2022 / Lisa Najavits, PhD / Treatment Innovations

PTSD

DSM-V definition: After a trauma (the experience, threat, or witnessing of physical harm, e.g., rape, hurricane), the person has each of the following key symptoms for over a month, and they result in decreased ability to function (e.g., work, social life): intrusion (e.g., flashbacks, nightmares); avoidance (not wanting to talk about it or remember); negative thoughts and mood; and arousal (e.g., insomnia, anger).

Simple PTSD results from a single event in adulthood (DSM-V symptoms); Complex PTSD is not a DSM term but may result from multiple traumas, typically in childhood (broad symptoms, including personality problems)

Rates: 10% for women, 5% for men (lifetime, U.S.). Up to 1/3 of people exposed to trauma develop PTSD.

Treatment: if untreated, PTSD can last for decades; if treated, people can recover. Evidence-based treatments include cognitive-behavioral-- coping skills training and exposure, i.e., processing the trauma story.

Substance Abuse

"The compulsion to use despite negative consequences" (e.g., legal, physical, social, psychological). Note that neither amount of use nor physical dependence define substance abuse.

DSM-V term is "substance-related and addictive disorder", which can be mild, moderate, or severe.

Rates: 35% for men; 18% for women (lifetime, U.S.)

It is treatable disorder and a "no-fault" disorder (i.e., not a moral weakness)

Two ways to give it up: "cold turkey" (give up all substances forever; abstinence model) or "warm turkey" (*harm reduction*, in which any reduction in use is a positive step); *moderation management*, some people can use in a controlled fashion-- but only those not dependent on substances, and without co-occurring disorders).

The Link Between PTSD and Substance Abuse

About PTSD and substance abuse

Rates: Of clients in substance abuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.

Gender: For women, typically a history of sexual or physical childhood trauma; for men, combat or crime

Drug choice: No one drug of choice, but PTSD is associated with severe drugs (cocaine, opioids); in 2/3 of cases the PTSD occurs first, then substance abuse.

Treatment issues

Other life problems are common: other Axis I disorders, personality disorders, interpersonal and medical problems, inpatient admissions, low compliance with aftercare, homelessness, domestic violence.

PTSD does not go away with abstinence from substances; and, PTSD symptoms are widely reported to become worse with initial abstinence.

Splits in treatment systems (mental health versus substance abuse).

Fragile treatment alliances and multiple crises are common.

Treatments helpful for either disorder alone may be problematic if someone has both disorders (e.g., emotionally intense exposure therapies, benzodiazepines), and should be evaluated carefully prior to use.

Recommended treatment strategies

Treat both disorders at the same time. Research supports this and clients prefer this.

Decide *how* to treat PTSD in context of active substance abuse. Options: (1) Focus on present only (coping skills, psychoeducation, educate about symptoms) [safest approach, widely recommended]. (2) Focus on past only (tell the trauma story) [high risk; works for some clients] (3) Focus on both present and past

Diversity Issues

Respect cultural differences and tailor treatment to be sensitive to historical prejudice. Recognize that terms such as *trauma, PTSD,* and *addiction* may be interpreted differently based on culture. Cultures also have protective factors (religion, kinship) that may prevent or heal trauma / addiction.

Seeking Safety

About *Seeking Safety*

✧ A present-focused model to help clients (male and female) attain safety from PTSD and substance abuse.

✧ Up to 25 topics that can be conducted in any order, doing as many as time allows:

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

- Other topics: Introduction/Case Management, Safety, Life Choices, Termination

✧ Designed for flexible use: can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings; and with a variety of providers (and peers).

Key principles of *Seeking Safety*

- ☙ Safety as the goal for first-stage treatment (later stages are mourning and reconnection)
- ☙ Integrated treatment (treat both disorders at the same time)
- ☙ A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
- ☙ Four content areas: cognitive, behavioral, interpersonal, case management
- ☙ Attention to clinician processes: balance praise and accountability; notice your own emotional responses (fear, wish to control, joy in the work, disappointment); all-out effort; self-care

Additional features

- ∗ Trauma details not part of group therapy; in individual therapy, assess client's safety and monitor carefully (particularly if has history of severe trauma, or if client is actively using substances)
- ∗ Identify meanings of substance use in context of PTSD (to remember, to forget, to numb, to feel, etc.)
- ∗ Optimistic: focus on strengths and future
- ∗ Help clients obtain more treatment and attend to daily life problems (housing, AIDS, jobs)
- ∗ Harm reduction model or abstinence
- ∗ 12-step groups encouraged, not required
- ∗ Empower clients whenever possible
- ∗ Make the treatment engaging: quotations, everyday language
- ∗ Emphasize core concepts (e.g., "You can get better")

Evidence Base

Seeking Safety is an evidence-based model, with over 45 published research articles and consistently positive results. For all studies, go to www.seekingsafety.org, section Evidence. Studies include pilots, randomized controlled trials, multi-site trials.

Resources on *Seeking Safety*. All below are available from www.seekingsafety.org and/or from the order form toward the end of these handouts.

✧ ***New!*** **In 2022 two new mobile apps for clients: Ground Now** (a feature-rich app to teach grounding) **and Seeking Safety** (building a community of recovery and all of the Seeking Safety content). Both are Android and iOS, on a subscription basis. Email us or see our website for details and availability.

✧ **Implementation / research articles:** all articles related to Seeking Safety can be freely downloaded.

✧ **Training:** training calendar and information on setting up a training (section Training).

✧ **Consultation:** on clinical implementation, research studies, evaluation projects.

✧ **Fidelity Scale:** free download (section Assessment).

✧ **Book:** *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Has the clinician guide and all client handouts. Also available in **Spanish, French, German, Swedish, Japanese, Arabic, Dutch, Polish, Chinese, Vietnamese, Portuguese, Italian, and Greek.** Upcoming: American Sign Language will soon be available.

✧ **DVD training series:** four videos provide training on Seeking Safety. (1) *Seeking Safety* (two hour training video by Lisa Najavits); (2) *Asking for Help* (one-hour demonstration of a group session with real clients); (3) *A Client's Story* (26 minute unscripted life story by a male trauma survivor) and *Teaching Grounding* (16 minute example of the grounding script from Seeking Safety with a male client); (4) *Adherence Session* (one hour session that can be rated with the Seeking Safety Adherence Scale).

✧ **Online learning**

✧ **Teaching Guide to Introduce Seeking Safety to your agency**

✧ **Engagement materials:** card deck, poster, magnets, wallet card, key chain of the safe coping skills; in English, Spanish, French.

Contact Information

Contact: *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1610 [phone]; info@treatment-innovations.org [email]; www.seekingsafety.org or www. www.treatment-innovations.org [web]

We can add you to the Seeking Safety website to list that you conduct Seeking Safety. If desired email info@seekingsafety.org your basic information. *Example:* Boston, MA: Karla Smith, LICSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. Karlasmith@gmail.com.

Resources on Substance Abuse and Trauma

a) **Substance abuse**	
National Clearinghouse for Alcohol and Drug Information	800-729-6686; www.health.org
National Drug Information, Treatment & Referral Hotline	800-662-HELP; http://csat.samsha.gov
Alcoholics Anonymous	800-637-6237; www.aa.org
SMART Recovery (alternative to AA)	www.smartrecovery.org
Addiction Technology Transfer Centers	www.nattc.org
Harm Reduction Coalition	212-213-6376; www.harmreduction.org
b) **Trauma / PTSD**	
International Society for Traumatic Stress Studies	708-480-9028; www.istss.org
International Society for the Study of Dissociation	847-480-9282; www.issd.org
National Centers for PTSD (extensive literature on PTSD)	802-296-5132; www.ptsd.va.gov
National Child Traumatic Stress Network	310-235-2633; www.nctsn.org
National Center for Trauma-Informed Care	866-254-4819;mentalhealth.samhsa.gov/nctic
National Resource Center on Domestic Violence	800-537-2238; www.nrcdv.org
Department of Veterans Affairs	800-827-1000; www.ptsd.va.gov
EMDR International Association	866-451-5200; www.emdria.org
Community screening for PTSD and other disorders	www.mentalhealthscreening.org
Sidran Foundation (trauma information, support)	410-825-8888; www.sidran.org

Educational Materials

Books on trauma and addiction

1. Najavits, L. M. (2019). Finding Your Best Self: Recovery from Addiction, Trauma or Both: . New York, NY: Guilford Press.
2. Black, C. (2017). Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family. LasVegas: Central Recovery Press.
3. Ouimette, P. & Read, J. (2013) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders (2nd edition). Washington, DC: American Psychological Association Press.
4. Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford.

Books on trauma

1. Crawford, L. (2021). Notes on a Silencing: A Memoir. Hachette: New York.
2. Shapiro, F. (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Third Edition: Basic Principles, Protocols, and Procedures. New York: Guilford Press.
3. Evans, A. (2017). Trauma-Informed Care: How Neuroscience Influences Practice: Routledge.
4. Briere, J.N. & Scott, C. (2012). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. Thousand Oaks, CA: Sage.
5. Hoge, C.C. (2010). Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI. GPP Life Press.
6. van der Kolk (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. New York: Viking.
7. Levine, P. (2015). Trauma and Memory. Berkeley, CA: North Atlantic Books.
8. Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York: Simon & Schuster.
9. Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.

Books on addiction

1. Grisel, J. (2019). Never Enough: The Neuroscience and Experience of Addiction. New York: Doubleday.
2. Alter, A. (2017). Irresistible: The rise of addictive technology and the business of keeping us hooked: Penguin.
3. Najavits L. M. (2002). A Woman's Addiction Workbook. Oakland, CA: New Harbinger.
4. Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
5. Knapp, C. (1997). Drinking: A Love Story. New York: Random House.
6. Miller, W. R., Zweben, A., et al. (1995). Motivational Enhancement Therapy Manual (Vol. 2). Rockville, MD: U.S. Department of Health and Human Services. Free from www.health.org.

Videos

a) Najavits, L.M. Video training series on Seeking Safety*; www.treatment-innovations.org*.
b) Najavits, L.M., Abueg F, Brown PJ, et al. Nevada City, CA: Cavalcade [800-345-5530]. Trauma and substance abuse. Part I: Therapeutic approaches [*For professionals];* Part II: Special treatment issues [*For professionals];* Numbingthe Pain: Substance abuse and psychological trauma [*For clients]*

Clinically-Relevant Articles

1. Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., Tull, M. T., Zweben, A., Zweben, J. E. (2020). PTSD / substance use disorder comorbidity: Treatment options and public health needs. *Current Treatment Options in Psychiatry*, 1-15.
2. Black, C. (2018). *Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family*. Las Vegas:
3. Central Recovery Press.
4. Briere, J. N., & Scott, C. (2012). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment (2nd edition)*. Thousand Oaks, CA: Sage Publications.
5. Hoge, C. W., & Chard, K. M. (2018). A window into the evolution of trauma-focused psychotherapies for posttraumatic stress disorder. *JAMA, 319*(4), 343-345.
6. Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. In S. Gold, J. Cook, & C. Dalenberg (Eds.), *Handbook of trauma psychology* (pp. 195–214). Washington, DC: American Psychological Association.
7. Najavits, LM, Schmitz, M, Johnson, KM, Smith, C, North, T et al. (2009). Seeking Safety therapy for men: Clinical and research experiences. In Men and Addictions. Nova Science Publishers, Hauppauge, NY.
8. Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M.-C., et al. (2015). Combining Seeking SafetyWith Sertraline for PTSD and Alcohol Use Disorders: A Randomized Controlled Trial. Journal of Consulting and Clinical Psychology, 83(2), 359-369.
9. Stone, R. (2007). *No secrets no lies: How black families can heal from sexual abuse*. New York: Harmony.
10. Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS PublicationNo. (SMA) 13-4801, Rockville, MD. Free download [search "TIP 57"].
11. Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. The Clinical Supervisor: 1-31.

Pubmed (medical literature): http://www.ncbi.nlm.nih.gov/entrez/

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Seeking Safety

www.treatment-innovations.org
www.seekingsafety.org

It's simplest to use the Store at www.treatment-innovations.org, but if you prefer you can fill out this form or call in a phone order (617-299-1670).

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✧ **BOOKS AND TRANSLATIONS** ✧			
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Seeking Safety (Spanish translation of entire book)	$ 65	X ___	= $ _____
Seeking Safety (Spanish client handouts only)	$ 38	X ___	= $ _____
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Trauma Symptom Checklist-40

How often have you experienced each of the following in the last month? Please circle one number, 0 through 3.

	Never			Often
1. Headaches	0	1	2	3
2. Insomnia	0	1	2	3
3. Weight loss (without dieting)	0	1	2	3
4. Stomach problems	0	1	2	3
5. Sexual problems	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. "Flashbacks"(sudden, vivid, distracting memories)	0	1	2	3
8. Restless sleep	0	1	2	3
9. Low sex drive	0	1	2	3
10. Anxiety attacks	0	1	2	3
11. Sexual overactivity	0	1	2	3
12. Loneliness	0	1	2	3
13. Nightmares	0	1	2	3
14. "Spacing out" (going away in your mind)	0	1	2	3
15. Sadness	0	1	2	3
16. Dizziness	0	1	2	3
17. Not feeling satisfied with your sex life	0	1	2	3
18. Trouble controlling your temper	0	1	2	3
19. Waking up early in the morning	0	1	2	3
20. Uncontrollable crying	0	1	2	3
21. Fear of men	0	1	2	3
22. Not feeling rested in the morning	0	1	2	3
23. Having sex that you didn't enjoy	0	1	2	3
24. Trouble getting along with others	0	1	2	3
25. Memory problems	0	1	2	3
26. Desire to physically hurt yourself	0	1	2	3
27. Fear of women	0	1	2	3
28. Waking up in the middle of the night	0	1	2	3
29. Bad thoughts or feelings during sex	0	1	2	3
30. Passing out	0	1	2	3
31. Feeling that things are "unreal"	0	1	2	3
32. Unnecessary or over-frequent washing	0	1	2	3
33. Feelings of inferiority	0	1	2	3
34. Feeling tense all the time	0	1	2	3
35. Being confused about your sexual feelings	0	1	2	3
36. Desire to physically hurt others	0	1	2	3
37. Feelings of guilt	0	1	2	3
38. Feeling that you are not always in your body	0	1	2	3
39. Having trouble breathing	0	1	2	3
40. Sexual feelings when you shouldn't have them	0	1	2	3

Important note: this measure assesses trauma-related problems in several categories. According to John Briere, PhD "***The TSC-40 is a research instrument only***. **Use of this scale is limited to professional researchers**. It is not intended as, nor should it be used as, a self-test under any circumstances." For a more current version of the measure, which can be used for clinical purposes (and for which there is a fee), consider the Trauma Symptom Inventory; contact Psychological Assessment Resources, 800-331-8378. The TSC-40 is freely available to researchers. No additional permission is required for use or reproduction of this measure, although the following citation is needed: Briere, J. N., & Runtz, M. G. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. Journal of Interpersonal Violence, 4, 151-163. For further information on the measure, go to www.johnbriere.com.

ProQOL R-IV

PROFESSIONAL QUALITY OF LIFE SCALE

Compassion Satisfaction and Fatigue Subscales—Revision IV

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the ***last 30 days***.

0=Never 1=Rarely 2=A Few Times 3=Somewhat Often 4=Often 5=Very Often

_____	1.	I am happy.
_____	2.	I am preoccupied with more than one person I help.
_____	3.	I get satisfaction from being able to help people.
_____	4.	I feel connected to others.
_____	5.	I jump or am startled by unexpected sounds.
_____	6.	I feel invigorated after working with those I help.
_____	7.	I find it difficult to separate my personal life from my life as a helper.
_____	8.	I am losing sleep over traumatic experiences of a person I help.
_____	9.	I think that I might have been “infected” by the traumatic stress of those I help.
_____	10.	I feel trapped by my work as a helper.
_____	11.	Because of my helping, I have felt “on edge” about various things.
_____	12.	I like my work as a helper.
_____	13.	I feel depressed as a result of my work as a helper.
_____	14.	I feel as though I am experiencing the trauma of someone I have helped .
_____	15.	I have beliefs that sustain me.
_____	16.	I am pleased with how I am able to keep up with helping techniques and protocols.
_____	17.	I am the person I always wanted to be.
_____	18.	My work makes me feel satisfied.
_____	19.	Because of my work as a helper, I feel exhausted.
_____	20.	I have happy thoughts and feelings about those I help and how I could help them.
_____	21.	I feel overwhelmed by the amount of work or the size of my casework load I have to deal with.
_____	22.	I believe I can make a difference through my work.
_____	23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
_____	24.	I am proud of what I can do to help.
_____	25.	As a result of my helping , I have intrusive, frightening thoughts.
_____	26.	I feel “bogged down” by the system.
_____	27.	I have thoughts that I am a “success” as a helper.
_____	28.	I can't recall important parts of my work with trauma victims.
_____	29.	I am a very sensitive person.
_____	30.	I am happy that I chose to do this work.

Disclaimer

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.

Self-scoring directions, if used as self-test

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
    a. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
    b. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
    c. **Circle** the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the average scores below.

Compassion Satisfaction Scale. The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout Scale. The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Trauma/Compassion Fatigue Scale. The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

If you have any concerns, you should discuss them with a health care professional