2024 / Treatment Innovations / Lisa M. Najavits, PhD

**Outline and Objectives**

 **Peer-Led Seeking Safety-- An Innovation to Expand Care**

**Intended audience**

Peers, paraprofessionals, trainees, and professionals working in addiction treatment, mental health treatment, and allied areas such as nursing.

**Summary of program content**

Peers are increasingly recognized as an important asset in healthcare and have long played a role in addiction recovery models such as 12-step groups. However, for trauma there has been less by way of peer support. Seeking Safety (SS) is optimal for peer-led services for addiction and/or trauma as it is highly stabilizing, structured, optimistic, and present-focused (not delving into the trauma or addiction narrative). SS is evidence-based and highly flexible: for all types of trauma and/or addiction; group or individual format; all genders; and relevant to ages 13 and above. It has had high satisfaction across diverse populations and been translated into numerous languages. Each SS session topic represents a safe coping skill relevant to both trauma and addiction, such as *Asking for Help, Creating Meaning, Compassion,* and *Healing from Anger*. Topics can be done in any order and as few or many as time allows. SS strives to increase hope through emphasis on ideals, practical exercises, evocative language and quotations to engage patients, and concrete recovery skills. In this training we cover (a) background on trauma and addiction (rates, presentation, models and stages of treatment, clinical challenges); and (b) overview of *Seeking Safety* including its evidence-base*;* (c) implementation, such as use of the model with specific populations. We will also discuss how peer-led Seeking Safety is similar and different from professionally-led Seeking Safety; identify the benefits of peer-led Seeking Safety; and address peer implementation considerations such as terms that may be unfamiliar to peers; when peers may need to reach out for supervision; options for co-led peer groups; and how peers can evaluate fidelity. By the end of the training, participants can implement Seeking Safety in their setting if they choose to. The training is highly experiential with role-plays and exercises to “learn by doing.” For more on *Seeking Safety* see www.seekingsafety.org.

**Educational objectives**

1. To provide current scientific understanding of trauma, addiction, and their combination.
2. To describe *Seeking Safety,* an evidence-based model for trauma and/or addiction.
3. To identify how to implement peer-led Seeking Safety.
4. To address adaptations of *Seeking Safety* for specific populations, such as homeless, adolescents, criminal justice, HIV, military/veteran, etc.
5. To discuss setting, provider, and client factors (e.g., age, socioeconomics, culture, gender).
6. To provide assessment and treatment resources.

**Audiovisual (if an onsite training):** LCD projector; audio setup (to show video segments); microphone (any type is fine)

**Methods of instruction:** lecture, slides, video clips, question/answer.

**Typical training day**

A typical format is 9am-4pm, with a half-hour lunch break and two fifteen-minute breaks (one mid-morning and one mid-afternoon). Please feel free to let us know if you prefer to adjust the timing. The schedule below assumes this typical format, but you can change it based on your scheduling.

Agenda

I. **Background** (9am to 10:30am, followed by 15 minute morning break)

1. Brief overview of trauma and addiction
2. Stages of treatment
3. Description of *Seeking Safety*, including its relevance to peers

II. **Treatment** (10:45am to 12pm, forward by half-hour lunch break)

1. Detailed focus on *Seeking Safety* topics
2. Evidence base, including peer-led *Seeking Safety*
3. Assessment and community resources

III. **Video on trauma and addiction** (12:30pm to 1pm)

IV. **Trying out *Seeking Safety*** (1p to 2:45p, followed by 15 minute afternoon break)

1. Implementation guidance

2. Video demonstration of *Seeking Safety* topic, *Asking for Help* with real clients

3. Break into small groups and practice *Asking for Help*

V. **More** (3pm to 4pm)

1. Peer-specific aspects (e.g., co-leading, when to seek supervision, fidelity)

2. “Tough cases”: brainstorm clinical challenges that can arise

3. Cultural and other adaptations

4. Next steps

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