The Case: Treating Jared Through Seeking Safety

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Jared is a challenging client because of his extensive trauma history, the severity of his substance dependence, his suicidality, and other factors described in the case scenario. Seeking Safety (SS) is an optimal choice for this type of complex client, as detailed below. Several key elements of SS are described in terms of how they would relate to Jared's care.

Building *Safety*

Establishing safety is an essential first step for Jared. Seeking Safety (SS) is a holistic approach that helps clients reduce PTSD symptoms while also reducing substance use and unsafe behaviors. The model was specifically designed for complex trauma clients with co-occurring conditions and is based on the principles of prioritizing safety, integrating treatment for both disorders, reinforcing strengths, and instilling hope (Najavits, 2002). A list of over 80 "safe coping skills" are applied to all disorders, making the model integrative and parsimonious. For Jared, complex trauma experiences have resulted in struggles with suicidality and self-harm behavior. Substance dependence adds to the acuity and chronicity of his symptoms. Unlike clients who misuse or abuse substances, Jared's substance dependence may make it more difficult for him to label and regulate affect, resist intense cravings, and anticipate negative consequences of his behavior due to neurochemical brain changes caused by heavy, long-term use (Ashton & Zweben, 2009; Center for Substance Abuse Treatment, 1999). His life likely revolves around obtaining and using substances (American Psychiatric Association, 1994), and he may feel ashamed about activities he participated in to support his habit. Finally, he may have more difficulties with self-care, lack social support, and be at greater risk for future traumas.

Engagement

To promote engagement, SS offers an empowerment approach, an inspiring quote to start each topic, and coping skills that build upon clients' strengths. The quote for the topic *PTSD: Taking Back Your Power* is, for example, "You are not responsible for being down, but you are responsible for getting up" (Jesse Jackson). Jared has had many past treatment attempts, including four detoxifications. He has recently been released from inpatient hospitalization and is probably feeling discouraged and hopeless. In this first month of recovery, his PTSD symptoms may be more severe, and his risk of self-harm and relapse is high. If he does relapse on cocaine, he is at risk for seizures or lethal overdose (Ashton & Zweben, 2009). Although he generally connects well with treatment, his complex trauma history may make establishing trust with a new provider more difficult.

In the *Introduction/Case Management session*, Jared and I would work together to go over what the treatment will and will not address. For example, we will focus directly on trauma, but will not delve into the intense trauma narrative details that may be overly upsetting in early recovery and that may destabilize an already fragile client. This present-focused approach to trauma is often a relief for clients, who may have been pushed too soon into telling their trauma narrative in prior therapies (before they were stable enough to tolerate it). The *Case Management*

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portion of the topic is devoted to identifying his interest in any of 16 different areas of potential help, including 12-step groups, HIV testing, medication consultation, leisure activities, etc. The idea is to help engage him as much as possible in a network of help to support his recovery efforts.

Flexibility

SS is a highly flexible model. It allows clinicians, with input from their clients, to decide the order of topics, pacing, and session length. Each topic addresses PTSD and substance use disorder (SUD), so all of Jared's symptoms would be targeted regardless of the topic he chooses. We have been granted up to 35 sessions. Given the current severity of his symptoms, it may be best to meet twice a week for the first month, shifting to a weekly schedule once he is more stable. Once he has completed all 25 topics, we would decide the pace of the remaining 10 sessions, if he still needed further therapy at that point. If he does not, the topic *Termination* would be held at session 25. If he feels he can benefit from a refresher on key SS topics, these could be done as monthly booster sessions or any other pacing desired. Throughout SS, each topic has multiple handouts, and Jared could decide which of the topics to review. Also as part of the flexibility of SS, Jared would, throughout, be invited to choose commitments (homework) that are meaningful to him, rather than having them assigned, thus increasing motivation and building his sense of success.

Balancing Support and Accountability

Jared likely feels discouraged about his multiple relapses and ambivalent about decreasing substance use and self-harm. The approach of SS is empathic and collaborative. Every session, Jared would receive positive reinforcement for being honest about his unsafe behavior, and support for good coping, completing commitments, and rehearsing new skills. At the same time, I would encourage Jared to take responsibility for his choices by tracking substance use and unsafe behaviors at each session, in terms of both amount and frequency. This also helps him "listen" to his behavior and hear its messages, which often indicates unmet needs. We would also track whether he is taking his medications as prescribed. Helpful topics for decreasing ambivalence and increasing accountability include *Integrating the Split Self, Commitment,* and *When Substances Control You.*

Structure to Promote Emotional Regulation

The structure of SS is in itself an intervention, because it offers consistency and containment for survivors of chronic trauma who are often emotionally overwhelmed and dysregulated. Each SS session begins with a check-in. Jared would provide an update about the past week, including good coping behaviors and any substance use or unsafe behavior. He would also report whether or not he completed the commitment (i.e., homework) and case management goals he chose in the previous session. The check-in allows the clinician to prioritize the most pressing safety issues (e.g., substance use and self-harm behavior) by tracking them each session and making them the focus of treatment. Similarly, the check-out at the end of session provides closure by inviting Jared to name one thing he got out of today's session, any problems with the session, and what his new commitment is.

The 25 SS topics provide psychoeducation about how symptoms co-occur and offer tangible skills for improving all disorders. Complex trauma clients often have difficulties with concentration, memory, emotional regulation, and dissociation, and the handouts can be a helpful anchor. Jared could return to the handouts between appointments to further explore the material. Although SS could begin with any topic, we would begin with *Safety* to reinforce good coping and provide him with the list of safe coping skills, which he can return to throughout the treatment. At each session, we would also try to have him actively rehearse the skills, through role-plays, think-alouds, and various practice exercises. The concept of "learn by doing" helps make the skills useable in his life.

An Intervention for PTSD

With his history of multiple assaults and chronic childhood abuse, Jared is likely to have severe PTSD. For complex trauma clients with substance dependence and high risk for suicide, learning to regulate intense emotion is essential. In our sessions, he would rehearse skills to cope safely and tolerate moderate levels of emotion. Although we would explore the effect of his traumas in the present, exposure to vivid details would not be done. He is likely to tolerate the treatment well and find it empowering, rather than overwhelming (e.g., the topic *PTSD: Taking Back Your Power*). Jared's intrusive and arousal symptoms would decrease by improving his affect tolerance and regulation skills with topics such as *Safety, Grounding*, and *Healing from Anger*. He would decrease his avoidance symptoms with topics such as *Discovery, Asking for Help*, and *Integrating the Split Self*. Finally, practicing cognitive reframing skills would challenge his trauma-related, harmful beliefs (e.g., topics *Recovery Thinking, Compassion, Creating Meaning*).

An Intervention for Substance Abuse

SS is currently the only evidence-based trauma/PTSD intervention that was explicitly designed to address the full range of SUD, including all substance types, and both abuse and dependence. We would teach him about SUD and then discuss his recovery options, which would typically be a goal of abstinence for someone with his severe profile, but could be harm reduction or controlled use (e.g., for alcohol) for other clients depending on their needs. Jared is concurrently enrolled in a Partial Hospital Program (PHP), which likely has an abstinence philosophy; so our approach would be consistent with that. Often, complex trauma clients with active substance dependence do not immediately choose abstinence but become substance-free over time. Whatever approach is taken, in SS there is always a written contract specifying the limits on substance use, and at each session the client reports any use since the prior session. Jared would be an active participant in choosing strategies to reduce his use.

Throughout treatment SS would address Jared's substance dependence "front and center." In our sessions, we would identify the trauma-related triggers that are contributing to all of his unsafe behaviors (substance cravings, use, cutting, isolation, etc.). For example, he may be using substances to dampen intrusive and arousal symptoms of PTSD (e.g., to feel less overwhelmed by emotional pain), decrease numbness, and make him feel more confident around others. His self-harm behavior and chronic suicidality likely serve similar purposes. Another focus of treatment would be to help Jared build a safe network with people who support his recovery (i.e., topics *Asking for Help, Setting Boundaries in Relationships, Healthy Relationships*). We would explore his concerns about AA, and he would be encouraged to try other self-help groups. Because of the severity of his substance dependence, I would ask Jared to provide urine screens or to request a release of information form to receive this information from the PHP (although urine screening is not required in SS). Finally, we would apply the coping skills to all current addictions; in addition to SUD, Jared may have TV addiction for example. Topics that would be particularly helpful are *When Substances Control You, Honesty, Coping with Triggers,* and *Red and Green Flags*.

An Integrated Approach to Link PTSD and Substance Abuse

SS was designed from the start as an *integrated* treatment for co-occurring PTSD and SUD. Unlike treatments that were designed for PTSD or SUD alone, or that require stabilization on SUD prior to engaging in PTSD treatment, SS addresses both at the same time, from the start of treatment, and by the same clinician. For Jared, SS will thus encourage him to explore how his PTSD and SUD are linked, how each may trigger the other, how they arose in relation to each other, and how to apply coping skills to both. Thus, even though he has severe, chronic, multiple substance dependencies (the most severe form of SUD), he will have the opportunity to directly work on PTSD immediately in a way that he is likely to perceive as highly empathic yet also containing. For many clients, it is the first time they understand their SUD in relation to PTSD, which decreases shame and guilt. SS also focuses on *leveraging* one disorder to help

the other. If Jared is more motivated to work on his PTSD, then that is used to help inspire him to decrease his substance use, and vice versa.

An Interpersonal Approach

Approximately one third of the SS topics focus on relationships, which were often damaged or fraught with danger or abuse among severe complex clients. Examples of interpersonal topics in SS are *Asking for Help, Setting Boundaries in Relationships,* and *Healthy Relationships.* SS strives to help clients learn new ways of relating, through exercises such as role-plays, identifying core relationship beliefs, becoming more honest in relationships (when safe to do so), and taking active steps to build a recovery network. The *Case Management* topic can be used to concretely connect him with specific services and support groups to move him out of isolation and into connection. When we get to the topic *Getting Others to Support Your Recovery,* Jared could also invite his parents or other important people in his life to an educational session, to help build their understanding of his PTSD and SUD issues.

Focusing on Strengths and Ideals

SS, in its style, language, and examples, offers an optimistic and inspiring tone. The goal is to help clients value who they are and who they can become. Jared has strong interpersonal skills, is reflective, and has hobbies such as art and music. In our sessions, we would build on these strengths by setting manageable goals to improve his daily functioning. He would be encouraged to decrease behaviors that are impeding his quality of life (e.g., TV watching, junk food) and to add positive activities, such as volunteer work (i.e., *Respecting Your Time*). Eventually, he may feel ready to work part-time. Jared would also learn self-care (i.e., *Taking Good Care of Yourself* and *Self-Nurturing*). As a result, he would begin to have a renewed sense of trust and greater hope for the future (i.e., *Compassion* and *Creating Meaning*). For complex trauma clients with co-occurring substance dependence, like Jared, SS offers new possibilities for healing and recovery. For clinicians, the model provides an integrative, user-friendly guide that can be individualized for clients who could benefit most.

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