

## 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](http://www.seekingsafety.org), section Evidence. Studies include pilots, randomized controlled trials, multi-site trials.

### Getting started with *Seeking Safety*

It's easy to start. Here are some ideas—you can do any of these or all.

- ✧ **The only required item you need** is one copy of the Seeking Safety book per counselor. Each counselor can photocopy the client worksheets forever onward for her/his own clients. The book title is *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. It is least expensive on amazon.com.
- ✧ **Read the FAQs (frequently asked questions)** at [www.seekingsafety.org](http://www.seekingsafety.org).
- ✧ **Browse the Seeking Safety website** for free resources, such as articles on implementing it, fidelity measures, research, sample copies of modeuls from the book, etc.

### Additional resources

- ✧ **Training:** training calendar and information on training options (see [www.seekingsafety.org](http://www.seekingsafety.org), section Training).
- ✧ **Consultation:** on clinical implementation, research studies, evaluation projects.
- ✧ **Translations of the Seeking Safety book** are available in **Spanish, French, German, Swedish, Dutch, Polish, Chinese, Vietnamese, Portuguese, Italian, Japanese, and Greek**. Arabic and an American Sign Language versions are also underway.
- ✧ **Online learning**
- ✧ **Teaching Guide to Introduce Seeking Safety to your agency**
- ✧ **Engagement materials:** card deck, poster, magnets, wallet card, key chain; some are in Spanish too.

### Contact Information

Contact: *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1610 [phone]; [info@treatment-innovations.org](mailto:info@treatment-innovations.org) [email]; [www.seekingsafety.org](http://www.seekingsafety.org) or [www.treatment-innovations.org](http://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](mailto:info@seekingsafety.org) your basic information. *Example:* Boston, MA: Karen Smith, CAC; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. [Karensmith@gmail.com](mailto:Karensmith@gmail.com).

## Resources on Substance Abuse and Trauma

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

### Educational Materials

#### **Books on PTSD**

- Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.
- Fallot, R.D. & Harris, M. (2001). Using Trauma Theory to Design Service Systems. San Francisco: Jossey-Bass.
- Briere, J.N. & Scott, C. (2006). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. Thousand Oaks, CA: Sage.
- 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.
- van der Kolk (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. New York: Viking.
- Levine, P. (2015). Trauma and Memory. Berkeley, CA: North Atlantic Books.
- Evans, A. (2017). Trauma-Informed Care: How Neuroscience Influences Practice: Routledge.

#### **Books on Substance Abuse**

- Beck A. T., Wright J., et al. (1993). Cognitive Therapy of Substance Abuse. New York: Guilford.
- 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](http://www.health.org).
- Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
- Najavits L. M. (2002). A Woman's Addiction Workbook. Oakland, CA: New Harbinger.
- Alter, A. (2017). Irresistible: The rise of addictive technology and the business of keeping us hooked: Penguin.

#### **Books on PTSD and Substance Abuse**

- Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford.
- Mate, G. (2010). In the Realm of Hungry Ghosts. Berkeley, CA: North Atlantic Books.
- Ouimette, P. & Read, J. (2013) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders (2<sup>nd</sup> edition). Washington, DC: American Psychological Association Press.
- Black, C. (2017). Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family. Las Vegas: Central Recovery Press.
- Najavits, L. M. (2017). Recovery from Trauma, Addiction or Both: Finding Your Best Self. New York, NY: Guilford Press.

#### **Videos**

- Najavits, L.M. (2006). Video training series on Seeking Safety; [www.treatment-innovations.org](http://www.treatment-innovations.org).
- Najavits, L.M., Abueg F, Brown PJ, et al. (1998). Nevada City, CA: Cavalcade [800-345-5530]. Trauma and substance abuse. Part I: Therapeutic approaches [For professionals]; Part II: Special treatment issues [For professionals]; Numbing the Pain: Substance abuse and psychological trauma [For clients]

### **Clinically-Relevant Articles**

1. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.
2. 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.
3. Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M.-C., et al. (2015). Combining Seeking Safety With Sertraline for PTSD and Alcohol Use Disorders: A Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology*, 83(2), 359-369.
4. Najavits, L. M., Hien, D.A. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *Journal of Clinical Psychology* 69: 433-480.
5. Marsh, T., Young, N., Meek, S., Najavits, L.M., Toulouse, P. (2016). Impact of Indigenous Healing and Seeking Safety on Intergenerational Trauma and Substance Use in an Aboriginal Sample. *Journal of Addiction Research & Therapy* 7(3): 1-10.
6. Lenz AS, Henesy R, Callender K. (2016). Effectiveness of Seeking Safety for co-occurring posttraumatic stress disorder and substance use. *Journal of Counseling & Development*. 94(1):51-61.
7. 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): American Psychological Association.
8. 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](http://www.treatment-innovations.org)  
[www.seekingsafety.org](http://www.seekingsafety.org)

It's simplest to use the Store at [www.treatment-innovations.org](http://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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Card Deck of Safe Coping Skills (English, Spanish) # of English ___ Spanish ___	\$ 18.50	X _____	= \$ _____
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<i>Seeking Safety</i> HIV Guide	\$ 36	X _____	= \$ _____
<i>Seeking Safety</i> (Spanish translation of entire book)	\$ 61	X _____	= \$ _____
<i>Seeking Safety</i> (Spanish client handouts only)	\$ 30	X _____	= \$ _____
<i>Seeking Safety</i> (Chinese translation of entire book)	\$ 50	X _____	= \$ _____
Other translations-- see website or email if interested			
<i>A Woman's Addiction Workbook</i> (English language)	\$ 22	X _____	= \$ _____
<b>NEW in 2019!</b> <i>Finding Your Best Self</i> (self-help or counselor-led model)	\$ 16.95	X _____	= \$ _____
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**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.   |

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© B. Hudnall Stamm, 1997-2005. *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)*. <http://www.isu.edu/~bhstamm>. This test may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold. You may substitute the appropriate target group for *helper* if that is not the best term. For example, if you are working with teachers, replace *helper* with *teacher*.

## 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*