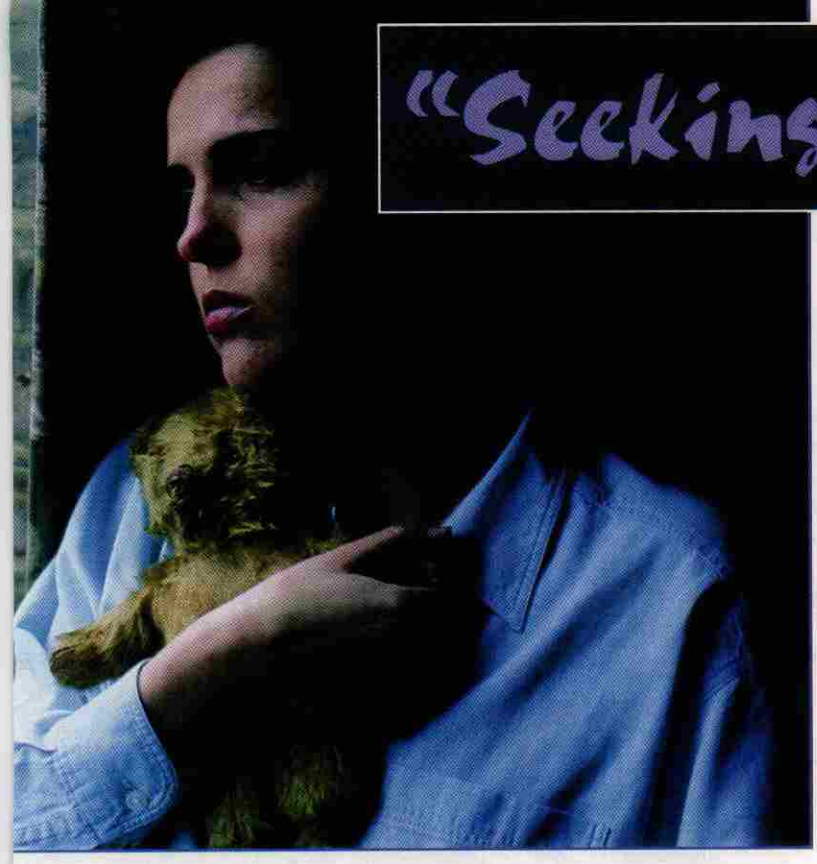

"Seeking Safety"

Therapy for Trauma And Substance Abuse

By Lisa M. Najavits

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The Sept. 11th terrorist attacks have brought trauma to the forefront of national awareness. After experiencing a trauma, such as a fire, assault, rape, child abuse, a hurricane, a car accident or military combat, most people heal naturally over time. But about one-third of people develop post-traumatic stress disorder (PTSD).[1] PTSD means being "stuck" in the trauma, unable to successfully face the emotional pain, cope with it and go on with normal life. People with PTSD suffer a range of emotional problems that are described in detail in the *Diagnostic and Statistical Manual of Mental Disorders IV*,[2] including intrusion (images of the trauma keep coming to mind), avoidance (not wanting to discuss the event) and arousal (intense negative feelings when reminded of the event).

Of particular importance is the strong connection between PTSD and substance use disorders. Most women and many men in substance abuse treatment have histories of trauma, and rates of current PTSD range from 12 percent to 59 percent.[3] Aside from numbers, the suffering associated with this dual diagnosis is extraordinary, with multiple life problems (such as domestic violence and 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 serious histories of substance abuse, trauma or both.[4]

A New Therapy

Beginning in 1993, a new therapy was developed specifically to address the dual diagnosis of substance use disorder and PTSD. The treatment, called Seeking Safety,[5] evolved through trial and error with many patients, as well as scientific testing. The treatment has been published in the book *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. The treatment has been evaluated in four studies thus far, focusing on women in prison,[6] outpatient women,[7] inner-city women[8] and men.[9] All four studies have evidenced significant positive outcomes and other studies are under way. The treatment has also been implemented clinically in a variety of settings, including a Connecticut state prison. In addition, the treatment will be implemented in the Federal Bureau of Prisons system for women who suffer from substance abuse and trauma.

Seeking Safety offers 25 treatment topics (see Table 1), each including 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 sessions; open and closed group; 50- and 90-minute sessions; singly and co-led; weekly and twice-weekly sessions; and in outpatient, inpatient and residential settings. In one study focusing on treatment in a correctional setting,[10] group sessions were 90 minutes long twice weekly for three months.

Principles of Seeking Safety

Seeking Safety is based on five principles:

Safety as the Priority of Treatment. The title Seeking Safety expresses its basic philosophy: When a person suffers from 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 suicidal and self-harm behaviors, such as cutting; minimizing HIV exposure; ending dangerous relationships, such as with abusive partners and drug-using friends; and gaining control over extreme symptoms such as dissociation, or "spacing out." Many such self-destructive behaviors re-enact trauma, particularly for childhood abuse victims, who represent a large segment of people with this dual diagnosis.[11] The concept of first-stage treatment as stabilization and safety has been consistently recommended separately in both the PTSD[12] and substance abuse literature.[13] Later stages of treatment are mourning, also known as exposure therapy or trauma processing, and reconnection.[14] In Seeking Safety, safety is taught through safe coping skills, a safe coping worksheet, a safety plan and a report of safe and unsafe behaviors at each session.

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

experts as more likely to succeed, more sensitive to patient needs and more cost-effective than sequential treatment of the disorders.[15] It also is preferred by patients.[16] Yet, many treatment systems for substance abuse and mental health remain separate, leaving patients to integrate treatment themselves. In correctional settings, adding Seeking Safety treatment to existing programming appeared to work well.

It is important to note that integration in Seeking Safety means attention to both disorders in the present. It does not mean asking patients to discuss their pasts in detail. Despite the known efficacy of trauma processing for PTSD,[17] such work may not be safe for substance abusers until they have achieved a period of stable abstinence and functionality.[18] Correctional settings, in particular, may be unsafe, as inmates may be destabilized by such treatment. In Seeking Safety, integrated treatment 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 flashbacks; and helping patients understand that healing from each disorder requires attention to both.

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,

Table 1: Topics of Seeking Safety therapy

Introduction to Treatment/Case Management
Safety (combination)
PTSD: Taking Back Your Power (cognitive)
Detaching From Emotional Pain: Grounding (behavioral)
When Substances Control You (cognitive)
Asking For Help (interpersonal)
Taking Good Care of Yourself (behavioral)
Compassion (cognitive)
Red and Green Flags (behavioral)
Honesty (interpersonal)
Recovery Thinking (cognitive)
Integrating the Split Self (cognitive)
Commitment (behavioral)
Creating Meaning (cognitive)
Community Resources (interpersonal)
Setting Boundaries in Relationships (interpersonal)
Discovery (cognitive)
Getting Others to Support Your Recovery (interpersonal)
Coping With Triggers (behavioral)
Respecting Your Time (behavioral)
Healthy Relationships (interpersonal)
Self-Nurturing (behavioral)
Healing From Anger (interpersonal)
The Life Choices Game (combination)
Termination

this treatment seeks to instill humanistic themes to restore patients' hope 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.

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 topics now comprise one-third of the sessions, and case management begins in the first session and is addressed at every subsequent session throughout 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.[19] Interpersonal issues include when to trust others and how to avoid re-enactments of abusive power, both as victims and perpetrators. Similarly, substance abuse often is initiated and encouraged in negative relationships. The case management component of the treatment helps patients obtain help with problems such as housing, job counseling, HIV testing, domestic violence and child care.

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.[20] With this dual-diagnosis population — often considered difficult and severe — it is a challenge to provide effective therapy. Therapist processes emphasized in Seeking Safety include compassion for patients' experiences; using coping skills in one's own life (not asking patients to do what one cannot do); giving patients 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 patients more than halfway (doing whatever is possible within professional bounds to help patients 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 negative processes that can detract from treatment. Indeed, the more severe the patient, the more likely that such negative processes may impede the treatment.[21] 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 made a scapegoat.

A Typical Session

At the beginning of a typical session, patients are asked several 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 goal?" Next, an inspiring quotation is read aloud. For example, the session on PTSD includes a quote from Jesse Jackson: "You are not responsible for being down, but you are responsible for getting up."[22] Most of the session then is devoted to a particular topic, relating the material to current and specific problems in patients' lives. Strategies include role-plays, experiential exercises, discussion and use of a safe coping sheet that contrasts patients' old way of coping with a new way that is safe.

Table 2: Example of a patient handout

Meanings that harm	Examples	Meanings that heal
Deprivation reasoning: Because you have suffered a lot, you need substances (or other self-destructive behavior).	*— I have had a hard time, so I am entitled to get high.* *— If you went through what I did, you would 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 should not feel the way you do.	*— I should not 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: You believe that you should not feel the way you do.	*—This craving will not 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 awhile; often they will go away sooner if you distract yourself with activities.
Beating yourself up: In your mind you yell at yourself and put yourself down.	*— I am a bad person.* *—My family was right; I am 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.

Throughout treatment, patients are encouraged to cope safely with any life situations that arise — without the use of substances or other unsafe behaviors. They can draw from a list of more than 80 safe coping skills, as well as their own and the therapist's ideas. To close the session, patients are asked to name one thing they got out of the session to reinforce learning and provide the therapist with feedback, as well as one commitment they will complete before the next session. A commitment is a between-session assignment of any positive, specific step patients can take to move forward in their lives, such as calling a support hotline. Patients also may select from a variety of written options that include questions such as: "Imagine that you are being interviewed for a television documentary about what helped you survive so far; what would you say?"

Empirical Results

Four studies have evaluated Seeking Safety, including one conducted in a correctional setting. In all the studies, the patients had PTSD and substance use disorder. The first two studies evaluated groups that met twice a week for three months. The first study was a pilot, with the treatment in group format.[23] Of 27 outpatient women enrolled, 17 (63 percent) completed the minimum six sessions. Results for these 17 women showed an average attendance rate of 67 percent of sessions, as well as significant improvements 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 treatment.

The second study evaluated Seeking Safety in a correctional setting.[24] Seventeen women participated in the trial, which used a group version of the treatment. The attendance rate was 83 percent of sessions and measures of client satisfaction were high. Of the 17 women, nine (53 percent) no longer met criteria for PTSD by the end of the three-month treatment period; at a follow-up three months later, 46 percent still no longer met criteria for PTSD. Substance use could not be assessed while the women were in the prison's controlled environment, but a follow-up six weeks after release from prison indicated that 70 percent did not meet criteria for substance use disorder. The recidivism rate was 39 percent at a three-month follow-up, which is typical of this population. A study is under way 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 with relapse prevention treatment (RPT), both in individual format, with a treatment-as-usual (TAU) control condition in a randomized controlled trial.[25] 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 TAU comparison group did not show any significant changes. Improvements in PTSD severity were sustained at the six-month follow-up point but not at nine months, for participants in Seeking Safety and RPT. Although statistically significant improvements in substance use and psychiatric severity were not maintained for Seeking Safety nor RPT at the six-month follow-up, trends in

Continued on page 141

Continued from page 139

the direction of lower substance use and psychiatric severity were found.

Finally, a fourth study evaluated a combination of Seeking Safety and exposure therapy for PTSD in a sample of five men.[26] 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.

Conclusion

Seeking Safety is a new psychotherapy for patients with PTSD and substance use disorder. It aims to help clients work on both disorders at the same time, from the start of treatment, using a coping skills approach. It is present-focused, educational and seeks to help clients find safe ways to improve their lives without the use of substances or other self-destructive behaviors. It does not ask clients to delve into the painful details of their trauma (which is viewed as later-stage treatment). Seeking Safety has shown positive outcomes in four studies thus far, including one in a correctional setting. Other research and clinical implementation are under way. For more information, visit www.seekingsafety.org.

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