



**INDIVIDUAL PRESENTATION PROPOSAL**  
**2004 APA Annual Convention**

*Proposal ID: ind22460*

**1. Title of presentation:** Integrating Seeking Safety into Substance Abuse Treatment Programs

First index term: 65 Substance Abuse

Second index term: 7 Clinical/Counseling/Consulting

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**4. Accommodation request:** None

**5. Preferred mode of presentation:** Poster Session

**6. Special equipment will be used in presentation:** None

**7. Summary to be posted on the APA Web site:** Yes

**8. Division to submit this proposal:** 50 - Addictions

## **Integrating Seeking Safety into Substance Abuse Treatment Programs**

Clients with co-occurring mental health and substance abuse disorders have recently received much attention and manualized interventions addressing this interaction have become available. Seeking Safety (Najavits, 2002) is an example of a twenty-five session manualized intervention that addresses the interaction between PTSD and substance use disorders. Eight substance abuse treatment agencies in the Tampa Bay area implemented this intervention as a part of their involvement with the Tampa Practice Improvement Collaborative (Tampa PIC). This investigation describes the client populations served and evaluated changes in symptom states that occurred during their course of treatment.

**Method.** Data were collected from 220 females enrolled in substance abuse treatment in community based settings who participated in Seeking Safety group intervention. Counselors asked participants to complete self-report questionnaires at (approximately) two month intervals throughout the course of treatment. Repeated measures were completed on two or more occasions by 99 clients; this sample is analyzed below.

### **Measures.**

**Posttraumatic Stress Diagnostic Scale (PTSDS; Foa, Cashman, Jaycox, & Perry, 1997).** The PTSDS is a self-report measure that provides an indication of PTSD diagnosis based on criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994). Foa et al. (1997) demonstrated that the PTSDS has high internal consistency, test-retest reliability, sensitivity, and specificity with traumatized populations. The measure has also been shown to have high diagnostic agreement with the PTSD module of the Structured Clinical Interview for DSM-III-R (SCID; Williams et al., 1992).

**Brief Symptom Inventory (BSI; Derogatis, 1993).** The BSI is a 53-item abbreviated form of the Symptom Checklist-90 (SCL-90) that was designed to assess a variety of common psychological symptoms. The measure taps nine primary symptom dimensions and has been used as a psychiatric outcome measure (Piersma, Reaume, & Boes, 1994).

**Trauma Symptom Checklist (TSC-40; Briere & Runtz, 1989).** The TSC-40 is a forty-item measure that was designed to evaluate adult symptomatology associated with childhood or adult traumatic experiences. It has been found to have good psychometric properties in a range of sample, including clients receiving mental health and substance abuse treatment (Dunn, Ryan, & Dunn, 1994; Roesler & Dafler, 1993).

**TCU Drug Screen II (TCUDS II).** The TCUDS II is a screening instrument used to identify individuals with a history of heavy drug use. The measure was based on the DSM-IV and the NIMH Diagnostic Interview Schedule (DIS). Several studies have demonstrated its reliability and validity in criminal justice settings (Knight, Simpson, & Hiller, 2002; Peters et al., 2000).

### **Results.**

**Demographics.** Subjects averaged 36.67 years-of-age. Participants were mostly Caucasian (47%) or African-American (38%), though Hispanics (9%), Native Americans (3%), and other ethnicities (3%) were also represented. Only 9% of participants reported being married, though 80% reported being mothers. Of this group, 35% reported having had their parental rights terminated, and 86% of

these terminations were reportedly due to the mother's substance abuse history.

**Drug Use.** Most of the subjects (69%) reported problematic use of multiple substances. Twenty-six percent reported daily alcohol use during the 12 months prior to entering treatment, 16% daily marijuana use, 30% crack use, 11% daily powdered cocaine use, and 6% daily injection drug use.

**Treatment History.** Seventy-seven percent of subjects reported a prior history of substance abuse treatment (averaging 7.2 months in treatment during the past 5 years). The sample was predominantly comprised of persons reporting having experienced "significant" trauma (88%); 38% reported previously receiving treatment from trauma or abuse. Forty percent reported receiving psychiatric medication, and 27% reported receiving case management. When subject were asked about known psychiatric diagnoses, 35% of clients reported having been diagnosed with major depression, followed by bipolar I or II (19%), posttraumatic stress disorder (16%), or other anxiety disorder (15%).

**Changes in Mental Health Symptoms.** To test for significant improvements in symptomatology during treatment, subject's initial scores on the first mental health measures that they completed were compared to the scores obtained at their most distant data point. The average interval between these repeated measurements was 106 days, or about 3.5 months. Clients evidenced significant improvements on the overall TSC-40 index ( $t(96)=3.57, p=.001$ ). Scores on five of the six TSC subscales also decreased significantly, including dissociation ( $t(97)=2.37, p=.020$ ), anxiety ( $t(97)=2.31, p=.022$ ), depression ( $t(97)=4.00, p=.001$ ), sexual abuse trauma index ( $t(96)=2.41, p=.018$ ), and sleep disturbances ( $t(97)=3.648, p=.001$ ). Additionally, the patterns of these means decreased steadily over time for participants who completed more than two measures, indicating steady improvements throughout treatment.

All three of the global BSI scales and 6 of the 9 subscales decreased significantly from the initial to final measurement. Participants evidenced significant improvements on the Global Severity Index ( $t(96)=2.93, p=.004$ ), the Positive Symptom Total ( $t(98)=2.14, p=.035$ ), and the Positive Symptom Distress Index ( $t(92)=3.375, p=.001$ ). On the individual BSI subscales, subjects demonstrated significant improvements in obsessive compulsive symptoms ( $t(96)=3.35, p=.001$ ), interpersonal sensitivity ( $t(94)=2.58, p=.011$ ), depression ( $t(97)=3.03, p=.003$ ), anxiety ( $t(97)=2.62, p=.010$ ), paranoid ideation ( $t(96)=3.34, p=.001$ ), and psychoticism ( $t(98)=2.89, p=.005$ ). As with the BSI scale scores, most means decreased steadily over time.

Last, self-reported responses to the PTDS indicated that the vast majority of clients who were initially meeting criteria for PTSD were no longer doing so by the time they completed the last measure. While 31 out of 99 (31%) clients met criteria for a PTSD diagnosis upon their initial measurement point, only 8 (26%) of these 31 clients still met criteria upon completion of their final questionnaire.

**Discussion.** Findings indicate that attending weekly Seeking Safety groups integrated within a substance abuse treatment program resulted in significant improvements across a variety of mental health symptoms commonly associated with the experience of severe trauma. Though rates of trauma experience were high, only 16% reported having ever been diagnosed with as having a posttraumatic stress disorder. A self-report measure (PTDS) indicated that 31 subjects met criteria for PTSD at their initial data point; only 8 subjects who initially met this criterion did so at the time

of final self-report. Results encourage the use of Seeking Safety in the context of substance abuse treatment.