

Seeking Safety: An Evidence-Based Collaborative Harm Reduction Intervention for PTSD and Substance Abuse

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INTRODUCTION TO SEEKING SAFETY

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Learning Objectives

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- Describe in detail the challenges and issues best helped by Seeking Safety (target populations and indications)
- Describe at least 3 instances where symptoms of substance abuse and trauma overlap and interact with each other
- List and describe key characteristics of the overall structure, timing, and flexibility of the Seeking Safety intervention
- Describe in detail at least 3 aspects of Seeking Safety that make it unique and distinct from other evidence-based psychotherapies

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Seeking Safety is an evidence based treatment model that treats the co-occurring diagnoses 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*. New York: Guilford Press.

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Client Stories

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“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.”

“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.”

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Defining PTSD

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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 occurred out of the control of the traumatized individual
- The traumatized individual may have witnessed or been directly involved in the event
- The event outside of the individual's control was experienced as a physical threat (e.g., physical/sexual abuse, war combat, seeing someone killed or abused, surviving catastrophic events such as a car accident)

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PTSD Symptoms

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PTSD Symptoms:

- **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

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DSM-5 PTSD criteria

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Trauma 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

Seeking Safety PTSD Symptoms

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- Self harm
- Suicide
- Dissociation
- Memory
- Sexuality
- Shame
- Anger
- Guilt
- Numbness
- Loss of Faith
- Loss of Trust
- Health
- Security Concerns
- Anxiety
- Feeling Damaged

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Do You Have a Problem with Substance Use?

- **Q** Your **quantity** of substance use has increased
- **U** You are **unable to control** your substance use
- **I** Your substance use **interferes** with your responsibilities (home, work, parenting)
- **T** Your **time** is heavily devoted to using the substance
- **N** You **need** more of the drug to obtain the same effect (“tolerance”)
- **O Other aspects** of your life have been damaged by substance use (health, social life) but you continue to use
- **W** Physical **withdrawal** symptoms occur if your stop using the substance

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PTSD and Substance Abuse Statistics

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- Women – 51% experience trauma, 10% developing PTSD
- Men – 61% experience trauma, 5% developing PTSD
- In the US rates of PTSD do not differ by race (Kessler et al., 1995)
- 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.

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PTSD and Substance Abuse

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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

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What Patients Want

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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

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Co-occurring 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 their 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

Seeking Safety Model

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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 (“Commitments”)
- Incorporates Cognitive Behavioral Therapy
- Encourages understanding of relationship between patient’s PTSD trauma and substance abuse
- Emphasizes skill development and improved coping responses
- Does not include exposure to trauma thoughts
- It is the first treatment for PTSD and substance abuse with published outcome results (Najavits et al., 1997, 1998e)

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Seeking Safety Treatment Manual

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Treatment manual comprised of :

- Psychotherapeutic treatment for groups and individuals
- 25 topic areas addressing recovery and coping skill development
- 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 and can be presented in any order

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25 Topics

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- **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**

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Seeking Safety Stage Model

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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.

Seeking Safety 5 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)

Features of Seeking Safety

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Additional features of Seeking Safety:

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

What Makes Seeking Safety Different?

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- Focus on Safe Coping Strategies
- Focus on present moment and specific problem behaviors
- Treating PTSD and SA **at the same time**

NOT part of Seeking Safety:

- 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

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“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.”

Seeking Safety Principles

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Safety – Principle Elements

- **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 proactive behaviors**

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Seeking Safety Principles

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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**

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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

Seeking Safety Stage Treatment

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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)

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Focus on Safety

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Focus on Safety as Primary Theme

- Emphasizes “**safety skills**” in the management of PTSD symptoms, feelings of emotional turmoil, and self doubt
- 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-soothe and disengage from destructive urges, emotional pain, and feelings of being overwhelmed.

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Attention to Therapist Processes

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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

Introduction to Treatment Format

Session Format

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)

Check-In

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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

Treatment Session

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- **Quotation: Link to overall theme of session**
- **Handouts: Relate skills to current and specific day-to-day problems**
- **In-session demonstration**
- **Encourage individually-tailored application of skills reviewed**
- **Brainstorm how skills can help with specific situations**
- **Practice skills in-session (behavior rehearsal)**

Core Concepts of Treatment

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- 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!

Check-Out

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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?

If You Have Only One or a Few Sessions...

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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**

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Relate Topic to Current and Specific Problems

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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

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Case Management Needs

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- **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**

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Conducting a Session

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Session Therapeutic Style

- Direct process without taking charge
- Apply 80/20 rule: patients talk 80% of the time, therapists 20%
- Ask 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

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Review of Seeking Safety Topics

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- 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

Review of Seeking Safety Topics

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- **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

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Treatment Modalities

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Seeking Safety works:

- In group or individual treatment
- In 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

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Special Treatment Focus: Optimism

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Optimism

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

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Seeking Safety Instillation of Hope

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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

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Contact information



- Web site

www.seekingsafety.org

