

SEEKING SAFETY

NORTH CAROLINA PRACTICE IMPROVEMENT COLLABORATIVE - EVIDENCE-BASED PRACTICE SERIES



BACKGROUND

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that may result from exposure and sometimes multiple exposures to highly traumatic events such as child abuse, accidents, violent personal assaults, military combat, or natural or human caused disasters.

Research has documented a strong association between PTSD and substance abuse. One-third of people requiring substance abuse treatment have experienced significant traumatic events in their lives. For women seeking treatment the prevalence is even higher (up to 59%).

Effective treatment of substance abuse requires that the PTSD also be addressed, but the traditional trauma-processing models that delve into the past are not always therapeutic for individuals struggling with co-occurring PTSD and substance abuse.

With funding from the National Institute on Drug Abuse, Dr. Lisa Najavits developed a treatment for co-occurring PTSD and substance abuse. In 1994, she published *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*.

The Substance Abuse Committee of the NC PIC heard a presentation by Dr. Najavits on April 13, 2006. The committee has recommended Seeking Safety as an evidence-based practice for use in North Carolina.

WHAT IS THE MODEL?

Seeking Safety is based on the following core principles:

- Safety is the first priority.
- PTSD and substance abuse should be treated in an integrated model.
- Patients should learn to focus on ideals and look to a better future.
- There are four content areas: cognitive, behavioral, interpersonal, and case management.
- Attention should be paid to clinician processes that lead to effective therapy (e.g., compassion).

Many individuals with MH/SA problems and histories of trauma are traumatized further—revictimization, on-going exploitation, and abuse—by the very social service agencies created to serve them. Foster care, behavioral health treatment facilities, juvenile correctional facilities, adult jails and prisons, and acute care hospitals serve as examples.

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Acting Deputing Administrator
SAMHSA
NC PIC Meeting on Trauma
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The model is structured and manual-driven, yet flexible. There are twenty-five topics (each with a guide and handouts) that can be used in any order. There are, however, five core units that must be included: Safety; PTSD: Taking Back Your Power; When Substances Control You; Detaching From Emotional Pain (Grounding), and Asking For Help. The manual provides specific guidance for adjusting the curriculum modules to best fit the needs of a specific treatment group.

POPULATION

Seeking Safety has been shown to be effective for people with co-occurring substance use disorders and PTSD, but may also be used for people who have a trauma history, but do not meet criteria for PTSD. The program can be used with people with both substance abuse and substance dependence.

Seeking Safety has been shown to work in males and females, adolescents and adults, and in several ethnicities including African-Americans, Hispanics, and Caucasians.

RESEARCH BACKGROUND

Seeking Safety is a present-focused therapy designed to help people attain safety and recovery from trauma/PTSD and substance abuse. Seeking Safety leads to the following outcomes:

- Decreased substance use
- Decreased PTSD symptoms
- Improvements in social adjustment
- Improvements in general psychiatric symptoms
- Decreased suicidal plans and thoughts
- Improvements in problem-solving
- Improvements in quality of life



SERVICE DELIVERY

Seeking Safety can be conducted in either group or individual sessions and can be adapted to a wide variety of clients, treatment contexts, and provider preferences.

The Seeking Safety curriculum is conducted by an individual that has been trained in the Seeking Safety material. While Seeking Safety is highly flexible, it is also highly structured with each session designed to model how to make good use of time, how to “contain” appropriately, and how to set goals and stick to them.

Language translations for the Seeking Safety curriculum include Spanish, German, French, Dutch, Swedish, Japanese, Polish, Greek, and Chinese.

TRAINING

Seeking Safety training is provided nationally by Dr. Lisa Najavits or one of her associates. There are many resources available on the program website. www.seekingsafety.org.

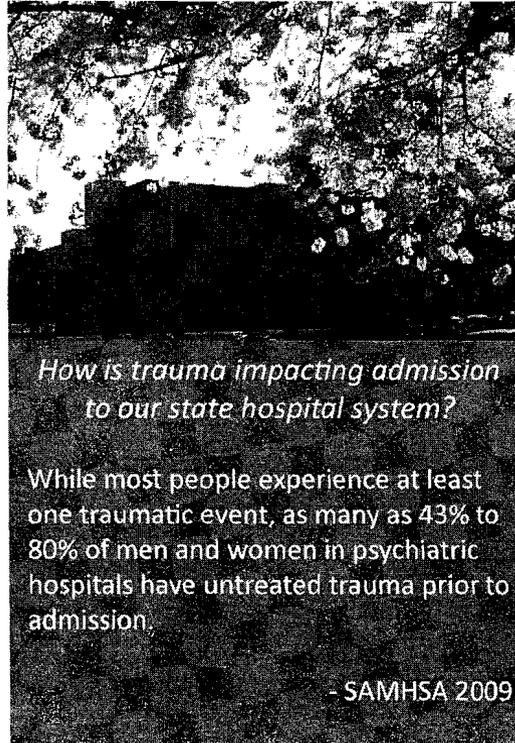
Following formal training, new clinicians are encouraged to participate in telephone supervision. The telephone supervision process is typically up to 2-8 clinicians on a 1-hour phone conference call with a trainer. In addition, a learner may submit tapes for supervision.

KEY INGREDIENTS FOR SUCCESS

- Manual-driven
- Can be delivered by both licensed and non-licensed trained professionals
- Flexible curriculum

WHAT PROVIDERS NEED TO CONSIDER...

- Will access to this intervention provide a needed service currently not available in our community?
- Do we have the right staff to use this evidence-based practice? If not, can we hire them easily?
- Can we get staff to the training that is required to implement this program correctly?
- Can we afford all the training?
- Can we integrate this intervention into a service we are currently providing?
- Can we ensure that staff receives continuing education/training?



SELECTED REFERENCES

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- Weiss RD, Najavits LM, Greenfield SF, Soto JA, Shaw SR, Wyner D (1998). Validity of substance use self-reports in dually diagnosed outpatients. *American Journal of Psychiatry*, 155:127-128.

WHAT IS THE NC PIC?

The provision of quality services and supports depends upon adherence to proven models.

To provide guidance in determining what evidence-based services and supports will be provided through our public system, the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services has established the North Carolina Practice Improvement Collaborative. Housed at the Governor's Institute on Alcohol & Substance Abuse, the mission for the NC PIC is to ensure that each time any North Carolinian—whether a child or an adult, a member of a majority or minority, from an urban or rural area—comes into contact with the DMHDDSAS system, he or she will receive excellent care that is consistent with a scientific understanding of what works.

NREPP: National Registry of Evidence-based Programs and Practices

NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities. <http://www.nrepp.samhsa.gov/>



For more information, visit: www.ncpic.net.

State of North Carolina • Department of Health & Human Services • Division of Mental Health/Developmental Disabilities/Substance Abuse Services
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Division of Mental Health
Developmental Disabilities
Substance Abuse



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:** _____

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at ris8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Fold back this page before administering this questionnaire

INSTRUCTIONS FOR USE

for doctor or healthcare professional use only

PHQ-9 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment on accompanying tear-off pad.
2. If there are at least 4 ✓s in the blue highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
3. **Consider Major Depressive Disorder**
—if there are at least 5 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)
Consider Other Depressive Disorder
—if there are 2 to 4 ✓s in the blue highlighted section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Card to interpret the TOTAL score.
5. Results may be included in patients' files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for healthcare professional use only

Scoring—add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score Depression Severity

0-4	None
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression