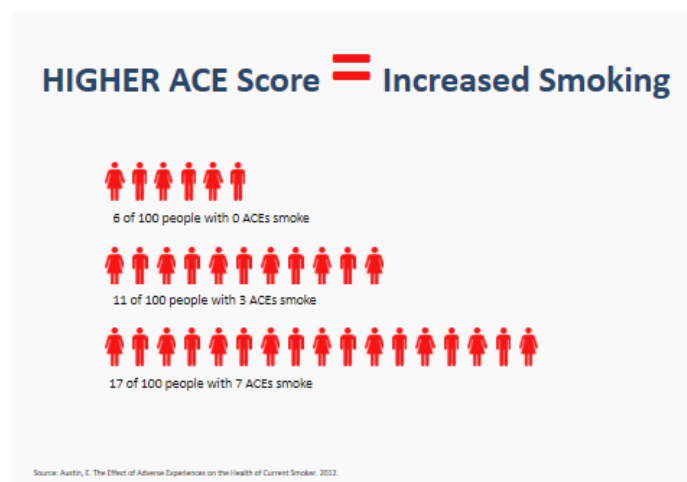
Close the group with a 1-10 check on feelings.

## Module 11: Addressing Tobacco Use Among Individuals who Experienced Trauma

Addressing tobacco use among individuals who experienced trauma should be an important part of group discussions, due to the higher prevalence of smoking among this population along with the health harms that it leads to, including mental health effects like increased anxiety and stress. By addressing factors that may heighten symptoms of thinking on traumatic events, survivors of trauma may find it less challenging to take steps in addressing their trauma experiences and establish self-coping mechanisms.

### Why People with Trauma Smoke

To address tobacco use among individuals who experienced trauma, it is critical to turn the narrative from “what’s wrong with you [that you have to smoke]” to “what happened to you?”, to



understand the factors and influences that started someone down the road to smoking. It may be that someone experienced trauma across their lifespan, whether from adverse childhood experiences (ACEs) or adulthood trauma – the individual may smoke in order to try relieving themselves of these psychosocial stressors despite the long-term opposite effect that nicotine has on your mood. Several theories exist on why individuals who experience

trauma smoke. The self-medication hypothesis suggests that cigarettes are used to treat stress and negative affective states associated with trauma.<sup>vi</sup> The more severe the trauma symptoms are the more people may rely on smoking to cope. Some individuals who smoke may feel that nicotine increases alertness in the short-term, and this helps them to cope with the negative symptoms of trauma.

There are a variety of other levers that may contribute to increased stress and diminished mood that lead to nicotine use among individuals who experience trauma. Structural factors like financial and housing instability, common among individuals who experience trauma, are linked with both high rates of tobacco use and reduced cessation. The neighborhood and physical environment such as living in neighborhoods with high tobacco retail density, social deprivation, or crime are

associated with increased tobacco use. The social and community context including spending time with family or friends who smoke are other important factors.<sup>vii</sup> Systemic factors such as reduced access to healthcare and smoking care, which is often the case for people exiting institutional settings or correctional systems, are other factors that contribute to high rates of tobacco use. Moreover, the tobacco industry historically used targeted marketing to advertise cigarettes as providing stress relief and reducing life stressors.<sup>viii</sup>

<sup>vi</sup> Garey L, Bakhshaie J, Vujanovic AA, Reitzel LR, Schmidt NB, & Zvolensky MJ (2016). Posttraumatic stress symptom severity and cognitive-based smoking processes among trauma-exposed treatment-seeking smokers: The role of perceived stress. *Addictive Behaviors*, 60, 84–89

<sup>vii</sup> Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [2022 Apr 1], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

<sup>viii</sup> Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: A population-based prevalence study. *JAMA*. 2000 Nov 22-29;284(20):2606-10. doi: 10.1001/jama.284.20.2606. PMID: 11086367.



## Common Misconceptions Regarding Tobacco Use among Individuals with Behavioral Health Conditions

There are many long-held myths regarding tobacco use and cessation among individuals with behavioral health conditions who smoke, which have been historically strengthened due to heavy funding from the tobacco industry. Despite these misconceptions, a variety of studies have shown that they are simply untrue. There is overlap among people who experience trauma and who live with behavioral health conditions. Exposure to trauma is linked with developing PTSD; the combination of trauma and PTSD is highly linked with developing substance use disorders. People seeking substance use disorder treatment have a high prevalence of PTSD and trauma histories. The following shows a number of myths or misconceptions that the tobacco industry has promoted among those with behavioral health conditions (mental health and/or substance use conditions), along with the truth behind these falsehoods:<sup>ix</sup>

- Myth: “People with behavioral health conditions aren’t interested in quitting smoking and can’t quit”
- **Fact: Behavioral health consumers are interested in quitting smoking and can quit successfully**
- Myth: “Quitting smoking interferes with other treatments for mental illnesses and substance use disorders”
- **Fact: Quitting smoking can actually improve mental health and substance recovery**
- Myth: “Smoking is less harmful than other addictive substances”
- **Fact: Heart disease, lung disease, and cancer, all of which can be caused by smoking, are the biggest killers of people with mental health issues.**

## Tobacco Use among Survivors of Trauma – The Numbers

**~45% OF PEOPLE WITH POST TRAUMATIC STRESS DISORDER (PTSD) CURRENTLY SMOKE**

Individuals who are in correctional settings have higher rates of tobacco use than those who have not experienced incarceration. Tobacco products have historically been available,

distributed, and traded among jail and prison inmates – despite 2006 and 2015 bans on tobacco products from the Federal Bureau of Prisons, tobacco use is still very much prevalent in correctional settings and often traded as contraband. Correctional settings have higher concentrations of inmates with behavioral health conditions compared with those who are not incarcerated,<sup>x</sup> and the prevalence of tobacco use in these settings is over 50%-80%.<sup>xi</sup> As a result, over 90% of former smokers who are released from correctional settings relapse to smoking.<sup>xii</sup>

Individuals who have a history of severe adult trauma are twice as likely to become dependent on tobacco use than those without severe trauma. As well, 45% of adults with a Post-Traumatic Stress Disorder (PTSD) diagnosis – a diagnosis common among individuals who have experienced trauma-- smoke and 73% of those individuals smoke more than a pack of cigarettes per day.<sup>xiii</sup>

Other types of trauma that are linked with tobacco use specifically include intimate partner violence. The lifetime prevalence of intimate partner violence is 22.1% among women and 7.4% among men.<sup>xiv</sup> Individuals who have experienced trauma from partner violence are more likely to report current smoking than those who have not experienced this kind of trauma. Type of trauma may also impact cigarette smoking. Cigarette smoking frequency and number of cigarettes smoked per day is higher among people who reported intimate partner violence type trauma than those who don't report this trauma.

Individuals with mental health and/or substance use conditions in particular smoke at a much higher rate than those without those conditions. Adults who have any behavioral health condition (mental health and/or substance use disorders) represent about a quarter of the U.S. population – however, this group consumes about 40% of all cigarettes smoked in the country per year.<sup>xv</sup> As well, 25.5% of adults with any behavioral health condition smoked cigarettes in 2020, compared with 12.5% of those without any diagnosed behavioral health condition.<sup>xvi</sup>

<sup>x</sup> Schroeder SA. Smoking cessation should be an integral part of serious mental illness treatment. *World Psychiatry*. 2016 Jun;15(2):175-6. doi: 10.1002/wps.20332. PMID: 27265708; PMCID: PMC4911769.

<sup>x</sup> Binswanger I.A., Carson E.A., Krueger P.M., Mueller S.R., Steiner J.F., Sabol W.J. Prison tobacco control policies and deaths from smoking in United States prisons: population based retrospective analysis. *BMJ*. 2014;349(aug04 3):g4542.

<sup>xi</sup> Cropsey KL, Jones-Whaley S, Jackson DO, Hale GJ. Smoking characteristics of community corrections clients. *Nicotine & Tobacco Research*. 2010;12(1):53–58. doi: 10.1093/ntr/ntp172.

<sup>xii</sup> Lincoln T, Tuthill RW, Roberts CA, Kennedy S, Hammett TM, Langmore-Avila E, et al. Resumption of smoking after release from a tobacco-free correctional facility. *Journal of Correctional Health Care*. 2009;15(3):190–196. doi: 10.1177/1078345809333388.

<sup>xiii</sup> Estey D, Platt J, Goodwin RD, Weinberger AH. Relationship of trauma exposure and PTSD to cigarette smoking prevalence, frequency, and quantity: Data from a nationally representative sample of U.S. adults. *Psychol Trauma*. 2021 Feb;13(2):231-239. doi: 10.1037/tra0000991. Epub 2020 Nov 30. PMID: 33252969; PMCID: PMC8493633.

<sup>xiv</sup> Crane CA, Hawes SW, Weinberger AH. Intimate partner violence victimization and cigarette smoking: a meta-analytic review. *Trauma Violence Abuse*. 2013 Oct;14(4):305-15. doi: 10.1177/1524838013495962. Epub 2013 Jul 22. PMID: 23878146; PMCID: PMC3784627.

## Benefits of Quitting Smoking

Stopping smoking is the healthiest choice an individual can make, and health benefits accrue no matter what age quitting occurs.<sup>ix</sup>

- For someone quitting at ages 25-34 years, an additional 10 years of life can be gained. Studies for later age groups have shown 9 years gained at ages 35-44 years, 8 years gained at 45-54 years, and 4 years gained at 55-64 years. Even very old quitters live longer compared to those who continue smoking.
- Within one year of stopping smoking, the risk of coronary heart disease is only half of those who continue smoking, and within 15 years it reaches that of people who never smoked.
- Within five years, the risk of a stroke decreases to that of someone who never smoked; within ten years, lung cancer risk declines to half that of those who continue smoking.
- Beyond a healthier and longer life, there are specific benefits for those with certain mental illness. Smoking tobacco interferes with the efficacy of most antipsychotic and antidepressant medications and therefore requires higher dosages of those medications for the desired effect. Quitting smoking will allow that individual to take less of those medications.

### QUITTING SMOKING BENEFITS YOUR MENTAL HEALTH, DRUG ABSTINENCE, AND YOUR WALLET!

quality of life. These benefits apply equally to those with and without behavioral health conditions or trauma, and the effects are equal to or larger than of antidepressant treatment for mood and anxiety disorders; within 6 months of quitting, substantial improvements in mental health including positive affect are noted,<sup>iii, xvii</sup>

Furthermore, multiple studies have shown that quitting smoking leads to less depression, anxiety and stress, as well as increased positive mood and

- Quitting tobacco use can improve the likelihood of long term sobriety from alcohol and other drugs by 25% if addressed at same time as alcohol/drug recovery.<sup>ii</sup>
- Another major benefit of quitting smoking is financial – due to high cost based on frequency of use and increasing tobacco tax rates, tobacco use consumes a larger portion of the usually constrained budgets of individuals who smoke.

<sup>xv</sup> Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). The NSDUH Report: Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. Rockville, MD.

<sup>xvi</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). National Survey on Drug Use and Health 2020 (NSDUH- 2020-DS0001). Retrieved/analyzed from <https://datafiles.samhsa.gov>

<sup>xvii</sup> Taylor GMJ, Lindson N, Farley A, Leinberger-Jabari A, Sawyer K, te Water Naudé R, Theodoulou A, King N, Burke C, Aveyard P. Smoking cessation for improving mental health. Cochrane Database of Systematic Reviews 2021, Issue 3. Art. No.: CD013522. DOI: 10.1002/14651858.CD013522.pub2. Accessed 20 May 2022.

## How to Help Someone Quit Tobacco

Although many individuals try to quit smoking via “cold turkey” (without any medication aid or support), only about 4-7% of unaided quit attempts are successful.<sup>xviii</sup> Guideline-recommended smoking cessation therapy includes combination counseling and pharmacotherapy, and these aids have been shown to increase an individual’s chance of quitting successfully, including:<sup>xix, xx</sup>

- Counseling may include the 5As for smoking cessation, which includes asking about tobacco use, advising to quit, assessing readiness to quit, assisting with the quit attempt by providing counseling and pharmacotherapy, and arranging for follow-up. Counseling may also be brief by asking about smoking status, advising to quit and offering assistance with quitting and/or referring to resources. Counseling helps to address the behavioral aspects of nicotine dependence to mitigate cues to smoking.
- Pharmacotherapy includes the five FDA approved nicotine replacement therapy ([NRT] patches, gum, lozenges, inhaler and spray) and prescription medications such as Varenicline (brand name Chantix) and Bupropion (brand name Zyban). These medications are used to reduce cravings and withdrawal symptoms from smoking cessation. Varenicline is equivalent in efficacy to combination pharmacotherapy that includes long-acting patch with the short-acting gum or lozenge. People with trauma and depression histories may also benefit from bupropion and NRT.
- Counseling sessions may be offered in an individual or group setting, either brief or intensive (i.e., 15-20 minutes or more), in person or by phone.
- Some may benefit from being connected to their state quitline. 1-800-QUIT-NOW is a national registry number that automatically connects the individual to their respective quit line. Each state quitline has a team of tobacco cessation counselors who can help the individual develop a quit plan and timeline, and may be able to provide extra counseling sessions and free NRT for the person to start their tobacco-free journey. Quitlines can double an individual’s chance of quitting successfully and are free to the public.

Some with trauma histories may prefer self-isolation as a preservation mechanism, and therefore may prefer individual 1:1 counseling versus group counseling approaches. All approaches need to be considered and tailored to an individual’s needs.

Combination approaches that utilize both counseling and pharmacotherapy are preferred to using only one or the other.

Treat tobacco as a vital signs and ask about tobacco and offer support to quit at every single encounter including at intake, during interventions, and upon re-entry.

## How to Help Someone Stay Quit

Due to the fact that tobacco addiction is a chronic, relapsing condition, it is important that clients feel empowered to reduce consumption and/or quit again should relapse occur. They are more likely to do so when they consider their caregivers as true partners in their battle against smoking. Quitting smoking is challenging, so it is important that individuals who smoke realize it will likely require multiple quit attempts until they have stopped smoking for good – experts estimate that it may take 8-14 attempts to fully quit.<sup>xxi</sup> People who quit often start smoking again because of stress, cravings, weight gain, and being around other individuals who smoke. Those who smoke should not be discouraged by relapse – they can try to quit again and should be encouraged to do so with positive messages that highlight the benefits of quitting (health, money savings, healthy environment for family, etc.) and treat each quit attempt as a win. Stay mindful of how difficult it often is to stop smoking; use this knowledge to maintain a compassionate perspective.

When helping a trauma survivor quit smoking who was recently in correctional settings, it is important to recognize that they have been tobacco free while incarcerated which can be empowering and can strengthen their ability to stay quit when they are discharged.

Recognizing this achievement as an opportunity going forth into society, highlighting more job opportunities, more money in their pocket, and over all longer and healthier quality of life can help reframe this as a positive that can encourage abstinence.

## Other Resources

**Smokefree.gov:** The National Cancer Institute (NCI) created Smokefree.gov to help you or someone you care about quit smoking. This website includes quizzes, tips, plans, apps, text messaging programs and other ways to get ready to quit and be smoke free for good.

<sup>xvii</sup> Fiore, MC.; Jaen, CR.; Baker, TB., et al. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service; 2008 May. Treating Tobacco Use and Dependence: 2008 Update.

<sup>xix</sup> US Preventive Services Task Force, Krist AH, Davidson KW, et al. Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons: US Preventive Services Task Force Recommendation Statement. JAMA. 2021;325(3):265-279. doi:10.1001/jama.2020.25019

<sup>xx</sup> Rigotti NA, Kruse GR, Livingstone-Banks J, Hartmann-Boyce J. Treatment of Tobacco Smoking: A Review. JAMA. 2022;327(6):566-577. doi:10.1001/jama.2022.0395

<sup>xxi</sup> Chaiton M, Diemert L, Cohen JE, Bondy SJ, Selby P, Philipneri A, Schwartz R. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. BMJ Open. 2016 Jun 9;6(6):e011045. doi: 10.1136/bmjopen-2016-011045. PMID: 27288378; PMCID: PMC4908897.

**1-800-QUIT-NOW:** 1-800-Quit-Now is a national router number which accepts callers from throughout the nation, seamlessly directing them to the appropriate state quitline. The Smoking Cessation Leadership Center has developed a small, wallet-sized card to help promote the national quitline. If you are interested in ordering any of these free cards as a resource for your clients, please submit this form.

**BecomeAnEx.org:** An active, supportive EX Community of real tobacco users who have been through it all. Includes online coaching through Mayo Clinic.

**Quit Vet:** VA's free telephone quitline, 1-855-QUIT-VET (1-855-784-8838), offers tobacco cessation counseling to any Veteran who receives their health care through VA. Quit VET is staffed by trained counselors who will help you during any phase of quitting—whether you are thinking about it, you started your quit attempt, or you are trying to get back on track after a slip or relapse to tobacco. Quit VET counseling is offered in both English and Spanish. Learn more about Quit Vet at: <https://www.mentalhealth.va.gov/quit-tobacco/quit-vet.asp>.

**Smoking Cessation Leadership Center:** Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center of Excellence for Tobacco-Free Recovery

<http://smokingcessationleadership.ucsf.edu> | Toll-free 1-877-509-3786

The Smoking Cessation Leadership Center provides free technical assistance and the latest news and information on tobacco control, as well as links to online webinars and healthcare provider resources for helping patients quit smoking.

**American Cancer Society:** <http://www.cancer.org>

American Cancer Society provides a comprehensive Guide to Quitting Smoking, which reviews medications available and provides tips for successful quit attempts.

**American Lung Association** <http://www.lung.org>

In addition to cessation information and education provided on the website, the American Lung Association hosts Freedom from Smoking, a web-based cessation program that provides an online support community and expert help.

**Centers for Disease Control and Prevention** <http://www.cdc.gov/tobacco>

The Centers for Disease Control and Prevention offers comprehensive smoking cessation materials and links to state and community resources.

## Module 12: Boundaries and Safety

### Learning objectives

Upon completion of this module, participants will begin to

- develop a sense of how much or how little control they have over what happens to their bodies,
- understand what it means to set an interpersonal limit, and
- develop an understanding of personal space.

### Meeting A: Control over Your Body/Defining Your Boundaries

#### Materials

- Flip chart and markers
- Ruler
- Handout: 5-step Self-holding Exercise Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

A. Begin the session with this exercise designed to measure a need for personal space. Using a ruler, each participant measures off their own interpersonal comfort zone (the distance that one requires to feel comfortable being with other people). All distances are written on a flip chart next to the participant's name. Participants then are asked to adjust the distance (or not) imagining that another person is someone they feel close to. Participants then make the same adjustment for a stranger. All distances are written on the flip chart, and participants have a chance to discuss their responses.

B. Facilitate discussion by asking, "How much space do you need? What is the comfortable distance between you and others?" Ask participants to consider relationships with partners, family, roommates, as well as situations such as riding the bus, sitting in the doctor's office, going to the movies, and being approached by someone unfamiliar. Emphasize that boundaries may change depending on safety and familiarity with others in the environment.

Discussion should be directed to include the strategies that participants use to control boundaries as well as how they respond when those boundaries are violated. Typical responses:

- I need to keep people at arm's length.
- I don't need any space.
- I need more space.
- I don't like to touch anyone.
- I don't like people to stand over me.

Respect that, in addition to individual and family differences, there are cultural differences in how comfortable people feel with managing personal space. These differences should be acknowledged in the discussion.

Continue discussion by asking, “Does anyone ever come physically close to you when you do not want to be approached? What constitutes unwanted contact?” Typical responses:

- Someone brushing up against me
- Someone standing too close to me
- Someone forcing sex on me
- Someone touching me when I don’t want to be touched
- Someone hitting me
- Someone staring at me
- Someone talking too close to my face

Pay attention to the range of responses. For some people, contact must be physical before it is labeled as being unwanted. For others, a simple glance feels like an intrusion when it is unsolicited.

If the topic of frisking comes up, address it by saying: “It is understandable that you may consider being frisked as an unwanted touch. Unfortunately, that is an unavoidable part of being incarcerated. But it’s important to be aware of how we tend to react in situations of unwanted touch, both in here and in the outside world.”

Continue discussion by asking, “How do you react to unwanted contact?” Typical responses:

- Get angry
- Tune out
- Give in
- Leave the situation
- Feel indignant
- Get scared
- Get embarrassed
- Feel anxious
- Get mad and cuss
- Strike out
- Feel nauseated
- Panic
- Get intimidated
- Have difficulty breathing

Ask participants, “What feelings and defenses occur as a reaction to unwanted contact?”

Participants may discuss whether current responses are a replication of childhood responses or if they are responding as they wished they had during childhood. Encourage participants to assess their response patterns and to understand whether or not those patterns are new or old.

Continue discussion by asking, “How does one’s body language convey the message to either stay away or come close?” Typical responses:

Stay away

- Folding my arms across my body
- Turning my body away from the other person
- Turning my head away while someone is talking to me



- Running away from someone
- Staring back with hostility
- Avoiding eye contact

Come close

- Motioning with my hand to come here
- Putting my arm around someone
- Standing closer to someone
- Maintaining open body posture
- Making eye contact
- Smiling

This question should prompt participants to look at the ways they carry their own bodies in the world and to examine their own definitions and behaviors regarding physical boundaries.

Participants may want to demonstrate the different ways in which they hold their bodies.

Continue discussion by asking, “What would you need to shorten the distance? What factors go into feeling more comfort with someone?” Typical responses:

- Time passing
- Relaxation
- Similarity
- Gender
- Familiarity
- Trust
- Race
- Liking and enjoying the person

Additional questions, if time allows:

- Are there times when you need more space than at other times?
- What cues do you respond to?
- What happens when you can’t get the space you need?

C. Ask participants to identify one or two boundary issues they need to work on and write about the issue(s) for homework.

Mind-body skills: 5-Step Self-holding Exercise

Introduce this exercise by explaining, “We practiced the 2-step self-holding exercise previously. This is a longer sequence designed to decrease our level of activation and to reach a state of ‘calm alert.’”

Distribute HANDOUT: 5-step Self-holding Exercise with illustration of the steps. Use the following script as a guide to walk participants through the exercise.

It doesn’t matter which hand (right or left) goes in which position. Experiment to find out what feels right for you.

Make sure to do the Felt Sense to the best of your ability as you do this exercise. That means, feel and notice all the sensations as they pass through you, like watching a stream and noticing the colors, shapes, energy, sounds and motion.

1. HEAD SIDES. Place your hands on either side of your head. Think about how you are creating edges for your thoughts. You are creating the sides of a container that contains your thoughts. Feel the sensation between your hands.
2. HEAD FRONT–BACK. Place one hand on your forehead and one hand on the back of your head. Feel the container around of your thinking. Feel the sensation between your hands.
3. FOREHEAD–HEART Place one hand on your forehead and one hand on your heart. See if you can sense some sensations between your hands.
4. HEART–STOMACH. Place one hand on your heart and one hand on your belly. It can be over or near your belly button. Feel the sensations between your hands.
5. SOLAR PLEXUS–BASE OF HEAD. Place one hand on your solar plexus (the point above your belly and right below your rib cage) and the other hand behind the base of your head (halfway covering the base of your head and halfway onto your neck). The middle of your hand should be over the deepest indentation.

How do you feel by the end of this sequence?

### Check-out

Close the group with a 1-10 check on feelings.

## Handout: The 5-step Self-holding Exercise



## Meeting B: Setting Limits and Asking for What You Want

### Materials

- Flip chart and markers Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

Survivors of trauma may have a history of feeling in jeopardy when they say no to the demands of others. Survivors may worry that they will hurt or disappoint others. They also worry that they will be abandoned, attacked, or disliked. Sometimes they become fearful that they themselves will counterattack and be unable to control their own anger. Survivors must learn that:

1. They have a right to say no.
2. They can survive the consequences of saying no.
3. The responses of others may be different from what they expect.

A. Role-play assertive responses regarding emotional boundaries, with participants using the following three phrases:

I understand....

But the fact of the matter is.... Therefore, I need...

B. Facilitate discussion using the following questions:

1. Do you ask yourself what you want when you enter a new situation or a new relationship? If not, why not? Typical responses:

- No, I assume they're only willing to take ... not give,
- No, I don't always know how to get my needs met.
- No, because I'm happy with whatever I get.
- No, no one listens to me anyway.
- No, because then I will be too vulnerable.
- No, I wait and see what happens.

The next question encourages participants to develop awareness of their internal state when asking themselves what they want in specific situations, especially during important events. Some people may be surprised to realize that what they want never enters their minds when entering a new relationship. Many trauma survivors may be passive players who drift into relationships with little or no self-awareness.

2. Has anyone else ever asked you what you wanted? Did you trust that they meant it? Typical responses:

- No.
- Not really.
- I'm suspicious of them and their motives.
- Yes, but I'm very honest... maybe too trusting.
- Yes, but I hold back.
- Yes, but it didn't make any difference.
- No, because I thought the information would be used to control me.

This next question is not a question generally posed to trauma survivors. Even so, participants should explore this as part of their past. They might want to consider why their needs and wants are often ignored.

3. When do you say no to others? What things get in the way of saying no? How do you feel when you want to say or actually say no?

As an introduction to the discussion about saying no when setting personal limits, ask participants to list what situations prompt participants to say no. Typical responses:

- When someone asks me to lend them money or to borrow my car
- When someone asks me if I want to go out partying or get high
- When someone wants sex and I don't want sex
- Pressure from my family to do something that I don't want to do
- I am never able to say no

Encourage participants to discuss what gets in the way of saying no and how it feels to say no. It is useful to stress the link between trauma experiences and the difficulty people have saying no.

Typical responses:

What things get in the way of saying no?

- Feeling guilty
- Being afraid of repercussions
- Someone getting mad at me
- Being shunned
- Wanting to be liked
- Needing to keep the peace
- Being manipulated
- Not wanting to disappoint
- Feeling hurt
- Being rejected by others
- Hurting the feelings of others
- Wanting to fit in
- Being disliked
- Feeling pressure to say yes
- Having the other person be my lover or mate

How does it feel to say no?

- Scary
- Anxious
- Angry
- Ashamed
- Empowered
- Strong but nervous
- Guilty
- Powerless
- Relieved
- Fine

4. Have you ever said no in a way that worked? Please share these successful strategies with the rest of the group. What conditions make it easier or harder to say no? Encourage participants to list both effective and ineffective ways to say no. Strategies should be written on a flip chart so participants can consider the pros and cons of the various strategies. For example, they may suggest the following when wanting to say no:

#### **Ineffective strategies**

- Becoming passive
- Shutting down
- Lashing out in anger
- Letting the feelings fester inside
- Directing anger toward someone else, such as an innocent bystander
- Exploding
- Drinking or using drugs
- Simply withdrawing from the situation

#### **Effective strategies**

- Making clear statements
- Deciding for yourself what you can give or take
- Specifying what is good for you
- Negotiating
- Communicating what you want and listening to what the other person wants
- Keeping self-preservation in mind

Help participants examine the possible ramifications of both types of strategies. It is important to understand not only why one has chosen particular strategies in the past but also what the current consequences of particular strategies are.

5. What do you think the link is between your trauma experience and the difficulty with saying no?

Typical responses:

- Feeling the same fear I felt as a child when I couldn't say no to the abuser
- Feeling the emotional pain I felt in the past.

- It did not matter if I did say no
- Feeling unworthy to say no
- Feeling that I have no power to affect anything

You can help participants share their own experiences by giving examples of what happens to some people when they say no or stand up for themselves:

- The perpetrator may call you crazy.
- The abuser may threaten you or someone you care about.
- The abuser may threaten a pet or something else you value.
- The abuser may threaten suicide.
- The abuser may withdraw love and attention.

6. (Time permitting) Can you distinguish between verbal and nonverbal or active and passive ways of saying no? How do you defend yourself beyond just saying no?

C. Conduct one or more of the following exercises, as time allows:

### Exercise 1: “I-Want Statements”

Each participant frames an “I-want statement” (one that is personal, rather than global). For example, if someone says, “I want world peace,” encourage them to describe an action they could take toward peace or something they have more direct control over now. The leader writes the statements down and puts them in a large box. One statement is drawn out at a time. The group brainstorms on how to achieve the goal of the I-want statement and looks for two strategies that will work and for one strategy that won’t work. Strategies are written on a flip chart and the leaders help the group identify strategies as active or passive. The leader then asks when one might use a passive strategy (looking for issues of safety and fear) as opposed to a more active one.

The exercise works best with achievable goals, such as:

- Manage my money better
- Communicate with my sister
- Improve my relationship with my brother
- Get enough money to go to the movies
- Get a better job
- Live on my own
- Rely on myself to make decisions

You can point out that some goals are harder to accomplish because they are too vague or unrealistic, such as:

- A partner to love me forever
- A million dollars
- Be a success
- Be happy
- Be famous

### **Exercise 2: Setting Limits**

Each participant thinks of a situation in which he or she is currently having difficulty setting limits. The group will choose one or two of these situations for shared problem-solving.

People may need help from the leaders because they may be unaware of exactly where they are having trouble setting limits. Those who have been taken advantage of repeatedly may not recognize unfair situations until someone else points them out.

### **Exercise 3: Saying No**

Participants practice saying the word no. To begin, each participant says “No” in their everyday voice. Participants raise their voices up one notch at a time until they begin to feel uncomfortable. They do this one at a time and give feedback to each other. Abuse survivors need to acknowledge their own desires as healthy and legitimate. It may help to incorporate movement and body language.

### **Mind-body skills: 5-step Self-holding Exercise**

Repeat 5-step Self-holding Exercise introduced in Meeting A.

### **Check-out**

Close the group with a 1-10 check on feelings.



## Module 13: Intimacy and Trust<sup>16</sup>

### Learning objectives

Upon completion of this module, participants will be able to

- distinguish intimacy from sex,
- articulate the conditions that promote or violate trust, reciprocity, and safety,
- identify at least one barrier that inhibits their ability to trust other people, and
- Identify one attribute that makes them or other people trustworthy.

### Meeting A: What is Intimacy?

#### Materials

- Flip chart and markers
- Paper and markers for “Who I am” activity Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

Facilitator background: Survivors of sexual abuse often mistake sex for intimacy and emotional closeness. The confusion between sexual and emotional closeness leads some survivors to engage in sex when what they really want is intimacy and closeness. People often feel disappointed and betrayed when a sex partner fails to treat them with the concern and care they would expect from an emotional intimate. Men and women need to begin clarifying the difference between sex and intimacy if they are to avoid being re-victimized in future relationships.

Facilitate group discussion on the following questions:

1. How do you define the word “intimacy?” Typical responses:

- Sex
- Trust
- Understanding
- Passion
- Emotional connection
- Closeness
- Relationship with a sex partner

NOTE: People who have experienced trauma demonstrate significant difficulty defining intimacy. Abusers have violated boundaries and thus left women and men with poor or nonexistent examples of safe and reciprocal relationships. Participants may associate intimacy almost exclusively with sex, and often use the two words interchangeably. Consequently,

<sup>16</sup> Adapted from Harris, M. (1998). *Trauma, Recovery, and Empowerment: A Clinician's Guide for Working with Women in Groups*. New York: The Free Press.

leaders must re-educate participants by helping them to redefine intimacy and underscore that the new definition of intimacy will include trust, reciprocity, and safety.

2. What is necessary for closeness (intimacy) to occur? Typical responses:

- Trust
- Confidentiality
- Listening and being heard
- Accepting people as they are
- Understanding
- Honesty
- Rapport
- Familiarity

NOTE: Many participants may have little or no experience with genuine closeness. Consequently, their responses may reflect an idealized and simplistic view. The discussion will be more productive if participants can use examples to illustrate what they mean by some of the more abstract terms. Allow space for participants to acknowledge their lack of experience with closeness to other people.

3. What conditions create trust, reciprocity, or safety? Typical responses:

- When someone holds your confidences
- When someone accepts me the way I am
- When I'm there for them and they're there for me
- When boundaries are respected
- When someone does not try to hurt you or take advantage of you
- When someone listens to me and I feel heard
- When people make a real commitment to one another
- Mutual respect

NOTE: Responses to this question may represent vague generalizations. Encourage participants to provide specific behaviors and examples that create and demonstrate trust, reciprocity, and safety. For example:

- Constancy over time. She always returns everything she has borrowed from me. Pam and I have been roommates for eight months. We always let each other know if we're going to be home later than usual so we don't worry each other. She attends the building meeting every week. Consistently, Pam responds to me when I talk with her.
- Predictability, being able to count on someone to behave in a certain way. Laura is true to her word. When we work on projects together, she always follows through on her part of the job. Every Tuesday, Laura agrees to meet me at the bus stop, and she is always there. She never verbally abuses me if I upset her.
- Getting to know someone over a reasonable period of time. I talked with Bob over the phone for several weeks before I told him my address. I talked with Sarah at school for several months before I agreed to go out with her.

- Sharing the same values with someone. I feel safe talking to Stan about my urges to use drugs because he has been there and knows what it is like to want to use. We go to NA every Monday and Saturday. He has been clean for two years and he supports my efforts to stay clean, unlike some of my other friends.

4. What conditions violate trust, reciprocity, or safety? Typical responses:

- Being let down
- Prejudging
- Denial
- Cheating
- Greediness
- Boundary violation
- Being abused
- Lying
- Betrayal
- Deceitfulness
- Selfishness
- Abandonment
- Being forced to have sex
- Getting mixed messages
- Being taken advantage of
- Not being believed
- Unreliability

NOTE: Participants will have an easier time generating examples of how closeness was betrayed or violated than discussing how closeness can be created and maintained. Regrettably, many people who are multiple trauma survivors only know how relationships end in disappointment. You may want to comment about this lack of balance in their experiences.

5. How have substance use and other destructive behaviors interfered with connection and intimacy? Typical responses:

- When someone is using, they are not dependable.
- When someone is using, they are unavailable when I need them.
- When someone uses drugs or drinks, their judgment is impaired, and they do things or say things that regret doing or saying.

#### B. “Who I Am” Activity

Introduce the activity by saying, “When we have been hurt or betrayed by others, it makes it harder for us to show people our true selves. You will be using the materials here to create a representation of yourself as an individual. One side of the paper represents the side that people see, including how we want people to view us (our “reputation”) and how people label us. When most people think of us, this is what we believe they see.”

Ideas include the following:

- The image or “front” you try to portray
- How you’ve been labeled by friends, parents, other adults, siblings, extended family members, teachers)

- Where you live
- What people typically know about what you do (sports, activities, etc.), strengths or weaknesses
- What people think they know about your life

On the other side of the paper is who we really are—the parts of our lives that many people don't know. This is the opportunity to be honest about what people may not know about us: past experiences that have formed us, family history, hobbies, interests, hopes, feelings, and dreams. What are your deepest loves in life that few people know about? Ideas include the following:

- What your personality is REALLY like, who you really are, how you act when you feel the most comfortable (fun, lots to say, quiet, goofy, serious, etc.)
- What you REALLY love to do that not everyone knows (listen to music, dance, swim, watch Lord of the Rings, play a certain sport, read, write poetry, watch black and white movies, etc.)
- What your life is REALLY like (family struggles, not always happy, scared of the future, nervous, etc.)”

Encourage participants to volunteer to share about their creations.

### **Mind-body skills: Mindfulness of emotions**

This is one of the most important emotion regulation skills. People tend to become stuck when attempting to process painful emotions. Instead of simply letting them go, we often hold even tighter to them, obsessing over every little bit of our emotional experience and wondering why it's happening to us. Believe it or not, accepting that we are feeling emotions we would rather not feel can be the key to letting go of them.

When we accept that we are suffering, we stop running from the difficult emotions and turn to face them – and when we do, we might see that it wasn't the big bad monster we thought it was, but a smaller and more manageable beast. Follow these steps to work on your ability to let go of painful emotions:

- Bring to mind a recent or past situation that brings up difficult emotions (anger, fear, jealousy, guilt). Do NOT pick a deeply traumatic experience. Pick something that will be manageable to work with.
- Acknowledge that the emotion exists.
- Try to experience your emotion as a wave, coming and going. You may find it helpful to concentrate on some part of the emotion, like how your body is feeling or some image about it. For example, you could use this imagery: “I try to imagine an ocean wave flowing through me, but not so big that it knocks me over.”
- Don't try to push the emotion away. This makes it bigger and increases our suffering.

Don't reject the emotion.

- Don't judge your emotion. It is not good or bad. It is just there. There are no bad emotions, just emotions. Anger, fear, sadness are all painful emotions, but they are not bad. Everyone has them, and they are just as valid as the happy emotions.
- At the same time, do not hang onto your emotion. Don't rehearse it over and over to yourself. Don't escalate it or make it bigger. Sometimes when we feel a very painful

emotion, like anger or a deep grief, we hold onto it, or we intensify it, making it stronger and stronger, in our efforts to deal with it or to give it our full attention. Try not to do this. Just let it be however it is. This can result in a lessening of the pain.

- You are not your emotion. Your emotion is part of you, but it is not all of you. You are more than your emotion.
- Having the emotion does not mean that you have to act. You may just need to sit with the emotion. Depending on the situation, acting can intensify and prolong the emotion.
- Practice accepting your emotions. This can be a difficult concept. Why would we want to accept painful emotions? We can learn to accept our emotions just the way we can learn to accept anything else about ourselves or our experience that we cannot change: our age, our height, freckles, the weather, the size of our feet, allergies, etc. Acceptance and approval are two different things. You don't have to like your freckles, but they are there and you can't change that, so if you just accept them, you will feel better than if you keep fighting the idea that they are there.

### Check-out

Invite a 1-10 check out on feelings. Encourage participants to journal on the following question: What behaviors do you do that interfere with connection and intimacy? Alternatively, invite participants to practice mindfulness of emotions and journal about their experience.

## Meeting B: Exploring Trust

### Materials

- Flip chart and markers
- Paper and markers Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Facilitate a discussion on the following questions:

- How is trust earned?
- How have your past relationships affected your current relationships?
- What behaviors help to create a trusting relationship?

B. The following activity on personal support systems is highly effective for inventorying personal needs and resources. If the assessment shows that participants depend too much on one or two individuals, they may decide to broaden their base of support. Reaching out for assistance when needed can be extremely empowering. It helps you nourish yourself and build bridges between yourself and others.

To initiate the next activity, ask participants, “Who might you begin to show the secret side of your personality to? Who are the people you turn to when you need understanding, honest feedback, encouragement, support, or assistance of any kind? This might include family members, friends, neighbors, co-workers, or professionals who provide special services.

Consider these people your personal support system. Picture them in your mind’s eye and experience the feelings you have about them. Contemplate how each of these people contribute to your life. Also, picture the ways in which you support them.

Please draw a picture with you or your name in the center and name or draw the members of your personal support group around you. Next to each person, note how he or she supports you.

Study your picture. If you want to strengthen your support system, write down any changes you want to make.

Is this your ‘ideal’ support network? If not, how should it look? Draw a picture of or write about your ideal support system. How would it feel to have all the support you need?”

Mind-body skills: Mindfulness of emotions

Practice mindfulness of emotions from Meeting A, encouraging participants to pick a new scenario/emotion. Remind participants that they are not to choose their most traumatic experience for this exercise, but to select one that feels manageable.

### Check-out

Invite a 1-10 check out on feelings. Encourage participants to a) practice being mindful with emotions and journal about it; or b) journal about how they might strengthen their personal support system.



## Module 14: Sexual Communication, Negotiation, and Consent

### Learning objectives

Upon completion of this module, participants will be able to

- describe what constitutes sexual communication, verbal and nonverbal;
- practice assertive sexual communication skills; and
- reflect on what constitutes consensual sex.

### Meeting A: Sexual Communication Styles

#### Materials

- Flip chart and markers
- Attachment J: Using Assertiveness to Communicate About Sex (Reproduced from [http://www.ghjru.uct.ac.za/sites/default/files/image\\_tool/images/242/schools/Ch5/CH5EX1\\_Final.pdf](http://www.ghjru.uct.ac.za/sites/default/files/image_tool/images/242/schools/Ch5/CH5EX1_Final.pdf))
- Handout: Communication Scenarios (pages 3–5 of above resource).

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

Guidelines for participation

Post and review guidelines for participation.

Education and discussion

A. Referring to page one of Attachment J, write the four sexual communication styles (aggressive, passive, manipulative, and assertive) on a sheet of flip chart paper and ask for examples of each. Chart responses. If participants are having trouble coming up with ideas, share examples of assertive behaviors from page one of Attachment J.

B. Distribute HANDOUT: Communication Scenarios. Ask participants to fill in the empty speech bubble in each scenario, using assertive but respectful responses. Facilitate discussion of questions listed on page two of the resource. For suggested responses, the facilitator answer key can be found on page six of the resource.

C. Invite participants to either:

- draw their own comic strip where the characters use assertiveness skills in negotiating sex; or
- journal on the sexual communication style they most often use, and how they may change this to become more assertive and respectful of themselves and others.

## Mind-body skills: Working with anger <sup>17</sup>

This technique can help you deal with the experience of anger.

- First, sit in a comfortable position and notice the places where your body is touching the chair.
- Draw in a few deep breaths, completely filling up your lungs and quickly exhaling.
- Think back to a time that you recently experienced anger, preferably a mild or quickly addressed episode. Allow yourself to experience the anger you felt in that moment.
- Disregard any other feelings that come up with this memory, like guilt or sadness.
- Turn your attention to how you are experiencing anger in your body. Notice whether any parts of your body are manifesting your anger, with sensations like warmth or cold, the intensity of these reactions, and whether they change as you observe them or move through your body.
- Bring compassion to the anger. This can be a difficult step, but remind yourself that anger is a natural human emotion that affects us all at one point or another. Try to hold your anger “like a parent holding a child,” with love and understanding.
- Say goodbye to your anger. Gradually bring your attention back to your breath and rest here for a while, until your emotions have subsided or settled down.
- Reflect on the experience. Notice the sensations that this exercise brought up in your body, notice if they changed through the process. Take note of whether you applied compassion to your anger, and if so, how you did it. Think about what happened to the anger when you showed it compassion.

### Check-out

Close the group with a 1-10 check on feelings.

<sup>17</sup> Source: Cullen, M., Pons, G., & Mindful Staff. (January 25, 2016). Mindfulness of Anger. Retrieved from [www.mindful.org/mindfulness-of-anger/](http://www.mindful.org/mindfulness-of-anger/)

## Meeting B: Sexual Communication and Consent

### Materials

- Flip chart and markers
- Handout: Role-play Scenarios (for women)
- Handout: Consent (for men)
- Handout: Summary of Prevention (for men and women)

### Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Ask participants to generate scenarios for communication role play, thinking of real or imagined risky situations that they would be willing to share with the class. Note the suggestions on the flip chart. Work with the group to select two or three situations.

B. Divide the group into dyads or triads. If working in triads, ask one person to observe as the other two enact the scenario. Allow the role play to continue for a few minutes before moving to another situation, with participants changing roles. Ensure that every participant has an opportunity to practice negotiating safer sex with at least one partner.

As an alternative, invite two volunteers to perform the role plays in front of the rest of the group. Continue role-playing until the end of the session, changing situations with each pair of volunteers. Ensure sure that every participant who desires to has a chance to practice the skills and receive feedback from the group.

C. For Women. Present the role play situations on HANDOUT: Role-play Scenarios. Solicit volunteers to role-play each situation. Ask participants for alternative responses. What would they do differently? Discuss the situations and the responses.

- How realistic were the situations?
- Have they ever found themselves in similar situations?
- How have they handled the situations?

C. For Men. Facilitate a discussion or writing exercise on any of the questions from HANDOUT: Consent.

D. After completing the previous activities, remind participants about the importance of planning, such as by having condoms nearby for use. They should realize that introducing condoms into a relationship can cause real difficulties and may require courage.

E. Distribute and review HANDOUT: Summary of Prevention.

### **Mind-body skills: Working with anger**

Practice working with anger exercise from Meeting A.

### **Check-out**

Close the group with a 1-10 check on feelings

## Handout: Role-play Scenarios

1. You have met a man to whom you are attracted. He invites you out to dinner and later in the evening, puts the moves on you. You are almost undressed when you remember he could infect you. How do you handle this situation?

2. Your husband has been seeing someone else. You and your children are totally dependent on him financially, but you are concerned that his sexual excursions are putting you at risk. He's home tonight and wants to have sex with you. What do you do?

3. Bill has "love affairs" with cocaine and you. He has slapped you but has promised not to do it again. You are concerned about getting HIV because you know he injects cocaine. He wants to have sex with you. You say he must wear a condom, but he complains. What do you do?

## Handout: Consent

Discuss or journal on any of the following questions.

1. What is consent? Why does it matter?
2. Have you ever talked about consent with your partners or friends?
3. Do you know people or have you been with people who define consent differently that you do?
4. Have you ever been unsure about whether or not the person you were being sexual with wanted to be doing what you were doing? Did you talk about it? Did you ignore it in hopes that it would change? Did you continue what you were doing because it was pleasurable to you and you didn't want to deal with what the other person was experiencing? Did you continue because you didn't want to second guess the other person? How do you feel about the choices you made?
5. Do you think it is the other person's responsibility to say something if he or she isn't into what you're doing?
6. Are you clear about your intentions? Have you ever tried to talk someone into doing something about which he or she showed hesitancy?
7. How might someone express that what is happening is not okay?
8. Do you only respond to verbal signs, or are you sensitive to other signs?
9. Have you ever asked someone what kinds of signs you should look for if he or she has a hard time verbalizing when something feels wrong?
10. Do you think consent can be sexy?
11. Do you check in as things progress, or do you assume the original consent means everything is okay?
12. Do you think about people's abuse histories?
13. Do you ever get yourself into situations that give you an excuse for touching people you think would say no if you asked? Examples might include dancing, getting drunk around them, falling asleep next to them?
14. Do you think it is possible to misinterpret silence for consent?
15. Do you make people feel they are not "fun" or "liberated" if they don't want to try certain sexual things?
16. Have you ever used jealousy as a means of control?
17. Do you think it's okay to initiate something sexual with someone who is asleep?

18. How do you react if someone becomes uncomfortable with what you're doing, or if he or she doesn't want to do something? Do you get defensive? Do you feel guilty? Does the other person end up having to take care of you and reassure you, or are you able to step back and listen, to hear and support the other person and take responsibility for your actions?

19. In telling your side of the story, do you attempt to change the way the other person views a situation?

20. Do you ever talk about sex and consent and abuse when you are not in bed?

21. Do you ever try to make bargains ("If you let me X, I will do Y for you")?

## Handout: Summary of Prevention

### 1) Safest Behaviors

- Not having sex is the best way to prevent HIV and other sexually transmitted infections.
- Not sharing injection drug needles

### 2) Safer Behaviors

- Hugging
- Massaging
- Mutual masturbation
- Clothed sex where no body fluids are shared
- Negotiated safer sex before you start to become sexually aroused

### 3) Safe Behaviors

If you are having sex or injecting drugs:

- Use condoms each and every time you have sex and use them properly.
- Use spermicidal jelly or cream with the condom.
- Use dental dams.
- Clean “works” with bleach
- Do not share your “works” with anybody.

### 4) NOT Safe Behaviors

- Unprotected sex; not using a condom or a latex barrier when you have vaginal, anal (up the butt), or oral sex
- Sharing unclean needles or “works”
- Having sex when you or your partner is high on alcohol or drugs



## Module 15: Parenting

### Learning objectives

Upon completion of this module, participants will

- understand the impact of trauma on parental feelings and actions,
- be poised to acknowledge experiences of guilt and loss related to parenting, and
- begin to exhibit new attitudes and acceptance about parenting choices.

Meeting A: The Impact of Trauma on Parenting

### Materials

- Flip chart and markers
- Attachment K: Guided Forgiveness Meditation Script Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

Facilitate a discussion based on the following questions. Chart responses as appropriate.

1. How have trauma, substance abuse, and/or mental health issues affected your choices regarding parenting?
2. Have you chosen to be a parent, if so, why? If not, why not?
3. If you are a parent, how satisfying is being one for you? If not, do you think your parents were happy to be so?
4. Who helps you with your kids? How confident are you that you will be able to take care of your kids and your own needs?
5. Can you see using any of the mind-body skills you have learned in stressful or triggering situations with your kids? If so, which skills? Can you envision teaching any of them to your children?

### Mind-body skills: Forgiveness of self and others practice

See Attachment K: Guided Forgiveness Meditation Script. Emphasize that forgiveness is a choice, and it's not one that everyone is ready for. For participants who are not ready to forgive themselves or others right now, ask if they can instead imagine simply intending to forgive one day in the future. And if intending to forgive is not accessible, participants can practice deep breathing or journaling.

### Check-out

Check out with a 1-10 on feelings. Acknowledge the intensity of the session and encourage participants to use their mind-body skills or to ask for support as needed.

## Meeting B: “Letter to a Child” Exercise

### Materials

- Journal or writing paper and pen
- Attachment L: Guided Self-compassion Break Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

Invite participants to write a letter to their child about what kind of parent they wish they had been, and how they want to be different from now on. Alternative options:

- Write a letter to your child yet to be conceived about the kind of parent you hope to be.
- Write a letter to your parents about what they did well and what you wish they had done differently.

Invite participants who are comfortable doing so to share any aspects of their letters.

### Mind-body skills: Self-compassion

See Attachment L: Guided “Self-compassion Break” reflection that can be done anytime, anywhere.

Emphasize that if any exercise becomes too painful, participants can practice deep breathing, journaling, or use another self-soothing strategy.

### Check-out

Check out with a 1-10 on feelings. Encourage participants to use their skills or to ask for help if needed.

## Module 16: Closing Ritual

### Learning objectives

Upon completion of this module, participants will

- have a deeper understanding of how trauma has impacted their lives,
- be able to demarcate endings and feel their importance to a group, and
- acknowledge and celebrate their innate strengths and resilience.

### Meeting A: Reframing Your Life Story

#### Check-in

Ask the participants to share how they feel using a scale of 1-10.

#### Guidelines for participation

Post and review guidelines for participation.

#### Education and discussion

Participants are offered the opportunity to share, but are not required, to share their life story. (In lieu of a life story, they may present a work of art or some other creative expression of what they have learned from TAMAR.) Give an appropriate time guideline so that all who wish to share have time to prepare. Offer the questions below as prompts. Facilitators should model “active listening” and allow enough time for feedback.

1. Without going into detail, what do you think were the traumatic experiences that had a negative effect on you and your life? (for example, the death of a loved one, abuse)
2. What have you done in your life that you are proud of?
3. Have drugs and/or alcohol had some part in your life?
4. How do you understand that you got here? What led up to being in this place at this point in your life?

#### Mind-body skills

It is unlikely that there will be time for a mind-body skills exercise, but if there is, encourage participants to practice one of the skills they have learned.

#### Check-out

Close the group with a 1-10 check on feelings. Acknowledge participants for the courage and vulnerability that it takes to answer these questions and share their stories. Invite participants to write in their journal about how it felt to share their story in front of the group, or how it feels to be close to the end of TAMAR.

## Meeting B: Group Poem and Graduation

### Materials

- Paper and pencils
- Journal Check-in

Ask the participants to share how they feel using a scale of 1-10.

### Guidelines for participation

Post and review guidelines for participation.

### Education and discussion

A. Individuals in the program will participate in a closing ritual when they are ready to leave the group. During a participant's final group session, a special journal will be passed among participants for them to write a farewell and thoughts for the participant to take with him/her for the rest of his/her healing journey. Each participant will say something supportive to the departing participant, perhaps remarking on some progress he/she has made during the group. Group leader(s) will model appropriate farewell messages.

B. Explain to participants, "We are going to end by creating a group poem together to acknowledge our strengths, our resilience, and how we have grown in this group." Provide direction for the activity:

1. It is said that "what does not kill us makes us stronger." Invite participants to journal about their resilience for a few minutes. Questions could include: What does it mean to be resilient? What do you see as your strengths or your gifts? How have you learned and grown from your experiences in this group?
2. Each participant picks out a few words or a sentence that stands out from what he or she wrote to contribute to a group poem.
3. One participant writes his or her selected words or sentence on a piece of paper and folds the paper so it is not visible to the next participant.
4. The next participant repeats the process with the same piece of paper.
5. After it goes around the circle, the facilitator reads the collectively created poem.
6. Participants may wish to title the poem.
7. After the session, distribute copies of the poem to participants.

C. Validation exercise. If time allows, introduce a validation exercise. This is a way of closing where each participant's strengths and efforts are honored, validated, and seen by the group. Going around the circle, ask participants to share something brief that they noticed about the person's strengths or contributions to the group. Facilitator should model examples of validation, which may include:

- "You were willing to be vulnerable."
- "You listened empathetically to others."

- “You asked thoughtful questions.”
- “You contributed to the discussion.”
- “You made an effort to try something new, even if it was not comfortable.”

### **Mind-body skills**

If time permits, encourage participants to practice any skill of their choosing on their own for 3– 5 minutes.

### **Check-out**

Ask participants how they are feeling on a scale of 1-10.

Thank participants again for their attention, contributions, and participation. Acknowledge the courage it takes to participate in a group like TAMAR.

Remind participants that it can be easy to forget the distress tolerance and mind-body skills they learned and encourage them to practice on their own. One way to practice is to pick one skill and challenge yourself to try it every day for 21 days. Don't beat yourself up if you miss a day; just pick up again the next day. After you complete the initial challenge, renew it or create a new challenge for yourself with a different skill.

Encourage participants to keep journaling, drawing, rapping, singing, or using whatever form of creative expression they are drawn to as a way of processing stress and trauma.

### **ATTACHMENTS**

Attachment A: TAMAR Expression of Interest/Assessment Form Attachment B: Informed Consent for TAMAR Services Attachment C: TAMAR Confidentiality Policy

Attachment D: TAMAR Individual Plan Attachment E: TAMAR Treatment Group Rules Attachment F: TAMAR Participant Check-in

Attachment G: TAMAR Group Session Log and Attendance List (2 pages) Attachment H: Progressive Muscle Relaxation Script (2 pages) Attachment I: 2-Step Self-holding Exercise (4 pages)

Attachment J: Using Assertiveness to Communicate About Sex (7 pages) Attachment K: Guided Forgiveness Meditation Script (2 pages) Attachment L: Guided Self-compassion Break

## TAMAR Expression of Interest/Assessment Form

Att A

We are interested in helping to better serve you. The TAMAR Group meets twice a week for 90-minute sessions. The following is a confidential assessment form.

- Are you haunted by terrible things that have happened from your past  
(distressing dreams or flashbacks)? YES ( ) NO ( )
- Have you experienced, witnessed, or ever been confronted with events  
that involved actual, or threatened death or serious injury? YES ( ) NO ( )
- Have you experienced, witnessed, or ever been confronted with events  
that involved a threat to the physical integrity of self or others? YES ( ) NO ( )
- Do you have periods of time in your life that you cannot remember? YES ( ) NO ( )
- Do you struggle with substance dependence? YES ( ) NO ( )

Please check if any of the following describe your experiences:

- ( ) I have trouble focusing and concentrating.
- ( ) I often feel irritable.
- ( ) I have overreacted in situations that could have been handled differently.
- ( ) I have felt numb or detached, with an absence of emotional response.
- ( ) I have experienced a reduction in awareness of my surroundings (dazed).
- ( ) I have been told that I said or did something that I have no recollection of.
- ( ) I put forth effort to avoid certain people, feelings, or places that cause me distress.
- ( ) I feel restless and “on edge” most of the time.
- ( ) I have trouble sleeping.

A traumatic event can be experienced in different ways. If you would like to explain one of the things you checked above, please feel free to do so below:

Name \_\_\_\_\_ DIN \_\_\_\_\_  
Housing Unit \_\_\_\_\_ Date \_\_\_\_\_

# TAMAR Consent Form

Att B

Facility Name: \_\_\_\_\_

Department Identification Number (DIN): \_\_\_\_\_

Intake Date: \_\_\_\_\_

Completed by:

## INFORMED CONSENT FOR TAMAR SERVICES

You have requested to participate in the Trauma, Addictions, Mental health, And Recovery Project (a.k.a., TAMAR) at the \_\_\_\_\_ Correctional Facility.

The project consists of 30 sessions to be administered over 15 weeks in a group setting. The group meets twice a week for 90-minute sessions.

Services provided may have risks such as:

1. Desired outcomes may not be achieved.
2. Negative thoughts, feelings, and behaviors may occur during the course of your participation.
3. Sharing your thoughts and/or feelings with staff regarding intentions to harm self or others requires the trauma specialist or staff to take measures to protect you and/or others.

Services provided may also have benefits such as:

1. Your mental health may improve.
2. Your physical health may improve.
3. Your quality of life may improve.

You must give voluntary consent before you receive services. You have the right to refuse services at any time.

The above Informed Consent for TAMAR Treatment Services has been explained to me and I agree to receive services from the \_\_\_\_\_ Correctional Facility. My consent is valid for one year from the date signed unless revoked by me at an earlier date.

---

PARTICIPANT NAME/DIN

DATE

---

STAFF NAME/TITLE

DATE

## TAMAR Confidentiality Policy

Att C

Welcome to the TAMAR group at the \_\_\_\_\_ Correctional Facility. In general, all information about you or your involvement in the group will be held in confidence. No information will be released to anyone without your consent. However, by law there are exceptions to confidentiality:

1. The participant consents in writing.
2. The disclosure is allowed by court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified persons for research, audit, or program evaluation.
4. The disclosure poses a threat or harm to the safety of the facility.

### Child Abuse

I am required to relay information about child neglect, physical abuse, or sexual abuse to the Department of Social Services.

### Adult Survivors of Child Abuse

I am required to give the name of any adult who reports childhood physical or sexual abuse to the Departments and the State's Attorney's Office as well as available information about the abuser (name, address, where abuse occurred, etc.).

### Criminal Investigation

I may be required to cooperate with any law enforcement agency during a criminal investigation, which may mean disclosing some information requested from a client. In this event, you will be informed about the information requested and given.

### Suicide or Homicide

If you disclose that you are suicidal and intend to harm yourself, or that you are homicidal and intend to harm someone else, the law requires that the counselor break confidentiality and take steps to prevent harm to yourself or others.

**If you have questions about how these exclusions to confidentiality may affect you, please discuss this with me.**

I have read and understand the exclusions to confidentiality.

---

PARTICIPANT SIGNATURE/DIN

DATE

---

STAFF SIGNATURE/TITLE

DATE



## TAMAR Individual Plan

Att D

Participant Name: \_\_\_\_\_ DIN: \_\_\_\_\_

TREATMENT PLAN (in measurable terms)

Short Term Goals:

Target Date:

Goal #1:

Intervention (consider facility resources):

Goal #2:

Intervention (consider facility resources):

Goal #3:

Intervention (consider facility resources)

Participant Signature: \_\_\_\_\_ DIN: \_\_\_\_\_

Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

## TAMAR Treatment Group Rules

Att E

If you are in this group it is because you have experienced traumatic events, struggle with substance abuse, and/or your emotional and mental health have been affected by these experiences. Many people who have had traumatic experiences do not realize it. They may think that everyone goes through the same things and that it is no big deal. Trauma is a big deal. Once you understand trauma, what it is, and what it does to children as they are growing up, you can understand how your experiences have affected you. You can learn to keep yourself safe and heal from the trauma.

The Group

Respect Myself:

- I will be present and on time for group sessions.
- My input is valuable. I will actively participate in group discussions, activities, etc.
- I will conscientiously do group assignments.

Respect Others:

- I will listen attentively and without interruption while others are speaking.
- I will offer constructive feedback when asked to do so.

NO Violence:

- I will use words and no actions to describe my feelings.
- I will not use abusive language toward other group members.

Confidentiality:

- What's said in this room stays in this room, excluding discussed exceptions. I may discuss with others what I have said in group, but I cannot discuss what others have said.

---

PARTICIPANT SIGNATURE

DIN

---

STAFF SIGNATURE/TITLE      DATE

## TAMAR Participant Check-In

Att F

Thank you for participating in the TAMAR group. We'd like to understand how the group is going for you. We will conduct this at the end of every third session. Please circle yes or no for each question.

Name/DIN: \_\_\_\_\_ Date: \_\_\_\_\_

I am understanding the impact trauma had on my life. YES ( ) NO ( )

I am gaining insight into how experience of trauma affected my behavior. YES ( ) NO ( )

I am learning the physical symptoms of trauma. YES ( ) NO ( )

I am learning techniques and strategies to calm symptoms. I find the exercises learned in TAMAR helpful. YES ( ) NO ( )

I am using the strategies I have learned to help me cope while incarcerated. YES ( ) NO ( )

I am able to manage emotions better through TAMAR. I am getting along better with other inmates. YES ( ) NO ( )

## TAMAR Group Session Log

Att G

Group Facilitator 1: \_\_\_\_\_

Group Facilitator 2: \_\_\_\_\_

Group Location: \_\_\_\_\_

Group Date: \_\_\_\_\_ Length (in minutes): \_\_\_\_\_

Module/Meeting Topic: \_\_\_\_\_

Group check in: Average rating at beginning \_\_\_\_\_

Average rating at end of group \_\_\_\_\_

Group Notes:

## TAMAR Group Attendance List

Att G (page 2)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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20. \_\_\_\_\_

## Progressive Muscle Relaxation Script

Progressive muscle relaxation is an exercise that reduces stress and anxiety in your body by having you slowly tense and then relax each muscle. This exercise can provide an immediate feeling of relaxation, but it's best to practice frequently. With experience, you will become more aware of when you are experiencing tension and you will have the skills to help you relax. During this exercise, each muscle should be tensed, but not to the point of strain. If you have any injuries or pain, you can skip the affected areas. Pay special attention to the feeling of releasing tension in each muscle and the resulting feeling of relaxation. Let's begin.

Sit back or lie down in a comfortable position. Shut your eyes if you're comfortable doing so.

Begin by taking a deep breath and noticing the feeling of air filling your lungs. Hold your breath for a few seconds.

*(brief pause)*

Release the breath slowly and let the tension leave your body.

Take in another deep breath and hold it.

*(brief pause)*

Again, slowly release the air.

Even slower now, take another breath. Fill your lungs and hold the air.

*(brief pause)*

Slowly release the breath and imagine the feeling of tension leaving your body.

Now, move your attention to your feet. Begin to tense your feet by curling your toes and the arch of your foot. Hold onto the tension and notice what it feels like.

*(5 second pause)*

Release the tension in your foot. Notice the new feeling of relaxation.

Next, begin to focus on your lower leg. Tense the muscles in your calves. Hold them tightly and pay attention to the feeling of tension.

*(5 second pause)*

Release the tension from your lower legs. Again, notice the feeling of relaxation. Remember to continue taking deep breaths.

Next, tense the muscles of your upper leg and pelvis. You can do this by tightly squeezing your thighs together. Make sure you feel tenseness without going to the point of strain.

*(5 second pause)*

And release. Feel the tension leave your muscles.

Begin to tense your stomach and chest. You can do this by sucking your stomach in. Squeeze harder and hold the tension. A little bit longer.

*(5 second pause)*

Release the tension. Allow your body to go limp. Let yourself notice the feeling of relaxation.

Continue taking deep breaths. Breathe in slowly, noticing the air fill your lungs, and hold it.

*(brief pause)*

Release the air slowly. Feel it leaving your lungs.

Next, tense the muscles in your back by bringing your shoulders together behind you. Hold them tightly. Tense them as hard as you can without straining and keep holding.

*(5 second pause)*

Release the tension from your back. Feel the tension slowly leaving your body, and the new feeling of relaxation. Notice how different your body feels when you allow it to relax.

Tense your arms all the way from your hands to your shoulders. Make a fist and squeeze all the way up your arm. Hold it.

*(5 second pause)*

Release the tension from your arms and shoulders. Notice the feeling of relaxation in your fingers, hands, arms, and shoulders. Notice how your arms feel limp and at ease.

Move up to your neck and your head. Tense your face and your neck by distorting the muscles around your eyes and mouth.

*(5 second pause)*

Release the tension. Again, notice the new feeling of relaxation.

Finally, tense your entire body. Tense your feet, legs, stomach, chest, arms, head, and neck. Tense harder, without straining. Hold the tension.

*(5 second pause)*

Now release. Allow your whole body to go limp. Pay attention to the feeling of relaxation, and how different it is from the feeling of tension.

Begin to wake your body up by slowly moving your muscles. Adjust your arms and legs.

Stretch your muscles and open your eyes when you're ready.



## Peter Levine's 2 Step Self-Holding Exercise

by Heidi Hanson

Synonyms (Alternate Titles): Inter-palmar Self-Regulation, (inter-palmar = between the palms, self-regulation = regulation of one's own physiology), Self-Containment Exercise, Self-Contact Exercise, Self-Therapeutic Touch, Hand Placement for Self-Induced Homeostasis, Hand Positions for Internal Balance

Healing Mechanisms: Physical Touch, Focused Attention Source: Peter Levine

Comments: It may be difficult for others to understand, but people with PTSD can suffer extreme states of terror, hyperarousal, immobility, nervousness, internal chaos, mental chaos and overwhelm that they simply cannot figure out how to escape. This exercise is an "escape," a road out.

Goal: The goal of this exercise is to calm the nervous system, bring the Self back into the body, develop more body awareness, and train one's own nervous system to remember what normal is like. As with the Self-Hug exercise, the goal of this one is also to feel the body as container and get a sense of having boundaries. Also, we can use these exercises to develop self-regulation; we can begin to feel skilled and empowered to change the physiological and emotional states we find ourselves in.

Instructions:

### Step 1

You may have your eyes opened or closed, whatever feels most comfortable for you. You may lie down or be seated.

Get into a comfortable position. Place one hand on your forehead.

If you are laying down, you may place 3 pillows to one side so you can relax your arm onto the pillows as you rest your hand on your forehead.

Place the other hand on your heart.

This and next four pages reproduced from: The Art of Healing Blog [www.new-synapse.com](http://www.new-synapse.com)



## Step 1



### **Method 1** - Feeling the Between Space

Gently place your attention on the area between your two hands, the area inside yourself between your head and heart.

Remain that way until you feel a shift.

You may have to wait a long time, so be patient. Peter Levine instructs us:

“Just feel what goes on between the hands. Sometimes they will feel an energy flow or a change in temperature or a feeling... I just ask them just to keep their hands there, it could be a few moments, or 5 or 10 minutes, until they feel some kind of shift.”

### **Method 2** - Feeling the Outside and Then the Inside

Method 2 is a way to become more aware of various different sensations happening during this exercise. When you place your attention on specific areas it deepens perception of sensations in those areas.

First, pay attention to the hand that is on your forehead. Feel what the hand feels like, inside and on the surface. For example, is it relaxed, tense, warm, tingling? Feel what the hand feels

when it's touching your forehead - does the hand feel that the forehead feels hard? Warm? Tingling? What is it like for the hand to feel the forehead? Simply be with the hand; gently rest your focused attention on it for a little while.

Now feel what the second hand on the heart feels - how does that hand feel? Heavy, tense, relaxed, cool on top? What does it sense when on the heart? Does it feel warm, energized, tingly? Be with that hand for a little bit.

Now we are going to switch and go inside the body.

Feel the forehead. What sensations are inside the forehead? How does the forehead sense the hand sitting on it? Does it feel some weight, warmth, comfort? Sometimes there are no words for what you sense. It's OK. Just be with the sensations as they shift and change for a while, even if you can't describe them.

Now feel inside the heart/chest area. What sensations are in there? Maybe a little tension or relaxation? You may even sense some emotions or colors or shapes or qualities, like slow wave motion or jagged textures or yellow or blue. Maybe a fog or cloud. What does the chest feel with the hand sitting on top of it? Does it feel a little pressure in that area, some weight?

Perhaps some warmth? Just sit with it for a while. Be with the heart for a while.

Was there any difference sensing the part of the body doing the touching - the hands - and the parts of body receiving the touch - the body?

Did you notice any difference between the two hands?

Did you notice any difference between the head and the heart?

At first pinpointing sensations in specific places that are near each other can feel confusing, but it becomes clearer pretty fast if you practice it a few times.

You can do these in any order that suits you, for example you may try: top hand, forehead, bottom hand, heart.

## Step 2

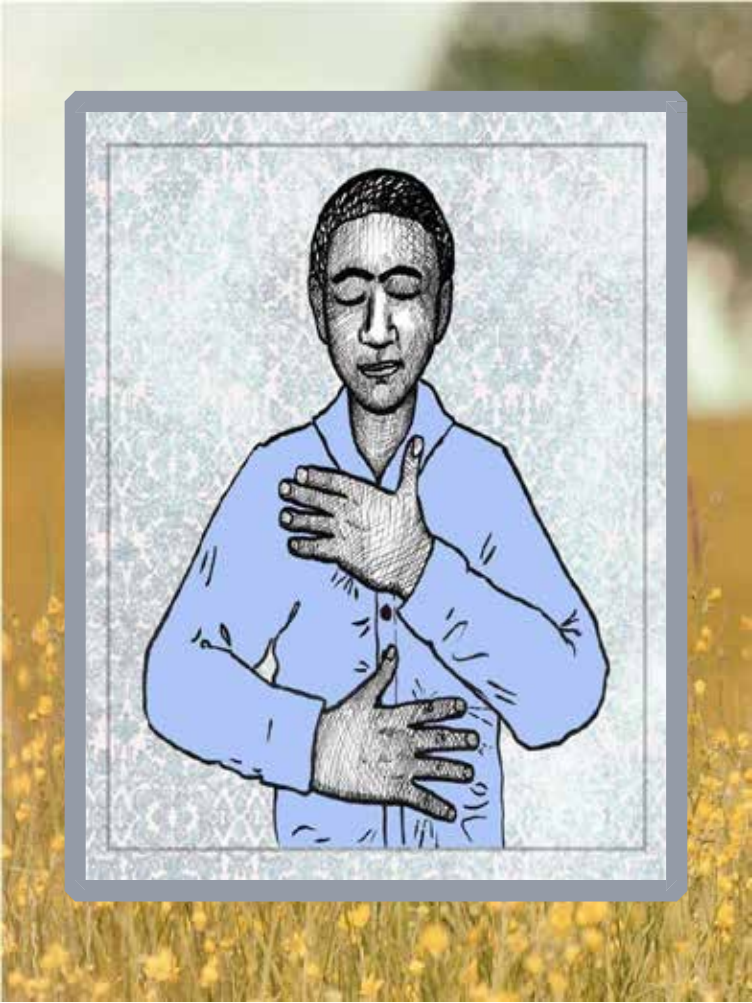
Take the hand that is on your forehead and place it onto your belly.

Repeat as in STEP 1. Pay attention to inside your body, to any feelings between the hands or sensations where the hands are laying. Wait until there is a shift. Peter Levine:

"Then take the upper hand and put it on the belly. And again just wait until there is some shift, until there is some flow, and sometimes people, if they are unable to sleep or they are afraid, they will have nightmares. If they do simple things like that, they will fall into sleep much more easily."

If you want to go deeper into the sensations, you may do Method 2.

Step 2



## Forgiveness Meditation

### Introduction

This Forgiveness Meditation practice has three steps. We begin with those whom we have caused harm, intentionally or unintentionally. Next, we turn our attention to those who have similarly caused us harm, intentionally or unintentionally. And, finally, we turn our attention to self-forgiveness, for ways we may have harmed ourselves, intentionally or unintentionally. It may be best to start with someone who may be easiest to forgive or be forgiven and over time move to working with the more difficult people. You can repeat this process with the same or different people as often as you wish in the future.

### Meditation

Now, we'll begin practicing a guided forgiveness meditation. Remember it's a practice. It's best not to force yourself to forgive that which you do not feel ready or safe to forgive at this time. Simply acknowledge whatever comes up for you with a non-judgmental attitude, as much as you can. Let whatever emotions arise come and go. You can always come back to the breath or the feel of the body sitting as an anchor. Go at your own pace.

Begin settling into a comfortable seated posture, on a chair or a cushion. Becoming aware of the fact that you are breathing. Becoming aware of the movement of the breath, as it comes into your body and as it leaves your body. Not manipulating the breath or controlling it but simply being aware of how it feels.

Now, when you are ready, expanding your awareness beyond the breath to include the entire body. Simply noticing sensation in the body internally or externally. Bringing your attention now to the thoughts as they come and go. Seeing each thought as it comes up in the mind as a thought, a passing event. And, when you are ready bringing the awareness to emotions that arise in the body and mind. Perhaps frustration, restlessness, peacefulness, sadness, joy, or fear. Now, simply noticing how the body, mind, and heart are feeling right now.

Returning to the body breathing. Noticing where you feel the breath moving in and out of the body. Letting the awareness ride the waves of the breath. Now, beginning to take a gentle journey of awareness through the body. Inviting the possibility of letting go and relaxing the body. Allowing a kind attention to sweep through the body. Letting go, letting be. Allowing whatever is present to be just as it is. (pause)

Now, bringing to mind someone whom you have harmed either intentionally or unintentionally.

Bringing to mind someone where it feels unresolved or burdensome for you. Seeing who comes to mind, taking a few moments to visualize or imagine this person, noticing the details.

And when you are ready, say this person's name to yourself and ask forgiveness for how you have harmed this person intentionally or unintentionally. Saying, this person's name and then, saying forgive me, forgive me... forgive me for any actions I did, whether intentional or

unintentional, that caused you harm... Continue with or without the name, as if speaking to the person directly.

Trusting yourself to ask for forgiveness in a way that feels right for you, without getting lost in the content of the story of whatever may have happened. Take your time. Repeat a few times at your own pace, "May I be forgiven?."

What's most important are not the words but the 'felt sense', as much as you can, letting it come from your heart, with the intention for healing; asking for and opening to receiving forgiveness. (pause)

Taking a few moments to transition, to let go of the images or thoughts. Noticing how you are feeling now. Bring the awareness to the body, the breath. Taking a few easy, deep breaths. (pause)

Now, bringing to mind someone who has caused you harm, intentionally or unintentionally. Noticing the details of the person's appearance, noticing what feelings arise for you as you bring the person to mind. When you are ready, begin to offer that person forgiveness. Saying to the person in your own mind, using that person's name, I forgive you. I forgive you for the

ways you have harmed me, intentionally or unintentionally. I forgive you, I forgive you. Repeat at your own pace a few more times. As before, trusting yourself to forgive in a way that feels right for you, without getting lost in the content of the story of whatever may have happened. (pause)

Now, letting go of the images or thoughts. Noticing how you are feeling. Bringing the awareness back to the breath, the body. Taking a few easy deep breaths. (pause)

Now, imagining or visualizing yourself. Noticing the details your appearance. Bringing to mind anyone or any situation for which you wish to forgive yourself for ways you have harmed yourself. When you are ready, using your own name, say, "I forgive you. I forgive you. May I forgive myself?" Again, trusting yourself to forgive in a way that feels right for you. (pause)

When you are ready, letting go of the images or thoughts. Noticing how you are feeling. Bringing your awareness back to the body, to the breath. Taking a few easy, deep breaths.

Now, taking a few more moments to offer gratitude to yourself for taking this time for yourself. For taking care of your own heart, for lightening the burdens, the hurts you have accumulated in your life. Remembering, that this is a practice of letting go and moving in the direction of more peace, happiness and freedom. Breathing in stillness for as long as you wish, and when you are ready, gently open your eyes and slowly returning to the present, to this moment, this place, to resume your day.

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# USING ASSERTIVENESS TO COMMUNICATE ABOUT SEX

- ✓ 1. To build learners communication and conflict resolution skills.
- ✓ 2. To develop learners skills to communicate about, make decisions about and negotiate sex.

🕒 15-20 minutes

★ Worksheet: 'Communication Scenarios' (provided)  
Teacher Answer Key (provided)

## PROCEDURE

- 1 Explain to learners that there are different styles of communication, and that people have different ways of getting others to do what they want, or of responding to this pressure. Explain the following styles:

**AGGRESSIVE:** Someone is aggressive when they tend to act in a hostile or angry way, especially when they want something or when confronted. When dealing with conflict, someone who is aggressive is not likely to address the problem in a fair and sensitive way. Instead they may be more likely to ignore their own role in the problem and become defensive. They may shout, use insults or even become violent. This person may use aggressive behaviour to get their way, even if it hurts others emotionally or physically. This includes taking what you want at the expense of others, threatening or forcing a person to give you something, or saying 'No' in a way that is mean or degrading to another person.

**PASSIVE:** A personality trait where someone allows things to happen or who accepts what other people do or decide without trying to change anything. This may be because they do not think their needs and ideas are as important as those of others, because they want to avoid conflict, or because they lack self-esteem, feel fearful or intimidated. Passive people may allow others to have their way, say 'yes' when they don't really want to, in order to be liked or not hurt the other person's feelings, and they may not express if they are uncomfortable or bothered by something, or if they have changed their mind.

**MANIPULATIVE:** Someone is manipulative when they control or dominate another person for their own benefit and advantages. It usually implies a more subtle control than aggressive behaviour. This includes getting what you want or turning someone down in a dishonest way, making someone feel good so that you can get what you want, or doing something for somebody only so they will give you what you want.

**ASSERTIVE:** An assertive person sees their needs and feelings as important, and is able to share them in a clear, confident and respectful way. This includes asking for what you want or giving people an honest 'no' to things you don't want. Being assertive is not the same as being aggressive, and in conflict situations assertive people do not intentionally hurt others emotionally or physically, but also encourage other people to share their feelings in a respectful way.

- 2 Explain to learners that being **assertive** is the best way to communicate, while being honest and respectful of yourself and others. Instead of **aggressively** demanding control, or **passively** giving it up, assertiveness helps you tell others what you want - honestly - and without hurting others emotionally or physically. These skills are particularly helpful in relationships, when you are faced with situations of potential conflict. Assertiveness helps you respond to those who use the other techniques of communication, and helps you avoid being pushed into what they want, or pushing them into what you want. It is important to be as assertive in saying 'Yes', as in saying 'No', and in communicating both big and smaller decisions.

- 3 Note some of these assertive behaviours on the chalkboard:

- Making 'I' statements (I think... I want...)
- Expressing opinions (I believe...)
- Saying 'No' firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities (I can...)
- Making statements that express aspects of one's identity (culture, sexual orientation, religion when one chooses to do so)
- Paying attention to word choice, tone of voice, and body language so that you sound calm and in control but not angry

- 4 Give each learner a copy of the 'Communication Scenarios' worksheet (provided).

- 5 Learners should fill in the empty speech bubble in each scenario, by using the skills listed above to create assertive but respectful responses.

## Chapter 5: Sexual Health / Exercise 1

Ask learners to share their answers. Facilitate a discussion by including questions such as:

- a. What communication strategy (aggression, passiveness, manipulation, assertiveness) is the first speaker in each scenario demonstrating?
  - b. How do you feel about this?
  - c. In Scenarios 2 and 5, what kinds of communication do the second speakers demonstrate?
  - d. Why might this be a problem?
  - e. Do individuals who are more assertive have a responsibility to ensure that their partners are comfortable speaking to them, and do not feel pressured?
  - f. How would you resolve each situation? (Ask learners to share their responses).
2. Which responses (suggested by learners) might be most aggressive? Why?

The Teacher Answer Key provides a range of effective possibilities that you could compare to learners' responses. You could also suggest some yourself.

Conclude by explaining that it is important to know yourself, as well as your partner, and to understand how best to communicate. Emphasise that the more assertive partner, should take the time to understand what the less assertive partner really wants and that they are not just trying to please. Similarly, if one tends to be more passive, then one should request time to make decisions, and find the right words to communicate that decision to the partner.

You could allow learners (in pairs) any remaining time to practice using assertiveness skills.

### Teacher Tips

#### General

Learners may act silly, make jokes, mock each other or withdraw because of the overt sexual content in the exercise which adolescents might find amusing or uncomfortable. You can minimise this by preparing the class for the sexual content before the exercise. Tell them that you will be talking about sex, and even though they may find that amusing, the discussion about negotiating sex, and sexual coercion is really important. For this reason you would like them to focus on the exercise and give the issues their full attention. You may want to re-emphasise this before asking learners to read their responses aloud, and add that it is important to show respect, and to be non-judgemental when listening to other's efforts.

## **'9 Making the Link with Gender & Violence**

The exercise prepares learners with some skills they may need to negotiate sex and hopefully avoid coerced and unsafe sex. This is particularly useful to learners whose personalities, cultures and life experiences may predispose them to different forms of violence.

### **Assessment Ideas**

Learners, in pairs, could be given time to prepare a skit that demonstrates at least one other style of communication; and where they should use assertiveness to resolve a conflict. By practicing assertiveness skills within skits, the teacher can assess whether the learners are familiarising themselves with the concept of assertiveness.

### **Variation**

Learners can also act out the scenarios to make the exercise more interactive.

learners can be asked to draw their own comic strip where the characters use assertiveness skills in negotiating sex.

Personal reflection on the communication style they most often use, and how they may change this to become more assertive and respectful of themselves and others.



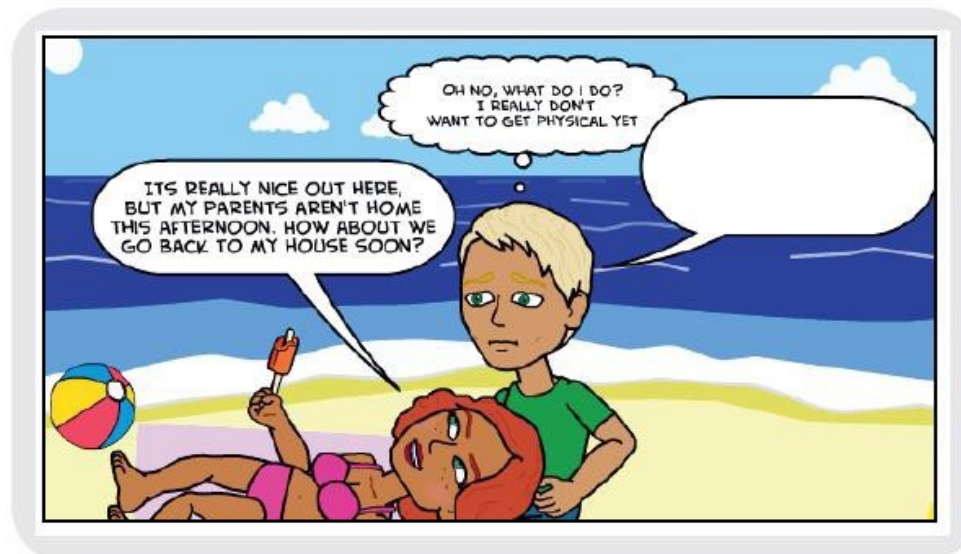
# COMMUNICATION SCENARIOS

Fill in the empty speech bubbles using assertive communication.

## - SCENARIO 1 -



## - SCENARIO 2 -



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- SCENARIO 3 -



- SCENARIO 4 -



- SCENARIO 5 -



- SCENARIO 6 -



Scenario	Communication Styles	Possible Assertive Responses
	<b>Speaker 1</b>	<b>Speaker 2</b>
1	Manipulative	<p>This isn't about trust. This is about respect. I want to be with someone who respects me, and themselves, enough to only have safe sex.</p> <p>Condoms are the safest way to have sex. No condom, no sex.</p> <p>Please don't ask me that. I do trust you, but safe sex is very important to me, and I need you to understand if we are going to have a relationship.</p> <p>I do trust you. But I also really value our health and don't want us to take any risks.</p>
2	Assertive	<p>It's really nice here. Let's just stay here today. I don't think I am ready for that yet.</p> <p>I need to think about things first. Let's just stay out here today. We can talk about what you would like to do when your parents are away again and make sure we are on the same page.</p> <p>I really like you so this is hard for me to say, but I am not ready for our relationship to become more physical just yet.</p> <p>I don't feel ready yet. I hope that is ok, because I think you are great and I really enjoy what we have.</p>
3	Manipulative	<p>I'm sorry but I just do not feel comfortable with that. If you are not having fun at the party let's just leave?</p> <p>My stance is still the same. I do not want to do anything in front of all these people. Please respect that.</p> <p>Please do not pressure me to do something you know I do not want to do. That is not fair and it will not change my mind.</p> <p>I love you and want you to be happy, but I cannot agree. For this relationship to work you have to care more about my feelings than what other people think.</p>



Scenario	Communication Styles	Possible Assertive Responses
4	<b>Speaker 1</b> Aggressive	<b>Speaker 2</b> <p>I am sorry but I can't do that. It is important to talk about when we want to have sex and not just make sudden decisions. Please respect that.</p> <p>I'm sorry that you feel like you've had to wait too long. We haven't been dating very long, and I'm not ready. You have to respect that or we cannot continue this relationship.</p> <p>No, that is not going to happen tonight. I would first like to get to know you better. Let's talk instead.</p> <p>Please do not pressure me. I will only have sex with someone I trust, and this behaviour does not make me trust you.</p> <p>I do not want our first time to be at a party like this. Why don't we talk about this more tomorrow and we can make sure that when it happens, we both have the experience that we want.</p> <p>It is not sexy at all when you are aggressive. I don't want to have sex with you tonight. If you cannot respect that I will call my parents to pick me up.</p>
5	Assertive	<p>You don't sound sure. Let's talk about this another time once you've had a chance to think about what you really want to do.</p> <p>I don't think it's time. It is only time when we are both ready.</p> <p>I only want to take the next steps when you are ready. You don't sound very sure right now, but I can wait.</p> <p>Let's talk about this again in a few days. Please think about what you want and what you don't want, so we can talk about it then.</p> <p>You sound uncertain. I don't want to pressure you. I really like you and respect you, so please don't be afraid to say what you really think.</p>

Scenario	Communication Styles	Some Possible Assertive Responses
6	<b>Speaker 1</b> Assertive	<b>Speaker 2</b> It's so great that you take consent as seriously as I do. Yes!  I feel ready. If you are too, then I would love to.  I would really like that. We've both been tested recently so I am ready for our relationship to get physical.  I love that you're asking me first. I feel quite nervous, but you are so considerate I feel much more comfortable. Let's give it a try.

## Guided Self-Compassion Break

When you notice that you're feeling stress or emotional discomfort, see if you can find the discomfort in your body. Where do you feel it the most? Make contact with the sensations as they arise in your body.

Now, say to yourself, slowly:

1. "This is a moment of suffering."

That's mindfulness. Other options include:

- This hurts.
- Ouch!
- This is stressful.

2. "Suffering is a part of life."

That's common humanity. Other options include:

- I'm not alone. Others are just like me.
- We all struggle in our lives.
- This is how it feels when a person struggles in this way.

Now, put your hands over your heart, or wherever it feels soothing, feeling the warmth and gentle touch of your hands.

Say to yourself:

3. "May I be kind to myself?" Another way of saying this is, "May I give myself what I need?"

See if you can find words for what you need in times like this. Options may include:

- May I accept myself as I am?
- May I learn to accept myself as I am?
- May I forgive myself?
- May I be strong?
- May I be patient?
- May I live in love?

If you're having difficulty finding the right words, imagine that a dear friend or loved one is having the same problem as you. What would you say to this person? If your friend would leave with just a few words in mind, what would you like those words to be? What message would you like to deliver, heart to heart?

Now see if you can offer the same message to yourself.



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