

Program Overview: Seeking Safety

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

| Category | Cognitive Behavioral Therapy | Definitions/ Notes |
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| Program Name | Seeking Safety (SS) | |
| History of Program | Seeking Safety (SS) is a manualized, integrated treatment for individuals with a dual diagnosis of PTSD and Substance Abuse Disorder (SUD). Originally developed for adults and described by Najavtis in 1996, it has undergone substantial modifications that allow for the use with males and females, individuals and groups, and with adolescent populations. Seeking Safety focuses on the needs of both PTSD and SUD by emphasizing stabilization and safety from self-destructive behaviors and trauma re-enactments. Developed to address the unique needs of individuals coping with substance abuse & dependency, Seeking Safety names, validates and connects past traumas and substance use, while remaining focused on examples of one's current life for establishing safe coping behaviors. | |
| Description of Program as it Relates to addressing Children's Exposure to Violence | Seeking Safety has been modified to use with adolescents, including those with histories of violence exposure. Consistent with the original SS model, the primary objective is to increase safety and provide an integrated treatment for both PTSD and SUD. Much attention is paid to therapist process, while allowing considerable flexibility in treatment delivery (e.g., number of sessions; duration; topic sequence). Clinicians choose from 25 different safety-related topics within four domains: <i>cognitive</i> (e.g., developing compassion; creating meaning), <i>behavioral</i> (e.g., grounding, coping with triggers), <i>interpersonal</i> (e.g., honesty; setting boundaries), and <i>case management</i> domains. Skills are learned through a combination of psychoeducation and intensive rehearsal to help manage emotions and impulses. | |

Highlighted text indicates program components are currently under review. Changes may be pending.

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| Service Continuum | Tertiary/Targeted Intervention | |
| Primary Exposure Type | Maltreatment (non-specific) High Risk for Exposure / Trauma | |
| Target Population | Individual Children/ Youth | |
| Target Age | Adolescence (13-21) | |
| Target Gender | Both | Evaluations conducted with adolescent populations have included females only. However, Seeking Safety is designed to be used with males & females. |
| Appropriate for Unique Ethnic, Cultural, or Linguistic Populations? | Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes If yes, please indicate: Latino/Hispanic African American Asian American | |
| What Adaptations have been made? | Have any adaptations or modifications been made with respect to specific minority, cultural, or linguistic groups? If yes, please describe: SS has been adapted and is being evaluated for adolescent populations, as well as with minority populations, military, and those with a variety of trauma histories. Clinicians are encouraged to use “inside the model” adaptations (e.g., using examples from client’s experiences or culture, changing length/pace of sessions) based the treatment context and on client’s needs & experiences. | Modifications for delivery with adolescents include: 1) presenting materials verbally 2) using displacement to deepen engagement and feelings (e.g., “what if that happened to a friend”) 3) discussing trauma details 4) Involvement of parents (e.g., providing brief updates) 5) Providing up to 2 sessions for topics relevant for adolescents that are outside of the manual. |
| Primary Settings | Flexible | |
| Persons or Entities in charge of delivering | Mental Health Providers (e.g., Social Workers, Therapists) Inpatient Staff/Providers Residential Treatment Staff | |

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| Program | Other (Please describe):Paraprofessionals | |
| Primary Components | Assessment/ Triage/Screening Case Management Child Individual Therapy | |

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Resource & Capacity Planning

| Cognitive Behavioral Therapy | Cognitive Behavioral Therapy | Cognitive Behavioral Therapy |
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| Length/Duration of Program | Seeking Safety is designed to provide a flexible delivery of treatment consistent with client needs. Average duration with adolescents is approximately 3 months, for 12 weekly, 50-minute sessions. Clinicians using all topics can offer 25, 50-minute, sessions. | SS can be delivered in a group format (2-50 people for 1- 1.5 hours/week), though this has not yet been evaluated with adolescents. Duration & length of treatment is dependent upon group needs and context. |
| Required Materials | <p>Manuals/Program materials</p> <p>Video/Audio Equipment</p> <p>Fidelity Checklists/Assessments</p> | <p>Videos are available and recommended for training purposes. Initial assessments, as well as fidelity & progress monitoring (i.e., Seeking Safety Adherence Scale) are recommended. Assessment information is available on the website (www.seekingsafety.org).</p> <p>The manual, <i>Seeking Safety: A treatment manual for PTSD and substance abuse (2002)</i>, contains summaries, clinician orientations, quotations used in sessions, client handouts, and tips and discussions for tough cases.</p> <p>Posters, cards and other session materials are available through the website.</p> |
| Are Materials Available in Multiple Languages? | Seeking Safety is available in English, Spanish, French, German, Swedish | Materials may be ordered in multiple languages on the website in the order section (www.seekingsafety.org). |
| Training Requirements | <p>Face-to-face training</p> <p>Supervision Consultation</p> <p>Other: Video trainings</p> | A variety of training options are available for interested clinicians & agencies, including video trainings, attendance at off-site trainings, on-site trainings, and phone consultations. Training options maybe combined for individual clinician/agency needs. |

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| Provider Certification/ Training/ Requirements | No Degree /Certification/ Training/ requirements stated | |
| System or Agency Recommendations for Serving CEV Populations | <p>With-in Agency Support & Infrastructure: Although not required, it is recommended that interested clinicians obtain buy-in and support from supervisors and have rooms and equipment available that allows clinicians to video record sessions or for supervisors to conduct in-person observations. Infrastructure should support on-going supervision and time for training, as well as completing assessments and fidelity measures.</p> | |
| Costs of Implementation | <p>Training & Consultation: Set of 4 training videos = \$275 (also sold separately)</p> <p>Materials/Manuals: Safe Copings Skills Poster & Cards = \$16 each; Manual = \$46</p> <p>Fidelity Monitoring/ Assessments: The Seeking Safety Adherence Scale is free and available on website.</p> | |

Evidence for Children’s Exposure to Violence

| Cognitive Behavioral Therapy | Cognitive Behavioral Therapy | Cognitive Behavioral Therapy |
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| Evidence for Preventing or Addressing Violence Exposure | This EBP or program demonstrates sufficient feasibility evidence (successful recruitment and retention; high engagement and satisfaction) that it is feasible to implement the program with fidelity in settings serving or with populations exposed to violence, when such adaptation differs from the original intent/ outcomes of program. | |
| Evaluation Design of Studies with CEV | Randomized, control experimental design Feasibility testing | |
| Violence Exposure- Related Outcomes | Child (Briefly Describe): Compared to adolescents receiving treatment as usual, female youth receiving Seeking Safety showed significant improvements from intake to 3-month follow-up in most chemical use/involvement and associated behaviors measures, cognitions related to substance use, and trauma-related symptoms of sexual concerns and sexual distress. Improvements were also seen in some psychological domains, such as significant decreases in self-reported anorexia, somatization (e.g., stomachaches with no medical cause), and depression. | |
| Additional Research Information | Design, Setting, Participants: 33 female adolescents (average 16 years old) were randomly assigned to Seeking Safety (SS) plus treatment as usual (e.g., other concurrent treatments such as Alcoholics Anonymous, medication; N = 18) and Treatment as Usual (TAU; N= 15). Approximately 88% reported a history of sexual abuse, 72% physical abuse, and 39% reported being a victim of violence. 21.2% were of minority decent. Participants were referred through fliers and recruitment from clinics, | |

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| | <p>hospitals, and clinicians, and all were diagnosed with PTSD and SUD, with a majority having substance dependency. Exclusion criteria included bipolar or psychotic disorders and mental retardation, impending incarceration or homelessness. Average duration of treatment was 3 months; all were offered 25 50-minute, sessions. Participants completed assessments at baseline (18 SS; 15 TAU), post-treatment (14 SS; 12 TAU), and 3-month follow-up (11 SS; 9 TAU).</p> <p>Outcome Measures: External service utilization over a 30-day period was obtained using the Teen Treatment Services Review Interview (TTSR). Clinicians tallied SS attendance separately to obtain total attendance rate.</p> <p>Current PTSD and SUD were assessed using the Clinician Administered PTSD Scale- Child & Adolescent Version (CAPS) the Adolescent Diagnostic Interview. Adolescents' on-going substance use was assessed using the Personal Experiences Inventory to obtain both severity of chemical use and associated psychosocial problems. Adolescents' substance and traumatic-related cognitions were assessed via 3 instruments: the Beliefs About Substance Use (BSU), a modified version of the Reasons for Using (RFU; fewer items and addition of trauma-related questions), and the World Assumptions Scale to assess PTSD-related cognitions, such as re-experiencing. Psychological and behavioral difficulties and adjustment was assessed using the Adolescent Psychopathology Scale (APS) and the Trauma Symptom Checklist for Children (TSCC) (e.g., anger, depression, posttraumatic stress).</p> <p>Reference: Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking Safety therapy for adolescent girls with PTSD and Substance Use Disorder: A</p> | |

| Cognitive Behavioral Therapy | Cognitive Behavioral Therapy | Cognitive Behavioral Therapy |
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| | randomized controlled trial. <i>Journal of Behavioral Health Sciences & Research</i> , 33, 453-463. | |
| Conceptual Framework/Theoretical Design | Reputable | |
| Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas? | Yes NREPP California Clearing House | Seeking Safety has been shown to improve both chemical use and PTSD-related symptoms in numerous uncontrolled, pilot, and two randomized controlled studies with adults with a variety of trauma histories (e.g., military, sexual abuse, dual-diagnosis) and in a variety of settings (homeless shelters, prisons, urban settings) . |
| Evaluation Designs of other evaluations | Randomized, control experimental design Quasi-experimental design Pre- and post-test Feasibility testing | |
| Sources | Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) California Clearing House Other (describe): www.seekingsafety.org | |

Contact Information

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Selected Publications/References

Najavits, L. M., Gallop, R. J. , & Weiss, R. D. (2006). Seeking Safety therapy for adolescent girls with PTSD and substance abuse: A randomized controlled trial. *Journal of Behavioral Health Services & Research*, 33, 453-463.

Najavits, L. M. (2007). Seeking Safety: An Evidence-based model for substance abuse and trauma/PTSD. In K. A. Witkiewitz & G.A. Marlatt (Eds.). *Therapist's guide to evidence based relapse prevention: Practical resources for the mental health professional*. (pp. 141-167). San Diego: Elsevier Press.

Hien, D. A., Cohen, L. R., Miele, G. M., Litt, L. C., & Capstick, C. (2004). Promising treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry*, 161, 1426-1432.

Najavits LM. Seeking Safety: A new psychotherapy for posttraumatic stress disorder and substance use disorder. In: *Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders* (P. Ouimette & P. Brown, Eds.). Washington, DC: Americal Psychological Association Press, **in press**.

Other Resources

Najavits, L. M. (2004). Assessment of trauma, PTSD, and substance use disorder: A practical guide. In Wilson, J. P., Keane, T. M., eds., *Assessment of psychological trauma and PTSD*, 466-491. New York: Guilford Press.