Citation: Najavits LM (2002). Seeking Safety therapy for trauma and substance abuse. *Corrections Today*, 64: 136-140.

Seeking Safety therapy for trauma (PTSD) and substance abuse

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Trauma and substance abuse-- a tragic connection

The terrorism of September 11th has brought trauma to the forefront of national awareness. After experiencing a trauma-- such as fire, assault, rape, child abuse, hurricane, car accident, or military combat-- most people heal naturally over time. But about one-third of people develop *posttraumatic stress disorder* (PTSD) [1]. PTSD means staying "stuck" in the trauma, unable to successfully face the emotional pain, cope, and go on with normal life. The person with PTSD suffers a range of emotional problems that are described in detail in the DSM-IV [2] include intrusion (e.g., images of the trauma that keep coming into mind), avoidance (e.g., a wish to avoid talking about the event), and arousal (e.g., intense negative feelings when reminded of the event).

Of particular importance is the strong connection between PTSD and substance use disorders (SUD). Most women and many men in substance abuse treatment have a history of trauma, and rates of current PTSD range from 12% to 59% [3]. Aside from numbers, the suffering associated with this dual diagnosis is extraordinary, with multiple life problems (e.g., domestic violence, homelessness), vulnerability to further trauma, other mental health and physical disorders, and difficulties in treatment. In correctional settings, it is far more the norm than the exception for inmates to have a serious history of substance abuse, trauma, or both [4].

A new therapy

Starting in 1993 a new therapy was developed by the first author specifically to address the dual diagnosis of substance use disorder and PTSD. The treatment, titled *Seeking Safety* [5], evolved through trial-and-error with many patients, as well as

scientific testing. The treatment has been evaluated in four studies thus far, all showing significant positive outcomes: women in prison [6], outpatient women [7], inner-city women [8], and men [9]. Other studies are currently in process. The treatment has also been implemented clinically in a variety of settings, including a state prison in Connecticut [10]. Recently, it was decided that the treatment would be implemented in the Federal Bureau of Prisons system for all women with symptoms of substance abuse and trauma [11].

Summary of the treatment

Seeking Safety offers 25 treatment topics (see Table 1), each with a therapist guide and patient handouts. Patients and/or therapists select the order of topics as well as which handouts to read, to provide a flexible treatment. The treatment has been conducted in different formats, including group and individual, open and closed group, 50 and 90-minute sessions, singly and co-led, weekly and twice-weekly, outpatient, inpatient, and residential. In the one study thus far in a correctional setting women in prison [6], the treatment was conducted as a group therapy for 1.5 hours.

Principles of Seeking Safety

The treatment is based on five principles:

(1) Safety as the priority of treatment. The title “Seeking Safety” expresses its basic philosophy: *when a person has both substance abuse and PTSD, the most urgent clinical need is to establish safety.* Safety is an umbrella term that includes discontinuing substance use, reducing suicidality and self-harm behaviors such as cutting, minimizing exposure to HIV, letting go of dangerous relationships (such as domestic abuse and drug using friends), and gaining control over extreme symptoms such as dissociation (“spacing

out"). Many of these are self-destructive behaviors that re-enact trauma, particularly for victims of childhood abuse, who represent a large segment of people with this dual diagnosis [3]. The concept of first-stage treatment as stabilization and safety has been consistently recommended separately in both the PTSD [12] and substance abuse literatures [13]. Later stages of treatment are mourning (also known as exposure therapy or trauma processing) and reconnection [12]. In *Seeking Safety*, safety is taught through *Safe Coping Skills*, a *Safe Coping Sheet*, a *Safety Plan*, and a report of safe and unsafe behaviors at each session, for example.

(2) Integrated treatment of PTSD and substance abuse. *Seeking Safety* is designed to treat PTSD and substance abuse at the same time. An integrated model is recommended by as more likely to succeed, more sensitive to patient needs, and more cost-effective than sequential treatment of one disorder then the other [14-17]. It is also preferred by patients [18]. Yet many treatment systems for substance abuse and mental health remain separate, leaving patients to integrate treatment for themselves. In correctional settings, adding *Seeking Safety* treatment to existing programming appeared to work very well (see below for more on this).

It is important to note that "integration" in *Seeking Safety* means attention to both disorders *in the present.* It does not mean asking the patient to talk in detail about the past. Despite the known efficacy of trauma processing for PTSD [19], such work may not be safe for substance abusers until they have achieved a period of stable abstinence and functionality [20, 21]. In correctional settings, trauma processing may also be unsafe as inmates may be destabilized by such treatment. In *Seeking Safety*, integrated treatment thus means helping patients understand the two disorders and why they so frequently

co-occur; teaching safe coping skills that apply to both; exploring the relationship between the two disorders in the present (e.g., using a substance to cope with trauma flashbacks); and helping patients understand that healing from each disorder requires attention to both disorders.

(3) A focus on ideals. It is difficult to imagine two mental disorders that each individually, and especially in combination, lead to such demoralization and loss of ideals. Thus, this treatment seeks to instill humanistic themes to restore patients' feeling of potential for a better future. The title of each session is framed as a positive ideal, one that is the opposite of some pathological characteristic of PTSD and substance abuse. For example, the topic *Honesty* combats denial, lying, and the "false self". *Commitment* is the opposite of irresponsibility and impulsivity. *Taking Good Care of Yourself* is a solution for the bodily self-neglect of PTSD and substance abuse. The language throughout emphasizes values such as "respect", "care", "integration", and "healing". By aiming for what can be, the hope is that patients can summon the motivation for the hard work of recovery from both disorders.

(4) Four content areas; cognitive, behavioral, interpersonal, and case management. While originally designed as a cognitive-behavioral intervention (a theoretical orientation that appears well-suited for first-stage stabilization), the treatment was expanded to include equally strong attention to interpersonal and case management issues. Interpersonal sessions now comprise a third of the sessions; and case management is begun in the first session and addressed at every session throughout the treatment. The interpersonal domain is an area of special need because PTSD most commonly arises from traumas inflicted by others, both for women and men [1]. Interpersonal issues

include whether to trust others, confusion over what can be expected in relationships, and the need to avoid reenactments of abusive power both as victims and perpetrators. Similarly, substance abuse is often precipitated and perpetuated by relationships. The case management component of the treatment helps patients obtain help with problems such as housing, job counseling, HIV testing, domestic violence, and childcare.

(5) Attention to therapist processes. For substance abuse patients (and therapy in general), the effectiveness of treatment is determined as much by the therapist as by any theoretical orientation or patient characteristics [22]. With this dual diagnosis population, who are often considered "difficult" and "severe", it is a challenge to provide effective therapy. Therapist processes emphasized in *Seeking Safety* include compassion for patients' experience; using coping skills in one's own life (not asking the patient to do things that one cannot do oneself); giving the patient control whenever possible (to counteract the loss of control inherent in both trauma and substance abuse); promoting honesty (in contrast to the secrecy, denial, and lying that may occur in trauma and substance abuse); meeting the patient more than halfway (e.g., heroically doing anything possible within professional bounds to help the patient get better); and obtaining feedback about how patients view the treatment. A balance of praise (positive reinforcement) and accountability (high standards to promote recovery) are also suggested. The flip side of such positive therapist processes are countertransference issues that can detract from treatment. Indeed, the more severe the patient, the more likely that countertransference may impede the work [23]. This includes harsh confrontation, sadism, difficulty holding patients accountable due to misguided sympathy,

becoming “victim” to the patient’s abusiveness, power struggles, and, in group treatment, allowing a patient to be scapegoated.

A typical session

The session begins with a check-in of five questions: Since the last session, “How are you feeling?”, “What good coping have you done?”, “Describe your substance use and any other unsafe behavior”, “Did you complete your commitment”, and “Case management update”. (See below for a description of commitments). Next, an inspiring quotation is read aloud. For example, the session on PTSD has a quote from Jesse Jackson: “You are not responsible for being down, but you are responsible for getting up” [24]. Most of the session is then devoted to the session topic, relating the material to current and specific problems in patients' lives. Strategies include role-plays, experiential exercises, discussion, and the use of a *Safe Coping Sheet* that contrasts patients' “old way” of coping with a “new way” that is safe. Throughout treatment, patients are encouraged to cope safely with any life situations that arise-- without the use of substances or other unsafe behavior. They can draw from a list of over 80 *Safe Coping Skills* as well as their own and the therapist's ideas. To close the session, a check-out asks patients to “Name one thing you got out of today’s session” (to reinforce learning and give the therapist feedback), and “Name one commitment you will complete before the next session”. A commitment is a between-session assignment of any positive, specific step to move forward in one’s life (e.g., “Try calling a hotline for support one time this week”). Patients can also select from a variety of written options (e.g., “Imagine that you are being interviewed for a TV documentary about what helped you to survive so far… What would you say?”).

Empirical results

Four studies have evaluated *Seeking Safety*, including one in a correctional setting. In all the studies, the patients had current PTSD and substance use disorder. The first three studies described below had the same dose of treatment (twice weekly for three months); in the forth, it was 30 sessions over five months. The first study was a pilot, with the treatment in group format [7]. Of 27 outpatient women enrolled, 17 (63%) completed the minimum dose of six sessions. Results for these 17 women showed an average attendance rate of 67% of sessions, and significant improvements by the end of treatment in substance use, trauma-related symptoms, suicidal thoughts and risk, social adjustment, family functioning, problem solving, depression, cognitions about substance use, and didactic knowledge related to the treatment.

The second study evaluated *Seeking Safety* in a correctional setting [6]. Seventeen women participated in the trial, which used a group version of the treatment. The attendance rate was 83% of sessions and measures of client satisfaction were high. Of the 17 women, nine (53%) no longer met criteria for PTSD at the end of the three-month treatment; at a follow-up three months later, 46% still no longer met criteria for PTSD. Substance use could not be assessed while the women were in the controlled environment of prison, but a follow up six weeks after release from prison indicated that 70% did not meet criteria for substance use disorder. Recidivism rate (return to prison) was 39% at three month followup, a rate typical of this population. A study is currently underway to evaluate whether providing additional *Seeking Safety* sessions after release from prison might be beneficial.

A third study, of 100 inner-city outpatient women, compared *Seeking Safety* in individual format to relapse prevention treatment (RPT) and a "treatment-as-usual" (TAU) control group in a randomized controlled trial [8]. At the end of treatment, patients in both *Seeking Safety* and RPT had significant reductions in substance use frequency and intensity, PTSD symptoms, and psychiatric symptom severity, whereas subjects in the treatment-as-usual comparison group did not show any significant changes. Improvements in PTSD severity were sustained at the 6-month follow-up point but not at 9-months, for participants in either treatment group. Although statistically significant improvements in substance use and psychiatric severity were not maintained for either of the treatments at the 6 month follow-up, trends in the direction of lower substance use and psychiatric severity were found.

Finally, a fourth study evaluated a combination of *Seeking Safety* plus exposure therapy for PTSD in a sample of five men [9]. Significant improvements were found in drug use; family/social functioning; trauma symptoms; anxiety; dissociation; sexuality; hostility; overall functioning; meaningfulness; and feelings and thoughts related to safety. Treatment attendance, satisfaction, and alliance were very high.

How to find out more about Seeking Safety

The treatment has been published in book form, with patient handouts. It is titled *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* and can be ordered at Barnes & Noble (800-THE-BOOK) or from Guilford Press (800-365-7006). Also, at the website www.seekingsafety.org you can download free sample chapters from the book, research articles, information on training, and other related material. Lisa

Najavits can be contacted directly by email (Lnajavits@hms.harvard.edu) or phone (617-855-2305).

Table 1: Topics of *Seeking Safety* therapy

(1) **Introduction to treatment / Case management**
(2) **Safety** *(combination)*
(3) PTSD: Taking Back Your Power *(cognitive)*
(4) Detaching from Emotional Pain: Grounding *(behavioral)*
(5) When Substances Control You *(cognitive)*
(6) Asking for Help *(interpersonal)*
(7) Taking Good Care of Yourself *(behavioral)*
(8) Compassion *(cognitive)*
(9) Red and Green Flags *(behavioral)*
(10) Honesty *(interpersonal)*
(11) Recovery Thinking *(cognitive)*
(12) Integrating the Split Self *(cognitive)*
(13) Commitment *(behavioral)*
(14) Creating Meaning *(cognitive)*
(15) Community Resources *(interpersonal)*
(16) Setting Boundaries in Relationships *(interpersonal)*
(17) Discovery *(cognitive)*
(18) Getting Others to Support Your Recovery *(interpersonal)*
(19) Coping with Triggers *(behavioral)*
(20) Respecting Your Time *(behavioral)*
(21) Healthy Relationships *(interpersonal)*

(22) Self-Nurturing *(behavioral)*
(23) Healing from Anger *(interpersonal)*
(24) The Life Choices Game *(combination)*
(25) Termination

Table 2: Example of a patient handout

The topic "Creating Meaning" in *Seeking Safety* helps patients explore typical beliefs in PTSD and substance abuse. Examples are:

MEANINGS THAT *HARM*	EXAMPLES	**MEANINGS THAT *HEAL***
Deprivation Reasoning. Because you have suffered a lot, you need substances (or other self-destructive behavior).	*--I've had a hard time, so I'm entitled to get high.* *--If you went through what I did, you'd cut your arm too.*	**Live Well.** Striving to live a good life will make up for your suffering far more than will hurting yourself. Focus on positive steps to make your life better.
I'm Crazy. You believe that you shouldn't feel the way you do	*--I shouldn't want to get high.* *--I must be crazy to be feeling this upset.*	**Honor Your Feelings**. You are not crazy. Your feelings make sense in light of what you have been through. You can get over them by talking about them and learning to cope with them.
Time Warp. Your sense of time is distorted, believing that a negative feeling will go on forever.	*--This craving won't stop.* *--If I were to cry, I would never stop.*	**Observe Real Time.** Take a clock and time how long it really lasts. Negative feelings will usually subside after a while; often they will go away sooner if you distract with activities.

Beating Yourself Up. In your mind, you yell at yourself and put yourself down.	*-- I'm a bad person.* *--My family was right: I'm worthless.*	**Love—Not Hate--Creates Change.** Beating yourself up may echo what others in the past have yelled at you. But it does not change your behavior; in fact, it makes you less likely to change. Care and understanding promote real change.

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An earlier version of this article was Najavits LM (2001). Seeking Safety: A New Treatment for PTSD and Substance Abuse. Five Borough AIDS Mental Health Alliance Newsletter, 3: 1-3.