Intervention Summary: Seeking Safety

Keywords: Co-occurring disorders, Mental health treatment, Substance abuse treatment, Experimental, Pre-Experimental, American Indian/Alaska Native, Asian American, Black or African American, Hispanic or Latino, Other/unspecified, White, Female, Male, Mix of public and proprietary

All information below was current as of the date of review. To request more information, or to see if new studies or materials are available, please contact the developer or other representatives listed at the bottom of this page.

Descriptive Info | Outcomes | Ratings | Demographics | Studies/Materials | Replications | Contact Info

Descriptive Information

Topics	Co-occurring disorders, Mental health treatment, Substance abuse treatment
Populations	**Age:** **Gender:** Female, Male **Race:** American Indian/Alaska Native, Asian American, Black or African American, Hispanic or Latino, Other/unspecified, White
Outcomes	Outcome 1: Substance use Outcome 2: Trauma-related symptoms Outcome 3: Psychopathology Outcome 4: Treatment retention
Abstract	Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psychoeducation and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both PTSD and substance abuse at the same time); (3) a

	focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).
Replications	As of November 2006, Seeking Safety has been replicated in nine published studies.
Proprietary or Public Domain	Mix of public and proprietary
Costs	Required materials include the Seeking Safety manual in English ($40) and/or Spanish ($48). Optional materials and services include the Seeking Safety Adherence Scale (can be downloaded free from http://www.seekingsafety.org); articles on the model (free from the Web site); 4.5 hours of training videos ($250), poster of safe coping skills ($14), and on-site training and/or telephone consultation (rates are negotiable). Other possible costs include clinicians' salaries and overhead costs.
Adaptations	Seeking Safety has been tested with dually diagnosed women, men, and adolescent girls. Samples have included clients in outpatient and residential settings, low-income urban women, incarcerated women, and veterans (both men and women). The treatment manual is available in both English and Spanish.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
Implementation History	Since 1992, Seeking Safety has been implemented in over 500 clinical settings and as part of statewide initiatives in Oregon, Wyoming, Connecticut, and Hawaii. It has been implemented in programs for substance abuse, mental health, domestic violence, homelessness, women and children, and veterans and in correctional, medical, and school settings throughout the United States, Canada, and Europe.
Date Reviewed	October 2006
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Outcomes

Outcome 1: Substance use

Description	Substance use was indicated by urinalysis. Some studies used the Substance Use Inventory, a self-report of quantity and frequency over the past week. Outcomes were based on mean rating of use over previous 4 weeks. One study used the Clinical Global Impression (CGI), a 7-point interviewer-rated scale characterizing abuse severity and improvement. Some studies used the Addiction Severity Index (ASI) self-report of problem severity in last 30 days. One study with adolescent girls used the Personal Experiences Inventory.
Key Findings	In a randomized controlled trial with a sample of 107 women assigned to Seeking Safety, relapse prevention, or treatment as usual, women who participated in the first two conditions had greater reductions in substance use severity at posttreatment and at 6- and 9-month follow-up. Results were statistically significant at posttreatment (Seeking Safety versus treatment as usual, $t = -3.3$, $p < 0.001$) and at 6-month follow-up (Seeking Safety versus treatment as usual, $t = -2.0$, $p < 0.05$). A study of 12-month follow-up outcomes for women showed no differences between Seeking Safety and treatment-as-usual clients on substance use measures. In a randomized controlled trial with 33 adolescent girls, Seeking Safety participants showed more improvement than treatment-as-usual participants on 7 of 10 Personal Experiences Inventory subscales at posttest. F-values ranged from 5.57 to 37.29; probability values were less than 0.05 or less than 0.01.

	Effect sizes ranged from 0.37 to 1.17. At 3-month follow-up Seeking Safety participants still showed more improvement on the "Loss of Control" subscale (F = 5.06, P < 0.05, Cohen's d = .37). In five studies with small samples and no control groups, Seeking Safety clients showed pretreatment to posttreatment reductions in substance use, with statistically significant reductions in the four studies that presented inferential statistical results (absolute t-values ranged from 2.7 to 3.05; probability values ranged from less than 0.05 to less than 0.01). In one of the five studies, Seeking Safety participants had significant increases in abstinence from substance use (p < 0.008) as indicated by generalized estimating equations analysis). In another, weekly urinalyses suggested three of five participants were abstinent throughout treatment. In a study of incarcerated women, 11 out of 17 did not report using drugs 3 months after release.
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 5, Study 6, Study 7, Study 8 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Research Designs	One-group pretest-posttest, Pretest-posttest control group design
Quality of Research Rating	2.1 (0.0-4.0 scale)

Outcome 2: Trauma-related symptoms

Description	In some studies, trauma-related symptoms were measured using the Clinician-Administered Post Traumatic Stress Disorder (PTSD) Scale, a structured clinical interview that assesses frequency, intensity, severity of DSM-IV PTSD symptoms and impact of symptoms on social and occupational functioning. The Impact of Event Scale, a 15-item self-report of symptoms of intrusion and avoidance, was used for some research. Other studies used the Posttraumatic Symptom Scale (PSS), a 17-item self-report that indicates frequency of problems following a traumatic event. Some studies used the Trauma Symptom Checklist 40, a self-report measure. The Clinician-Administered PTSD Scale was used to determine lifetime and current diagnosis of PTSD, and intensity and severity of symptoms in the last month for some studies. The World Assumptions Scale, a measure of cognitions related to PTSD, was also used.
Key Findings	In a randomized controlled trial with 107 women, Seeking Safety clients demonstrated more improvement on measures of trauma symptoms than women assigned to treatment as usual at posttreatment ($t = -2.5$, $p < 0.01$), at 6 months posttreatment ($t = -2.34$, $p < 0.05$), and at 9 months posttreatment ($t = -2.2$, $p < 0.05$). In a study comparing 12-month follow-ups for Seeking Safety and treatment-as-usual clients with baseline severe trauma-related symptoms, 30% of Seeking Safety clients improved to moderate or better functioning, compared with 21% of

	treatment-as-usual clients. Cognitions related to PTSD also showed significant decreases compared to treatment as usual (World Assumptions Scale, benevolence subscale). In a randomized controlled trial with a sample of 33 adolescent girls, those in Seeking Safety had significantly fewer sexual concerns ($F = 13.20$, $p = .002$) and sexual distress ($F = 22.28$, $p < .001$) at 2 months after intake than girls receiving treatment as usual. In a study of incarcerated women, at posttreatment, 9 of 17 no longer met the diagnostic criteria for PTSD. The sample as a whole showed significant decreases in symptoms from pretreatment to posttreatment ($t = 3.81$, $p = .002$) and from pretreatment to 3 months postrelease ($t = 2.25$, $p = .04$). A pilot study of 17 women also showed pretreatment-posttreatment decreases in trauma-related symptoms ($t = 2.32$, $p < 0.05$). In three additional studies with small samples and no control groups, Seeking Safety clients showed pre- to posttreatment reduction in PTSD symptoms, with statistically significant reductions in the studies that presented inferential statistical results. In a study on veterans, PTSD symptoms on the PTSD Checklist decreased significantly from pre- to posttreatment. The study on men showed significant reduction in trauma-related symptoms.
Studies Measuring Outcome	Study 1, Study 3, Study 4, Study 5, Study 6, Study 8 *(**Note:** Study numbers correspond to the*

	numbered citations in the Studies and Materials Reviewed section below)
Research Designs	One-group pretest-posttest, Pretest-posttest control group design
Quality of Research Rating	2.3 (0.0-4.0 scale)

Outcome 3: Psychopathology

Description	In some studies, psychopathology was measured by the Global Assessment Scale of overall psychiatric functioning and impairment in the last 4 weeks. Some studies used the Brief Symptom Inventory (BSI) of general psychiatric symptoms. One study used psychiatric hospitalizations as well as responses to the Suicidal Behaviors Questionnaire as indications of psychopathology. Some studies assessed depression with the Hamilton Depression Rating Scale or the Beck Depression Inventory II. Adolescents were assessed with the Adolescent Psychopathology Scale (APS), 346 items on DSM disorders and psychosocial problems.
Key Findings	In a randomized controlled trial with 107 women, those assigned to treatment as usual worsened on measures of psychopathology, while Seeking Safety participants improved from pretreatment to posttreatment ($t = -2.37$, $p < 0.01$). At 6- and 9-month follow-up, Seeking Safety participants still had better functioning, but the difference was not statistically significant. In a study of 12-month follow-up outcomes for women in Seeking Safety or treatment as usual, those in Seeking Safety improved more (effect size = .18, $p < .001$). In a randomized controlled trial of 33 adolescent girls, those in Seeking Safety improved significantly more than treatment-as-usual clients on measures of anorexia (Cohen's $d = 2.02$), somatization (Cohen's $d = 1.27$), and major depression (Cohen's $d = 0.40$).

	A variety of improvements were found in three studies. A sample of five dually diagnosed men improved pretreatment to posttreatment on the Global Assessment of Functioning ($t = -4.03$, $p < 0.02$). A sample of women in a community mental health program showed pretreatment to posttreatment improvements in clinicians' ratings of psychiatric functioning ($t = 4.2$, $p < 0.01$). In a pilot study of Seeking Safety, 17 women showed pretreatment to posttreatment reductions in suicidal thoughts and risk for future suicide.
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 4, Study 5, Study 6, Study 7 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Research Designs	One-group pretest-posttest, Pretest-posttest control group design
Quality of Research Rating	2.1 (0.0-4.0 scale)

Outcome 4: Treatment retention

Description	Treatment retention was measured by clinicians' records.
Key Findings	In a study of dually diagnosed men, all five participants completed 30 of 30 Seeking Safety sessions. In a pilot study of Seeking Safety, 17 of 27 women completed treatment (attended 6 or more sessions). In a study of adolescent girls, an average of 11.78 of 25 sessions were attended.
Studies Measuring Outcome	Study 4, Study 5, Study 6 *(**Note:** Study numbers correspond to the numbered citations in the Studies and Materials Reviewed section below)*
Research Designs	One-group pretest-posttest, Pretest-posttest control group design
Quality of Research Rating	2.2 (0.0-4.0 scale)

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Ratings

Quality of Research Ratings by Criteria (0.0-4.0 scale)

Outcome	Reliability	Validity	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
Outcome 1: Substance use	2.3	2.3	2.3	2	1.6	2	**2.1**
Outcome 2: Trauma-related symptoms	2.7	2.7	2.9	2	1.8	2.1	**2.3**
Outcome 3: Psychopathology	2.4	2.4	2.1	2	1.7	2.1	**2.1**
Outcome 4: Treatment retention	2	2	3.4	2.2	1.9	1.9	**2.2**

Strengths: Findings were consistently positive in a variety of domains. Some studies showed very careful attention to fidelity.

Weaknesses: Some studies used convenience samples. Sample size was often small, making it difficult to rule out confounds or make statistical inferences.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

Readiness for Dissemination	Implementation Materials	Training and Support	Quality Assurance	Overall Rating
RFD Rating for Intervention	4	4	3.9	**4**

Strengths: Implementation materials are intended to be used by clinicians, though the written materials, website information, video tapes, and classes could also be useful for trainees. The program Web site provides detailed information on available trainings and discusses available on-site and telephone consultation. An adherence scale is provided to support quality assurance. Intervention adherence is reviewed as part of the offered consultation.

Weaknesses: Little information on organizational implementation guidance was provided for review. Links are provided on the Web site to direct users to possible ways of measuring outcomes; however, no specific guidance is provided on some universal measures, nor on how to measure outcomes related to the model.

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Study Demographics

The studies reviewed for this intervention included participants with the following demographics, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	Data not reported/available	100% Female	42.1% Black or African American 37.4% White 19.6% Hispanic or Latino 0.9% Other/unspecified
Study 2	Data not reported/available	100% Female	80% White 15% Black or African American 5% Asian American
Study 3	Data not reported/available	100% Female	50% White 25% Black or African American 17% Hispanic or Latino 7% Other/unspecified
Study 4	Data not reported/available	100% Female	78.8% White 12.1% Asian American 3% Black or African American 3% Hispanic or Latino 3% Other/unspecified
Study 5	Data not reported/available	100% Male	100% White
Study 6	Data not reported/available	100% Female	88.2% White 11.8% Black or African American
Study 7	Data not reported/available	100% Female	83.3% White 16.7% American Indian/Alaska Native
Study 8	Data not reported/available	100% Female	66.7% White 16.7% Other/unspecified 11.1% Black or African American 5.6% Hispanic or Latino

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Studies and Materials Reviewed

Quality of Research Studies

Study 1

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.

Study 2

Holdcraft, L. C., & Comtois, K. A. (2002). Description of and preliminary data from a women's dual diagnosis community mental health program. Canadian Journal of Community Mental Health, 21, 91-109.

Study 3

Morrissey, J. P., Jackson, E. W., Ellis, A. R., Amaro, H., Brown, V. B., & Najavits, L. M. (2005). Twelve-month outcomes of trauma-informed interventions for women with co-occurring disorders. Psychiatric Services, 56, 1213-1221.

Study 4

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

Study 5

Najavits, L. M., Schmitz, M., Gotthardt, S., & Weiss, R. D. (2005). Seeking Safety plus exposure therapy: An outcome study on dual diagnosis men. Journal of Psychoactive Drugs, 27, 425-435.

Study 6

Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. R. (1998).

"Seeking Safety": Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. Journal of Traumatic Stress, 11, 437-456.

Study 7

Weller, L. A. (2005). Group therapy to treat substance use and traumatic symptoms in female veterans. Federal Practitioner, 27-38.

Study 8

Zlotnick, C., Najavits, L. M., Rohsenow, D. J., & Johnson, D. M. (2003). A cognitive-behavioral treatment for incarcerated women with substance abuse disorder and posttraumatic stress disorder: A pilot study. Journal of Substance Abuse Treatment, 25, 99-105.

Quality of Research Supplementary Materials

Cook, J. M., Walser, R. D., Kane, V., Ruzek, J. I., & Woody, G. (2006). Dissemination and feasibility of a cognitive-behavioral treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration. Journal of Psychoactive Drugs, 38, 89-92.

Najavits, L. M. (2002). Seeking Safety: A treatment manual for PTSD and substance abuse. New York: Guilford Press.

Poster of the Safe Coping Skills

Seeking Safety Adherence Scale and Score Sheet

Video Training Series on Seeking Safety

Readiness for Dissemination Materials

Najavits, L. (2000). Training clinicians to conduct the Seeking Safety treatment for PTSD and substance abuse. Alcoholism Treatment Quarterly, 18, 83-98.

Najavits, L. (2002). Seeking Safety: A new psychotherapy for posttraumatic stress disorder and substance use disorder. In P.

Ouimette & P. Brown (Eds.), Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders (pp. 147-170). Washington, DC: American Psychological Association Press.

Najavits, L. (2002). Seeking Safety: A treatment manual for PTSD and substance abuse. New York: Guilford Press.

Najavits, L. (2004). Implementing Seeking Safety therapy for PTSD and substance abuse: Clinical guidelines. Alcoholism Treatment Quarterly, 22(1), 43-62.

Najavits, L. (2005). A client's story; Teaching grounding to a client [VHS].

Najavits, L. (2005). Example of a group session: Asking for help [VHS].

Najavits, L. (2005). Seeking Safety: Therapy for trauma/PTSD and substance abuse [VHS].

Najavits, L. (2005). Session for Adherence Scale rating: Healthy Relationships [VHS].

Najavits, L. (2006). Seeking Safety. In V. Follette & J. Ruzek (Eds.), Cognitive-Behavioral Therapies for Trauma (2nd ed.) (pp. 228-257). New York: Guilford Press.

Seeking Safety Web site, http://www.seekingsafety.org

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Replications

As of November 2006, Seeking Safety has been replicated in nine published studies.

Note: Citations with an asterisk indicate that studies were reviewed as part of the Quality of Research ratings.

* Cook, J. M., Walser, R. D., Kane, V., Ruzek, J. I., & Woody, G. (2006). Dissemination and feasibility of a cognitive-behavioral treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration. Journal of Psychoactive Drugs, 38, 89-92.

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* Holdcraft, L. C., & Comtois, K. A. (2002). Description of and preliminary data from a women's dual diagnosis community mental health program. Canadian Journal of Community Mental Health, 21, 91-109.

* Morrissey, J. P., Jackson, E. W., Ellis, A. R., Amaro, H., Brown, V. B., & Najavits, L. M. (2005). Twelve-month outcomes of trauma-informed interventions for women with co-occurring disorders. Psychiatric Services, 56, 1213-1221.

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

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