

**A CLINICAL APPROACH TO WORKING
WITH SUBSTANCE ABUSE AND PTSD**

Seeking Safety
A Treatment Program
for PTSD and Substance Abuse

**AVI KRIECHMAN, M.D.
2014**

Seeking Safety is an evidenced based treatment model that treats the co-occurring diagnosis's of PTSD and Substance Abuse

- Treatment focuses on both diagnoses
- Each condition is seen as adversely affecting the other
- This model creates a balance between exposure to dual treatment issues while avoiding exposure to significant trauma memories

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*

PTSD and Substance Abuse: A Patient's Perspective

Seeking Safety

“As far back as I can remember someone was abusing me: my brother, my father, my distant mother. By the time I was 12, I was falling into abusive relationships with men, many who took advantage of a young desperate girl. I had begun to treat myself as I had been treated, as unimportant outside of giving people what they wanted from me. To cope with the memories and repeated traumas, I was using drugs supplied by people who professed to love me.”

Seeking Safety

“The more I use, the more I won’t feel anything. The pain is so bad you just want to die. There is no other way out. If you talk about it, it will hurt too much. So instead, keep it a secret. No one will know.”

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Seeking Safety

“Night time is the absolute worst. I worry about my friends who are still there. I can’t stand noise. I can’t stand silence.”

Defining PTSD

7

- **Post Traumatic Stress Disorder is the result of an event or series of events that were acutely damaging to the emotional, physical, and psychological well being of an individual.**

-The traumatic experience would be defined as occurring out of the control of the traumatized individual

-The traumatized individual could have witnessed or been directly involved in the event

-The event outside of the individual's control would be experienced as a physical threat (e.g., physical/sexual abuse, war combat, seeing someone killed or abused, surviving catastrophic events such as a hurricane or car accident)

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Responses

Responses to the Traumatic Event:

- Involve intense helplessness, fear, or horror
- Children often exhibit agitation, disorganized functioning and problem behavior

Najavits, L. M., *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Symptoms

PTSD Symptoms:

(symptoms persist for more than a month)

- **Intrusion:** The trauma comes back into memory even with attempts to avoid thinking about the event(s)
 - flashbacks, nightmares, images
- **Avoidance:** Numbing, feeling detached, avoiding reminders of the trauma
- **Arousal:** Feeling “hyped up”
 - startle response, hyper-vigilant, sleep disturbance, anger, crying
- **Lowered functioning:** Problems with relationships, work, or other major life areas

Types of PTSD

- **Simple PTSD**

From a single incident (such as a car accident, or weather related catastrophe), usually as an adult

- **Complex PTSD**

Results from repeated incidents such as domestic violence, childhood abuse, combat tour of duty

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

PTSD Symptoms

- Self harm
 - Suicide
 - Dissociation
 - Memory
 - Sexuality
 - Shame
 - Anger
 - Guilt
 - Numbness
 - Loss of Faith
 - Loss of Trust
 - Health
 - Security Concerns
 - Anxiety
 - Feeling Damaged
- Najavits, L. M., (2002) Seeking Safety A Treatment Manual
 - for PTSD and Substance Abuse. New York: Guildford

Statistics

PTSD Prevalence

- Women – 51% experience trauma, with 10% developing PTSD
- Men – 61% experience trauma, with 5% developing PTSD

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

PTSD and Substance Abuse

Cultural Issues

- In the US rates of PTSD do not differ by race (Kessler et al., 1995)
- In the US Hispanics and African–Americans have lower substance abuse rates than Caucasians
- Native Americans have higher substance abuse rates than Caucasians.

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*. New York: Guilford

Prevalence

Prevalence of the dual diagnosis of PTSD and Substance Abuse

- Co-occurring diagnosis of PTSD and Substance Abuse in addiction treatment facilities - 12% - 34%
 - Women in substance treatment – 30% - 59%
 - Men in substance treatment – 11% - 38%

Typically PTSD symptoms preceded the onset of substance abuse.

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.

New York: Guilford

PTSD Response

Why do Some Individuals Exposed to Trauma Develop PTSD and Others Do Not

- Much is unknown
- Personality may influence PTSD response
- Life situation during and after trauma event may contribute
- Quality of lifetime relationships

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

DSM-5 PTSD criteria

Trauma that is re-experienced, avoided, associated with symptoms of arousal/reactivity and *associated with negative cognitions and mood*

- negative beliefs/expectations about self or the world
- distorted blame of self/others for causing trauma or for resulting consequences
- negative trauma-related emotions (fear, horror, anger, guilt, shame)
- feeling alienated from others
- inability to experience positive emotions
- diminished interest in pre-traumatic activities

PTSD and Substance Abuse

Links Between PTSD and Substance Abuse

- Two main themes of both disorders are secrecy and control
- Each of the disorders makes the other more likely
- Both diagnoses have higher rates of personality disorders
- PTSD symptoms widely reported to become worse with initial abstinence
- Both situations produce a profound need to be in an altered state

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Treatment Issues

- In a study of 77 women with current PTSD and substance dependence most of the treatment focused on substance abuse.
- 80% would choose to treat PTSD (either combined with substance abuse or alone)
- Fewer than 20% would choose substance abuse
- treatment alone

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Current Treatment Needs

Attention to Co-occurring Treatment Needs

- Most substance abuse(SA) patients are not sufficiently assessed for PTSD issues even after multiple addiction treatments
- Most SA patients are not informed of the PTSD diagnosis
- Most substance abuse facilities do not endorse co-occurring treatment for SA and PTSD
- Most mental health providers do not routinely screen PTSD patients for substance abuse

Najavits, L. M.,(2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

History of Treating PTSD

Knowledge About PTSD Relatively New

- First emerged in the study of soldiers returning from combat
- Later broader application to other types of abuse emerged
- 1980 PTSD added to the official list of psychiatric disorders

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Model

Lisa Najavits Seeking Safety Model

- Emphasizes importance of treating PTSD and substance abuse concurrently
- Establishes clear clinical guidelines for combining PTSD and substance abuse treatment
- Utilizes homework and the practice of new behaviors
- Incorporates Cognitive Behavioral Therapy

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Lisa Najavits Model

- Encourages understanding of relationship between patient's PTSD trauma and substance abuse
- Emphasizes skill development and improved coping responses
- It is the first treatment for PTSD and substance abuse with published outcome results (Najavits et al., 1997, 1998e)

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Treatment Manual

Treatment manual comprises:

- Psychotherapeutic treatment approach for groups and individuals
- 25 topic areas addressing recovery and coping skills development
- Each of the 25 topic areas are evenly divided among cognitive, behavioral, and interpersonal domains
- Each topic area includes a safety oriented skill relevant to both PTSD and substance abuse
- Each topic is independent of the others

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Treatment Topics:

Seeking Safety

- Safety
- PTSD: Taking Back Your Power
- Detaching from Emotional Pain (Grounding)
- When Substances Control You
- Asking for Help
- Taking Good Care of Yourself
- Compassion
- Red and Green Flags
- Honesty
- Recovery Thinking
- Integrating the Split Self
- Commitment
- Creating Meaning
- Community Resources
- Setting Boundaries in Relationships
- Discovery
- Getting Others to Support Your Recovery
- Coping with Triggers
- Respecting Your Time
- Healthy Relationships
- Self-Nurturing
- Healing from Anger
- The Life Choices Game (Review)
- Termination

Najavits, L.M., (2002) Seeking Safety A Treatment Manual for PTSD and Substance Abuse. New York: Guilford

Stage Model

Najavits' Three Stage Model of Recovery

1. Safety

2. Mourning

3. Reconnections

- Safety Stage is the initial process of Najavits' treatment model and is the treatment stage presented in this training.
- Mourning and Reconnections are later stages of recovery that are initiated in therapy work separate from the Seeking Safety Skills Group.

Introduction to Seeking Safety Manual: Principles

Seeking Safety is Based on Five Central Principles:

1. Safety as an ongoing priority in treatment
2. Integrated treatment of PTSD and substance abuse
3. Focus on restoring ideals that have been lost
4. Four content areas: cognitive, behavioral, interpersonal, and case management
5. Attention to therapist processes (building an alliance, compassion for patients' experience, giving patients control whenever possible, modeling what it means to "try hard" by meeting patients more than halfway, getting feedback about their genuine reactions to treatment)

What is and is Not Part of Seeking Safety

Additional features of Seeking Safety:

- Focus on potential rather than pathology
- Use of simple, everyday words
- Emphasis on practical solutions
- Relating the material of current and specific problems in patients' lives
- Making best use of time available

NOT part of Seeking Safety Additional features:

- Exploration of past trauma and trauma memories
- Interpretive psychodynamic work (processing of patient's relationship with the therapist or group members with each other; exploration of intrapsychic motives or dynamic insights)

Protecting Therapists as well as Patients

- “By helping their patients move toward safety, therapists are protecting themselves from the sequelae of treatment that could move too fast without a solid foundation: worry over the patients’ well-being, vicarious traumatization, medico-legal liability, and dangerous transference and countertransference dilemmas that may be evoked by inappropriate treatment.”

Safety – Principle Elements

Principles

- **Discontinuing Use – Ties to recovery traditions and is compatible with Harm Reduction models**
- **Reducing Suicidal Risks – Emphasizes coping responses and skills in managing intense emotions**
- **Minimizing Risks – Self care regarding medical, emotional, physical, behavioral needs through creating pro-active behaviors**

Principles

Safety – Principle Elements

- Letting Go of Dangerous Relationships – Addressing domestic violence, using friends/significant others
- Gaining Control Over Extreme Symptoms – Coping with dissociation, flashbacks and related processes
- Stopping Self Harm – Reducing cutting and other forms of self injury

Najavits, L. M.,(2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Links Between Substance Abuse and PTSD

Recovery Tasks which are common to both PTSD and Substance Abuse treatment

- Safety elements within the management of PTSD symptoms reflect traditional safety elements in substance abuse recovery:
 - Education
 - Present time orientation
 - Assessing the impact of condition
 - Dealing with urges and cravings
 - Focus on self care
 - Attention to relapse prevention

Najavits, L. M.,(2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Stage Treatment

Safety Stage Goals:

1. Develop commitment to practicing safety
2. Master coping skills (responses to symptoms)
3. Utilize safety planning (prevention)
4. Report unsafe behaviors (asking for help)
5. Utilize Safety contract (response to urges)

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Principle Five

Principle 5: Attention to therapist processes

- Research indicates that patients with substance abuse in particular, that the effectiveness of treatment is determined as much or more by the therapist as by therapeutic orientation or patient characteristics
- Emphasize building on positive therapist' processes – building an alliance, compassion for patients' experience, giving patients control whenever possible, modeling what it means to “try hard” by meeting patients more than halfway
- Solicit genuine feedback from patients about their treatment experiences

Principle Five

Principle 5: therapist processes

- Attention to problematic counter-transference reactions
 - Harsh confrontation
 - Voyeurism
 - Inability to hold patients accountable – misguided sympathy (rather than encouraging accountability and growth)
 - Allowing patients to be scapegoated in group treatment
 - Becoming a victim
 - Identification with patient's PTSD which can result in excessive support and overindulgence with patient's vulnerability
 - Being afraid of patients

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Introduction to Treatment Format

Treatment Approach and Group Orientation

- Focus on Safety as Primary Theme
 - Najavits' model emphasizes “safety skills” in the management of PTSD symptoms, feelings of emotional turmoil, and self doubt
 - Interactions with clients focus on supporting and facilitating safety themes in making behavioral choices, in response to emotions and reactions to situations
 - In addition to Cognitive/Behavioral approaches, the teaching of grounding skills is used to enable the client to self sooth and disengage from destructive urges, emotional pain, and feelings of being overwhelmed.

Introduction to Treatment Format

Session Format: (handout: Safety Topic)

Introduction

1. Check-in: Find out how the client is doing
2. The Quotation: To help emotionally engage patients in session
3. Session Topic: To connect topic meaningfully to patient's experience
4. Group (Grounding techniques and Coping Sheets may be used)
5. Commitment Sheets
6. Check-out: To reinforces patients' progress and give therapist feedback
7. Feedback Form (optional)

Najavits, L. M., (2002) Seeking Safety A Treatment Manual for PTSD and Substance Abuse. New York: Guildford

Check-In

- Check-In

1. How are you **feeling**?
2. What **good coping** have you done? (Patients generate “good coping” not therapists: “People usually do something right– what was it for you?” “Look at Safe Coping Skills list – did you do any of those this week?”)
3. Any **substance use** or other **unsafe behavior**? (any unsafe incident since the last session needs to be prioritized in the current session)
4. Did you complete your **commitment**?
5. **Community resource** update

Check-Out

- Check-Out
 1. **Name one thing** you got out of today's session (and any problems with the session)
 2. What is your new **commitment**?
 3. What **community resource** will you call?

Core Concepts of Treatment

- Stay safe
- Respect yourself
- Using coping – not substances – to escape the pain
- Make the present and future better than the past
- Learn to trust
- Take good care of your body
- Get help from safe people
- To heal fully from PTSD, become substance-free
- If one method doesn't work, try something else
- Never, never, never, never, never, never, never, never, never give up!

If You Have Only One or a Few Sessions

Consider one or more of the following topics:

- Safety
- PTSD: Taking Back Your Power
- When Substances Control You
- Detaching from Emotional Pain (Grounding)
- Asking for Help

Seeking Safety Topics

- Intro to treatment, getting to know patient, assessing case management needs
- Patients explore what **Safety** means to them (list of 80+ Safe Coping Skills)
- **PTSD**: what it is, link to substance use, using compassion to take back power
- **Grounding** (mental, physical, soothing) to help detach from emotional pain
- **When Substances Control You**
- **Asking for help**: need for help and how to obtain it
- Taking Good Care of Yourself: self-care
- Compassion: loving stance toward self produces lasting change
- Red and Green Flags: signs of danger and safety; creating a Safety Plan
- Honesty: role of honesty in recovery and when it's safe to be honest
- Recovery Thinking: List Your Options, Create a New Story, Make a Decision, Imagine
- Integrating the Split Self: striving for integration

Seeking Safety Topics

- **Commitment:** making and keeping promises to self and others
- **Creating Meaning:** finding meanings that are healing in recovery
- **Community Resources** to aid recovery and how to evaluate them
- **Setting (Healthy) Boundaries in Relationships**
- **Discovery** to stay open to experiences and new knowledge
- **Getting Others to Support Your Recovery**, including inviting safe family member or friend to attend session
- **Coping with Triggers:** how to change people, places, and things
- **Respecting Your Time** to make recovery highest priority
- **Healthy Relationships**
- **(Safe) Self-Nurturing**
- **Healing from Anger:** constructive vs. destructive anger
- **The Life Choices Game** focusing on constructive coping
- **Termination** including finalizing aftercare plans

Case Management Needs

- Housing
- Individual Therapy
- Psychiatric Medication
- HIV Testing/Counseling
- Job/Volunteer Work/School
- Self-Help Groups/Group Therapy
- Day Treatment
- Detox/Inpatient Care
- Parenting Skills/Resources for Children
- Medical Care
- Financial Assistance (food stamps, Medicaid)
- Leisure Time
- Domestic Violence/Abusive Relationships
- Impulses to Harm Self or Others
- Alternative treatment (meditation, acupuncture)
- Self-Help Books and Materials

Grounding

Topic: Detaching From Emotional Pain

Includes:

- **Session Format**
- **Clinical/Counseling Process of Session**
- **Grounding Techniques**
- **Closing Session**

Example Topic

Relate Topic to Current and Specific Problems

- This involves the discussion, exploration and clinical group work phase of the session
- Helpful to connect to issues and themes that may have emerged during check-in, or in past groups
- Example for the topic of Detaching From Emotional Pain:
 - Sharing of personal aspects of emotional pain, combined with the teaching and discussion of grounding techniques
 - Develop a commitment to practice the techniques between sessions

Special Treatment Focus

Optimism

- Focus on the strengths of the patient
- Focus on the present and future opportunities
- Try, try again

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Treatment Modalities

Seeking Safety works:

- In group or individual treatment
- Inpatient and outpatient settings
- In long term residential care
- For men and women
- For patients who do not necessarily meet formal criteria for current PTSD and substance abuse
- With other ongoing treatment approaches

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Conducting a Session

Session Therapeutic Style

- Direct process without taking charge
- Apply 80/20 rule: patients talk 80% of the time, therapists 20%
- Ask provocative questions – “How might this apply to your PTSD and substance use”
- Relate material to current and specific problems in patients’ lives
- Process barriers and obstacles
- Refer to Coping and Commitment Sheets

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Frequently asked questions:

What is the strongest theme of Seeking Safety?

- **Empowering patients to have faith, and believe that their lives can get better by initiating safety as the central theme in their first stage of recovery :**

Instillation of Hope

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Contact information

- **Web site**

www.seekingsafety.org