Topics in Seeking Safety

There are 25 topics to choose from, and they can be presented in any order. Each topic supports healing from both trauma and substance misuse.

Topics include:

- Safety
- PTSD: Taking Back Your Power
- Asking for Help
- Setting Boundaries in Relationships
- Getting Others to Support Your Recovery
- Healthy Relationships
- Community Resources
- Taking Good Care of Yourself
- Coping with Triggers
- Self-Nurturing
- Detaching from Emotional Pain (Grounding Skills)
- Life Choices

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Women who attend 6 or more sessions often report an increased sense of safety and reduced trauma symptoms.

Seeking Safety

There are effective ways to manage trauma symptoms and to reduce substance misuse!

For More Information:

- www.seekingsafety.org

- Colorado Coalition Against Domestic Violence
  1120 Lincoln Street, Suite 900
  Denver, CO 80203
  303.831.9632
  www.ceadv.org

The Seeking Safety curriculum helps survivors heal from trauma & substance misuse

Seeking Safety may be useful to you!

Find out more...
What is Seeking Safety?

Seeking Safety is a skills group for people with a history of trauma &/or substance misuse. It focuses on coping skills and useful problem solving. The 25 topics can be conducted in any order.

**Trauma symptoms**
(like anxiety, flashbacks, nightmares, feeling numb, having a hard time remembering things or trusting people)
are common responses to threatening situations.

You CAN learn to manage these difficult symptoms! ☺

Is this therapy? What is peer support?

Seeking Safety doesn’t require a therapist! It is not trauma therapy, but rather it is a skills group that can be used by advocates, and groups can even be peer-led. ☺ Peer support means being with and learning from others with similar experiences.

This curriculum is educational. People don’t share details of their traumas. Seeking Safety is valuable for anyone who has been impacted by trauma, even if they don’t have a PTSD diagnosis or problem use of substances.

Did you know there’s a connection between trauma & substance misuse?

Yes! Use of substances is a common way that people who have been through threatening situations will try to feel better. Domestic violence survivors may use substances for a variety of reasons, including to manage pain, get to sleep, feel something positive, feel less scared. If trauma symptoms or substance use are disrupting your life, there are effective ways to manage your symptoms and use.

Trauma and substance misuse are profoundly connected. Consider these linkages noted in Seeking Safety:

- **The dual diagnosis of PTSD and substance abuse is surprisingly common.** The rate of PTSD among women in substance abuse treatment is 30% - 59%.
  (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Langeland & Hartgers, 1998; Najavits, Weiss, & Shaw, 1997; Stewart, 1996; Stewart, Conrod, Pihl, & Dongler, 1999; Triffleman, 1998)

- **People with PTSD & substance abuse are vulnerable to repeated traumas.** (Fullilove et al., 1993)

- **People with both disorders suffer a variety of life problems... including other disorders, interpersonal and medical problems... homelessness, HIV risk, and domestic violence.**
  (Brady, Dansky, Sonne, & Saladin, 1998; Brown & Wolfe, 1994; Dansky, Byrne, & Brady, 1999)

- **A “downward spiral” is common.** For example, substance use may increase vulnerability to new traumas, which in turn can lead to more substance use (Fullilove et al., 1993). From patients’ perspective, **PTSD symptoms are common triggers of substance use** (Abueg & Fairbank, 1991; Brown, Recupero, & Stout, 1995), which in turn can heighten PTSD symptoms (Brown, Stout, & Gannon-Royall, 1998; Koford et al., 1993; Kovach, 1986; Root, 1989).

How can Seeking Safety be beneficial to me?

Many survivors struggle with managing their trauma symptoms and substance use. Too often trauma symptoms or substance use are seen as ‘weaknesses’ but that is not true! These are normal responses to abnormal situations. Through compassionate discussion of these difficult topics, Seeking Safety can be a tool to help you gain new information and skills. Learn to navigate triggers and more effectively build the life of safety and wellbeing which you deserve!

* Safety - Trust - Choice - Collaboration - Empowerment - Cultural Competence *
INTRODUCTION

1. Check-In

To find out how patients are doing. Patients report on five questions. Since the last session (a) "How are you feeling?" (b) "What good coping have you done?" (c) "Any substance use or other unsafe behavior?" (d) "Did you complete your commitment?" and (e) Community Resource update? (up to 5 minutes per patient).

2. The Quotation

To help emotionally engage patients in the session. A patient reads the quotation out loud. The therapist asks, "What is the main point of the quotation?", and links it to the session (2 minutes).

SESSION TOPIC

3. Relate the Topic to Patients’ Lives

To connect the topic meaningfully to patients’ experience. This is the heart of the session, using specific and current examples from patients’ lives and offering intensive rehearsal of the material (30–40 minutes).

 Protocol:

A. Ask patients to look through the handouts (up to 5 minutes).
B. Relate the material to current and specific problems in patients’ lives.

* Optional: The Safe Coping Sheet

CLOSING

4. Check-Out

To reinforce patients’ progress and give the therapist feedback. Patients answer three questions: (a) “Name one thing you got out of today’s session (and any problems with the session)”; (b) “What is your new commitment?”; and (c) What Community Resource will you call? (up to 5 minutes).

* Optional: End-of-Session Questionnaire

Reminder: The “Big Picture” Priorities Are To . . .

1. Eliminate substance use
2. Reduce PTSD symptoms
3. Increase safety (from HIV risk, domestic violence, self-harm, etc.)

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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?

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End-of-Session Questionnaire

To be completed anonymously; do not fill in your name.

Session Topic: ___________________________ Date: ________________

Please be honest about your view of today’s session, so that the treatment can be made as helpful as possible.

Answer questions 1–6 below using the following scale:

0 1 2 3
Not at all A little Moderately A great deal

1. How helpful was today’s session for you, overall? __________

2. In today’s session, how helpful were:
   a. The topic of the session? ______
   b. The handout? ______
   c. The quotation? ______
   d. The therapist? ______

3. How much did today’s session help you with your:
   a. PTSD? ______
   b. Substance abuse? ______

4. How much do you think you’ll use what you learned in today’s session in your life? ______

5. Do you have any other comments or suggestions about today’s session? Please be honest about both positive and negative reactions.
   Positive reactions: _____________________________________________
   _____________________________________________
   _____________________________________________

   Negative reactions: _____________________________________________
   _____________________________________________
   _____________________________________________

6. How could this treatment be more helpful to you?
   _____________________________________________
   _____________________________________________
   _____________________________________________

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Commitment to Recovery

A commitment is a promise—to yourself, to your recovery, and to your therapist. If you cannot complete your commitment, or need to change it, be sure to leave your therapist a message before your next session.

Name: ________________________________ Date: ________________________________

<table>
<thead>
<tr>
<th>Commitment for next session</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will do:</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Resource to call before next session</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will call:</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

REMINDERS

- Your next session is scheduled for: _______ Date _______ Time
- Where will you put this sheet to remember it?: Wallet ___ Refrigerator door ___ Notebook ___
  Other location: ________________________________

(TEAR HERE) ———————————————————————————————————————————————————— (TEAR HERE)

THERAPIST COPY

Patient Initials: ________________________________ Today's Date: ________________________________

<table>
<thead>
<tr>
<th>Commitment for next session</th>
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</thead>
<tbody>
<tr>
<td>I will do:</td>
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“Don’t compromise yourself. You are all you’ve got.”

—Janis Joplin
(20th-century American singer)
Self-Care Questionnaire

★ Answer each question below "yes" or "no"; if a question does not apply, leave it blank.

Do you . . .

- Associate only with safe people who do not abuse or hurt you? Yes ___  No ___
- Get annual medical check-ups with a:
  - Doctor? Yes ___  No ___
  - Dentist? Yes ___  No ___
  - Eye doctor? Yes ___  No ___
  - Gynecologist (women only)? Yes ___  No ___
- Eat a healthful diet (healthful foods and not under- or overeating)? Yes ___  No ___
- Have safe sex? Yes ___  No ___
- Travel in safe areas, avoiding risky situations (e.g., being alone in deserted areas)? Yes ___  No ___
- Get enough sleep? Yes ___  No ___
- Keep up with daily hygiene (clean clothes, showers, brushing teeth, etc.)? Yes ___  No ___
- Get adequate exercise (not too much or too little)? Yes ___  No ___
- Take all medications as prescribed? Yes ___  No ___
- Maintain your car so it is not in danger of breaking down? Yes ___  No ___
- Avoid walking or jogging alone at night? Yes ___  No ___
- Spend within your financial means? Yes ___  No ___
- Pay your bills on time? Yes ___  No ___
- Know whom to call if you are facing domestic violence? Yes ___  No ___
- Have safe housing? Yes ___  No ___
- Always drive substance-free? Yes ___  No ___
- Drive safely (within 5 miles of the speed limit)? Yes ___  No ___
- Refrain from bringing strangers home to your place? Yes ___  No ___
- Carry cash, ID, and a health insurance card in case of danger? Yes ___  No ___
- Currently have at least two drug-free friendships? Yes ___  No ___
- Have health insurance? Yes ___  No ___
- Go to the doctor/dentist for problems that need medical attention? Yes ___  No ___
- Avoid hiking or biking alone in deserted areas? Yes ___  No ___
- Use drugs or alcohol in moderation or not at all? Yes ___  No ___
- Not smoke cigarettes? Yes ___  No ___
- Limit caffeine to fewer than 4 cups of coffee per day or 7 colas? Yes ___  No ___
- Have at least 1 hour of free time to yourself per day? Yes ___  No ___
- Do something pleasurable every day (e.g., go for a walk)? Yes ___  No ___
- Have at least three recreational activities that you enjoy (e.g., sports, hobbies—but not substance use)? Yes ___  No ___
- Take vitamins daily? Yes ___  No ___
- Have at least one person in your life that you can truly talk to (therapist, friend, sponsor, spouse)? Yes ___  No ___
- Use contraceptives as needed? Yes ___  No ___
- Have at least one social contact every week? Yes ___  No ___

(cont.)

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Handout (page 2 of 2)

Taking Good Care of Yourself

- Attend treatment regularly (e.g., therapy, group, self-help groups)? Yes ___ No ___
- Have at least 10 hours per week of structured time? Yes ___ No ___
- Have a daily schedule and "to do" list to help you stay organized? Yes ___ No ___
- Attend religious services (if you like them)? Yes ___ No ___ N/A ___
- Other: ______________________________ Yes ___ No ___

Your score: (total number of No's): ___

Notes on self-care

Self-care and PTSD. People with PTSD often need to learn to take good care of themselves. For example, if you think about suicide a lot, you may not feel that it's worthwhile to take good care of yourself and may need to make special efforts to do so. If you were abused as a child, you got the message that your needs were not important. You may think, "If no one else cares about me, why should I?" Now is the time to start treating yourself with respect and dignity.

Self-care and substance abuse. Excessive substance use is one of the most extreme forms of self-neglect because it directly harms your body. And the more you abuse substances, the more you are likely to neglect yourself in other ways too (e.g., poor diet, lack of sleep).

Try to do a little more self-care each day. No one is perfect in doing everything on the questionnaire at all times. However, the goal is to make more of the most urgent priorities first, and to work on improving your self-care through daily efforts. "Progress, not perfection."
Ideas for a Commitment

Commit to one action that will move your life forward!
It can be anything you feel will help you, or you can try one of the ideas below.
Keeping your commitment is a way of respecting, honoring, and caring for yourself.

Option 1: Identify one self-care problem from the Self-Care Questionnaire (one “no” answer) that you want to work on. Before the next session, make that “no” into a “yes”—solve that self-care problem. If you want to, write out how it went: How did it feel to do it? Was it successful? Any next steps you’d like to take?

Option 2: Take any four of the following words and write a page on how your life could be improved by attending to them (be creative—there’s no right or wrong answer to this):

Self-Care  Dignity  Body  Attention  Love  Effort
Knowledge  Respect  Safety  Physical

Option 3: Find someone in your life who takes very good care of her or himself. Interview this person, asking everything you can about how the person does it, how it feels, and how the person learned it.

Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

EXAMPLE OF THE SAFE COPING SHEET APPLIED TO THIS TOPIC

<table>
<thead>
<tr>
<th></th>
<th>Old Way</th>
<th>New Way</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation</strong></td>
<td>I have a bad toothache.</td>
<td>I have a bad toothache.</td>
</tr>
<tr>
<td><strong>Your Coping</strong></td>
<td>Not doing anything about it.</td>
<td>Call dentist immediately. Say to myself, “Even though I wasn’t taken good care of when I was growing up, I need to do things better now.”</td>
</tr>
<tr>
<td></td>
<td>Just trying to put it out of mind.</td>
<td></td>
</tr>
<tr>
<td><strong>Consequence</strong></td>
<td>It keeps getting worse. I feel miserable.</td>
<td>This feels strange—I’m used to waiting until everything is in crisis. But I know this was the best way to handle it.</td>
</tr>
</tbody>
</table>

*How safe is your old way of coping? __________  How safe is your new way of coping? ____________

Rate from 0 (not at all safe) to 10 (totally safe)

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