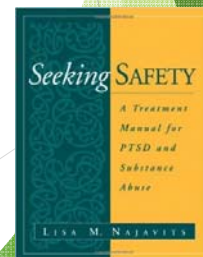


Seeking Safety

Implementing Integrated Treatment for Trauma and Addiction in Forensic Populations

Ryan Sanft, LCSW
Director, Impression Healthcare Services, Inc.
41st Annual Forensic Mental Health Conference
March 16-18, 2016
Monterey, CA

Please do not cite contents of this presentation without permission of its author

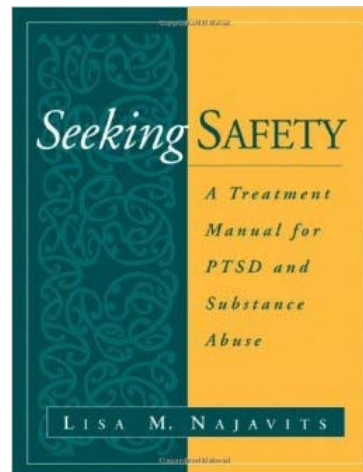


Acknowledgements and Disclosures

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government, Federal Bureau of Prisons, or United States Pretrial or Probation Services.

THE BUY IN

"you should choose Seeking Safety"



3

Co-occurrence of PTSD and Substance Abuse

Co-occurring disorders are the rule rather than the exception.

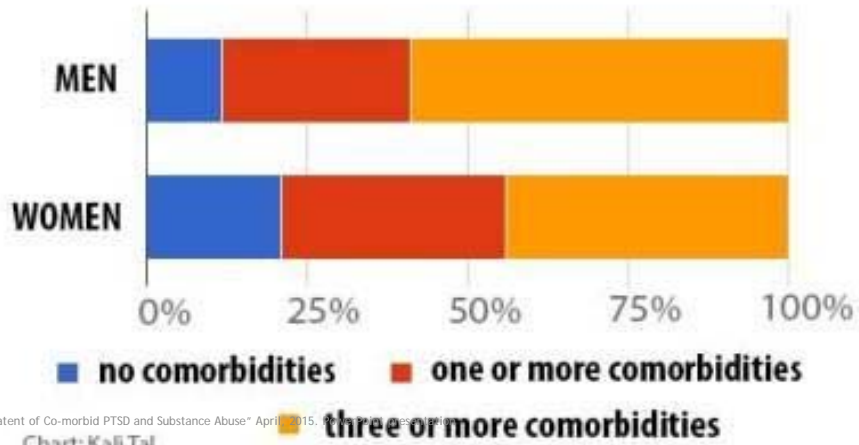
(SAMHSA, 2002)



Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Figure 1

COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD



Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Chart: Kalli Tal

Co-occurrence of PTSD and Substance Abuse

National Comorbidity Survey

Among those with PTSD:

	Male	Female
Alcohol Abuse/ Dependence	51.9%	27.9%
Drug Abuse/ Dependence	34.5%	26.9%

Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Kessler et al., 1995

Co-occurrence of PTSD and Substance Abuse

- ▶ PTSD and substance abuse co-occur at a high rate
 - ▶ 20-40% of people with PTSD also have SUDs (SAMHSA, 2007)
 - ▶ 40-60% of people with SUDs have PTSD
- ▶ Among people with PTSD, 52% of men and 28% of women develop an Alcohol Use Disorder (Najavits, 2007)

PTSD, ALCOHOL AND DRUG ABUSE

While alcohol and drug use by active members of the military has gone down over the past 30 years, studies suggest that it may be rising among veterans with PTSD.

Up To 80% of Vietnam veterans seeking PTSD treatment abuse alcohol.

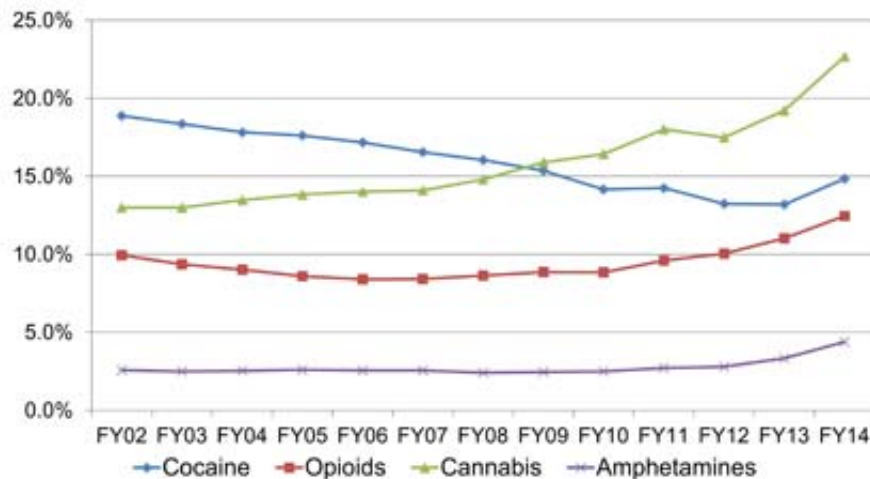
4x Adolescents with PTSD are 4 times more likely than adolescents without PTSD to experience alcohol abuse or dependence.

6x 6 times more likely to experience marijuana abuse or dependence.

9x And 9 times more likely to experience hard drug abuse or dependence.

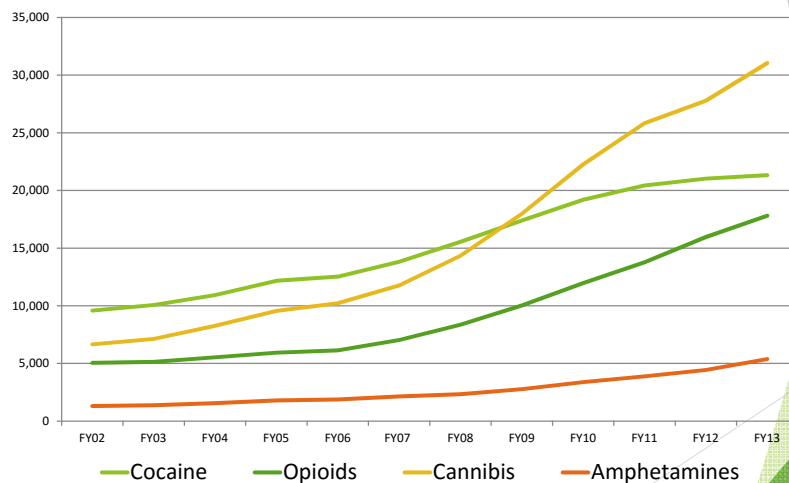
Meyer, B.L. "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Trends in Rates of Past-Year SUD Diagnoses by Drug among Veterans with PTSD & SUD Diagnoses Treated in VA Health Care



Veterans Health Administration, 2015

VHA Trends in Diagnoses by Drug for Veterans with PTSD and SUD



Why Should We Treat Co-Occurring Disorders Integratively?

- ▶ PTSD does not go away with abstinence; in fact, it may get *worse*, at least initially
- ▶ Improvement in PTSD symptoms does not bring about abstinence from substance use
- ▶ Even if substance abuse began as self-medication, it takes on a life of its own
- ▶ Separate treatment is usually uncoordinated and at worst countertherapeutic
- ▶ Integrated treatment leads to better outcomes

Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

The Importance of Integrated Treatment for PTSD and SUDs

- ▶ Treating one disorder without treating the other is ineffective
- ▶ Sequential treatment (usually SUD first) is ineffective
- ▶ Fully integrated treatment is optimal
- ▶ Simultaneous treatment is next best



Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Complex Trauma and Substance Abuse

- ▶ People with complex trauma are likely to abuse substances
- ▶ Criterion A of DESNOS:
Alterations in regulating affect arousal
 - ▶ Persistent dysphoria
 - ▶ Difficulty modulating anger
 - ▶ Self-injurious behavior
 - ▶ Suicidal preoccupation
 - ▶ Difficulty modulating sexual involvement
 - ▶ Addictive behavior



Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

The Importance of Integrated Treatment for PTSD and SUDs

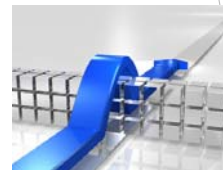


- ▶ Recent evidence on integrated and simultaneous treatment (Hien et al., 2010) suggests:
 - If PTSD symptoms decline, so do SUDs
 - If SUDs decline, PTSD symptoms do not
- ▶ Therefore, *treating substance abuse without treating PTSD will fail*
- ▶ This includes ASAP programs

Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Barriers to Integrated Treatment

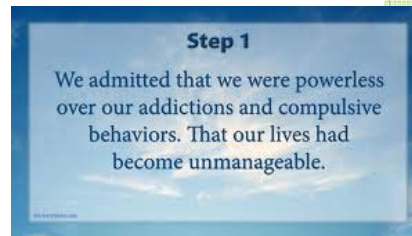
- ▶ Most insurance does not pay for substance abuse treatment
- ▶ Separate payment streams
- ▶ Separate treatment systems
- ▶ Professional training biases
- ▶ Lack of dually trained clinicians



Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

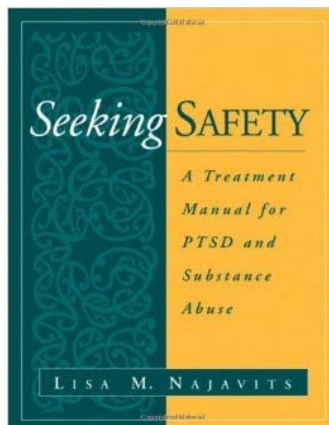
PTSD and Substance Abuse Treatment

- ▶ PTSD symptoms may worsen in the early stages of abstinence
- ▶ Some aspects of 12-Step groups are difficult for some trauma patients
 - ▶ Powerlessness
 - ▶ Higher Power
 - ▶ Issues of forgiveness



Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Seeking Safety



- ▶ 25 lessons on topics that overlap between PTSD and Substance Abuse
 - ▶ Safety Skills
 - ▶ Grounding
 - ▶ Anger
 - ▶ Boundaries
 - ▶ Self-care
 - ▶ Honesty
 - ▶ Compassion

Meyer, B.L.; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

SUMMARY OF EVIDENCE ON SEEKING SAFETY

Seeking Safety is the *only* model thus far that has outperformed controls on both PTSD and substance abuse at end of treatment in randomized and/or controlled trials.

17

Seeking Safety is the only model endorsed by professional societies as having strong research support for PTSD/substance abuse:

Listed as **strong research support** for PTSD with substance use disorder by the Psychotherapy Division of the American Psychological Association

18

Listed as **strong research support for adults** and **modest research support for adolescents** by the Society of Addiction Psychology of the American Psychological Association

19

Listed as **Level A, the highest level of evidence**, by the International Society for Traumatic Stress Studies.

20

Listed as **supported by research evidence for adults** and **promising research evidence for adolescents** by the California Evidence-Based Clearinghouse

21

Listed on the **National Registry of Evidence-Based Practices and Programs** of the Substance Abuse and Mental Health Services Administration [posted there in 2006, and currently undergoing re-review]

22

So what is Seeking Safety?

23

Seeking Safety

Seeking Safety is an evidenced based treatment model that treats the co-occurring diagnosis's of PTSD and Substance Abuse

- ▶ Treatment focuses on both diagnoses
- ▶ Each condition is seen as adversely affecting the other
- ▶ This model creates a balance between exposure to dual treatment issues while avoiding exposure to significant trauma memories

Najavits, L. M., (2002) *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*

24

What is PTSD?

- ▶ PTSD is a mental health condition that can occur after a person has been through a traumatic event.
- ▶ A traumatic event is something terrible and threatening that you see, or that happens to you.
 - ▶ *Sudden and uncontrollable exposure to actual or threatened death, serious injury, or sexual violence.*

25

Defining Trauma

- ▶ A trauma has the following characteristics:
- ▶ *It's a life-threatening event*
- ▶ *It's uncontrollable*
- ▶ *It's sudden*
- ▶ *It's an event you experienced yourself, observed happening to another person, or learned of it happening to someone close to you.*

26

Examples of Traumatic Events

- Combat
- Sexual assault in childhood and adulthood
- Serious Accidents
- Natural disasters
- Sudden death of a loved one
- Witnessing or experiencing violence/physical assault
- Terrorist Attacks

Symptom Clusters of PTSD

1. Re-experiencing Symptoms
2. Arousal Symptoms
3. Avoidance Symptoms

Common Stress Reactions after a Trauma

- Fear or anxiety
 - Feel tense or afraid
 - Be agitated and jumpy
 - Feel on alert
- Sadness or depression
 - Have crying spells
 - Lose interest in things you used to enjoy
 - Isolate
 - Feel tired, empty, and numb

Common Stress Reactions after a Trauma

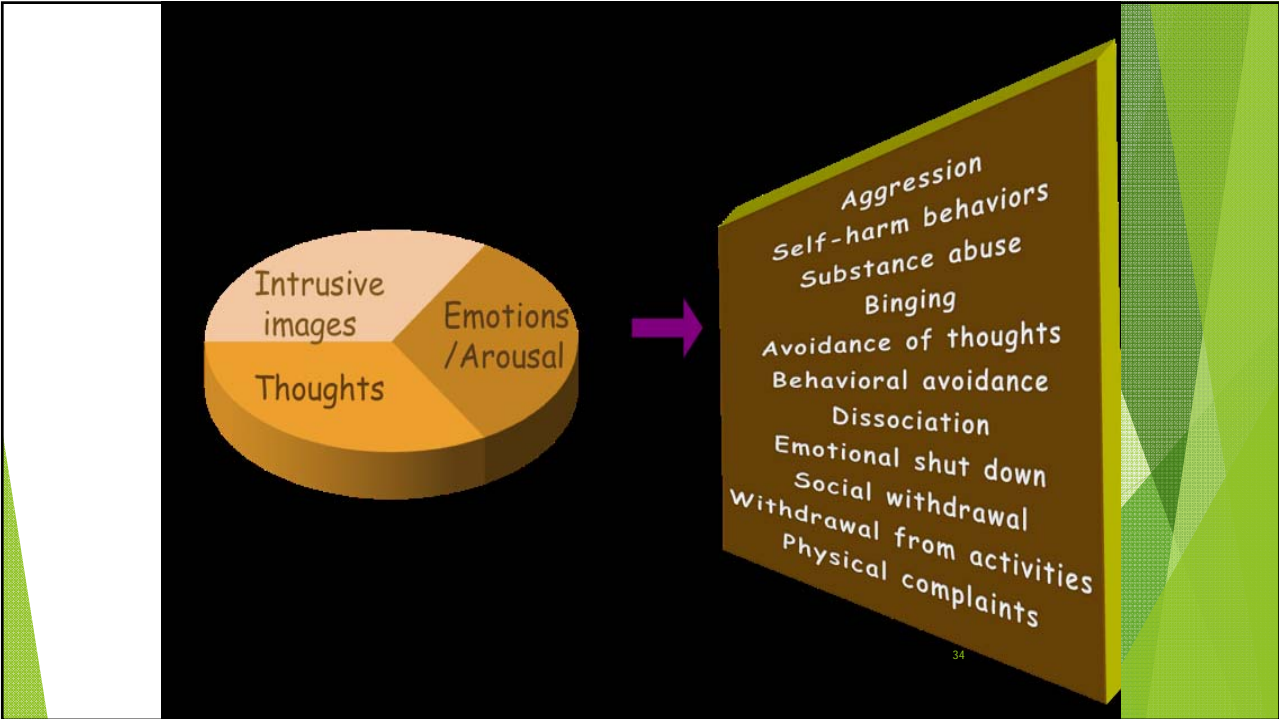
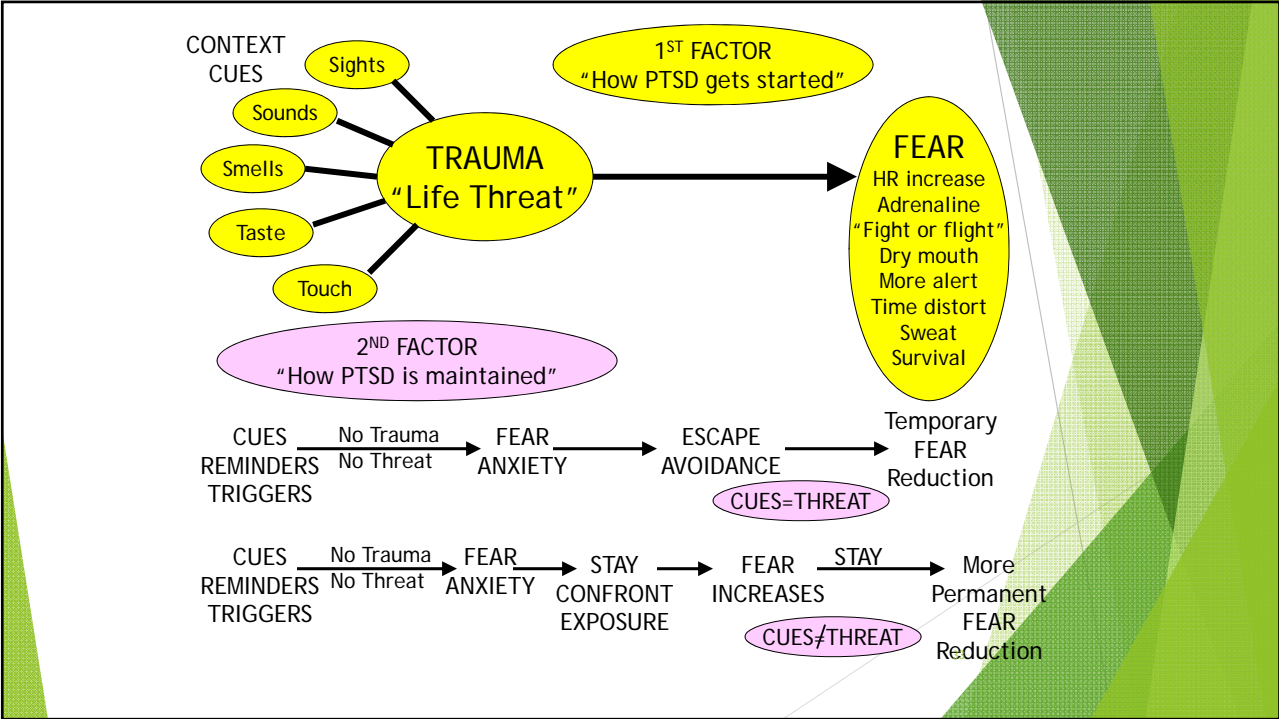
- Guilt and shame
 - Feel responsible for what happened
 - Feel guilty b/c others were injured or killed and you survived
- Anger and irritability
 - Lash out at your partner/spouse
 - Have less patience w/ your children
 - Overreact to small misunderstandings

Common Stress Reactions after a Trauma

- Physical Reactions
 - Stomach upset
 - Trouble sleeping
 - Pounding heart, rapid breathing, feelings edgy
- Behavior Changes
 - Drink alcohol, use drugs, or smoke too much
 - Drive aggressively
 - Neglect your health
 - Avoid certain people or situations
 - Reckless/Risky behavior

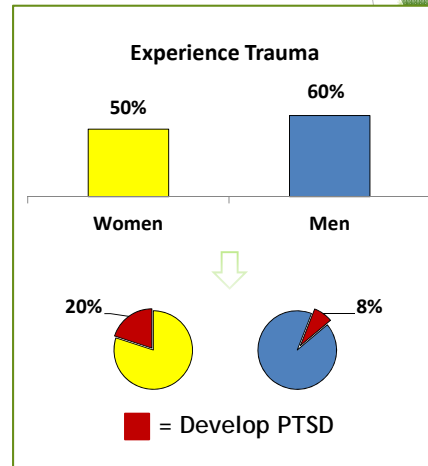
PTSD: Two-Factor Model

- ▶ How does PTSD develop?
- ▶ How is it maintained?

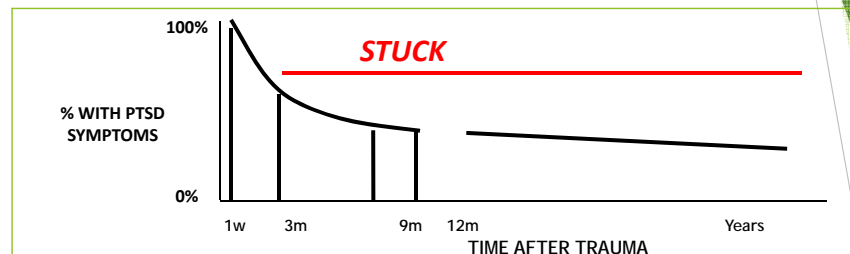


How common is trauma and PTSD?

- ▶ Going through trauma is common.
 - ▶ 50% of women & 60% of men will experience a trauma in their lifetime.
- ▶ Most people who experience trauma do not go on to develop PTSD.
 - ▶ Only 20% of women & 8% of men who experience a trauma will develop PTSD.
- ▶ Facts about PTSD (based on U.S.):
 - ▶ About 7-8% of the general population will have PTSD at some point in their lives.
 - ▶ For some events, like *combat* and *sexual assault*, more people develop PTSD.



When does trauma become PTSD?



- ▶ For some people, symptoms of PTSD may continue to disrupt your life and make it hard to complete your daily activities. You may find it hard just to get through the day.
- ▶ You should seek help if symptoms:
 - ▶ last longer than three months
 - ▶ cause you great distress
 - ▶ disrupt your work or home life

Prevalence of the dual diagnosis of PTSD and Substance Abuse

- ▶ Co-occurring diagnosis of PTSD and Substance Abuse in addiction treatment facilities - 12% - 34%
- ▶ Women in substance treatment - 30% - 59%
- ▶ Men in substance treatment - 11% - 38%

Typically PTSD symptoms preceded the onset of substance abuse.

37

Effects of Substance Use

- ▶ Patients with PTSD/SUD report stronger substance use expectancies for tension reduction
- ▶ Patients with PTSD/SUD report substance use helps to
 - ▶ facilitate social situations
 - ▶ get to sleep
 - ▶ deal with bad dreams and trauma memories
 - ▶ deal with negative emotions
 - ▶ enhance positive emotions

38

Other Challenges

- ▶ Social isolation/alienation/lack of trust in others
- ▶ Feelings of guilt or unworthiness
- ▶ Shrinkage of world
- ▶ Profound fear of own emotions and thoughts
- ▶ Sleep disturbance/nightmares
- ▶ Frightening re-experiencing symptoms
- ▶ Foreshortened sense of the future (why bother)
- ▶ Cognitive rigidity/poor attention capacities when stressed
- ▶ Numb and unable to tap into resources
- ▶ Anger dyscontrol/irritability
- ▶ Trauma anniversaries during first month of treatment
- ▶ Disability/service connection issues (possibly)

39

THE Problem IS

inDifference

40

Treatment Compliance

- ▶ A general study of missed psychiatric appointments (Portland VA) found that those with PTSD and/or a SUD were most likely to miss appointments
- ▶ Most studies of SUD treatment compliance have found that PTSD/SUD comorbidity is associated with poorer compliance

41

How does poor compliance translate


To Forensic Populations?

Incarcerated populations? What is the impact?

Outpatient forensic populations?

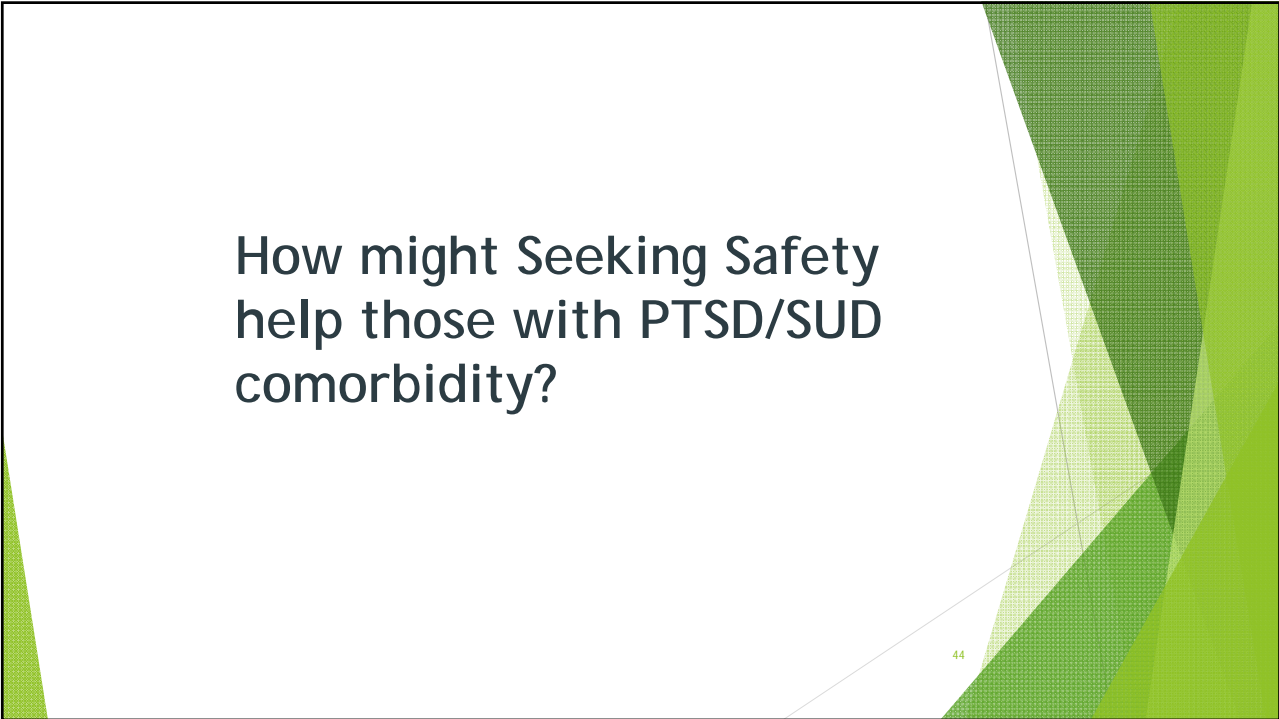
What problems can occur?

42



Why do we see these patterns?

43



How might Seeking Safety help those with PTSD/SUD comorbidity?

44

Program Goals in Forensic Settings

Seeking Safety has been used for a number of different populations, including incarcerated individuals. The intervention targets many of the unique needs of incarcerated individuals with PTSD and substance use disorders, which could interfere with their recovery and thus place them at risk for reoffending. The overall goal of Seeking Safety is to improve PTSD, depression, interpersonal skills, and coping strategies of incarcerated individuals.

45

In a study of 77 women with current PTSD and substance dependence most of the treatment focused on substance abuse.

- ▶ 80% would choose to treat PTSD (either combined with substance abuse or alone)
- ▶ Fewer than 20% would choose substance abuse treatment alone

46

Attention to Co-occurring Treatment Needs

- ▶ Most substance abuse(SA) patients are not sufficiently assessed for PTSD issues even after multiple addiction treatments
- ▶ Most SA patients are not informed of the PTSD diagnosis
- ▶ Most substance abuse facilities do not endorse co-occurring treatment for SA and PTSD
- ▶ Most mental health providers do not routinely screen PTSD patients for substance abuse

47

Lisa Najavits Seeking Safety Model

- ▶ Emphasizes importance of treating PTSD and substance abuse concurrently
- ▶ Establishes clear clinical guidelines for combining PTSD and substance abuse treatment
- ▶ Utilizes homework and the practice of new behaviors
- ▶ Incorporates Cognitive Behavioral Therapy

▶ Gibney, R.F.; "A clinical Approach to Working with substance abuse and Ptsd". 2006. PowerPoint presentation

48

Lisa Najavits Model

- ▶ Encourages understanding of relationship between patient's PTSD trauma and substance abuse
- ▶ Emphasizes skill development and improved coping responses
- ▶ It is the first treatment for PTSD and substance abuse with published outcome results(Najavits et al., 1997, 1998e)

▶ Gibney, R.F.: "A clinical Approach to Working with substance abuse and PTSD". 2006. PowerPoint presentation

49

Treatment manual comprised of :

- ▶ Psychotherapeutic treatment approach for groups and individuals
- ▶ Comprised of 25 topic areas addressing recovery and coping skill development
- ▶ Each 25 topic areas are evenly divided among cognitive, behavioral, and interpersonal domains
- ▶ Each topic area includes a safety oriented skill relevant to both PTSD and substance abuse
- ▶ Each topic is independent of the others

Najavits, L. M.,(2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse.*
New York: Guilford

50

Seeking Safety 25 Topics

Treatment Topics:

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

Najavits, L.M., (2002) Seeking Safety A Treatment Manual for PTSD and Substance Abuse. New York: Guildford Press

51

Najavits' Three Stage Model of Recovery

1. Safety
2. Mourning
3. Reconnections

- ▶ Safety Stage is the initial process of Najavits' treatment model and is the treatment stage presented in this training.
- ▶ Mourning and Reconnections are later stages of recovery that are initiated in therapy work separate from the Seeking Safety Skills Group.

52

Seeking Safety is Based on Five Central Principles:

1. Safety as an ongoing priority in treatment
2. Integrated treatment of PTSD and substance abuse
3. Focus on ideals
4. Four content areas: cognitive, behavioral, interpersonal, and case management
5. Attention to therapist processes

53

Safety - Principle Elements

- ▶ Discontinuing Use - Ties to recovery traditions and is compatible with Harm Reduction models
- ▶ Reducing Suicidal Risks - Emphasizes coping responses and skills in managing intense emotions
- ▶ Minimizing Risks - Self care regarding medical, emotional, physical, behavioral needs through creating pro-active behaviors

54

Safety - Principle Elements

- ▶ Letting Go of Dangerous Relationships - Addressing domestic violence, using friends/significant others
- ▶ Gaining Control Over Extreme Symptoms - Coping with dissociation, flashbacks and related processes
- ▶ Stopping Self Harm - Reducing cutting and other forms of self injury

55

Recovery Tasks common to both

PTSD and Substance Abuse treatment

Safety elements within the management of PTSD symptoms reflect traditional safety elements in substance abuse recovery:

- ▶ Education
- ▶ Present time orientation
- ▶ Assessing the impact of condition
- ▶ Dealing with urges and cravings
- ▶ Focus on self care
- ▶ Attention to relapse prevention

56

Safety Stage Goals:

1. Develop commitment to practicing safety
2. Master coping skills (responses to symptoms)
3. Utilize safety planning (prevention)
4. Report unsafe behaviors (asking for help)
5. Utilize Safety contract (response to urges)

Najavits, L. M., (2002) *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

57

Therapist should:

- ▶ Pay Attention to problematic counter-transference reactions
 - ▶ Avoid Harsh confrontation
 - ▶ Watch for Inability to hold patients accountable - misguided sympathy
 - ▶ Do not Allow patients to be scapegoated
 - ▶ Becoming a victim
 - ▶ Identification with patient's PTSD which can result in excessive support and overindulgence with patient's vulnerability
 - ▶ Being afraid of patients

Najavits, L. M., (2002) *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

58

Seeking Safety Introduction to Treatment Format

Treatment Approach and Group Orientation

- ▶ Focus on Safety as Primary Theme
 - ▶ Najavits' model emphasizes "safety skills" in the management of PTSD symptoms, feelings of emotional turmoil, and self doubt
 - ▶ Interactions with clients focus on supporting and facilitating safety themes in making behavioral choices, in response to emotions and reactions to situations
 - ▶ In addition to Cognitive/Behavioral approaches, the teaching of grounding skills is used to enable the client to self sooth and disengage from destructive urges, emotional pain, and feelings of being overwhelmed.

Najavits, L. M., (2002) Seeking Safety A Treatment Manual for PTSD and Substance Abuse . New York: Guildford

59

Seeking Safety

- ▶ Weekly 90 minute sessions
- ▶ Often taught in 12 sessions
- ▶ Can be provided individually or in groups
- ▶ Typical group size is 8 members
- ▶ Combined psychoeducational and psychodynamic treatment
- ▶ Can be provided by professionals or paraprofessionals

Meyer, B.L; "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Seeking Safety Format

- ▶ Check-in (3-5 minutes per person)
 - ▶ Used to elicit information to be discussed during the course of the session
- ▶ Quotation
- ▶ Topic of the day (50 minutes)
- ▶ Check out with commitment



Meyer, B.L. "Treatment of Co-morbid PTSD and Substance Abuse" April, 2015. PowerPoint presentation

Seeking Safety Example Topic

Topic: **Detaching From Emotional Pain**

Includes:

- ▶ Session Format
- ▶ Clinical/Counseling Process of Session
- ▶ Grounding Techniques
- ▶ Closing Session

Seeking Safety Example Topic

Relate Topic to Current and Specific Problems

- ▶ This involves the discussion, exploration and clinical group work phase of the session
- ▶ Helpful to connect to issues and themes that may have emerged during check-in, or in past groups
- ▶ Example for the topic of Detaching From Emotional Pain:
 - ▶ Sharing of personal aspects of emotional pain, combined with the teaching and discussion of grounding techniques
 - ▶ Develop a commitment to practice the techniques between sessions

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

63

Seeking Safety Special Treatment Focus

Optimism

- ▶ Focus on the strengths of the patient
- ▶ Focus on the present and future opportunities
- ▶ Try, try again

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

64

Seeking Safety Treatment Modalities

Seeking Safety works:

- ▶ In group or individual treatment
- ▶ Inpatient and outpatient settings
- ▶ In long term residential care
- ▶ For men and women
- ▶ For patients who do not necessarily meet formal criteria for current PTSD and substance abuse
- ▶ With other ongoing treatment approaches

65

Seeking Safety Conducting a Session

Session Therapeutic Style

- ▶ Direct process without taking charge
- ▶ Apply 80/20 rule
- ▶ Ask provocative questions - "How might this apply to your PTSD and substance use"
- ▶ Relate material to current and specific problems in patients' lives
- ▶ Process barriers and obstacles
- ▶ Refer to Coping and Commitment Sheets

66

Seeking Safety Questions

Frequently asked questions:

What is the strongest theme of Seeking Safety?

- ▶ Empowering patients to have faith, and believe that their lives can get better by initiating safety as the central theme in their first stage of recovery :

Instillation of Hope

67

Resources

Complex Trauma Resources

- ▶ *Trauma and Recovery* (1992), Judy Herman
- ▶ *Treating Complex Traumatic Stress Disorders* (2009), Christine Courtois and Julian Ford, eds.
- ▶ *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach* (2012), Christine Courtois, Julian Ford, and John Briere
- ▶ *The Trauma Recovery Group: A Guide for Practitioners* (2011), Michaela Mendelsohn, Judith Herman, Emily Schatzow, and Diya Kallivayalil

PTSD and SUDs

- ▶ PTSD 101 course about treating PTSD and SUDs:
www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp
- ▶ Practice recommendations for treating co-occurring PTSD and SUDs:
[www.ptsd.va.gov/professional/pages/handouts-pdf/SUD PTSD Practice Recommend.pdf](http://www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf)

Seeking Safety

- ▶ *Seeking Safety* (1998), Lisa Najavits
- ▶ *8 Keys to Trauma and Addiction Recovery* (2015), Lisa Najavits
- ▶ <http://www.treatment-innovations.org/seeking-safety.html>

Contact information

- ▶ Web site
www.seekingsafety.org
- ▶ Ryan Sanft, LCSW
- ▶ Ryan.Sanft@va.gov