

Detaching From Emotional Pain (Grounding)



SUMMARY

A powerful strategy known as “grounding” is reviewed to help patients detach from emotional pain. Three types of grounding are presented (mental, physical, and soothing), with an experiential exercise to demonstrate the techniques. The goal is to shift attention toward the external world, away from negative feelings.

ORIENTATION

“October is a terrifying month for me. That’s when a major trauma happened. Remembering things makes me feel dirty. When I think about October, I want to die rather than face what it brings me. So how will I handle October this year? Well, I hope to be able to distract and keep myself in the present.”

Grounding can be also be called “centering,” “looking outward,” “distraction,” or “healthy detachment.” It is particularly powerful because it can be applied to any situation where patients are caught in emotional pain (e.g., triggered), and can be done any time, anywhere, by oneself, without anyone else noticing it. It can also be used by a supportive friend or partner who can guide the patient in it when the need arises. It is very commonly used for PTSD, but can be applied to substance abuse as well. Grounding is so basic and simple that it gives even the most impaired patients a useful strategy. Even though the method is simple, however, it must be practiced frequently to be maximally helpful.

It is important to note that grounding is *not* a relaxation exercise (e.g., as in Benson’s [1975] *The Relaxation Response*). Some patients with PTSD actually become more anxious when they are guided through conventional relaxation techniques (e.g., “Close your eyes, focus on your breathing”). For patients with PTSD, closing eyes can lead to dissociation; focus-

ing on breathing, and even the word “relax,” may be triggers that remind them of sexual abuse. Grounding is a highly active strategy that works via *distraction* and *connection to the external world*. Patients are asked to always keep their eyes open. You are teaching patients to notice everything they can about the world in front of them and about the present, and by doing so, to recognize that right now, in the present, they are safe.

In the context of today’s topic, it may be helpful to remind patients of the need to reduce overwhelming feelings (any negative feelings over a 6 on a 0–10 scale). By moving from a high to a middle or low range of negative feelings, they will be more able to cope successfully. For example, one patient talked about getting extremely angry at a cousin for saying, “Just get over the trauma already—stop feeling sorry for yourself.” With anger at a 9 on a 0–10 scale, the patient was able to use grounding to reduce it to a 4, and thus left the room without starting a huge fight. The patient was able to feel in control and see the cousin’s harshness as “his problem,” and did not need to use drugs to cope with it. Thus one of the best ways of managing negative feelings is to recognize that one can pace and modulate them. If they rise too high, one can decrease them to a more manageable level. Over time, patients’ ability to face negative feelings can increase as they learn to feel more in control of them.

During the session, the therapist leads patients in an experiential exercise of grounding to show its impact by direct experience rather than solely by talking about it. When such an exercise is done correctly, most patients report it to be at least somewhat helpful.

Countertransference

As with all techniques, grounding can only work if the therapist truly believes that it works. If you read the grounding script (Therapist Sheet A) without any conviction, patients will sense the emptiness behind the words, and it will likely fall flat. If you are not sure whether the method works, you will need to explore it more ahead of time (e.g., in supervision, by trying it on other patients first, or by trying it yourself).

Acknowledgments

Grounding is a mainstay of the treatment of trauma patients at McLean Hospital, and many of the techniques were learned during the author’s training there.

PREPARING FOR THE SESSION

♦ Recommended: Bring a tape recorder and blank tape to the session to create a 10-minute cassette tape of the grounding exercise. This can be given to the patient for practice at home.

SESSION FORMAT

1. *Check-in (up to 5 minutes per patient)*. See Chapter 2.
2. *Quotation (briefly)*. See page 132. Link the quotation to the session—for exam-

ple, “Today we’re going to learn a very powerful yet simple method of managing emotional pain, called ‘grounding.’ As the quotation suggests, no matter how hard a time you’re having, it’s important to keep perspective.”

3. **Relate the topic to patients’ lives (in-depth, most of session).**
 - a. *Ask patients to look through the handout, Using Grounding to Detach from Emotional Pain.*
 - b. *Help patients relate the skill to current and specific problems in their lives. See “Session Content” (below) and Chapter 2 for suggestions.*
4. **Check-out (briefly).** See Chapter 2.

SESSION CONTENT

Goals

- Teach grounding as a set of simple but powerful techniques to detach from emotional pain.
- Conduct an in-session experiential exercise on grounding (and, if possible, record it as an audiotape for patients to practice at home).
- Explore how grounding can be applied to patients’ day-to-day problems (drug cravings, etc.)

Ways to Relate the Material to Patients’ Lives

★ **Conduct an in-session grounding demonstration.** This is highly recommended, as it is the best way for patients to truly see how grounding works and to directly experience what parts of it work for them. A complete script you can use to demonstrate grounding is provided in this topic’s Therapist Sheet. Allow enough time to conduct the exercise and explore it afterward (at least 35 minutes).

★ **Create an audiotape for patients to practice grounding at home.** This can be done by either recording the in-session grounding demonstration, or, for individual therapy, customizing it for the patient. Asking the patient to share the tape with a safe significant other (e.g., spouse, AA sponsor), who can assist with grounding in time of need, may also be very helpful.

★ Discussion

- “Which of the grounding techniques do you think may work best for you?”
- “When you had an unsafe behavior in the past week, do you think grounding might have helped?”
- “Are there any grounding techniques that you would like to add to the list?”
- “Why is it important to detach from emotional pain?”
- “When might you use grounding in the next week? For example, how would you use grounding if you had a craving to use a substance? A flashback? Rage? A panic attack?”

★ **Self-exploration.** Ask patients to mark the handout: “Are there any strategies that appeal to you? Put a check mark next to those.” “Are there any that you already do that work for you? Put a star next to those.” Patients can ignore strategies that don’t appeal to them.

★ **“Question–answer” format.** You can ask questions to see whether patients have learned grounding enough to use it effectively on their own: “Can you name three ways of grounding?,” “How long should grounding last?,” “Why do you keep your eyes open during grounding?,” “What if there are people around; can you still do grounding?,” “Is grounding the same as relaxation exercises?,” “How can you know if the grounding worked?,” “If grounding doesn’t work when you try it, what might you do to get it to work?”

Suggestions

✦ **Briefly introduce the in-session demonstration so that patients will not feel disturbed or afraid** (as most topics in this treatment do not have in-session exercises such as this). For example, say, “Today we’re going to focus on a set of simple but powerful strategies to detach from emotional pain. It is called ‘grounding’—has anyone heard of it? I’d like to lead a brief 10-minute demonstration of grounding and then talk about how it went for you. Does that sound okay?”

✦ **Relate grounding to patients’ problems outside of sessions.** Rehearse and explore how grounding can be used for specific situations (e.g., “How can you use grounding if you feel like drinking?,” “How can you use grounding if you feel like hurting yourself?,” etc.).

✦ **Occasionally a patient may become anxious during the in-session demonstration.** This may manifest as joking, laughing, or making fun of the exercise. In an individual session, you may want to address it by asking the patient whether the exercise is anxiety-provoking, processing such feelings, and then getting back to the topic. In a group session, it is suggested that the therapist gently limit such behavior or else the mood of the exercise can deteriorate. For example, you might say, “This exercise may create anxiety for some people. Please try to stay with the exercise, and allow others to stay with it as well. But it’s okay to step outside the room if you don’t want to do this. We’ll have you come back in once the exercise is over in a few minutes.”

✦ **Try not to let the discussion focus heavily on what does not work.** Rather, after validating that a particular grounding strategy may not work for some people, guide patients to notice methods they have not yet tried, and ways to make grounding more powerful. No patient has tried all the strategies so there is always room for new attempts even if grounding did not work for a patient in this session (or in life thus far).

✦ **Encourage patients to use any term for grounding that they prefer.** For example, to combat veteran air pilots, “grounding” can mean a crashed airplane; thus a term such as “centering” is more helpful.

✦ **You may want to try having the patients access a negative feeling before starting the grounding exercise.** This can make it a more powerful exercise. See the topic *Coping with Triggers*, which describes this in detail. Note, however, that this should only be done in individual therapy rather than groups (where it could be too triggering for patients).

✦ **Create a cassette tape of grounding.** Record a cassette of grounding for the patient to play at home. The grounding script (Therapist Sheet) can be used, or the therapist can customize it to patients’ preferences. The tape can be created in the session with the therapist and/or patient recording grounding statements. Later, the patient can also have safe family and friends add grounding statements to the tape. *Note:* If making a cassette tape in a group

session, no names should be included, for confidentiality reasons. Copy the tape and give one to each patient at the next session.

Tough Cases

- * “I can do grounding if you lead it, but not by myself.”
- * “But I thought it’s important to face my feelings—not detach from them.”
- * “By ‘detaching from pain,’ do you mean dissociation?”
- * “Yes, it works, but I never remember to do it.”
- * “This stuff is hokey.”

Script for a 10-Minute In-Session Grounding Demonstration

Ask patients to rate their level of negative feelings before the exercise. “Before starting this exercise, notice how you are feeling right now. If you were to rate your negative feelings on a 0–10 scale, with 10 being the worst, how bad do you feel right now? The reason to rate feelings is to see whether grounding helps to reduce the negative feelings; we will rerate the feelings after the exercise.” *Ask each patient to state a rating, and write these ratings down. Guide patients to give you a number, rather than to describe their feelings.*

Orient patients to grounding. “Many people with PTSD find grounding very helpful. In grounding, the goal is to turn your attention to the outside world, to shift away from the inner world of negative feelings. You can detach and distance from emotional pain. If you notice yourself focusing on negative feelings, try to let them go, like leaves in a fall breeze. Turn away from them, focusing your attention even stronger on the outside world. You may want to think of this as ‘changing the channel,’ just like a television, where you can change the channel to get a different show. Keep your eyes open the entire time and look around the room as much as you like. Remember that you are always in control. And try not to judge anything—just notice what ‘is.’ I will give you grounding instructions for about 10 minutes. We will try three types of grounding: mental grounding, physical grounding, and soothing grounding. You can see which types work best for you. I’ll also be asking a number of simple questions.” *For individual therapy:* “Please answer the questions out loud.” *For group therapy:* “Please answer the questions silently to yourself.”

Mental grounding. “Start by reminding yourself that you are safe. You are here in therapy, today is _____ (e.g., Monday), and you are at the _____ Hospital (or clinic, etc.). Now let’s try to imagine putting a buffer between you and all of your negative feelings. Imagine that your negative feelings are bundled up and put in a container. Next, think of something you can put between you and that container of negative feelings. Perhaps it’s a wall, a suit of armor, or a big open field in the country—anything that creates safe distance between you and your negative feelings. Good!

“Now let’s focus on the room. Look around the room. Name as many colors as you can. Good. Now name as many objects as you can: How many chairs are there? Are there curtains? How many windows? Look out the window—what is the weather outside? Good. Are there paintings or posters? If so, choose one and describe it, not judging it, but just describing everything you can about it: colors, shapes, content. Excellent! What color is the carpet or floor? How many doors are there? Are the lights fluorescent or yellow? What color is the paint on the walls? Do you see any words printed anywhere in the room (on a poster or book jacket)? If so, read each letter backward (the reason we read it backward is that you just want to notice the letters themselves—as if you’re seeing these letters for the first time). Terrific!

“Next we’ll try naming some facts. Tell me the names of cities—as many cities as you can name. Wonderful! Now try naming all the sports teams that you can remember. How about TV shows? Name as many as you can. Now take the number 100; subtract 5 from that and notice the new number; subtract 5 again, and notice the new number. Don’t worry if you can’t get the math—just let it go.”

Physical grounding. “Now we’re going to try physical grounding methods. Please keep following along with me. Notice your feet on the floor. They are literally grounded, connected to the floor. Wiggle your toes inside your shoes. Dig your heels gently into the floor to ground yourself even more. Good. Now, touch your chair: Tell me anything you can about it—what material is it made of? Now touch the table (or desk): What is it made of? Is it colder or warmer than the chair? Good. Now, find any object that’s near you—perhaps a pen, or your keys, or something here on the desk. Pick it up and hold it, and say everything you can about it: What it’s made of, how heavy it is, whether it’s cold or warm, what colors it is. Now clench your fists; notice the tension in your hands as you do that. Now release your fists. Good. Now press your palms together, with elbows to the side; press as tightly as you can. Focus all
(cont.)

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of your attention on your palms. Now let go. Excellent! Now grab onto your chair as tightly as you can; then after a few moments, now let it go. Finally, roll your head around in a circle a few times. Excellent."

Soothing grounding. "Now let's move on and try soothing grounding. Let's start with favorites. Think of your favorite color: What color is it? Good. Think of your favorite animal: What animal is it? Think of your favorite TV show: What TV show is it? Excellent. Now, think of your favorite season of the year: What season is it? Now think of your favorite time of day. What time of day is it? Think of a favorite person—it may be someone you know, or it could be a famous person. Picture that person. Good! If you want to, think of a favorite, upbeat song, and try to remember the tune and the words." *Give patients at least a minute or so to do this.*

"Now, try to think of a safe place. Still keeping your eyes open, think of a place that is very safe, soothing, and calming for you: Maybe the beach, the mountains, a walk in the city, a favorite room, or a park? If you can't think of a safe place, that's okay too—just let yourself notice this room, since we're safe here. Good. Now, try to notice everything you can about your safe place. Notice everything you love about it—the colors, the textures, the shapes; and the safety and calm of the place. Good. You have done a terrific job." *Keep going until at least 10 minutes have been completed.*

Ask patients to rerate negative feelings after the exercise. "Now rerate your negative feelings on a 0–10 scale (10 being the most negative)." *Check whether patients' ratings have changed from their initial ratings.*

EXPLORE PATIENTS' REACTIONS TO THE GROUNDING DEMONSTRATION

Before-and-after ratings. Ask patients to notice whether their ratings changed from before to after the exercise. In group therapy, you may want to summarize patients' ratings—for example, "Most of you went down at least a point or two. A few people went down by 4 points," and so on.

Explore patients' views about grounding. For example, ask, "What did you like and dislike about the grounding? What type of grounding works best for you? How did you feel after the exercise? Were you able to focus your attention during the exercise? Were any of the parts of the exercise a problem for you? Were any parts especially helpful for you?" Try to praise patients for any successes they had with it (e.g., "That's good that you were able to focus on it"). If patients are negative about it, accept this, and try to process it (see below).

Discuss how grounding can help with specific situations. For example, how can it be used when having a drug craving? When wanting to hurt oneself or others? When feeling angry? When upset? Try to work through specific examples that patients confront from day to day.

Process negative reactions. The "check" for whether the grounding has worked is the emotion rating that is built into the experiential exercise. Occasionally a patient's rating does not improve. If this happens, be sure to process it, such as by asking what the patient thinks might help make it more effective next time and by looking through the handout for ideas. Often success is a matter of practicing longer, selecting the grounding methods that appeal to that particular patient, or trying the advanced grounding techniques in the handout (see the section "What If Grounding Does Not Work?"). See also the "Suggestions" in the "Session Content" for today's topic.

Quotation

“No feeling is final.”

—Rainer Maria Rilke
(20th-century German poet)

Using Grounding to Detach from Emotional Pain

WHAT IS GROUNDING?

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

WHY DO GROUNDING?

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

Many people with PTSD and substance abuse struggle with feeling either too much (overwhelming emotions and memories) or too little (numbing and dissociation). In grounding, you attain a balance between the two: conscious of reality and able to tolerate it. Remember that pain is a feeling; it is not who you are. When you get caught up in it, it feels like you *are* your pain, and that is all that exists. But it is only one part of your experience—the others are just hidden and can be found again through grounding.

Guidelines

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

WAYS OF GROUNDING

Three major ways of grounding are described below—mental, physical, and soothing. “Mental” means focusing your mind; “physical” means focusing on your senses (e.g., touch, hearing); and “soothing” means talking to yourself in a very kind way. You may find that one type works better for you, or all types may be helpful.

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Mental Grounding

⊗ **Describe your environment in detail**, using all your senses—for example, “The walls are white; there are five pink chairs; there is a wooden bookshelf against the wall . . .” Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature. You can do this anywhere. For example, on the subway: “I’m on the subway. I’ll see the river soon. Those are the windows. This is the bench. The metal bar is silver. The subway map has four colors.”

⊗ **Play a “categories” game with yourself.** Try to think of “types of dogs,” “jazz musicians,” “states that begin with ‘A’,” “cars,” “TV shows,” “writers,” “sports,” “songs,” or “cities.”

⊗ **Do an age progression.** If you have regressed to a younger age (e.g., 8 years old), you can slowly work your way back up (e.g., “I’m now 9; I’m now 10; I’m now 11 . . .”) until you are back to your current age.

⊗ **Describe an everyday activity in great detail.** For example, describe a meal that you cook (e.g., “First I peel the potatoes and cut them into quarters; then I boil the water; then I make an herb marinade of oregano, basil, garlic, and olive oil . . .”).

⊗ **Imagine.** Use an image: Glide along on skates away from your pain; change the TV channel to get to a better show; think of a wall as a buffer between you and your pain.

⊗ **Say a safety statement.** “My name is _____; I am safe right now. I am in the present, not the past. I am located in _____; the date is _____.”

⊗ **Read something, saying each word to yourself.** Or read each letter backward so that you focus on the letters and not on the meaning of words.

⊗ **Use humor.** Think of something funny to jolt yourself out of your mood.

⊗ **Count to 10 or say the alphabet,** very s . . . l . . . o . . . w . . . l . . . y.

Physical Grounding

* **Run cool or warm water over your hands.**

* **Grab tightly onto your chair as hard as you can.**

* **Touch various objects around you:** a pen, keys, your clothing, the table, the walls. Notice textures, colors, materials, weight, temperature. Compare objects you touch: Is one colder? Lighter?

* **Dig your heels into the floor**—literally “grounding” them! Notice the tension centered in your heels as you do this. Remind yourself that you are connected to the ground.

* **Carry a grounding object in your pocket**—a small object (a small rock, clay, a ring, a piece of cloth or yarn) that you can touch whenever you feel triggered.

* **Jump up and down.**

* **Notice your body:** the weight of your body in the chair; wiggling your toes in your socks; the feel of your back against the chair. You are connected to the world.

* **Stretch.** Extend your fingers, arms, or legs as far as you can; roll your head around.

* **Clench and release your fists.**

* **Walk slowly, noticing each footstep,** saying “left” or “right” with each step.

* **Eat something, describing the flavors** in detail to yourself.

* **Focus on your breathing,** noticing each inhale and exhale. Repeat a pleasant word to yourself on each inhale (e.g., a favorite color, or a soothing word such as “safe” or “easy”).

Soothing Grounding

+ **Say kind statements,** as if you were talking to a small child—for example, “You are a good person going through a hard time. You’ll get through this.”

+ **Think of favorites.** Think of your favorite color, animal, season, food, time of day, TV show.

(cont.)

- † **Picture people you care about** (e.g., your children), and look at photographs of them.
- † **Remember the words to an inspiring song, quotation, or poem** that makes you feel better (e.g., the AA Serenity Prayer).
- † **Remember a safe place.** Describe a place that you find very soothing (perhaps the beach or mountains, or a favorite room); focus on everything about that place—the sounds, colors, shapes, objects, textures.
- † **Say a coping statement:** “I can handle this,” “This feeling will pass.”
- † **Plan a safe treat for yourself,** such as a piece of candy, a nice dinner, or a warm bath.
- † **Think of things you are looking forward to in the next week**—perhaps time with a friend, going to a movie, or going on a hike.

WHAT IF GROUNDING DOES NOT WORK?

Grounding does work! But, like any other skill, you need to practice to make it as powerful as possible. Below are suggestions to help make it work for you.

- ★ **Practice as often as possible,** even when you don’t need it, so that you’ll know it by heart.
- ★ **Practice faster.** Speeding up the pace gets you focused on the outside world quickly.
- ★ **Try grounding for a looooooonnnnnngggg time (20–30 minutes).** And repeat, repeat, repeat.
- ★ **Try to notice which methods you like best**—physical, mental, or soothing grounding methods, or some combination.
- ★ **Create your own methods of grounding.** Any method you make up may be worth much more than those you read here, because it is yours.
- ★ **Start grounding early in a negative mood cycle.** Start when a substance craving just starts or when you have just started having a flashback. Start before anger gets out of control.
- ★ **Make up an index card** on which you list your best grounding methods and how long to use them.
- ★ **Have others assist you in grounding.** Teach friends or family about grounding, so that they can help guide you with it if you become overwhelmed.
- ★ **Prepare in advance.** Locate places at home, in your car, and at work where you have materials and reminders for grounding.
- ★ **Create a cassette tape of a grounding message** that you can play when needed. Consider asking your therapist or someone close to you to record it if you want to hear someone else’s voice.
- ★ **Think about why grounding works.** Why might it be that by focusing on the external world, you become more aware of an inner peacefulness? Notice the methods that work for you—why might those be more powerful for you than other methods?
- ★ **Don’t give up!**

Ideas for a Commitment

*Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.*

- ✦ Option 1: Practice grounding for 10 minutes or more, rating your feelings before and after (just as we did in the session).
- ✦ Option 2: Reread the handout, circling the methods that you most want to try.
- ✦ Option 3: Find something to carry with you that helps you feel grounded (e.g., a small, beautiful rock; a picture of someone you love; an AA chip you earned). Keep it in a place that you can access at any time, such as in your pocket or wallet, or on your key chain.
- ✦ Option 4: Fill out the Safe Coping Sheet.

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

	Old Way	New Way
Situation	Having a flashback.	Having a flashback.
★ <u>Your Coping</u> ★	I got stuck in it; it was awful. I tried to drown my feelings in three gin-and-tonics.	I can try to cope with a flashback by doing grounding. These are the ways that I think would work for me: 1. Run my hands under cool water. 2. Try to remember every major Red Sox player from the 1970s. 3. Turn on some music—loud, to drown out the flashback.
Consequence	I just feel like I have no control over my feelings. I can't stop myself from drinking when I get overwhelmed.	The intensity goes down—not completely away, but down enough so that I don't feel like I have to drink.

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

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

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Self Empowered During and Beyond

In this workshop, I discussed many different types of techniques to help individuals empower themselves. At the same time, they walk through daily challenges derived from co-occurring disorders as well as past trauma.

- We will be using motivational interviewing techniques while working with individuals.
 - Helps to validate the emotion the individual may be experiencing and reassures the individual that they are being heard. <https://store.samhsa.gov/sites/default/files/PEP20-02-02-014.pdf>
 - CBT and grounding techniques
- Daily Practice: Awareness meditation and grounding to support rest and healing.
 - Develop a powerful practice of deep relaxation to restore your mental Clarity.
 - Meditation practices will profoundly affect your life and your ability to remember what it feels like to experience happiness, a healthy mindset and to feel whole. Guided meditation, Spiritual meditation, Chakra meditation, Mantra meditation, visualization,
- Overcome the stressors and triggers embedded in trauma.
 - CBT Tools and techniques that help aid in the healing process. (Urge jar, urge log, REBT, ABC, and positive self-talk.)

Using mindful practices to build unconditional self-acceptance and other variations of Acceptances.

Trainings mentioned

Trauma-focused CBT training

https://www.apmentalhealthtraining.com/trauma-focused-cbt-training.html?gad_source=1&qclid=CjwKCAjwh4-wBhB3EiwAeJspplpgWN36SWNPrvsZTAqmySG-h31hmVFjQP4hRPK5nxBlz7bz4GgpMhoCy-8QAvD_BwE

MRT Trauma

https://www.ccimrt.com/mrt_programs/trauma/

Tools discussed

Unconditional Self Acceptance

<https://smartrecovery.org/unconditional-self-acceptance>

Grounding techniques worksheet <https://www.therapistaid.com/therapy-worksheet/grounding-techniques>

Urge Jar

<https://smartrecovery.org/blog/the-urge-jar-tool>

Apps mentioned

Recovery Path

SMART Recovery

CALM

You can contact me at anytime

Susan Ireland

I am ME!

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