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

Melissa L. Anderson, PhD, MSCI
Amanda Sortwell, MS, IMF
Comorbid PTSD/Addiction

**Trauma & PTSD**
- Trauma
  - Experience, threat, or witnessing of a traumatic event
  - Approximately 1/5 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%-30%

**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 exonerate a "soul suicide"
  - Use due to learned behavior
- No particular drug of choice
- In 2/3 of cases, PTSD leads to SUD

**Treatment Complexities**
- Severe comorbidity disorders and life challenges
- "Crazy, lazy, bad"
- Fragile treatment alliances
- Positive view of substances
  - PTSD may co-exist with initial abstinence
  - Disturbances of mental health and SUD treatment systems
- Treatments for one disorder may exacerbate the other
  - e.g., exposure therapies, herbal medicine

**Treatment Strategies**
- Treat PTSD and SUD simultaneously
- Details how to treat PTSD in the context of SUD:
  - Present-focused approach
  - Current symptoms
  - Process sensitization
  - Coping skills
  - Post-focused approach:
    - Exposure-based
    - Re-telling the trauma narrative
    - Emotional processing of the trauma
  - Blended approach
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
Seeking Safety

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
• 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
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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

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?
“And the trouble is, if you don’t risk anything, you risk even more.”

—Erica Jong
(20th-century American writer)
Content Rehearsal

Asking for Help

MAIN POINTS

1. You are not alone if you are having difficulty asking for help. If you have PTSD and medication issues:
   - You must get help from others to manage the complex issues.
   - It is important to seek help early. There are no total victories or complete strengths.
   - By seeking help before a problem becomes overwhelming, you can avoid any cascading disorder.
   - It can be helpful to involve family members who have your support for help.
   - In seeking help, you don't have to "sell" anything.
   - Asking for help means you are strong and need independence in the long run.
   - Asking for help does not mean you are dependent or need someone to do it for you.
   - It is not always easy to ask for help, but it may be very beneficial to ask.
   - It is important to ask for help in times of need, even if you feel anxious.
   - It is important to involve your support system in your recovery process.

Approach Sheet

1. Ask the person you trust and respect: "Have you experienced the problems you listed before?"
   - What will you think about?

2. What will you say?

3. What do you expect will happen?

4. What did happen in reality?
Check-Out

CHECK-IN
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Audience Discussion

Barriers to Using Seeking Safety
Barriers to Using Seeking Safety
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**
**Major Goal**

- To support you in bringing your clinical wisdom, experience, and personality into *Seeking Safety*
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Examples

Brief Report

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

Lisa M. Najavits, PhD
Robert J. Garvey, PhD
Roger W. Weiss, MD

Abstract

This randomized, controlled trial evaluated a manualized intervention: Seeking Safety (SS), for posttraumatic stress disorder (PTSD) and substance use disorder (SUD) in adolescent females. 126 adolescent females over the age of 13 were randomized to SS or an active comparison group. The 12-week treatment was delivered by therapists trained in SS. The primary outcomes included PTSD and substance use disorder, assessed with the Clinician-Administered PTSD Scale (CAPS) and the Brief Symptom Inventory (BSI), respectively. The results demonstrated significant differences between the treatment and comparison groups on several measures, including PTSD symptoms and substance use.

Introduction

Adolescents are at risk for both trauma and substance use disorders (SUDs), as well as their co-occurrence. For example, rates of PTSD in adolescents are higher compared to adults, with 15-30% of adolescents experiencing PTSD at some point in their lives. Adolescents who are at risk for PTSD and SUDs are often not referred for treatment, and if referred, follow-up rates are low. The SS intervention has been shown to be effective for PTSD and substance use disorders, with demonstrated reductions in both symptomatology. This study aimed to evaluate the effectiveness of SS for adolescents with PTSD and SUDs in a randomized controlled trial.

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Signs of Safety

- Developing “Signs of Safety”
- Visual Handouts
- ASL Teaching Stories
Developing "Signs of Safety"
Visual Handouts

What Does SAFETY Mean to You?

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Draw, paint 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 support team (like a good luck charm)
- Leave a safety scene

- Never give up
- Be brave
- Cry

- Respect yourself
- Take care of your body
- Make a list of options

- Remember you are
- What you are doing is
- Get help from others
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<th>WHAT DOES SAFETY MEAN TO YOU?</th>
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<td><strong>Respect yourself</strong></td>
<td><strong>Take care of your body</strong></td>
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<td><strong>Remind yourself what you are living for</strong></td>
<td><strong>Do the best you can</strong></td>
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ASL Teaching Stories
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