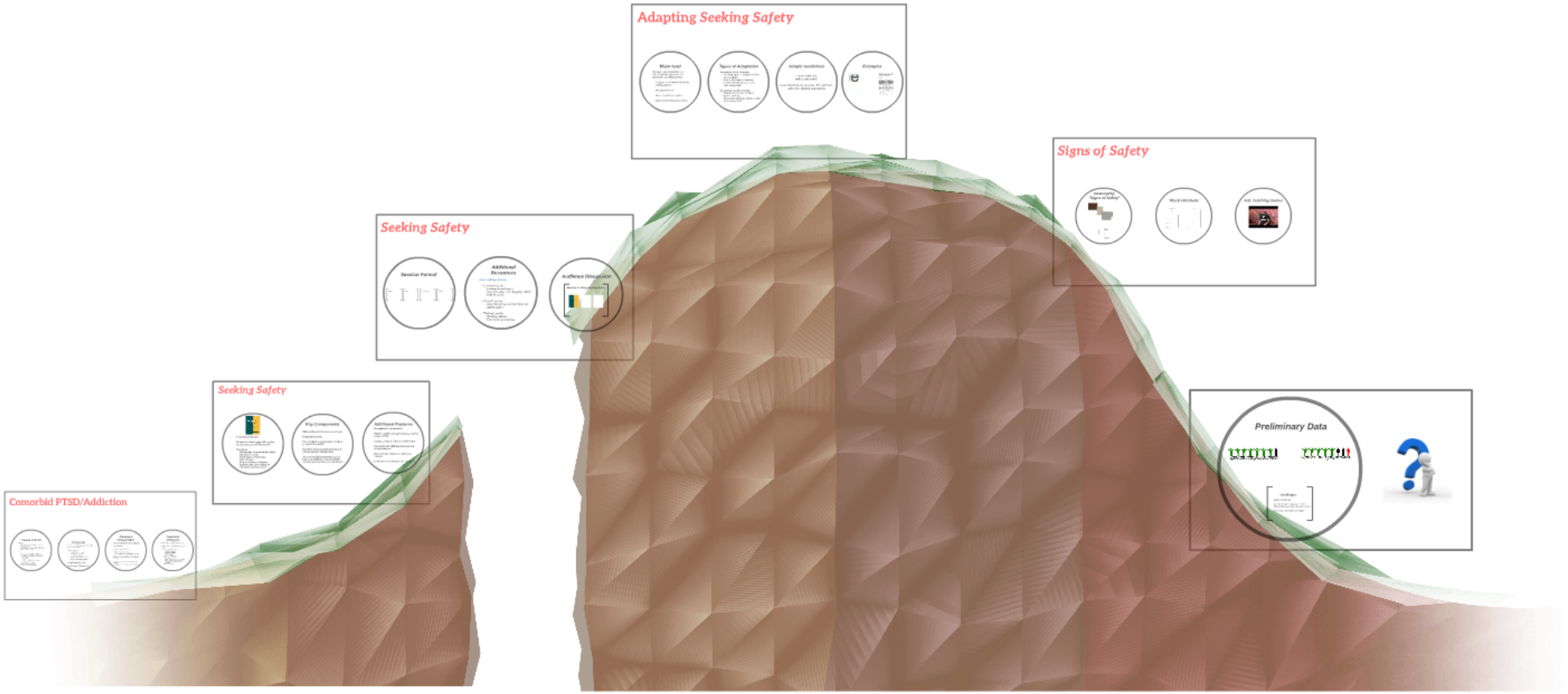
# *Signs of Safety*: A Deaf-Accessible Toolkit for Trauma and Addiction

***Melissa L. Anderson, Ph.D., MSCI***



# Comorbid PTSD/Addiction

## Trauma & PTSD

- Trauma
  - Experience, threat, or witnessing of a traumatic event
  - Approximately 1/3 of people exposed to trauma develop PTSD
- PTSD
  - After trauma, ability to function is impaired by the following symptoms:
    - Intrusion
    - Avoidance
    - Negative thoughts and mood
    - Arousal
  - Simple vs. Complex PTSD
  - Lifetime rates = 10%F, 5%M

## PTSD/SUD

- Of clients in SUD treatment, 12% - 34% have current PTSD
- Meanings of use:
  - Use to "feel something"
  - Use to "feel nothing"
  - Use to neglect/abuse self
  - Use to commit a "slow suicide"
  - Use due to learned behavior
- No particular drug of choice
- In 2/3 of cases, PTSD leads to SUD

## Treatment Complexities

- Severe comorbid disorders and life challenges
- "Crazy, lazy, bad"
- Fragile treatment alliances
- Positive view of substances
  - PTSD may *worsen* with initial abstinence
- Division of mental health and SUD treatment systems
- Treatments for one disorder may exacerbate the other
  - e.g., exposure therapies, benzodiazepines

## Treatment Strategies

- Treat PTSD and SUD simultaneously
- Decide how to treat PTSD in the context of SUD:
  - *Present-focused approach*
    - Current symptoms
    - Psychoeducation
    - Coping skills
  - *Past-focused approach*
    - Exposure-based
    - Re-telling the trauma narrative
    - Emotional processing of the trauma
  - *Blended approach*

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# Seeking Safety

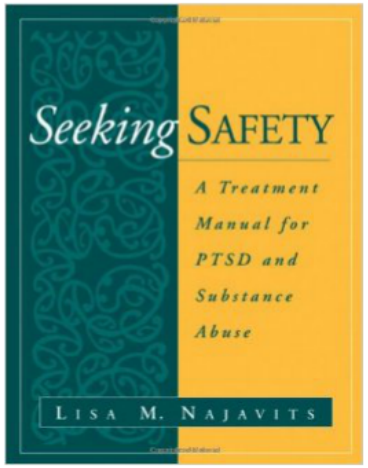
- Present-focused model
- 25 topics that teach coping skills to safely manage symptoms of PTSD and SUD
- Flexible use
  - Women, men, or mixed-gender groups
  - Individual vs. group
  - All 25 topics vs. fewer topics
  - Order of topics
  - Length and pacing of sessions
  - Inpatient, outpatient, residential
  - Therapists, counselors, peers

## Key Components

- **Safety** as the goal for first-stage treatment
- **Integrated** treatment
- Focus on **ideals** to counteract loss of ideals in both PTSD and SUD
- Cognitive, behavioral, interpersonal, and case management **content areas**
- Attention to **clinician processes**, such as balancing validation and accountability, noticing emotional responses, and self-care

## Additional Features

- De-emphasis of trauma details
- Identify the client's unique "meanings of use" in context of PTSD
- Optimistic focus on strengths and the future
- Connection with additional treatment and support resources
- Choice of harm-reduction or abstinence approach
- 12-step groups encouraged, but not required

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# Seeking Safety

## Session Format

## Additional Resources

- www.seekingsafety.org
  - "Evidence" section:
    - Evidence-based model
    - Over 20 studies, including pilots, RCTS, multi-site trials
  - "Library" section:
    - Over 100 articles on PTSD/SUD and *Seeking Safety*
  - "Training" section:
    - Training calendar
    - How to set up a training

## Audience Discussion

*Barriers to Using Seeking Safety*

# Session Format

**Check-In**

**Quotation**

**Content Rehearsal**

**Check-Out**

# Check-In

HANDOUT 1

## Check-In and Check-Out

### CHECK-IN

*Since your last session . . .*

1. How are you **feeling**?
2. What **good coping** have you done?
3. Any **substance use** or other **unsafe behavior**?
4. Did you complete your **commitment**?
5. **Community resource** update?

### CHECK-OUT

1. **Name one thing** you got out of today's session (and any problems with the session).
2. What is your new **commitment**?
3. What **community resource** will you call?

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# *Quotation*

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**"And the trouble is,**
**if you don't risk anything,**
**you risk even more."**

—Erica Jong
(20th-century American writer)

From *Seeking Safety* by Lisa M. Najavits (2002).

# Content Rehearsal



## Asking for Help

**MAIN POINTS**

- ★ It is very common to have difficulty asking for help if you have PTSD and substance abuse.
- ★ You must get help from others to recover. No one can do it alone.
- ★ In learning to ask for help, start "small": Practice on safe people, with simple requests.
- ★ Try to ask for help before a problem becomes overwhelming. But you can call any time—*before, during,* or *after* a hard time.
- ★ Prepare how you'll handle it if the person refuses your request for help.
- ★ In asking for help, you don't have to "spill" everything.
- ★ Asking for help makes you stronger and more *independent* in the long run.
- ★ Learning to ask for help may feel very awkward at first.
- ★ If there is no one in your life to ask help from, work on building a support network.
- ★ When asking for help, be gentle—no demands, threats, or insults.
- ★ Discover whether your fears are accurate. Compare your *prediction* to *reality.*
- ★ Carry in your wallet a list of phone numbers you can call.

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## Approach Sheet

★ *Fill in the first three parts now. Later, after you've approached the person, fill in the last part.*

**(1) Who will you talk to?**

**(2) What will you say?**

**(3) What do you predict will happen?**

**(4) What did happen in reality?**

★ *You may want to ask yourself:*

- What did you learn from trying this?
- Did you get what you wanted, or at least part of what you wanted?
- Is there anything you might do differently next time?
- How do you feel about your experience?
- How difficult was it?

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# Check-Out

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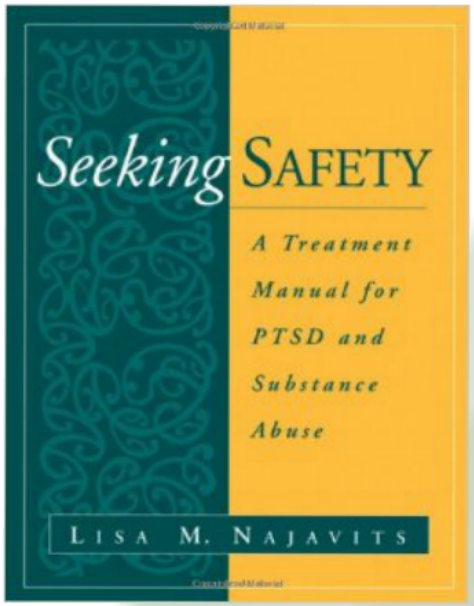


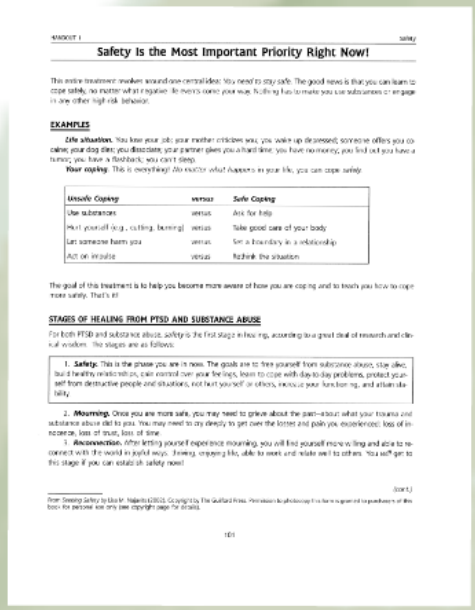

HANDOUT 1 Safety

**Safety Is the Most Important Priority Right Now!**

This entire treatment revolves around one central idea: You need to stay safe. The good news is that you can learn to cope safely, no matter what negative life events come your way. Nothing has to make you use substances or engage in any other high-risk behavior.

**EXAMPLES**

***Life situation.*** You love your job; your mother criticizes you; you wake up depressed; someone offers you cocaine; your dog dies; you dissociate; your partner gives you a hard time; you have no money; you find out you have a tumor; you have a flashback; you can't sleep.

***Your coping.*** This is everything! *No matter what happens in your life, you can cope safely.*

| *Unsafe Coping* | *versus* | *Safe Coping* |
|---|---|---|
| Use substances | versus | Ask for help |
| Hurt yourself (e.g., cutting, burning) | versus | Take good care of your body |
| Let someone harm you | versus | Set a boundary in a relationship |
| Act on impulse | versus | Rethink the situation |

The goal of this treatment is to help you become more aware of how you are coping and to teach you how to cope more safely. That's it!

**STAGES OF HEALING FROM PTSD AND SUBSTANCE ABUSE**

For both PTSD and substance abuse, *safety* is the first stage in healing, according to a great deal of research and clinical wisdom. The stages are as follows:

1. ***Safety.*** This is the phase you are in now. The goals are to: free yourself from substance abuse, stay alive, build healthy relationships, gain control over your feelings, learn to cope with day-to-day problems, protect yourself from destructive people and situations, not hurt yourself or others, increase your functioning, and attain stability.

2. ***Mourning.*** Once you are more safe, you may need to grieve about the pain—about what your trauma and substance abuse did to you. You may need to cry deeply to get over the losses and pain you experienced: loss of innocence, loss of trust, loss of time.

3. ***Reconnection.*** After letting yourself experience mourning, you will find yourself more willing and able to reconnect with the world in joyful ways. Feeling, enjoying life, able to work and relate well to others. You self-get to this stage if you can establish safety now!

(cont.)

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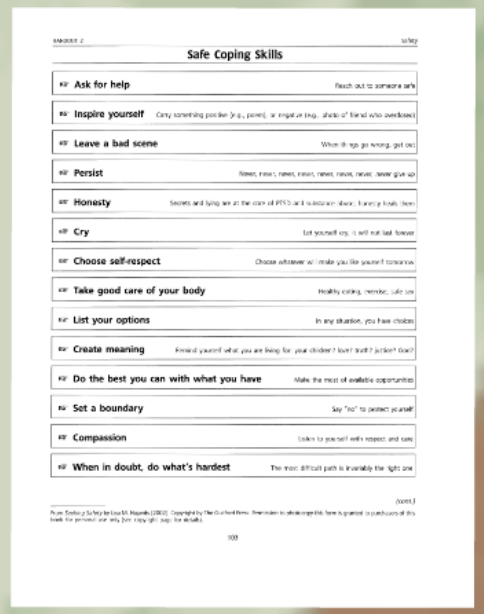

HANDOUT 2 Safety

**Safe Coping Skills**

| | |
|---|---|
| **Ask for help** | Reach out to someone safe |
| **Inspire yourself** | Carry something positive (e.g., poem), or negative (e.g., photo of friend who overdosed) |
| **Leave a bad scene** | When things go wrong, get out |
| **Persist** | Never, never, never, never, never, never, never give up |
| **Honesty** | Secrets and lying are at the core of PTSD and substance abuse; honesty heals them |
| **Cry** | Let yourself cry. It will not last forever |
| **Choose self-respect** | Choose whatever will make you like yourself tomorrow |
| **Take good care of your body** | Healthy eating, exercise, safe sex |
| **List your options** | In any situation, you have choices |
| **Create meaning** | Remind yourself what you are living for: your children? love? truth? justice? God? |
| **Do the best you can with what you have** | Make the most of available opportunities |
| **Set a boundary** | Say "no" to protect yourself |
| **Compassion** | Listen to yourself with respect and care |
| **When in doubt, do what's hardest** | The most difficult path is invariably the right one |

(cont.)

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# Adapting *Seeking Safety*

### *Major Goal*

- To support you in bringing your clinical wisdom, experience, and personality into *Seeking Safety*
  - Designed for maximum flexibility and adaptability
  - No "one right way"
  - More enjoyable to conduct
  - More powerful impact on clients

### *Types of Adaptation*

- Adaptation *within* the model:
  - Use language and examples relevant to your clients
  - Vary order of topics/handouts
  - Add in artwork, games, or other creative exercises
- Adaptations *outside* the model:
  - Change check-in/out questions
  - Ignore handouts
  - Omit topics/handouts without trying
  - *Not recommended!*

### *Simple Guidelines*

*Try the model as is,*
*with an open mind.*

*Base adaptations on consistent client feedback, rather than clinician assumptions.*

### *Examples*

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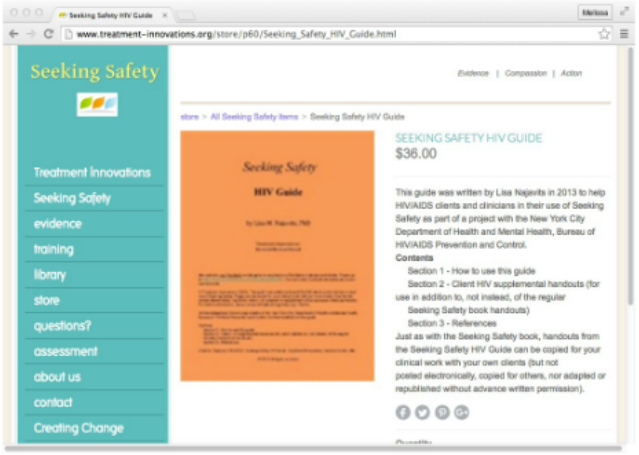

*Brief Report*

## *Seeking Safety* Therapy for Adolescent Girls with PTSD and Substance Use Disorder: A Randomized Controlled Trial


**Lisa M. Najavits, PhD**
**Robert J. Gallop, PhD**
**Roger D. Weiss, MD**



**Abstract**

*This randomized, controlled trial evaluated a manualized psychotherapy, Seeking Safety (SS), for posttraumatic stress disorder (PTSD) and substance use disorder (SUD) in adolescent females. To our knowledge, no prior study has evaluated any psychotherapy designed for this population. SS was compared to treatment as usual (TAU) for 33 outpatients, at intake, end-of-treatment, and 3 months follow-up. SS evidenced significantly better outcomes than TAU in a variety of domains at posttreatment, including substance use and associated problems, some trauma-related symptoms, cognitions related to SUD and PTSD, and several areas of pathology not targeted in the treatment (e.g., anorexia, somatization). Effect sizes were generally in the moderate to high range. Some gains were sustained at follow-up. SS appears a promising treatment for this population, but needs further study and perhaps additional clinical modification.*


**Introduction**

Adolescents are at risk for both substance use disorder (SUD) and posttraumatic stress disorder (PTSD), as well as their combination.[1] For example, rates of PTSD in adolescent SUD samples (community and clinical) are estimated at 11% to 47%.[1] Adolescent girls are at particular risk. They have higher rates of PTSD than boys;[2] and their rate of SUD has increased, becoming for the first time comparable to boys' in the past decade.[3] Clinically, those with the dual diagnosis show worse psychosocial functioning than those with just one of the diagnoses, both in adolescent and adult samples.[1,4]

There has been little research on adolescents with the dual diagnosis of PTSD–SUD, and thus far no treatment studies using a manual designed for this population.[1] In adult samples,


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Robert J. Gallop, PhD, Assistant Professor of Mathematics, Applied Statistics Program, West Chester University, 325B Anderson Hall, West Chester, PA 19383, USA. Phone: +1-610-4362419. E-mail: rgallop@wcupa.edu.

Roger D. Weiss, MD, Professor of Psychiatry, Harvard Medical School, McLean Hospital, 115 Mill St., Belmont, MA 02478, USA. Phone: +1-617-8552242. Fax: +1-617-8552699. E-mail: rweiss@mclean.harvard.edu

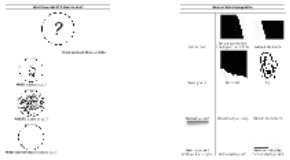


*Journal of Behavioral Health Services & Research*, 2006. © 2006 National Council for Community Behavioral Healthcare.

# Signs of Safety

### Developing "Signs of Safety"

### Visual Handouts

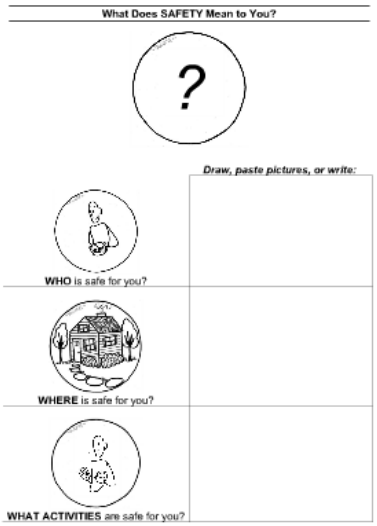


### ASL Teaching Stories

# *Developing "Signs of Safety"*

SIGNS
OF
SAFETY

# *Visual Handouts*



What Does SAFETY Mean to You?

?

*Draw, paste pictures, or write:*

**WHO** is safe for you?

**WHERE** is safe for you?

**WHAT ACTIVITIES** are safe for you?

Menu of Safe Coping Skills

| | | |
|---|---|---|
| Ask for help | Carry a positive item (like a good luck charm) | Leave a bad scene |
| Never give up | Be honest | Cry |
| Respect yourself | Take care of your body | Make a list of options |
| Remind yourself what you are living for | Do the best you can | Set a boundary (say "no" to protect yourself) |

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# *ASL Teaching Stories*

# Preliminary Data

**PAST 30-DAY PTSD SYMPTOMS, BASELINE TO FOLLOW-UP:**
**7 participants with reduced symptoms, 1 equal symptoms**

**PAST 30-DAY ALCOHOL USE, BASELINE TO FOLLOW-UP:**
**5 participants with reduced use, 2 equal use, 1 increased use**

## *Challenges*

- Length of treatment
- Attrition due to transitory nature of this clinical subpopulation (i.e., relocation, prison)
- Legalization of recreational marijuana

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