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

Seeking Safety: Building In-The-Moment Coping Skills to Safely Manage Distress

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Learning Objectives

- Describe in detail why “Safety” is an important feature in treating co-occurring substance abuse and trauma
- Describe how trauma exposure can lead to substance use problems, including how substance use can impact trauma healing. Be able to provide a few examples of what this might look like in real-life situations
Learning Objectives

- Describe the 3 different forms of “grounding techniques” and how “grounding” can help people suffering from severe psychological distress
- Describe strategies for helping people develop interpersonal skills of asking for help and making commitments to treatment. Give examples of how you would use these strategies in your practice
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

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)

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

“Core” Skill Sessions

This presentation focuses on the following sessions:

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

Safety is an umbrella term for various behaviors:

- Discontinuing substance use
- Reducing suicidality
- Minimizing exposure to HIV risk
- Letting go of dangerous relationships (domestic violence partners, drug-using “friends”)
- Gaining control over extreme symptoms (e.g., dissociation)
- Stopping self-harmful behaviors

Najavits’ Three Stage Model of Recovery

1. Safety
2. Mourning
3. Reconnections

- Safety Stage is the initial process of Najavits’ treatment model.
- Safety is the foundation for all therapeutic work.
- Safety is more important than anything else in their lives.
  - Without safety, client cannot recover
  - Message is to “stay safe no matter what”

“This entire treatment revolves around one central idea: You \textit{need} to stay safe. The good news is that you can learn to cope safely, no matter what negative life events come your way. Nothing has to make you use substances or engage in any other high-risk behavior.

Safe Coping Skills

- Most individuals learn these skills in childhood
  - Clients may not have learned due to neglectful/overwhelming upbringing
  - Clients may have forgotten due to disruption in mood and daily living
- Replace the need for substances to manage emotions
- No matter what events people face in life, they can learn to cope safely with them

Other Examples of Safe Coping Skills

- Tolerate the feeling
- Self-nurture
- Plan it out
- Use kinder language
- Set a boundary
- Reward yourself
- Compassion
- Get organized
- Replay the scene
- Move toward your opposite
- Imagine
- Ask others
- When in doubt, don’t
- Focus on now
- Rethink
- Try something, anything

PTSD: Taking Back Your Power
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

DSM-5 PTSD criteria

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

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

“You are not responsible for being down, but you are responsible for getting up.”

-Jesse Jackson (20th-Century American Political Leader)
Defining PTSD

- Concepts of PTSD/trauma may be new or unclear
  - Goal is **empathy**, to help them understand they are not “crazy” or “weak” for having symptoms
  - PTSD symptoms seen as **method of survival** that were needed to manage overwhelming feelings: **Goal now is safe coping**
  - Talking about PTSD helps avoid (understandable) **desire to avoid/minimize** the effect of trauma in their life
  - Goal is **self-compassion** versus self-blame

When Substances Control You
Link between PTSD and Substance Abuse

- **In the short term**, substances use may reduce PTSD symptoms ("self-medication")
  - Helps access feelings and memories OR escape feelings and memories
  - Reduces re-experiencing symptoms
- **In the long term**, substance abuse will increase PTSD symptoms
  - Increases chances of exposure to new trauma (unsafe behavior)
  - Lead to increased life stressors (work, finance, interpersonal, housing)
- **Substance abuse can be viewed as a misguided attempt to cope with PTSD and other problems**

Substance Use and Trauma

- Using substances to manage symptoms of trauma (sleep disturbance, anxiety, panic, numbing)
- Using substances in ways that lead to risky situations (getting drugs from someone who is emotionally and/or physically abusive; exchanging drugs for sexual “favors”)
- Substance use leads to relationships which further high-risk behavior rather than recovery from trauma (main connection with others by mutual substance use)
- Substance use to avoid re-experiencing trauma takes over so there’s no time left to take care of and/or others
Seeking Safety

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 you stop using the substance

“Drinking takes care of the young side of me that needs soothing.”

“I might as well shoot up because I don’t matter anyway.”

“A couple of beers makes me feel more normal.”

By making the link between substance use as “self-medication,” patients can recognize their wish to use substances is understandable, but does not work in a lasting way.

**Key message:** Literally nothing (divorce, depression, diagnosis of HIV, dissociation, sleep problems, job loss, or any other event) has to lead to substance use.

Choose a Way to Give Up Substances

Abstinence from substances is the goal, but there’s more than one way to get there:

1) Quit all at once ("cold turkey")

2) Try an experiment ("warm turkey") - I will give up substances for ____ weeks.

3) Cut down gradually ("harm reduction") - Write down how much and how often you’ll be using at most (you can always use less but not more).

Self-Help Groups

- **All patients** (and all Seeking Safety practitioners) are encouraged to attend **at least one** self-help group
  - Includes Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc.
  - Provide a list of local meetings
  - Recognize that self-help treatment is focused on substances only, not trauma

- **Some people have legitimate problems with self-help groups**
  - Social phobia or paranoia
  - Avoiding re-traumatization
  - Women with sexual trauma may not want to be with men

Detaching from Emotional Pain (Grounding)
Introduction to Grounding

- Goal of grounding is to **shift attention toward** the **external world**, **away** from negative feelings
- Also called “centering,” “looking outward,” “distraction,” or “healthy detachment”
- **Can be done any time, anywhere** without others noticing
- Simple method, must be **practiced frequently** for best effect
- Unlike with “relaxation” training, individuals are asked to **always keep their eyes open** (helps minimize triggering)

Grounding Techniques

- **Mental Grounding** (describe environment or everyday activity in detail, say a safety statement, think of types/categories of things and list them)

- **Physical Grounding** (touch objects around you, dig your heels into the floor, notice your body, walk/eat/breathe mindfully)

- **Soothing Grounding** (picture people you care about, remember a safe place, say a coping statement)

Example Grounding Exercise

Soothing Grounding Exercise

“Let’s start with your 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 time 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.”

Asking for Help
Quotes from Patients

“I lose whether I get help or not. If I get help, I feel guilty; if I don’t, I feel humili­ated and alone.”

“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.”

“How hard is it to ask for help? I think it’s easier to give up cocaine than to ask for help.”

Asking for Help

- Both PTSD and substance abuse lead to problems in asking for help (secrecy, lack of trust)
- For many patients with PTSD, help was not available at the time of the trauma, hard to seek it now (even if it’s available)
- **Some patients have no one safe to ask help from**
- **Asking for help may be genuinely dangerous** (e.g., domestic violence)
  - Goal then is to identify safe professionals/formal supports (e.g., hotlines, self-help groups, therapist)
- Message is, “You must get help from others to recover. No one can do it alone.”

Tips on Asking for Help

- **Start small.** Practice on safe people, with simple requests. Concrete requests (e.g., ride to a meeting) may be safer than emotional support.

- **Try to ask for help before** a problem becomes overwhelming. But you can ask for help any time – before, during, or after a hard time.

- **Prepare** how you’ll handle it if the person refuses your request for help. Compare your prediction to reality.

- Learning to ask for help may feel awkward at first.

- If there’s no one in your life you can ask for help, **work on building a support network.**

- When asking for help, **be gentle** – no demands, threats, or insults.

- Carry in your wallet (or pre-program in your phone) a **list of numbers** you can call.

Commitment
Making and Keeping Commitments

• “Change occurs by making a plan to do something and then doing it, no matter how one feels at the time.”

• Substance abuse is, by definition, a series of broken promises in which a temptation to use in the moment overpowers intent not to use.

• Examine past experiences with commitments:
  - “Do these words evoke feelings: commitment... promise... responsibility?”
  - “When you were growing up, what did you learn from the people around you about commitments?”

Commitments – Emotional Blocks

- **Overwhelmed**
  - “I’m not capable”
  - “There’s too much to do”
  - “I don’t have time”

- **Hopeless**
  - “Why bother?”
  - “Nothing I ever do works out”
  - “I might as well give up”

- **Perfectionistic**
  - “I’m not ready to start”
  - “I need to prepare more”
  - “It won’t be good enough”

Commitments – Creative Solutions

- Write down your commitment and put copies everywhere (refrigerator, car, bathroom mirror).

- Use the “do something, anything” rule – start anywhere. Don’t feel you have to start with the hardest part or at the beginning.

- Ask other people how they get things done.

- Ask your therapist if you can make a call that’s difficult during your session.

- Schedule a time during the day to get it done.

- Plan a reward.

- Tell everyone in your life you’re going to get it done.

# Commitment Worksheet

<table>
<thead>
<tr>
<th>BEFORE</th>
<th>I promise to ...</th>
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</table>

<table>
<thead>
<tr>
<th>By when?</th>
<th></th>
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<table>
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<tr>
<th>I will use the following strategies to accomplish my commitment:</th>
<th></th>
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<table>
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<tr>
<th>To overcome my emotional blocks, I will ...</th>
<th></th>
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<table>
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<tr>
<th>It is important for me to complete this commitment because ...</th>
<th></th>
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<table>
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<tr>
<th>If I complete it, I will reward myself with ...</th>
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<table>
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<tr>
<th>Signed:</th>
<th></th>
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<tr>
<th>AFTER</th>
<th>Result: Describe how it went.</th>
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<table>
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<tr>
<th>Anything you’ll do differently next time?</th>
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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

Seeking Safety

Treatment Modalities

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

Optimism

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

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**

Contact information

- Web site

www.seekingsasfety.org