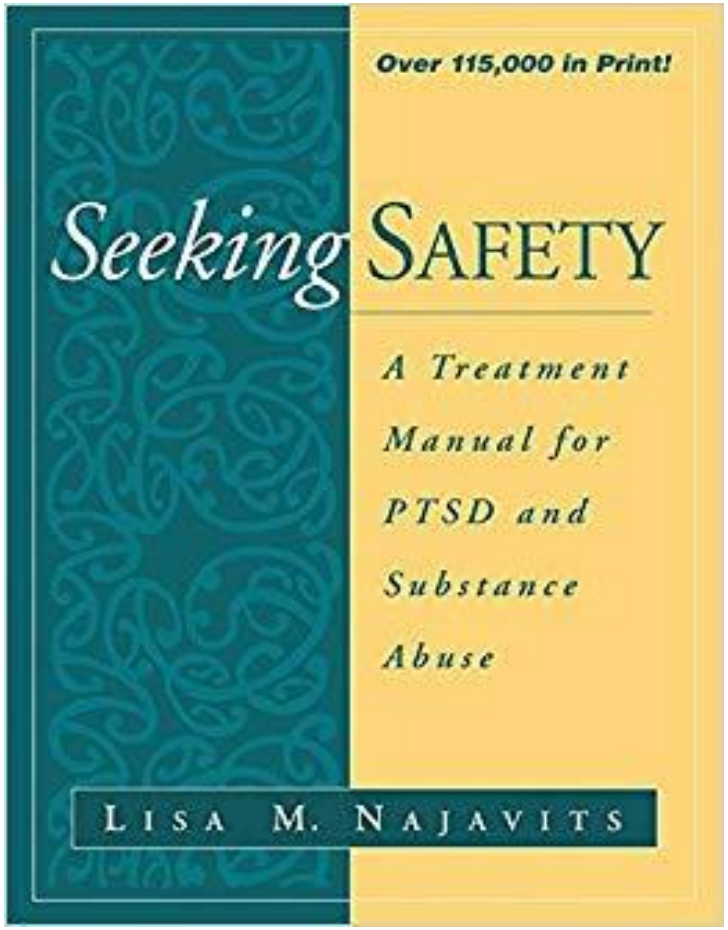

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Meta-Phi Conference Call
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Quote

"It's never too late to be what you might have been."

- George Eliott

(19th C British Writer)

Trauma (PTSD) and Substance Use

“The more I use, the more I won’t feel anything. The pain is so bad you just want to die. There is no other way out. If you talk about it, it will hurt too much. So instead keep it a secret. No one will know.”

“When I was sober I was crazy, hiding under the bed.”

Treatment Rationale

- PTSD and substance abuse co-occur, regardless of the nature of the trauma or the type of substance used (Keane & Wolfe, 1990; Kofoed et al., 1993).
- In substance abuse treatment, this dual-diagnosis is two to three times more common in women than in men (Brown & Wolfe, 1994, Najavits et al., 1998c).
- Treatment outcomes are worse than for other dual-diagnosis patients with substance abuse alone (Ouimette, Ahrens, Moos, & Finney, 1998; Ouimette, Finney, & Moos, 1999).
- Becoming abstinent from substances does not resolve PTSD; some PTSD symptoms become worse with abstinence (Brady, Kileen, Saladin, Dansky, & Beckers, 1994; Kofoed, Friedman, & Peck, 1993; Root, 1989).
- Integrated treatment has been shown to be more successful, more cost-effective and more sensitive to patients' needs than parallel or sequential approaches

Substance Use Disorder

Impaired control

- ❑ Using more or over a longer period of time than was intended
- ❑ Persistent desire or unsuccessful efforts to cut down or quit
- ❑ Time spent obtaining, using, or recovering from the effects of the drug
- ❑ Cravings or a strong desire to use

Risky use

- ❑Use in hazardous situations
- ❑Continued use despite recurrent physical or psychological problems

Substance Use Disorder

Social impairment

- ❑ Failure to fulfill major role obligations at school, work, or home
- ❑ Persistent or recurrent social or interpersonal problems
- ❑ Activities are given up or reduced

Physical dependence

- ❑ Tolerance
  - Less effect with continued use of the same amount of substance
  - A need for increased amounts to achieve the desired effect
- ❑ Withdrawal
  - Withdrawal syndrome when you stop using
  - Using the substance to relieve or avoid withdrawal symptoms

Trauma and Posttraumatic Stress Disorder

- An experience of relational trauma
- As a result of the trauma, experiences of some of the following symptoms:
  - ❑ Intrusion
  - ❑ Avoidance
  - ❑ Negative change in thinking or mood
  - ❑ Arousal

Principles of Seeking Safety

5 Central Ideas:

1. Safety as a priority of this first stage of treatment
2. Integrated treatment of PTSD and substance use
3. Focus on ideals
4. Four content areas; cognitive, behavioral, interpersonal, and case management
5. Attention to therapist process

1. Safety

"When a person has both active substance abuse and PTSD, the most urgent clinical need is to establish safety". Philosophy of treatment

Safety…

A term that signifies various elements; discontinuing substance use, reducing suicidality, minimizing exposure to HIV risk, letting go of dangerous relationships*, gaining control over extreme symptoms and stopping self-harm behaviors*. Many of these behaviors reenact trauma (ignore needs and perpetuate pain).

Participants learn how to ask for help from safe people, utilize community resources and care for their bodies by increasing self-nurturing activities.

Najavits 2002

2. Integrated Treatment

"Both disorders are treated at the same time by the same clinician". Integrated Mode

Integration…

*System and patient goal: to "own" both disorder, to recognize their interrelationship, and to fall prey less often to each disorder triggering the other.

Participants discover the connections between the two disorders, what order they arose and why, how each affects healing form the other , and their origins in other life problems (i.e.poverty).

Najavits 2002

3. Focus on Ideals

PTSD and substance use in combination lead to demoralization and loss of ideals.

Loss of:

Trust, honesty, respect, care, protection, healing, to name a few.

The treatment explicitly seeks to restore ideals that have been lost.

By aiming for what can be, patients will summon the motivation for the hard work of recovery

Najavits 2002

4. Content Areas

1. **Cognitive:** CBT based – present, problem-oriented, brief, time-limited, structured, educational with an emphasis on rehearsal of new skills. Teaches self-control strategies (problem-solving, cognitive control, relationship skills, self-care)
2. **Behavioral:** at each session patients are encouraged to commit to action – one concrete step to promote healing
3. **Interpersonal:** all interpersonal trauma may evoke survivor distrust of others, confusion over what can be expected in relationships and concern over reenactments of abusive power. Substance abuse – many patients grew up in homes with using family members; may use as to gain acceptance or manage interpersonal conflict. Patients are guided to notice extreme relationship dynamics that re-evoke trauma (enmeshment) and substance abuse (friends who offer substances)
4. **Case Management:** some patients who may not have other treatment supports may require significant assistance in getter the care they need (job counseling, housing) which need to be addressed for patients to get the most out of the treatment.

Najavits 2002

5. Therapist Process

The therapist represents the form the treatment takes and can magnify or diminish its impact.

What is emphasized in this treatment:

- Building an alliance
- Having compassion for patient's experience
- Using various coping skills in one's own life*
- Giving patients control whenever possible*
- Modeling what it means to try hard by meeting the patient halfway
- Obtaining feedback from patients
- Paying attention to counter-transference issues*
- Goal = integrate praise and accountability

Najavits 2002

Seeking Safety in Different Contexts

- Women, men, transgendered
- Subpopulations: military veterans, the homeless, patients with HIV, minority patients, adolescents, prisoners
- Suggested that the therapist add examples that relate to the population they are working with*

Goals

- To establish safety – i.e. focus on self-care, harm reduction, low tolerance for conflict in group, to name a few. If patients remember nothing else from the treatment, the hope is that they will 'take home" the idea of safety above all.
- To provide a group experience to learn new coping strategies in areas such as healthy relationships, asking for help, setting boundaries.
- To decrease symptoms of PTSD and substance use by practicing coping strategies.

Najavits 2002

Seeking Safety
Group format

- Check -in
- Quotation
- Topic
- 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 behaviour**?
4. Did you complete your **commitment**?
5. **Community resource** update?

Topics

- **Safety**
- **PTSD: Taking Back Your Power**
- **When Substances Control You**
- **Detaching From Emotional Pain (Grounding**)
- Asking For Help
- Taking Good Care of Yourself
- Compassion
- Red and Green Flags
- Honesty
- Recovery Thinking
- Integration the Split Self
- Commitment
- Creating Meaning
- Community Resources
- Setting Boundaries in Relationships
- Discovery
- Getting Others to Support Your Recovery
- Coping with Triggers
- Respecting Your Time
- Healthy Relationships
- Self-Nurturing
- Healing from Anger
- The Life Choice Game

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?

Core Concepts of Treatment

- Stay Safe
- Respect Yourself
- Use coping – not substances – to escape the pain
- Make the present and future better than the past
- Learn to trust
- Take good care of your body
- Get help from safe people
- To heal from PTSD, reduce your use and/or become substance-free
- If one method doesn't work, try something else
- Never, never, never, never, never, never, never, never give up!

Treatment Agreement

- Goal = Safety above all!!
- I will try my hardest to recover
- I am always welcome back, even if I relapse
- Confidentiality/limitations
- Be on time/leave message if need to cancel/late
- No use 24 hours before session – if come to session high or intoxicated will be escorted to a safe place
- Contact with group members outside of session is discouraged

Seeking Safety Treatment Group at WCH

- 10 – 12 participants
- 13 weeks
- Tuesdays – 11 – 12:45pm
- Frequency – 3 times per year
- 2 Facilitators (pilot group ran with 3 facilitators – one having prior experience with this group)

Inclusion/Exclusion Criteria
Suitability for Seeking Safety

Inclusion:

- Participants must be patients of WCH
- Patients must be followed by a WCH physician/clinician
- Patients will attend a 45 minute intake/assessment to determine suitability
- Substance use disorder with a goal of abstinence (they don't need to abstain during the program)
- Patient could be in early recovery - not longer than 6 months
- History of relational trauma (child or adult) and symptoms of PTSD

Exclusion: Active psychosis, Acute suicidality

Other things…

- WCH is a teaching hospital – we often have family medicine residents, psychiatry residents and social work students observe the group
- What group is not…a place to talk about details of trauma, no processing
- Providing Seeking Safety Treatment 1-1

Resources

Books and articles:

- Trauma and Recovery, Dr. Judith Herman
- Duarte Giles, M., Nelson, A.L., Shizgal, F., Stern, E-M., Fourt, A., Woods, P., Langmuir, J., & Classen, C.C. (2007). A Multi-Modal Treatment Program for Childhood Trauma Recovery: Women Recovering from Abuse Program (WRAP). Journal of Trauma & Dissociation, 8(4), 7-24.
- Pearlman, L.C., & Courtois, C.A. (2005). Clinical Applications of the Attachment Framework: Relational Treatment of Complex Trauma. Journal of Traumatic Stress, 18(5), 449-459
- "Treating the Trauma Survivor: an essential guide to trauma-informed care" by Anne Fourt, Carrie Clark, Maithili Shetty, Catherine C. Classen
- "Seeking Safety: A treatment manual for PTSD and Substance Use" by Lisa Najavits
- "It's Not You, It's What Happened to You: Complex trauma and treatment" by Christine A. Coutois
- "Trauma Matters: guidelines for trauma-informed practices in women's substance use services" March 2013 by The Jean Tweed Centre, Toronto, Ontario

Websites:

- Helpguide.org: http://www.helpguide.org/articles/ptsd-trauma/emotional-and-psychological-trauma.htm
- Mental Health.ca: http://www.ementalhealth.ca/
- CAMH.ca: http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Trama/Pages/default.aspx
- The Trauma Toolkit (trauma-informed care): http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf
- META:PHI website: www.metaphi.ca
- META:PHI mailing list for clinical questions and discussion (e-mail sarah.clarke@wchospital.ca to join)