Group Delivery of Seeking Safety for Trauma and/or Addiction

Lisa M. Najavits
Summer Krause

Seeking Safety (Najavits, 2002) has been used for group treatment for over 30 years for co-occurring trauma and addiction problems, as well as either domain alone. Indeed, group has been its primary modality (for reasons described later in this chapter), although it is also conducted in individual format and was designed from the start for both.

Description of the Treatment Model

Seeking Safety is a present-focused, coping skills model to help clients attain safety from trauma problems and/or addiction. The title of the treatment—Seeking Safety—expresses its central idea: When a person has trauma and/or substance use problems, the most urgent clinical need is to establish safety. *Safety* is an umbrella term that signifies various elements, including safety from addictive behavior, damaging relationships, and symptoms such as suicidality and dissociation. It does not ask clients to describe their trauma narrative in detail, thus making it easy to implement with a very broad range of clients and providers. The concept of safety is designed to protect the clinician, as well as the client. By helping clients move toward safety, clinicians are protecting themselves from treatment that could move too fast without a solid foundation. Increased addiction and harm to self or others are of particular concern with vulnerable populations. Thus, seeking safety is the goal of both clients and clinicians.

Seeking Safety can be delivered in any setting and level of care by peers and paraprofessionals, in addition to all types of professionals. Training and certification are available but not required (except for publishable outcome studies), which makes it one of the lowest-cost evidence-based trauma models (Najavits et al., 2020).

The model offers 25 topics that can be conducted in any order and over as few or many sessions as time allows (it does not require 25 sessions). Each topic represents a safe coping skill relevant to trauma and/or addiction and is used for all types of traumas and all types of addictions (e.g., substance addiction, but also behavioral addictions such as food, pornography, gambling, and shopping). The topics are evenly divided between cognitive, behavioral, and interpersonal domains, with some a combination. Table 10.1 lists all 25 topics.

The topics are designed to be highly engaging and optimistic, building a sense of hope that life can get better. They focus on empowering clients to choose coping that works for them rather than a prescribed path. Key messages are "No matter what happens in life, there's always a way to cope safely"; "Safe coping means no addictive behavior or harm to self or others"; and "There are many ways to cope. As long as it's safe coping, it's good coping."

Seeking Safety is published as a book that provides a clinician guide and client handouts. The book has been translated into 15 languages, and an audio version is available in English and Spanish for clients with vision or reading impairment. There are also optional ancillary materials to help reinforce the content, such as mobile apps (one for Seeking Safety and one for the skill of grounding in particular, available on the Apple App Store and Android Play Store); a card deck and posters of the coping skills; and specialty implementation guides (HIV/AIDS; Christian faith-based). The language in Seeking Safety is written to be poignant and emotionally evocative, honoring clients' survival (and minimizing jargon). It can also be conducted just verbally with clients who can't read, as the concepts themselves are straightforward.

Theory and Mechanism

The key principles of Seeking Safety are as follows:

1. Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
2. Integrated treatment (working on both trauma and addiction at the same time if the client has both).
3. A focus on ideals to counter the loss of ideals in both trauma and addiction.
4. Four content areas: cognitive, behavioral, interpersonal, case management.
5. Attention to clinician processes (clinicians' emotional responses, self-care, etc.).

Seeking Safety also fits the stage-based approach to trauma recovery (Herman, 1992), which identifies three types of work: (1) safety; (2) mourning and remembrance; and (3) reconnection. Broadly speaking, the first stage is present-focused; the second stage is past-focused (exploring the trauma narrative in detail, also known as "exposure-based"); and the third stage is future-focused. In the current era, the stages are no longer seen as sequential but are still understood to be distinctly different approaches. Some clients recover doing just one or another (they don't need to do all); and other clients do more than one but may do them simultaneously (e.g., group Seeking Safety concurrent with individual Eye Movement Desensitization and Reprocessing [EMDR]).

In contrast to other trauma/addiction models, Seeking Safety was designed from the start as an original model rather than a combination of existing models developed by others. An example of the latter approach is Back et al. (2015), who combined Foa et al.'s Prolonged

TABLE 10.1. The 25 Seeking Safety Session Topics

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

Exposure Therapy and Marlatt and Gordon's Relapse Prevention and called the combination "Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure" (COPE).

Evidence Base

Seeking Safety has an extensive evidence base, with over 65 empirical publications, most by independent investigators, ranging from pilots to randomized controlled trials (RCTs) and multisite trials.

Several reviews have been published by independent teams. For example, Litt, Cohen, and Hien (2019, p. 188), who summarized the research literature on the model, found that "overall, the treatment model has demonstrated benefits on the two primary outcomes for which it was designed: reduction of posttraumatic stress disorder (PTSD) symptoms and reduction in SUD [substance use disorder] severity." In their meta-analysis, Lenz and colleagues (2016) concluded that across studies that included a total of 1,997 clients, Seeking Safety showed significant impact on both PTSD and substance use. A government cost–benefit analysis found that Seeking Safety has an 88% likelihood of benefit relative to cost, placing it in the top three of 23 SUD models analyzed (Washington State Institute for Public Policy, 2018). Moreover, implementation has been sustained over time, long after formal rollouts ceased; see, for example, updates from the National Institute on Drug Abuse Clinical Trials Network (Hien et al., 2020) and the Los Angeles County Department of Mental Health (Rodriguez et al., 2018). In the latter, Seeking Safety was the second most adopted among the six models offered to the 59 treatment agencies and was sustained by 83% of agencies that had adopted it (Rodriguez et al., 2018).

Various studies that have evaluated Seeking Safety delivered in groups have reported positive results (Boden et al., 2012); Gatz et al., 2007; Lynch et al., 2012; Tripodi et al., 2019; Wolff et al., 2015; Zlotnick et al., 2009; Crisanti et al., 2019). The study by Crisanti and colleagues is particularly noteworthy as it was an RCT that compared Seeking Safety

delivered by peers versus licensed clinicians, finding equally strong outcomes in both. In general, positive findings have been found for trauma-related symptoms, substance use, and coping. For detailed empirical reviews of the model see Hien et al. (2019), Lenz et al. (2016); Najavits and Hien (2013), and Sherman et al. (2023).

It is also notable that Seeking Safety has been studied and successfully implemented for many years in community-based studies of vulnerable populations that have typically been excluded from the majority of the trauma/PTSD treatment outcome studies, including homeless clients, those in criminal justice settings, clients with current domestic violence, and those who are severely/persistently mentally ill (e.g., psychotic), currently suicidal, or have severe personality disorders (Najavits et al., 2020) or non-substance addictions such as gambling (Najavits et al., 2023). The model has also shown positive results and strong client satisfaction across a diverse range of clients both in research studies and clinical implementation, including various ethnicities, races, genders, ages, and types of trauma and addiction. Studies have been conducted with both adolescents and adults; across genders; in inpatient, outpatient, residential, correctional care, and military/veteran settings; facilitated by both clinical and nonclinical staff, with clients with SUD and other addictions such as problem gambling; and across a wide range of traumas (e.g., child abuse, domestic violence, combat). The studies have very strong geographic and minority representation, including studies (current and/or past) in North America, Europe, the Middle East, Asia, Australia, and New Zealand, and including marginalized populations such as indigenous, deaf, and transgendered individuals. For a detailed description of study samples and settings, see the comprehensive review by Najavits and Hien (2013).

There are gaps, however, in the evidence base, that future studies can address. For example, there has been no study as yet that directly compared group versus individual delivery. There has also been no study of Seeking Safety conducted as self-help, even though some clients are known to use it in this way. Other topics of interest would be analyses based on type of trauma and/or type of addiction.

Indications and Contraindications for Group Membership

Seeking Safety is explicit in identifying that groups can include *anyone* and can be of any size. That being said, the clinician needs to identify participants who are amenable for group modality per se (e.g., not so psychotic or violent that they would disrupt the group). And if a serious problem arises, the client can be removed (Najavits, 2009). Clients can join Seeking Safety even in the absence of trauma or addiction symptoms because the model teaches coping skills that are broad enough to apply to any mental health or life issue (depression, anxiety, grief, stress, isolation, lack of self-care, self-injury, etc.). For example, the topics Asking for Help, Healing from Anger, and Self-Nurturing, are face-valid to both clients and counselors in clinical settings in which clients are often heterogeneous, and groups are often not diagnostically based. Also, the fact that the model explicitly eschews detailed trauma/addiction narratives makes it feasible and relevant across groups of all kinds in real-world practice.

The model has been conducted with a wide range of group sizes (sometimes up to 40 people). Clinicians decide on size based on the setting and client needs. The one key change for large groups is that the session check-in and check-out are done in a modified way, but all else remains the same. In clinical practice, large groups can be a way to address the high

demand for care and the need to lower costs (more clients per session reduces labor costs). Research studies have typically had more limited group size (up to 12 people), as they are more focused on study feasibility (moving people through protocol quickly) and are less focused on cost, as they do not rely on insurance reimbursement.

The broad parameters for Seeking Safety in clinical practice stem from its strong public health orientation and flexibility, which were designed to provide access even in low-resource settings. For example, groups can be conducted by a single leader, which also reduces barriers to implementation (co-leading is an option but is not required).

Some settings create their own inclusion or exclusion criteria for Seeking Safety groups. Some specify that all clients must have trauma symptoms and SUD or that they need to be in a particular phase of recovery (e.g., all in early recovery or all abstinent for a certain length of time). However, such implementation is not part of the model per se. Seeking Safety was explicitly designed for all, including those with current active addiction and those with sustained recovery. The analogy is that when people attend 12-step groups, for example, they encounter people who drank that morning as well as people who have been sober for 25 years, and engagement with this broad array of people can be highly therapeutic. In general, when we train providers, we make clear that it is important to respect each program's policies and philosophies, and that the model can adapt to any of these.

It appears that Seeking Safety has been popular as a group modality in part because of such flexibility. It is also the case that group treatment is less expensive than individual treatment, which is especially important in addiction treatment settings that are often underresourced and have a lower-credentialed workforce than mental health settings. Group modality is a strong suit of Seeking Safety, most of all, perhaps, because it allows a direct focus on trauma in each and every session, but without delving into trauma narratives (the latter is very challenging to do in groups and not typically done).

Conducting a Seeking Safety Group Session: A Step-by-Step Guide

Preparation

For routine clinical care, facilitators are advised to start by reading the first two chapters of the Seeking Safety manual (Najavits, 2002); they don't have to read the entire manual before trying it out with clients. They can then keep trying a new topic each session. Training, supervision, and certification are available but not required, as the model has been found to be extremely safe across over 30 years of practice.

However, research studies that plan to make their results public have specific requirements for all study facilitators. This includes formal training, fidelity monitoring, and certification in conducting it prior to actual study sessions. These ensure that the research reflects the model as intended.

The facilitator (and/or the agency) should consider whether to offer the group as open or closed; for a single gender or all genders; with a single leader or co-led; and in person or virtually. They should determine the number of participants; the number of sessions (if doing a closed group); the length of sessions; how participants will be selected; whether urinalysis or other addiction screening will be a part of treatment; in what manner the *Introduction to Treatment and Case Management* will be conducted (see next section for

more on this); how topics will be selected; whether a pre–post measure will be used; and any necessary cross-training.

Initial Orientation Session

The first topic, *Introduction to Treatment and Case Management*, is an orientation to the Seeking Safety approach and includes a detailed guide for addressing clients' case management needs (e.g., housing, domestic violence, parenting, education, vocational counseling). Clients also sign a treatment agreement and receive practical treatment information such as what to do in case of emergency.

This is ideally conducted individually, prior to joining a group, to help clients learn about the model, identify symptoms and unsafe behaviors, and set case management goals. For open groups, this is especially helpful to allow new participants to "hit the ground running" versus using valuable group time orienting newcomers to the process. If individual pregroup sessions are not feasible, this topic can also be conducted with a subgroup of new incoming clients or with the entire group as the first session.

Application for Those without Trauma and/or Addiction Issues

For clients who do not have trauma and/or addiction issues, it is important to highlight that coping skills are applied broadly to other diagnoses and unsafe behaviors as well. A client who had a depressive disorder and engages in self-harm, for example, can apply the skills to those. If clients have no PTSD or substance abuse, they are guided to ignore those terms in the handouts but still make use of the coping skills.

Topic Selection and Handout Distribution

Each of the 25 topics comprises a facilitator guide and reproducible handouts to be given to the clients. Before conducting each session, the facilitator prepares for the session by reading this guide, which includes an orientation to the topic, ways to relate the material to patients' lives, suggestions, challenges ("tough cases") to prepare for, and discussion questions.

The client handouts are shared by photocopying them from the paperback manual or sharing them electronically from the ebook version (Seeking Safety has been implemented both in person and via telehealth). The topics can be conducted in any order, and sometimes clients are invited to participate in the selection of topics, which can increase engagement. Topics that are good to do early on, if possible, are *Safety; PTSD: Taking Back Your Power; When Substances Control You; Detaching from Emotional Pain (Grounding); Asking for Help; Healing from Anger;* and *Taking Good Care of Yourself.*

Session Structure

The sessions follow a structured format, which becomes a predictable rhythm. This is comforting for clients who have had tremendous chaos in their lives. It also serves to keep time productive and counteract the disorganization that often characterizes both trauma and addiction. The format is described briefly here (from Najavits, 2002, p. 54) and in detail within the first two chapters of the manual:

1. **Check-In.** The goal of the check-in is to find out how clients are doing (up to 5 minutes per client). Clients report on five questions: Since the last session, (a) *How are you feeling?;* (b) *What good coping have you done?;* (c) *Any substance use or other unsafe behavior?;* (d) *Did you complete your commitment?;* and (e) *Community resource update?* Note: a "commitment" is homework, which may be a written assignment or any specific action step that promotes recovery (e.g., block your drug dealer's phone number; practice calling a hotline). The commitment does not have to relate to the session topic; clients can choose any commitment they believe will help them.

2. **Quotation.** The quotation is a brief device to help emotionally engage clients in the session (up to 2 minutes). A client reads the quotation out loud. The clinician asks, "What is the main point of the quotation?" and links it to the topic of the session.

3. **Relate the Topic to Clients' Lives.** The clinician and/or client select any of the 25 treatment topics (see Table 10.1) that feels most relevant. This is the heart of the session, with the goal of meaningfully connecting the topic to clients' experience (typically 30–40 minutes). Clients look through the handout for a few minutes, which may be accompanied by the clinician summarizing key points (e.g., for clients who are cognitively impaired). Clients are asked what they most relate to in the material, and the rest of the time is devoted to addressing the topic in relation to specific and current issues in clients' lives. Each topic represents a safe coping skill, so intensive rehearsal of the skill is strongly emphasized.

4. **Check-Out.** The goal is to reinforce clients' progress and provide feedback on the session (a few minutes per client). There are three questions: (a) *Name one thing you got out of today's session (and any problems with the session);* (b) *What is your new commitment?;* and (c) *What community resource will you call?*

Model Flexibility

While there is structure, there is also a lot of flexibility built into the model. The frequency and length of Seeking Safety is variable. It may be conducted on a weekly, biweekly, or even daily basis, such as in a day program. The length of the sessions can also vary, typically ranging from 45 minutes to 2 hours. For group modality, co-leading is possible but not required. The model lends itself readily both to telehealth and to in-person delivery. As the model stays in the present (rather than asking clients to describe their detailed trauma/addiction narrative), it prevents some of the challenges and safety concerns of trauma treatment conducted in telehealth format, especially in group modality. Trauma and addiction are still directly explored in each session, but in terms of current impact. Clients can directly name their trauma and addiction, but the model encourages "headlines, not details." In these ways, groups are kept safe from triggering, dissociation, and emotional dysregulation that can destabilize clients and lead to further unsafe behavior.

Obtaining Feedback

The *End-of-Session Questionnaire* and *End-of-Treatment Questionnaire* (as well as the session check-out) directly elicit client feedback that can be used to adapt the treatment if

needed. With practice and client input, the treatment can be customized to the facilitator's style, clients' culture, and unique setting needs.

Case Example

Program Description

Seeking Safety groups have become a staple at a large counseling practice in Portland, Oregon, conducted by the second author (S. K.) of this chapter, who is a licensed mental health therapist and certified addiction counselor. Providers from the practice, as well as community services, refer their clients to one of several Seeking Safety group options: an adult women's group, an adult men's group, an adult transgender/nonbinary group (although participants can select the gender group they prefer), and an adolescent all-gender group. While Seeking Safety groups can be facilitated as open or closed, single- or all-gender, over the course of a few sessions or many, these particular groups in the counseling practice in Oregon are conducted as closed, 10-session gender-specific groups.

Initial Individual Session

Although not required by the model, when clients are referred to group, an individual meeting is set up with the group facilitator to obtain basic information about the client's trauma history, symptoms, and unsafe behaviors. During this initial meeting, the topic *Introduction to Treatment and Case Management* is covered to orient the client to the approach, establish case management goals, and complete the treatment agreement.

Group Composition

In this case example, we focus on the adult women's group. The clients in this group are diverse in age (young adults to senior citizens) and ethnicity. Some have worked on trauma and addiction for many years, while others are just learning what these are. Some have private insurance; others are on public assistance. All have a trauma history, and some have a formal diagnosis of PTSD. Approximately one-third have current SUD, one-third are in sustained remission, and one-third have no substance abuse issues but have other unsafe behaviors such as self-harm, gambling, overeating, suicidality, or isolating. Some have comorbid disorders, including mood, anxiety, and/or personality disorders; many have life stressors such as divorce, legal problems, or grief.

Amid this breadth of participants, there is a common thread of suffering. There are survivors of child abuse, rape, domestic violence, and medical trauma. Most have experienced multiple types of trauma over their lifetime. While they do not socialize together, there is a shared mission—"We want to feel better."

First Group Session: Safety

Although the 25 topics of Seeking Safety can be conducted in any order, this group starts with the key topic *Safety*. Clients are introduced to the central focus of the treatment—safe versus unsafe coping. Initially, clients have trouble identifying what is safe and what is dangerous in their current behavior, but over the course of the treatment, they become better

equipped to discern the difference. The list of over 80 safe coping skills is rehearsed and applied to a wide range of current, specific, important client problems.

Second Group Session: PTSD: Taking Back Your Power

The second session focuses on the topic *PTSD: Taking Back Your Power*. Clients are provided with psychoeducation about PTSD, its relationship to addiction, and the ways that people recover. The phrase "that happened to me, too" is used repeatedly by group members as a bond develops. The therapist listens more than talks, and clients have a chance to share with each other what they have found to be most conducive to their healing.

The therapist poses a question about how their trauma relates to their unsafe behaviors. One shares that she uses drugs to sleep; another says that she began overeating in an attempt to ward off her childhood abuser (it didn't work) and now is morbidly obese; one explains that she grew up in a home with alcoholic parents and thus doesn't know another way to cope with stress; another says that cutting has been a way to stop the intrusive recollections. A conclusion is formed that if they are going to recover from trauma and stop these unsafe behaviors, they must work on them concurrently because of this interrelationship.

Third Group Session: Grounding

The third session focuses on *Detaching from Emotional Pain (Grounding)*. The grounding script from the manual is read to introduce the skill. Distress levels are rated before and after the demonstration, and all but one person's rating decreased. This becomes a powerful experiential exercise: Clients learn that they can shift away from unwanted memories, decrease distress, or become more present when dissociating, without engaging in substance use or other unsafe behavior.

Remaining Sessions

At this point, clients are given a list of the Seeking Safety topics and invited to share which ones interest them. This empowers clients and fosters a sense of self-directed care. The therapist uses the feedback to help select future topics, which are *Healing from Anger, Recovery Thinking, Coping with Triggers, Taking Good Care of Yourself, Setting Boundaries in Relationships* and *Asking for Help.* (As part of other groups and treatment, however, the therapist uses all topics in her work.) See Najavits (2004) for additional Seeking Safety implementation examples.

Final Session: Termination

In the final session, *Termination*, the women are praised for their courage, feedback is obtained using the End-of-Treatment Questionnaire, and each participant is presented with a Certificate of Achievement for completing the group. The certificate is received with great joy, as if earning a college degree. Some express a desire to continue in the work and are referred to another group facilitated by the same therapist using the book *Finding Your Best Self* (Najavits, 2019). The latter is a new model on trauma and addiction whose content is complementary but distinct from Seeking Safety (it was designed for self-help and/or can be conducted by family or friends of the client, as well as by professionals).

One client shares this parting thought: "I have valued you all so much and looked forward to group each week. I felt so much compassion toward you all. I realized that you all are dealing with the same struggles that I am dealing with and yet I am so hard on myself. This group helped me to begin extending that same grace toward myself. Thanks for being my stepping-stone in learning to do that."

Emotional Challenges

Clients are often nervous when attending the initial appointment, with fears that the therapist will ask them to relive details about the worst moments of their lives (something they spend a lot of their energy trying not to do). Clients are reassured at the start of the appointment that Seeking Safety is a present-focused treatment, and that the focus will be on current symptoms and coping skills, not past details.

The first session is the most difficult group session for clients, because they may be concerned about who will be there and what the treatment will be like. Avoidance is a hallmark of PTSD; thus, clients tend to avoid activities that cause them to face trauma. Secrecy is a hallmark of addiction; thus, clients tend to shy away from activities that cause them to face their addiction. There are typically some "no-shows" for the introductory individual session and first group. For those who do attend, a similar sentiment is shared: "I almost didn't come." Often by the end of the group, another sentiment is shared: "I'm glad I came. I learned I'm not alone."

When first answering the check-in questions, some clients say, "What good coping have I done? None." This is a misconception, but they believe it to be true. After receiving the list of over 80 safe coping skills, they discover that they are using far more coping skills than they had realized. Early on in treatment, clients report only the most obvious unsafe behaviors during check-in, such as substance abuse, physical aggression, and restrictive or binge eating. But over time, they begin to notice and report other unsafe behaviors, such as saying "yes" when they wanted to say "no," having contact with toxic people, and beating themselves up emotionally.

Despite the present-focused stabilization approach, some clients may still become triggered. For example, the client whose distress increased during the grounding demonstration shared that she became triggered by counting items in the room, as she did this when she was held in captivity during her trauma. Validation is offered, and the client is encouraged to learn that there are endless ways to do grounding; the handouts, too, provide tips for what to do when grounding doesn't work. One of the safe coping skills from the treatment says, "If one way doesn't work, try another." Seeking Safety does not promote one narrow path to healing and recovery, but rather supports the idea that there are many roads, one journey.

Conclusion

1. Seeking Safety is a prominent, evidence-based model for group, as well as individual, treatment of trauma. It was designed from the start for both modalities.
2. The model focuses on coping skills in the present. It has *safety* as its primary goal: helping clients reduce harm from trauma and/or addiction, as well as promoting interpersonal safety in the room during sessions (including attention to counselor processes to promote engagement and positive interactions).

3. It can be used broadly with any client who needs increased coping skills, even in the absence of a trauma or addiction history.
4. It has achieved widespread implementation and positive outcome results across all levels of research trials, including by independent investigators.
5. The model has broad flexibility across all types of traumas and addictions, and can be implemented at any level of care by any provider, as well as by peers and paraprofessionals. It can be conducted as telehealth or in person. Session topics can be done in any order, and session dosage can adapt to the setting. This flexibility is part of its public health orientation, which is designed to reduce barriers to access.
6. It is notable for achieving strong satisfaction across highly diverse patient samples, in terms of trauma and addiction types, as well as age, race, ethnicity, and gender. Using examples and language relevant to specific populations is highly encouraged.
7. Future research would benefit from a direct comparison of individual versus group modality outcomes. Also, it would be exciting to see studies that address use of the model as self-help and telehealth versus in-person outcomes.

Anyone interested in learning more about the model can consider the following:

- Obtain the *Seeking Safety* book (e-book or paperback) and/or look through the Seeking Safety website (*www.seekingsafety.org*), which provides many free, downloadable resources, including sample chapters from the *Seeking Safety* book, fidelity scales, research articles, and implementation guides.
- Try out a session and obtain clients' feedback using the End-of-Session Questionnaire in Chapter 2 of the *Seeking Safety* book.
- If training is desired, it is available in many different ways, as described on the Seeking Safety website, including monthly webinars open to anyone. Training and fidelity monitoring are only required for research trials but they can also be helpful in routine clinical practice.

References

Back, S. E., Foa, E. B., Killeen, T. K., Mills, K. L., Teesson, M., Dansky Cotton, B., . . . Brady, K. T. (2015). *Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE): Therapist guide*. Oxford University Press.

Boden, M. T., Kimerling, R., Jacobs-Lentz, J., Bowman, D., Weaver, C., Carney, D., . . . Trafton, J. A. (2012). Seeking Safety treatment for male veterans with a substance use disorder and PTSD symptomatology. *Addiction, 107,* 578–586.

Crisanti, A. S., Murray-Krezan, C., Reno, J., & Killough, C. (2019). Effectiveness of peer-delivered trauma treatment in a rural community: A randomized non-inferiority trial. *Community Mental Health Journal, 55*(7), 1125–1134.

Foa, E. B. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences.* Oxford University Press.

Gatz, M., Brown, V., Hennigan, K., Rechberger, E., O'Keefe, M., Rose, T., & Bjelajac, P. (2007). Effectiveness of an integrated, trauma-informed approach to treating women with co-occurring disorders and histories of trauma: The Los Angeles site experience. *Journal of Community Psychology, 35,* 863–878.

Herman, J. L. (1992). *Trauma and recovery.* Basic Books.

Hien, D., Kropp, F., Wells, E. A., Campbell, A., Hatch-Maillette, M., Hodgkins, C., . . . Nunes, E. V. (2020). The "Women and Trauma" study and its national impact on advancing trauma specific approaches in community substance use treatment and research. *Journal of Substance Abuse Treatment, 112,* 12–17.

Lenz, A. S., Henesy, R., & Callender, K. (2016). Effectiveness of Seeking Safety for co-occurring posttraumatic stress disorder and substance use. *Journal of Counseling and Development, 94*(1), 51–61.

Litt, L., Cohen, L. R., & Hien, D. (2019). Seeking Safety: A present-focused integrated treatment for PTSD and substance use disorders. In A. A. Vujanovic & S. E. Back (Eds.), *Posttraumatic stress and substance use disorders*. Routledge.

Lynch, S. M., Heath, N. M., Mathews, K. C., & Cepeda, G. J. (2012). Seeking Safety: An intervention for trauma-exposed incarcerated women? *Journal of Trauma and Dissociation, 13*(1), 88–101.

Marlatt, G. A., & Gordon, J. R. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. Guilford Press.

Najavits, L. M. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse*. Guilford Press.

Najavits L. M. (2004). Implementing Seeking Safety therapy for PTSD and substance abuse: Clinical guidelines. *Alcoholism Treatment Quarterly, 22,* 43–62.

Najavits, L. M. (2009). Seeking Safety: An implementation guide. In A. Rubin & D. W. Springer (Eds.), *The clinician's guide to evidence-based practice* (pp. 311–347). Wiley.

Najavits, L.M. (2019). *Finding your best self: Recovery from addiction, trauma, or both* (2nd ed.). Guilford Press.

Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., . . . Zweben, J. E. (2020). PTSD/substance use disorder comorbidity: Treatment options and public health needs. *Current Treatment Options in Psychiatry, 7*(4), 544–558.

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.

Najavits, L. M., Ledgerwood, D. M., & Afifi, T. O. (2023). A randomized controlled trial for gambling disorder and PTSD: Seeking safety and CBT. *Journal of Gambling Studies*, 1–20.

Rodriguez, A., Lau, A. S., Wright, B., Regan, J., & Brookman-Frazee, L. (2018). Mixed-method analysis of program leader perspectives on the sustainment of multiple child evidence-based practices in a system-driven implementation. *Implementation Science, 13*(1), Article 44.

Sherman, A., Balthazar, M., Zhang, W., Febres-Cordero, S., Clark, K., Klepper, M., . . . Kelly, U. (2023). Seeking Safety intervention for comorbid posttraumatic stress and substance use disorder: A meta-analysis. *Brain and Behavior.* [Epub ahead of print]

Tripodi, S. J., Mennicke, A. M., McCarter, S. A., & Ropes, K. (2019). Evaluating Seeking Safety for women in prison: A randomized controlled trial. *Research on Social Work Practice, 29*(3), 281–290.

Washington State Institute for Public Policy. (2018, April 28). *Benefit–cost results: Substance use disorders—Seeking safety.* Retrieved from *www.wsipp.wa.gov/BenefitCost/Program/307*

Wolff, N., Huening, J., Shi, J., Frueh, B. C., Hoover, D. R., & McHugo, G. (2015). Implementation and effectiveness of integrated trauma and addiction treatment for incarcerated men. *Journal of Anxiety Disorders, 30,* 66–80.

Zlotnick, C., Johnson, J., & Najavits, L. M. (2009). Randomized controlled pilot study of cognitive-behavioral therapy in a sample of incarcerated women with substance use disorder and PTSD. *Behavior Therapy, 40*(4), 325–336.