

# Asking for Help



## SUMMARY

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

## ORIENTATION

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

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

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

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

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

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

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

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

### Countertransference Issues

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

## SESSION FORMAT

1. **Check-in** (*up to 5 minutes per patient*). See Chapter 2.
2. **Quotation** (*briefly*). See page 170. Link the quotation to the session—for example, “Today we’ll focus on asking for help. That may feel like a big risk for some people—but it is incredibly important to learn to take that risk and reach out.”
3. **Relate the topic to patients’ lives** (*in-depth, most of session*).
  - a. *Ask patients to look through the handouts:*  
 Handout 1: Asking for Help  
 Handout 2: Approach Sheet
  - b. *Help patients relate the skill to current and specific problems in their lives.* See “Session Content” (below) and Chapter 2 for suggestions.
4. **Check-out** (*briefly*). See Chapter 2.

## SESSION CONTENT

### Goals

- Discuss effective ways to ask for help.
- Rehearse how to ask for help.
- Explore patients’ experiences in asking for help.

## Ways to Relate the Material to Patients' Lives

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

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

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

### ★ Discussion

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

## Suggestions

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

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

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

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

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

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

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

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

*Before:* “Call someone when you have a drug craving, before you use.”

*During:* “If you’re at a bar, go to the pay phone and call your sponsor.”

*After:* “Call a friend the next day to discuss what happened.”

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

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

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

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

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

### Tough Cases

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

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

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

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

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

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Quotation

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**“And the trouble is,  
if you don’t risk anything,  
you risk even more.”**

—Erica Jong  
(20th-century American writer)

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## Asking for Help

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### MAIN POINTS

- ★ It is very common to have difficulty asking for help if you have PTSD and substance abuse.
  - ★ You must get help from others to recover. No one can do it alone.
  - ★ In learning to ask for help, start "small": Practice on safe people, with simple requests.
  - ★ Try to ask for help before a problem becomes overwhelming. But you can call any time—before, during, or after a hard time.
  - ★ Prepare how you'll handle it if the person refuses your request for help.
  - ★ In asking for help, you don't have to "spill" everything.
  - ★ Asking for help makes you stronger and more *independent* in the long run.
  - ★ Learning to ask for help may feel very awkward at first.
  - ★ If there is no one in your life to ask help from, work on building a support network.
  - ★ When asking for help, be gentle—no demands, threats, or insults.
  - ★ Discover whether your fears are accurate: Compare your *prediction* to *reality*.
  - ★ Carry in your wallet a list of phone numbers you can call.
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## Approach Sheet

★ Fill in the first three parts now. Later, after you've approached the person, fill in the last part.

(1) Who will you talk to?

(2) What will you say?

(3) What do you predict will happen?

(4) What did happen in reality?

★ You may want to ask yourself:

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

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## Ideas for a Commitment

*Commit to one action that will move your life forward!*

*It can be anything you feel will help you, or you can try one of the ideas below.*

*Keeping your commitment is a way of respecting, honoring, and caring for yourself.*

- ✦ Option 1: Write a list of people you can call when you are having problems (e.g., wanting to talk, feeling afraid, drug cravings, needing a ride, etc.). Include friends, family members, self-help sponsors, treaters, hot-lines, drop-in centers, and anyone else you can think of (see example below).

**List of people to call for help**

1. My friend Martha: 466-4215 or 252-7655
2. My therapist (Dr. Klein): 855-1111 or can page at 855-1000
3. My AA sponsor (Barbara): 731-1502

- ✦ Option 2: Go for it! Fill out the Approach Sheet.

### APPROACH SHEET—EXAMPLE

Fill in the first three parts now. Later, after you've approached the person, fill in the last part.
<p><b>(1) <u>Who</u> will you talk to?</b></p> <p>My friend Elizabeth.</p>
<p><b>(2) <u>What</u> will you say?</b></p> <p>"Please help me not drink at the party tonight—you can help by not offering me any alcohol and checking in with me at times during the party to see if I'm okay."</p>
<p><b>(3) <u>What</u> do you <u>predict</u> will happen?</b></p> <p>She won't want to help me. She'll think I'm pathetic.</p>
<p><b>(4) <u>What</u> did happen in <u>reality</u>?</b></p> <p>I called Elizabeth. She was very willing to watch out for me at the party, and also gave me the phone number for a good AA group in town. She didn't convey any judgment or negative views of me.</p>

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