Seeking Safety Therapy

for Trauma/PTSD and Substance Abuse

by Lisa M. Najavits, Ph.D.

Trauma and Substance Abuse

Trauma is now at the forefront of national awareness with the many veterans returning from combat in Iraq and Afghanistan. After experiencing a trauma — such as military combat, fire, assault, rape, child abuse, hurricane, or car accident — most people heal naturally over time. But up to one-third of people develop *posttraumatic stress disorder* (PTSD) (Kessler, 1995). 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 including *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) (DSM-IV, 1994).

Of particular importance is the strong connection between PTSD and substance abuse. A large number of people in substance abuse treatment have a history of trauma, and rates of current PTSD range from 12 percent to 59 percent (Najavits, Weiss, & Shaw, 1997). Aside from numbers, the suffering associated with this dual diagnosis is extraordinary: multiple life problems (e.g., domestic violence, homelessness), vulnerability to further trauma, other mental health and physical disorders, and difficulties in treatment.

Seeking Safety Therapy

Seeking Safety therapy was developed to address trauma/PTSD and substance abuse (Najavits, 2002). It offers up to 25 treatment topics (*Table 1*), and includes a clinician guide and client handouts (*Table 2*). The treatment is highly flexible: it was designed for both genders, any type of trauma and substance abuse, group or individual treatment, for any clinician and any treatment setting. The length and pacing of sessions can also vary based on program needs. It has shown positive results in 15 studies thus far and has been successfully implemented with ethnically diverse clients and in diverse settings including criminal justice, homeless, veterans / military, and adolescent treatment. Research on the model consistently indicates improvement in trauma-related symptoms, substance use and other areas (e.g., HIV risk, suicidal tendency, social functioning). Also, it consistently outperforms treatment-as-usual, and obtains high satisfaction from clients and clinicians

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 (Najavits, Weiss, & Shaw, 1997). The concept of first-stage treatment as stabilization and safety has been consistently recommended separately in both the PTSD (Herman, 1992) and substance abuse literatures (Kaufman & Reoux, 1988). Later stages of treatment are mourning (also known as exposure therapy or trauma processing) and reconnection (Herman, 1992). 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.

(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 because it is

more likely to succeed, more sensitive to client needs, and more cost-effective than sequential treatment of one disorder then the other (Najavits, 2002; and Abueg & Fairbanks, 1991). It is also preferred by clients (Brown, Stout & Gannon-Rowley, 1998). Nonetheless, many treatment systems for substance abuse and mental health remain separate, which leaves clients to integrate treatment for themselves.

It is important to note that "integration" in *Seeking Safety* means attention to both disorders *in the present*. It does not mean asking the client to talk in detail about the past. Delving into the past may not be safe for substance abusers until they have achieved a period of stable abstinence and functionality (Solomon, Gerrity & Muff, 1992). In *Seeking Safety*, integrated treatment means helping clients 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 clients understand that healing from each disorder requires attention to both disorders.

(3) Focus on ideals. It is difficult to imagine two mental disorders that each individually, and especially in combination, lead to demoralization and a loss of ideals. Thus, this treatment seeks to instill humanistic themes to restore a clients' 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 clients can summon the motivation for the hard work of recovery from both disorders.

(4) Four content areas: cognitive, behavioral, interpersonal, and case management. Each of these areas is relevant for the recovery process. Cognitive and behavioral strategies are well suited for stabilization as they offer a high degree of structure, educational emphasis, time-limited structure, and a focus on problem solving in the present. The interpersonal domain is an area of special need because PTSD most commonly arises from traumas inflicted by others, both for women and men (Kessler et al, 1995). Similarly, substance abuse is often precipitated and perpetuated by relationships. The case management component of the treatment helps clients obtain help with problems such as housing, job counseling, HIV testing, domestic violence, and childcare.

(5) Attention to clinician processes. For substance abuse clients (and therapy in general), the effectiveness of treatment is determined as much by the clinician as by any theoretical orientation or client characteristics (Najavits, Crits-Christoph, & Dierberger, 2000; and Imhof, Hirsch, & Terenzi, 1983). With this dual diagnosis population, who are often considered "difficult" and "severe," it is a challenge to provide effective therapy. Clinician processes emphasized in *Seeking Safety* include compassion for clients' experience; using coping skills in one's own life (not asking the client to do things that one cannot do oneself); giving the client 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 client more than halfway (e.g., heroically doing anything possible within professional bounds to help the client get better); and obtaining feedback about how clients 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 clinician processes is countertransference issues that can detract from treatment. Indeed, the more severe the client, the more likely that countertransference may impede the work. This includes harsh confrontation, sadism, difficulty holding clients accountable due to misguided sympathy, becoming "victim" to the client's abusiveness, power struggles, and, in-group treatment, allowing a client to be a scapegoat.

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?" "What case management updates can we discuss?" (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" (Marlatt, & Gordon, 1985). Most of the session is then devoted to the session topic, relating the material to current and specific problems in the clients' life. Strategies include role-plays, experiential exercises, discussion, and the use of a *Safe Coping Sheet* that contrasts clients' "old way" of coping with a "new way" that is safe. Throughout treatment, clients 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 clinician's ideas. To close the session, a check-out approach is employed. Clients are asked to "Name one thing you got out of today's session" (to reinforce learning and give the clinician 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"). Clients 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?").▼

How to Find out More About Seeking Safety

The treatment is published in book form, titled *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (Najavits, 2002). It has been translated into Spanish, French, German, and Swedish; and a Web site, training videos, poster, and card deck game are available to aid implementation. Also, the Web site www.seekingsafety.org has sample chapters from the book, research articles, information on training, and other material

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)*

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(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 client handout
The topic "Creating Meaning" in *Seeking Safety* helps clients 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.*	**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.
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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