

## A brief description of the 25 *Seeking Safety* treatment topics

Domains (cognitive, behavioral, interpersonal, or a combination) are listed in parentheses.

<p><b>(1) Introduction to treatment / Case management</b> This topic covers: (a) Introduction to the treatment; (b) Getting to know the patient; and (c) Assessment of case management needs.</p>
<p><b>(2) Safety</b> (<i>combination</i>) Safety is described as the first stage of healing from both PTSD and substance abuse, and the key focus of this treatment. A list of over 80 <i>Safe Coping Skills</i> is provided, and patients explore what safety means to them.</p>
<p><b>(3) PTSD: Taking Back Your Power</b> (<i>cognitive</i>) Four handouts are offered: (a) "What is PTSD?"; (b) "The Link Between PTSD and Substance Abuse"; (c) "Using Compassion to Take Back Your Power"; and (d) "Long-Term PTSD Problems". The goal is to provide information as well as a compassionate understanding of the disorder.</p>
<p><b>(4) Detaching from Emotional Pain: Grounding</b> (<i>behavioral</i>) A powerful strategy, "grounding", is offered to help patients detach from emotional pain. Three types of grounding are presented (mental, physical, and soothing), with an experiential exercise to demonstrate the techniques. The goal is to shift attention toward the external world, away from negative feelings.</p>
<p><b>(5) When Substances Control You</b> (<i>cognitive</i>) Eight handouts are provided, which can be combined or used separately: (a) "Do You Have a Substance Abuse Problem?" (b) "How Substance Abuse Prevents Healing From PTSD"; (c) "Choose a Way to Give Up Substances"; (d) "Climbing Mount Recovery", an imaginative exercise to prepare for giving up substances; (e) "Mixed Feelings"; (f) "Self-Understanding of Substance Use"; (g) "Self-Help Groups"; and (h) "Substance Abuse And PTSD: Common Questions".</p>
<p><b>(6) Asking for Help</b> (<i>interpersonal</i>) Both PTSD and substance abuse lead to problems in asking for help. This topic encourages patients to become aware of their need for help and provides guidance on how to obtain it.</p>
<p><b>(7) Taking Good Care of Yourself</b> (<i>behavioral</i>) Patients are guided to explore how well they take care of themselves, using a questionnaire listing specific behaviors (e.g., "Do you get regular medical check-ups?"). They are asked to take immediate action to improve at least one self-care problem.</p>
<p><b>(8) Compassion</b> (<i>cognitive</i>) This topic encourages the use of compassion when trying to overcome problems. Compassion is the opposite of "beating oneself up", a common tendency for people with PTSD and substance abuse. Patients are taught that only a loving stance toward the self produces lasting change.</p>
<p><b>(9) Red and Green Flags</b> (<i>behavioral</i>) Patients are guided to explore the up-and-down nature of recovery in both PTSD and substance abuse through discussion of "red and green flags" (signs of danger and safety). A <i>Safety Plan</i> is developed to identify what to do in situations of mild, moderate, and severe relapse danger.</p>
<p><b>(10) Honesty</b> (<i>interpersonal</i>) Patients are encouraged to explore the role of honesty in recovery and to role-play specific situations. Related issues include: What is the cost of dishonesty? When is it safe to be honest? What if the other person doesn't accept honesty?</p>
<p><b>(11) Recovery Thinking</b> (<i>cognitive</i>) Thoughts associated with PTSD and substance abuse are contrasted with healthier "recovery thinking". Patients are guided to change their thinking using rethinking tools such as <i>List Your Options</i>, <i>Create a New Story</i>, <i>Make a Decision</i>, and <i>Imagine</i>. The power of rethinking is demonstrated through think-aloud and rethinking exercises.</p>
<p><b>(12) Integrating the Split Self</b> (<i>cognitive</i>) Splitting is identified as a major psychic defense in both PTSD and substance abuse. Patients are guided to notice splits (e.g., different sides of the self, ambivalence, denial) and to strive for integration as a means to overcome these.</p>
<p><b>(13) Commitment</b> (<i>behavioral</i>) Making and keeping promises, both to self and others, are explored. Creative strategies for keeping commitments, and feelings that can get in the way, are described.</p>

**(14) Creating Meaning** (*cognitive*)

Meaning systems are discussed with a focus on assumptions specific to PTSD and substance abuse, such as *Deprivation Reasoning, Actions Speak Louder Than Words, and Time Warp*. Meanings that are harmful versus healing in recovery are contrasted.

**(15) Community Resources** (*interpersonal*)

A lengthy list of national non-profit resources is offered to aid patients' recovery (including advocacy organizations, self-help, and newsletters). Also, guidelines are offered to help patients take a consumer approach in evaluating treatments.

**(16) Setting Boundaries in Relationships** (*interpersonal*)

Boundary problems are described as either too much closeness (difficulty saying "no" in relationships) or too much distance (difficulty saying "yes" in relationships). Ways to set healthy boundaries are explored, and domestic violence information is provided.

**(17) Discovery** (*cognitive*)

Discovery is offered as a tool to reduce the cognitive rigidity common to PTSD and substance abuse (called "staying stuck"). Discovery is a way to stay open to experiences and new knowledge, using strategies such as *Ask Others, Try It and See, Predict, and Act "As if"*. Suggestions for coping with negative feedback are provided.

**(18) Getting Others to Support Your Recovery** (*interpersonal*)

Patients are encouraged to identify which people in their lives are supportive, neutral, or destructive toward their recovery. Suggestions for eliciting support are provided, as well as a letter they can give to others to promote understanding of their PTSD and substance abuse. A safe family member or friend can be invited to attend the session.

**(19) Coping with Triggers** (*behavioral*)

Patients are encouraged to actively fight triggers of PTSD and substance abuse. A simple three-step model is offered: change *who you are with, what you are doing, and where you are* (similar to "change people, places, and things" in AA).

**(20) Respecting Your Time** (*behavioral*)

Time is explored as a major resource in recovery. Patients may have lost years to their disorders, but they can still make the future better than the past. They are asked to fill in schedule blanks to explore issues such as: Do they use their time well? Is recovery their highest priority? Balancing structure versus spontaneity; work versus play; and time alone versus in relationships are also addressed.

**(21) Healthy Relationships** (*interpersonal*)

Healthy and unhealthy relationship beliefs are contrasted. For example, the unhealthy belief "Bad relationships are all I can get" is contrasted with the healthy belief "Creating good relationships is a skill to learn." Patients are guided to notice how PTSD and substance abuse can lead to unhealthy relationships.

**(22) Self-Nurturing** (*behavioral*)

Safe self-nurturing is distinguished from unsafe self-nurturing (e.g., substances and other "cheap thrills"). Patients are asked to create a gift to the self by increasing safe self-nurturing and decreasing unsafe self-nurturing. Pleasure is explored as a complex issue in PTSD/substance abuse.

**(23) Healing from Anger** (*interpersonal*)

Anger is explored as a valid feeling that is inevitable in recovery from PTSD and substance abuse. Anger can be used constructively (as a source of knowledge and healing) or destructively (a danger when acted out against self or others). Guidelines for working with both types of anger are offered.

**(24) The Life Choices Game** (*combination*)

As part of termination, patients are invited to play a game as a way to review the material covered in the treatment. Patients pull from a box slips of paper that list challenging life events (e.g., "You find out your partner is having an affair"). They respond with how they would cope, using game rules that focus on constructive coping.

**(25) Termination**

Patients express their feelings about the ending of treatment, discuss what they liked and disliked about it, and finalize aftercare plans. An optional Termination Letter can be read aloud to patients as a way to validate the work they have done.