



Seeking Safety

An Implementation Toolkit



Acknowledgements

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Suggested citation: Najavits LM. *Seeking Safety: An Implementation Toolkit*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, 2018.

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OVERVIEW



Seeking Safety

Purpose

This toolkit provides a brief summary of the Seeking Safety intervention. For more information about implementing Seeking Safety, go to: www.seekingsafety.org.

Goals

- » To help people attain safe coping skills relevant to trauma and substance use disorders

Target Population

- » People living with HIV (PLWH) who have experienced any type of trauma and/or currently experience addiction to a substance

Description

Seeking Safety is a coping skills approach to help people attain safety from trauma and/or addiction. It is designed to be safe, optimistic, and engaging. The treatment offers 25 topics, each representing a safe coping skill relevant to trauma and substance use disorders. Topics address cognitive, behavioral, interpersonal, and case management domains, and can be covered in any order. Seeking Safety is highly flexible and can be conducted in a group or with individuals, in open or closed groups, with any gender, and with adults or adolescents.

Seeking Safety addresses themes that are very relevant to PLWH, including taking good care of yourself, staying safe, and understanding how trauma and addiction may play a role in living with HIV. A detailed guide on using Seeking Safety with PLWH is available from the [Seeking Safety website](#).¹

1 [Najavits LM. Seeking Safety HIV guide. Newton Centre, MA: Treatment Innovations; 2013. www.treatment-innovations.org/store/p60/Seeking_Safety_HIV_Guide.html](http://www.treatment-innovations.org/store/p60/Seeking_Safety_HIV_Guide.html)

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Duration

- » Up to 25 sessions over any length of time

Background

Seeking Safety is an evidence-informed intervention with *over 45 published research articles* showing consistently positive results and high satisfaction. It has been studied in a broad range of populations in terms of ethnic diversity and severity of trauma history and addiction, and has been implemented for over 20 years in diverse settings, including community-based, mental health, addiction, criminal justice, veteran/military, adolescent, school, and medical settings. A government-based analysis, for example, indicates that it has 88% likelihood of benefit relevant to cost, which was the third highest of all 23 treatments for substance use disorder, (higher than motivational interviewing, motivational enhancement therapy, and relapse prevention).¹ The Seeking Safety book has been translated into 12 languages.

Seeking Safety is one of the most cost-effective interventions, especially for addiction.²

Setting

- » Any treatment setting (e.g., outpatient, inpatient, residential, community-based, primary care)

Staffing

- » All types of health care professionals and personnel, as well as peers. No specific license, degree, or education is required, although training is recommended

2 Washington State Institute for Public Policy. Benefit-Cost Results: Substance Use Disorders—Seeking Safety. <http://www.wsipp.wa.gov/BenefitCost/Program/307>. For all studies, go to www.seekingsafety.org, section Evidence. Studies include numerous pilots, randomized control trials, and multi-site trials.

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Planning Steps

1. Train staff on Seeking Safety (<http://www.treatment-innovations.org/training>)
2. Develop tools to assess eligibility for the intervention
3. Develop post-session evaluation tools
4. Develop tools to track and measure progress
5. Use technical assistance as needed

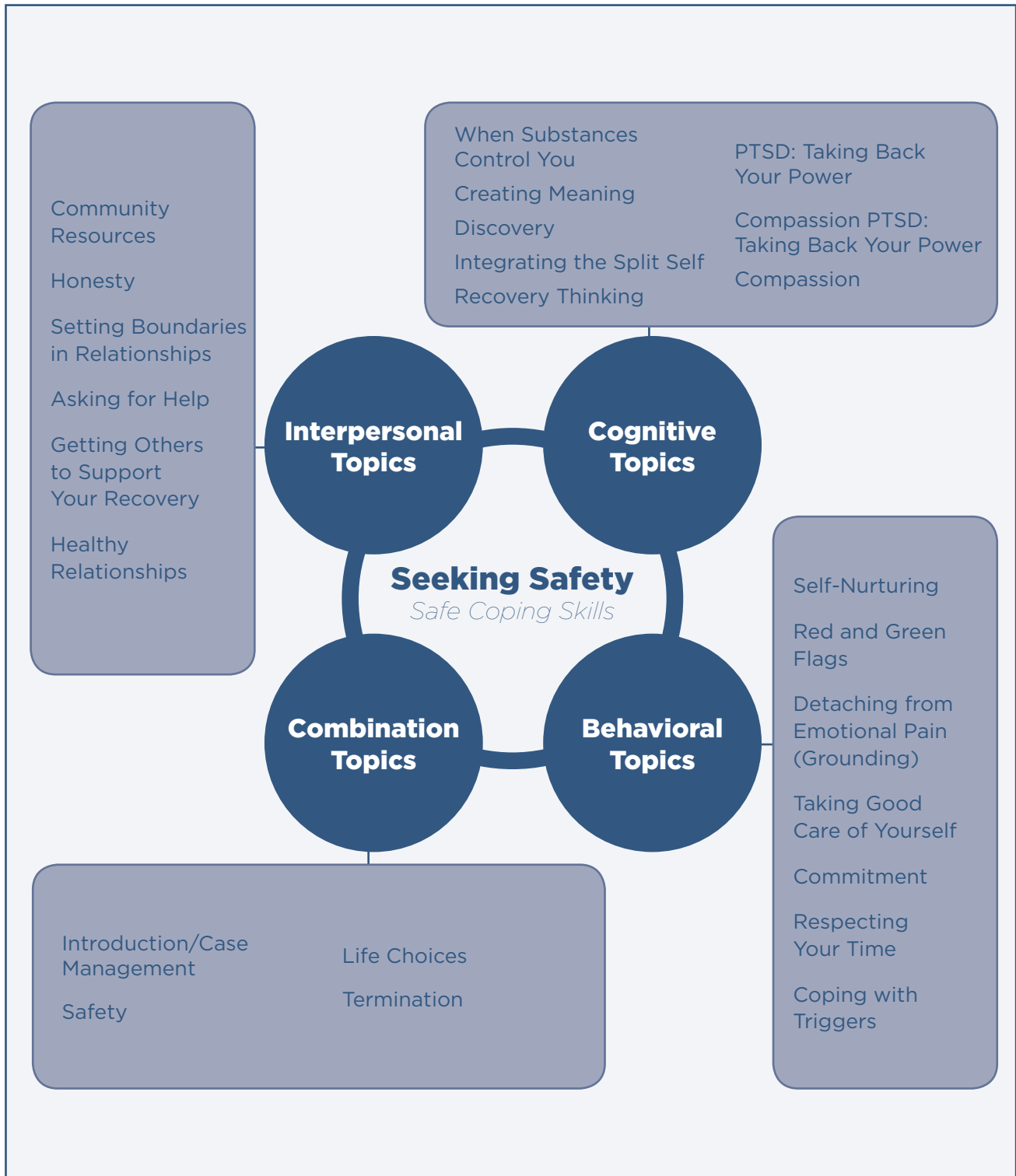
Implementation Steps

1. Recruit eligible participants
2. Assess for eligibility using pre-determined tools
3. Provide up to 25 group/individual therapy sessions
4. Administer post-session evaluations

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Main Intervention Components





KEY ELEMENTS



KEY ELEMENTS



Topic Areas

Seeking Safety offers 25 topics, each representing a safe coping skill relevant to trauma and substance use disorders. Cover the topics in any order:

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

[Appendix A](#): Brief Descriptions of the 25 Seeking Safety Treatment Topics provides more information.

Five Key Principles of Seeking Safety

1. **Safety as the overarching goal:** helping clients attain safety in their relationships, thinking, behavior, and emotions
2. **Integrated treatment:** addresses trauma and addiction at the same time if clients have both
3. **A focus on ideals:** to inspire hope
4. **Four content areas:** cognitive, behavioral, interpersonal, and case management
5. **Attention to provider processes:** helping providers work on self-care, emotional responses, and other issues

KEY ELEMENTS



Additional Features of Seeking Safety

- » ***Focuses on trauma as it impacts the present.*** Clients do not have to tell or listen to intense trauma details.
- » ***Allows for harm reduction*** or abstinence approaches
- » ***Encourages but does not require self-help groups*** like 12-step
- » ***Focuses on empowerment*** and choice
- » ***Is written in everyday language*** to be accessible to all
- » ***“Meets clients where they are at”*** in terms of addiction, not requiring abstinence or motivation to quit; these often develop over time
- » ***Anyone can participate.*** No one is excluded from Seeking Safety. Anyone receiving services of any kind can participate. Seeking Safety has been successfully conducted with people who have psychosis or severe mental illness, suicidal ideation, low literacy, experiences of homelessness, and histories of violence
- » ***Anyone can conduct it.*** No specific license, degree, or education is required. Training is available and recommended, but required only if a formal publishable clinical trial is being conducted for research purposes.



APPENDICES



APPENDIX A



Brief Descriptions of the 25 Seeking Safety Treatment Topics³

Domains (cognitive, behavioral, interpersonal, or a combination) listed in parentheses

(1) Introduction to Treatment / Case Management

- » This topic covers: (a) Introduction to the treatment; (b) Getting to know the patient; and (c) Assessment of case management needs.

(2) Safety (combination)

- » Safety is described as the first stage of healing from both posttraumatic stress disorder (PTSD) and substance use disorder, and is the key focus of this treatment. A list of over 80 *Safe Coping Skills* is provided, and patients explore what safety means to them.

(3) PTSD: Taking Back Your Power (cognitive)

- » Four handouts are offered: (a) “What is PTSD?” (b) “The Link Between PTSD and Substance Use Disorder” (c) “Using Compassion to Take Back Your Power”; and (d) “Long-Term PTSD Problems.” The goal is to provide information as well as a compassionate understanding of the disorder.

(4) Detaching from Emotional Pain: Grounding (behavioral)

- » A powerful strategy, “grounding,” is offered to help patients detach from emotional pain. Three types of grounding are presented (mental, physical, and soothing), with an experiential exercise to demonstrate the techniques. The goal is to shift attention toward the external world, away from negative feelings.

³ Najavits, LM. *Seeking Safety: A new psychotherapy for posttraumatic stress disorder and Substance Use Disorder*. In *Trauma and Substance Use Disorder: Causes, Consequences and Treatment of Comorbid Disorders*. Ouimette P, Brown P, eds. Washington, DC: American Psychological Association; 2002.

APPENDIX A (CONTINUED)



(5) When Substances Control You (cognitive)

- » Eight handouts are provided, which can be combined or used separately: (a) “Do You Have a Substance Use Disorder?” (b) “How Substance Use Disorder Prevents Healing From PTSD” (c) “Choose a Way to Give Up Substances” (d) “Climbing Mount Recovery,” an imaginative exercise to prepare for giving up substances (e) “Mixed Feelings” (f) “Self-Understanding of Substance Use” (g) “Self-Help Groups” and (h) “Substance Use Disorder and PTSD: Common Questions”.

(6) Asking for Help (interpersonal)

- » Both PTSD and substance use disorder lead to problems in asking for help. This topic encourages patients to become aware of their need for help and provides guidance on how to obtain it.

(7) Taking Good Care of Yourself (behavioral)

- » Patients are guided to explore how well they take care of themselves, using a questionnaire listing specific behaviors (e.g., “Do you get regular medical check-ups?”). They are asked to take immediate action to improve at least one self-care problem.

(8) Compassion (cognitive)

- » This topic encourages the use of compassion when trying to overcome problems. Compassion is the opposite of “beating oneself up,” a common tendency for people with PTSD and substance use disorder. Patients are taught that only a loving stance toward the self produces lasting change.

(9) Red and Green Flags (behavioral)

- » Patients are guided to explore the up-and-down nature of recovery in both PTSD and substance use disorder through discussion of “red and green flags” (signs of danger and safety). A *Safety Plan* is developed to identify what to do in situations of mild, moderate, and severe relapse danger.

APPENDIX A (CONTINUED)



(10) Honesty (interpersonal)

- » Patients are encouraged to explore the role of honesty in recovery and to role-play specific situations. Related issues include: What is the cost of dishonesty? When is it safe to be honest? What if the other person doesn't accept honesty?

(11) Recovery Thinking (cognitive)

- » Thoughts associated with PTSD and substance use disorder are contrasted with healthier "recovery thinking." Patients are guided to change their thinking using rethinking tools such as *List Your Options*, *Create a New Story*, *Make a Decision*, and *Imagine*. The power of rethinking is demonstrated through think-aloud and rethinking exercises.

(12) Integrating the Split Self (cognitive)

- » Splitting is identified as a major psychic defense in both PTSD and substance use disorder. Patients are guided to notice splits (e.g., different sides of the self, ambivalence, denial) and to strive for integration as a means to overcome these.

(13) Commitment (behavioral)

- » Making and keeping promises, both to self and others, are explored. Creative strategies for keeping commitments, and feelings that can get in the way, are described.

(14) Creating Meaning (cognitive)

- » Meaning systems are discussed with a focus on assumptions specific to PTSD and substance use disorder, such as *Deprivation Reasoning*, *Actions Speak Louder Than Words*, and *Time Warp*. Meanings that are harmful versus healing in recovery are contrasted.

(15) Community Resources (interpersonal)

- » A lengthy list of national non-profit resources is offered to aid patients' recovery (including advocacy organizations, self-help, and newsletters). Also, guidelines are offered to help patients take a consumer approach in evaluating treatments.

APPENDIX A (CONTINUED)



(16) Setting Boundaries in Relationships (interpersonal)

- » Boundary problems are described as either too much closeness (difficulty saying “no” in relationships) or too much distance (difficulty saying “yes” in relationships). Ways to set healthy boundaries are explored, and intimate partner violence information is provided.

(17) Discovery (cognitive)

- » Discovery is offered as a tool to reduce the cognitive rigidity common to PTSD and substance use disorder (called “staying stuck”). Discovery is a way to stay open to experiences and new knowledge, using strategies such as *Ask Others*, *Try It and See*, *Predict*, and *Act “As If.”* Suggestions for coping with negative feedback are provided.

(18) Getting Others to Support Your Recovery (interpersonal)

- » Patients are encouraged to identify which people in their lives are supportive, neutral, or destructive toward their recovery. Suggestions for eliciting support are provided, as well as a letter they can give to others to promote understanding of their PTSD and substance use disorder. A safe family member or friend can be invited to attend the session.

(19) Coping with Triggers (behavioral)

- » Patients are encouraged to actively fight triggers of PTSD and substance use disorder. A simple three-step model is offered: change *who* you are with, *what* you are doing, and *where* you are (similar to “change people, places, and things” in Alcoholics Anonymous).

(20) Respecting Your Time (behavioral)

- » Time is explored as a major resource in recovery. Patients may have lost years to their disorders, but they can still make the future better than the past. They are asked to fill in schedule blanks to explore questions such as: “Do they use their time well?” or “Is recovery their highest priority?” Balancing structure versus spontaneity; work versus play; and time alone versus in relationships are also addressed.

APPENDIX A (CONTINUED)



(21) Healthy Relationships (interpersonal)

- » Healthy and unhealthy relationship beliefs are contrasted. For example, the unhealthy belief, “Bad relationships are all I can get” is contrasted with the healthy belief, “Creating good relationships is a skill to learn.” Patients are guided to notice how PTSD and substance use disorder can lead to unhealthy relationships.

(22) Self-Nurturing (behavioral)

- » Safe self-nurturing is distinguished from unsafe self-nurturing (e.g., substances and other “cheap thrills”). Patients are asked to create a gift to the self by increasing safe self-nurturing and decreasing unsafe self-nurturing. Pleasure is explored as a complex issue in PTSD/substance use disorder.

(23) Healing from Anger (interpersonal)

- » Anger is explored as a valid feeling that is inevitable in recovery from PTSD and substance use disorder. Anger can be used constructively (as a source of knowledge and healing) or destructively (a danger when acted out against self or others). Guidelines for working with both types of anger are offered.

(24) The Life Choices Game (combination)

- » As part of termination, patients are invited to play a game as a way to review the material covered in the treatment. Patients pull from a box of slips of paper that list challenging life events (e.g., “You find out your partner is having an affair”). They respond with how they would cope, using game rules that focus on constructive coping.

(25) Termination

- » Patients express their feelings about the ending of treatment, discuss what they liked and disliked about it, and finalize aftercare plans. An optional Termination Letter can be read aloud to patients as a way to validate the work they have done.

APPENDIX B



Resources

- » www.seekingsafety.org
- » Lenz AS, Henesy R, Callender K. Effectiveness of Seeking Safety for co-occurring posttraumatic stress disorder and substance use. *Journal of Counseling & Development*. 2016; 94(1):51-61.
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- » Najavits LM, Hien DA. Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *Journal of Clinical Psychology: In Session*. 2013;69 (5):433-479.
- » Najavits LM, Hyman SM, Ruglass LM, Hien DA, Read JP. Substance use disorder and trauma. In Gold S, Cook J, Dalenberg C, eds. *Handbook of Trauma Psychology* (pp. 195-214): American Psychological Association; 2017.