BEYOND SEPTEMBER™

When You Self-Sabotage in Treatment — Ending the Cycle

The cycle you are describing

• You want to get better. You get into treatment. You go quiet, hold back, comply on the surface, and leave without the change you came for. Then it repeats.

• This is one of the most common patterns in mental health care, and it has causes rather than character flaws behind it.

• Recognizing the cycle and naming it out loud is not a small thing. It is the first move that breaks it.

Why it happens

• Protection: engaging means feeling things you have spent years not feeling. Shutting down is the nervous system doing its job.

• Shame: believing that if the team saw the whole truth, they would judge you or give up on you.

• Testing: leaving before you can be dropped, so the ending is yours.

• Loss of identity: if the suffering has been the organizing fact of your life, getting better can feel like disappearing.

• Fear of expectations: if you get better, people will expect you to keep being better, with no allowance for bad days.

• Mismatch: the wrong level of care, the wrong modality, or a clinician you do not connect with. Sometimes it is not sabotage — it is a bad fit.

• Symptom load: severe depression, dissociation, trauma responses, or untreated ADHD can look exactly like non-engagement.

How to break the cycle, concretely

• Name the pattern on day one. Tell your therapist or team: "I shut down and leave early. It has happened before. Watch for it with me." This single sentence changes how they treat you.

• Write a relapse-of-engagement plan: list your specific early signs (skipping groups, one-word answers, planning your discharge date, canceling sessions) and what you want the team to do when they see them.

• Agree on a review point instead of an exit: "if I want to quit, I will say it out loud and we will discuss it for two sessions before I act."

• Ask for a smaller entry point: one honest sentence per session is a target you can hit. Aiming at total openness guarantees failure.

• Give the team the hard thing in writing if you cannot say it. A note handed over counts as engaging.

• Separate discomfort from danger. The urge to leave usually peaks right when the work starts working.

• Bring one witness in: a friend or family member who knows your pattern and will ask you about it weekly.

Things to check that are not sabotage

• Is this the right level of care? Weekly therapy cannot hold what a PHP or IOP is built for.

• Is this the right approach? Trauma often needs a trauma-specific therapy; emotion dysregulation often needs DBT; some patterns need longer-term work.

• Is the relationship right? A poor therapeutic alliance predicts poor outcomes. Changing clinicians once is reasonable; changing constantly is the cycle.

• Are medications or sleep problems making engagement physically impossible? Say so directly to the prescriber.

A realistic definition of success

• Success this round is not being fixed. It is staying two weeks longer than last time, or saying the one thing you have never said.

• Each attempt that goes slightly further is progress, even if it ends early. The cycle breaks by degrees.

• Tell the next program about the last one honestly, including how it ended. That history is clinical information, not evidence against you.

• If the urge to quit turns into thoughts of ending your life, call or text 988 immediately and tell your team.

If you are in danger right now	Call or text **988** for the Suicide & Crisis Lifeline. If there is immediate danger, call **911** or go to the nearest emergency room.

This guide is educational information only. It is not medical, psychiatric, or crisis advice. If you are thinking about hurting yourself, contact 988 or 911 now.