

Seeking Safety: Trauma Treatment Results from the NIDA CTN

Michael Miller, Ph.D.

Special Projects Consultant – Village South

Candace Hodgkins, Ph.D.

Senior Vice President – Gateway Community Services

Karen Tozzi, M.Ed.

Director of Grants & Development – Gateway Community
Services

FADAA Conference

August 23, 2007



Today's Presentation

- Description of CTN 0015 Women and Trauma Study
- Preliminary findings
- Description of Seeking Safety Intervention
- Discussion of implementing in treatment setting
- Question and answers



CTN 0015: “Women and Trauma” Study

Denise Hien, Ph.D.

**Research Scientist, Social Intervention Group,
Columbia University School of Social Work**

**Executive Director, Women’s Health Project
Treatment and Research Center, Addiction Institute
of New York, St. Luke’s\Roosevelt Hospital Center**

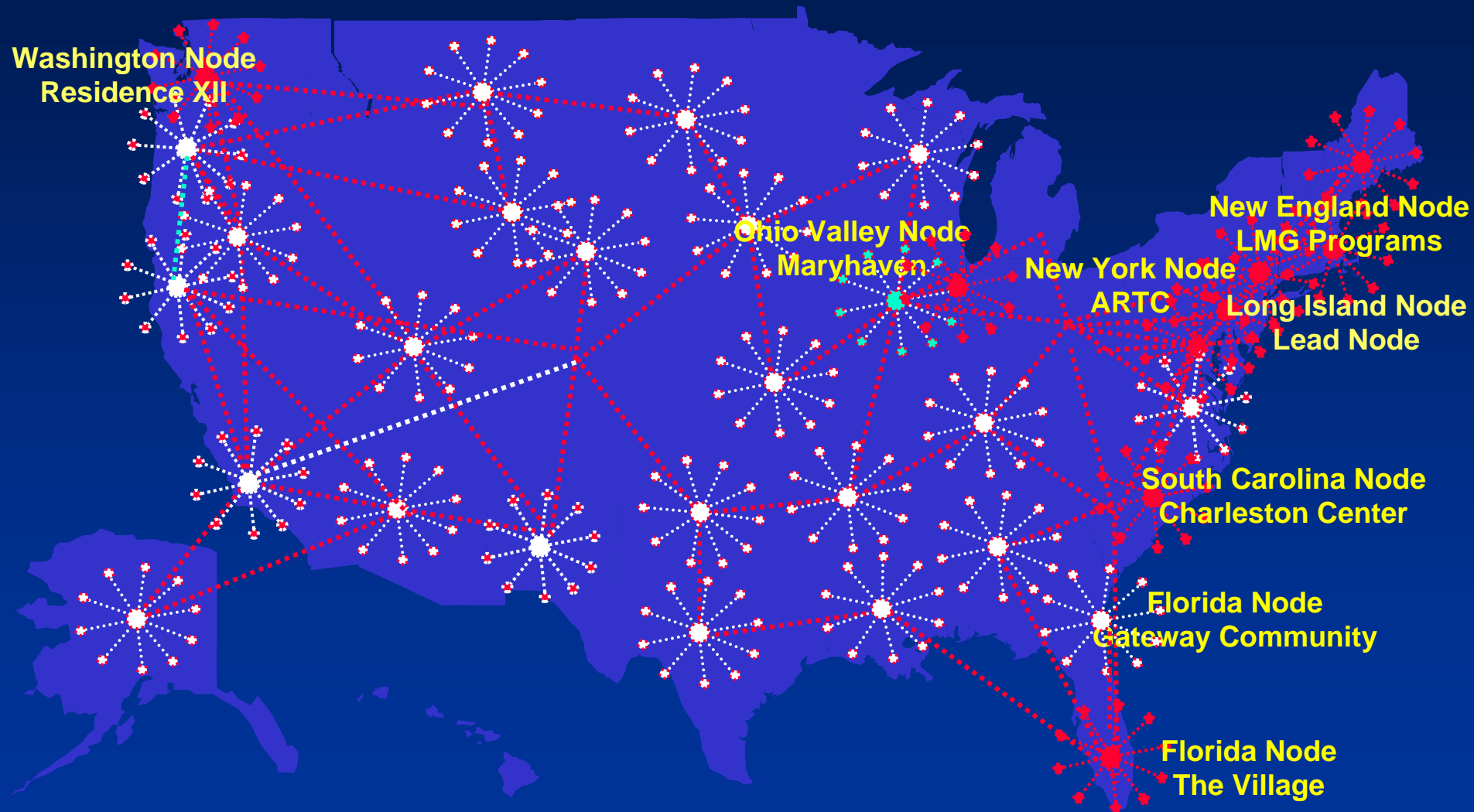
PERMISSION BY Dr. Hien GIVEN FOR CONTENTS OF PRESENTATION REGARDING DATA

Clinical Trials Network

- The efficacy of new treatments for drug addiction has been demonstrated primarily in specialized research settings, with somewhat restricted patient populations
- To address this problem, the National Institute on Drug Abuse (NIDA) has established the National Drug Abuse Treatment Clinical Trials Network (CTN)



NIDA Clinical Trials Network Women & Trauma Sites



**“The past isn’t dead,
it isn’t even past.”**

-William Faulkner



Why Study Trauma - Scope of the Problem

- 1 in 2 women in the U.S. experience some type of traumatic event (Kessler, 1995)
- Approximately 33% of females under age 18 experience sexual abuse (Finkelhor, 1994; Wyatt, 1999)
- Prevalence rates of PTSD in community samples have ranged from 6% to 36% (Breslau, 1991; Kilpatrick, 1987; Norris, 1992; Resnick, 1993)
- Studies have documented PTSD rates among substance using populations to be between 14%-60% (Brady, 2001; Donovan, 2001; Najavits, 1997; Triffleman, 2003)



Harm Reduction vs. Abstinence

- Traditional view: “You have to get clean before you can work on PTSD”.
 - PTSD symptoms may become overwhelming.
- Harm Reduction Approach/ “Warm Turkey.”
 - Reinforce decreases in substance use.
 - Return control to the client.
- Harm reduction is *not* “moderation management” or “controlled drug use.”
- Abstinence may still be the goal.



Differences between Co-morbid PTSD vs. PTSD-only behavioral treatments

- Addition of components focused on coping and cognitive restructuring related to substance use (cravings and relapse triggers)
 - **Concurrent Model** : Additional components may be integrated and delivered concurrently
 - **Sequential Model**: Initial phase may focus on substance abuse related symptoms in preparation for working on trauma related symptoms later



Comparison of Existing Trauma / SUD-Focused Treatment Research

	Najavits, 1998	Triffleman, 2000	Brady et. al., 2001	Donovan, 2001	Hien et al., 2004
N	27 Women	19 Mixed	39 Mixed	46 Men	107 Women
Design	No Control	RCT	No Control	No Control	RCT
Sessions, Timeframe & Modality	24, 3 mos., group	40, 5 mos., individual	16 4 mos., individual	60 3 mos., group	24 3 mos., individual
Tx Content	SS	SDPT, 12-Step	CTPSD, CBT, Exposure	CBT, RPT, Soc Support	SS, RPT, TAU
Follow Up	3 mos.	1 mo.	6 mos.	6/12 mos.	6/9 mos.
Results	↓ SU, PTSD & Depression SXs	↓ SU, PTSD, Psych SXs	↓ SU, PTSD & Depression SXs	↓ SU, PTSD SXs	↓ SU, PTSD, Psych SXs at 6 mos

Study Aims

- To assess the effectiveness of adding Seeking Safety (SS) and Women's Health Education (WHE) groups to ongoing substance abuse treatment.
- To evaluate the transportability of a 12- session group version of SS in community drug/alcohol treatment settings.



Treatment Groups

- Seeking Safety (SS)
 - Short term, manualized treatment
 - Cognitive Behavioral
 - Focused on addiction and trauma
- Women's Health Education (WHE)
 - Short term, manualized treatment
 - Psychoeducational
 - Focused on women's health information and issues



Seeking Safety

- Developed as a group treatment for PTSD/SUD women
- Based on CBT models of SUDs, PTSD treatment, women's treatment and educational research
- Educates patients about PTSD and SUD's and their interaction
- Goals include abstinence and decreased PTSD symptoms
- Focuses on enhancing coping skills, safety and self-care
- Active, structured treatment - therapist teaches, supports and encourages
- Case management

Women's Health Education

- Empowerment
 - Information is empowering
- Self-care
 - Substance abuse and trauma interfere with ability to care for oneself
- Exposure to traumatic stress can affect people on many different levels of functioning including:
 - emotional
 - behavioral
 - physical
- There is significant overlap of PTSD and physical symptoms
 - In the national comorbidity survey, use of medical care services was highest in PTSD and panic disorder patients (Kessler, 1995)



Pre-Post Control Group Design

Pre-Treatment

1 - 4 Weeks



Pre-screening, Screening,
Baseline, Randomization,
Individual Counselor Session

Treatment

6 Weeks



12 Twice Weekly Group
Sessions

**Post Treatment
Follow-up**

46 Weeks



1 Week

3 Month

6 Month

12 Month

Sample Characteristics (N=353)

Variable	percent or M (S.D.)
Age (years)	39.2 (9.3)
Race/ethnicity	
Hispanic or Latino	6.5
Black/African American	34.0
White	45.6
Mixed	13.3
Other	0.6
Marital status	
Married	33.3
Widowed/Divorced	29.3
Never Married	37.4
Education	
Years	12.5 (2.4)



PTSD Diagnosis and Severity at Baseline (N=353)

Variable	percent or M (S.D.)
PTSD Diagnosis	
Full	80.4
Subthreshold	19.6
CAPS Total Score	62.8 (19.4)
PSS-SR Severity	45.6 (10.8)
PSS-SR Frequency	38.7 (15.3)

Substance Use Disorders at Baseline (N=353)

Substance Use Diagnosis	percent
Current Alcohol Use Disorder Diagnosis	62.0
Current Marijuana Use Disorder Diagnosis	35.4
Current Opioid Use Disorder Diagnosis	33.1
Current Cocaine Use Disorder Diagnosis	72.8
Current Stimulant Use Disorder Diagnosis	8.2

Note: not exclusive categories



Lifetime Trauma Exposure (N=353)

Event	percent
Physical Assault	
Childhood Physical Abuse	58.7
Lifetime Physical Abuse	93.8
Sexual Assault	
Childhood Sexual Abuse	70.1
Lifetime Sexual Violence	89.5
Captivity	40.3
Sudden, Violent Death	19.3
Life-threatening Illness	39.8
Transportation Accident	72.7
Natural Disaster	53.1

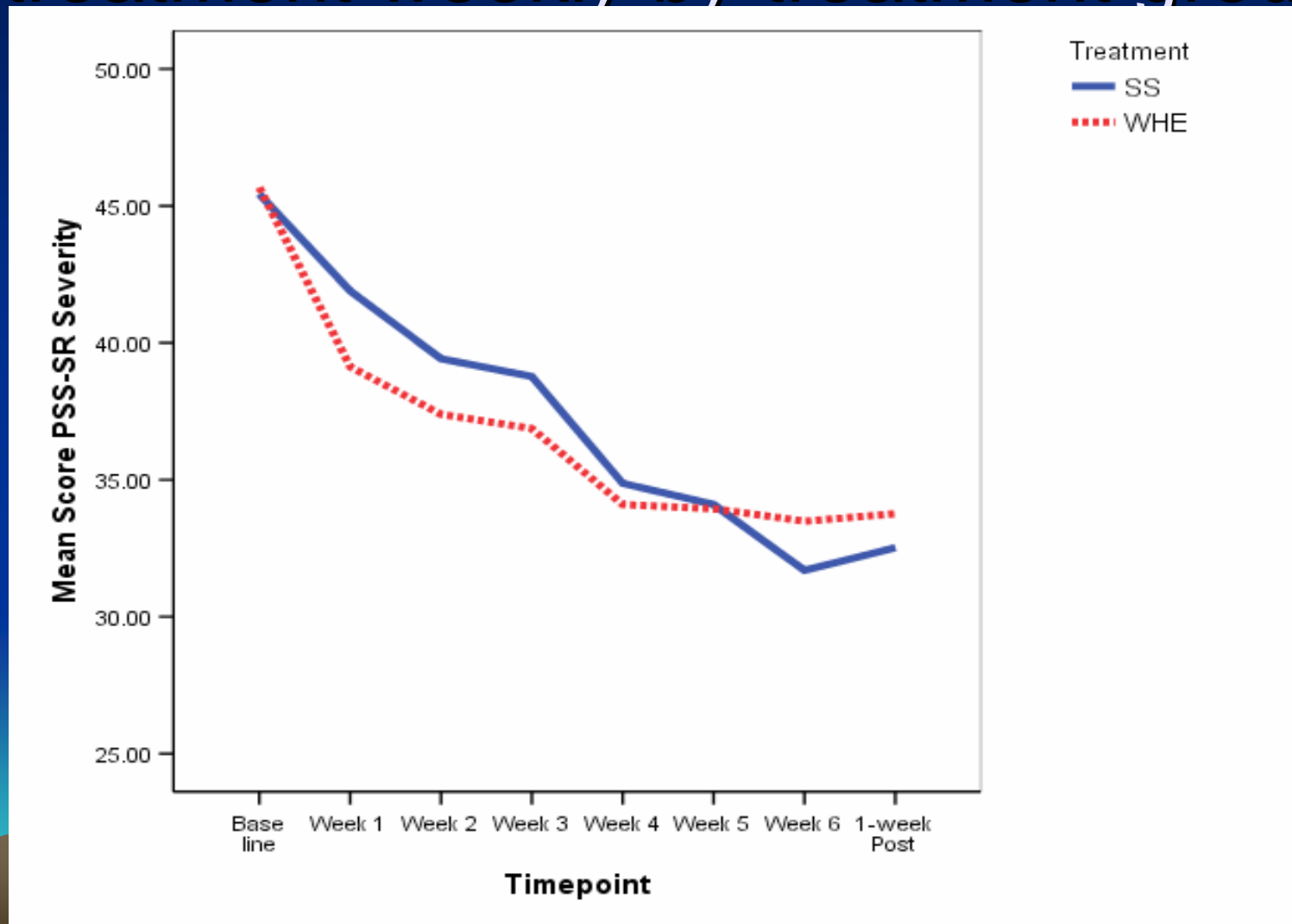
Secondary Analyses: Treatment Attendance Rates

Treatment Group*	N	Mean (sd)	Median
SS	170	6.3 (4.4)	7
WHE	172	5.9 (4.3)	6.5

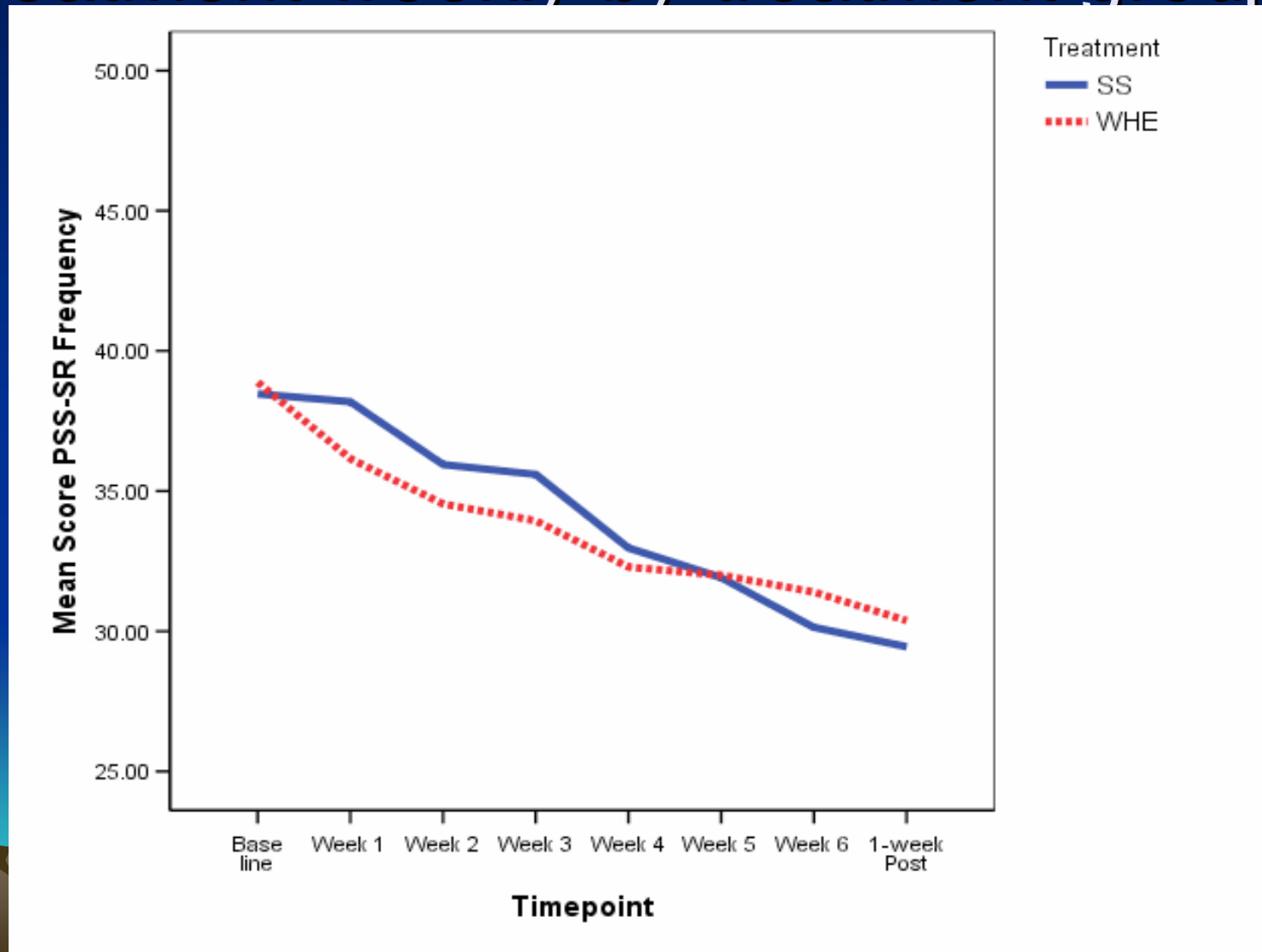
*No significant differences between groups



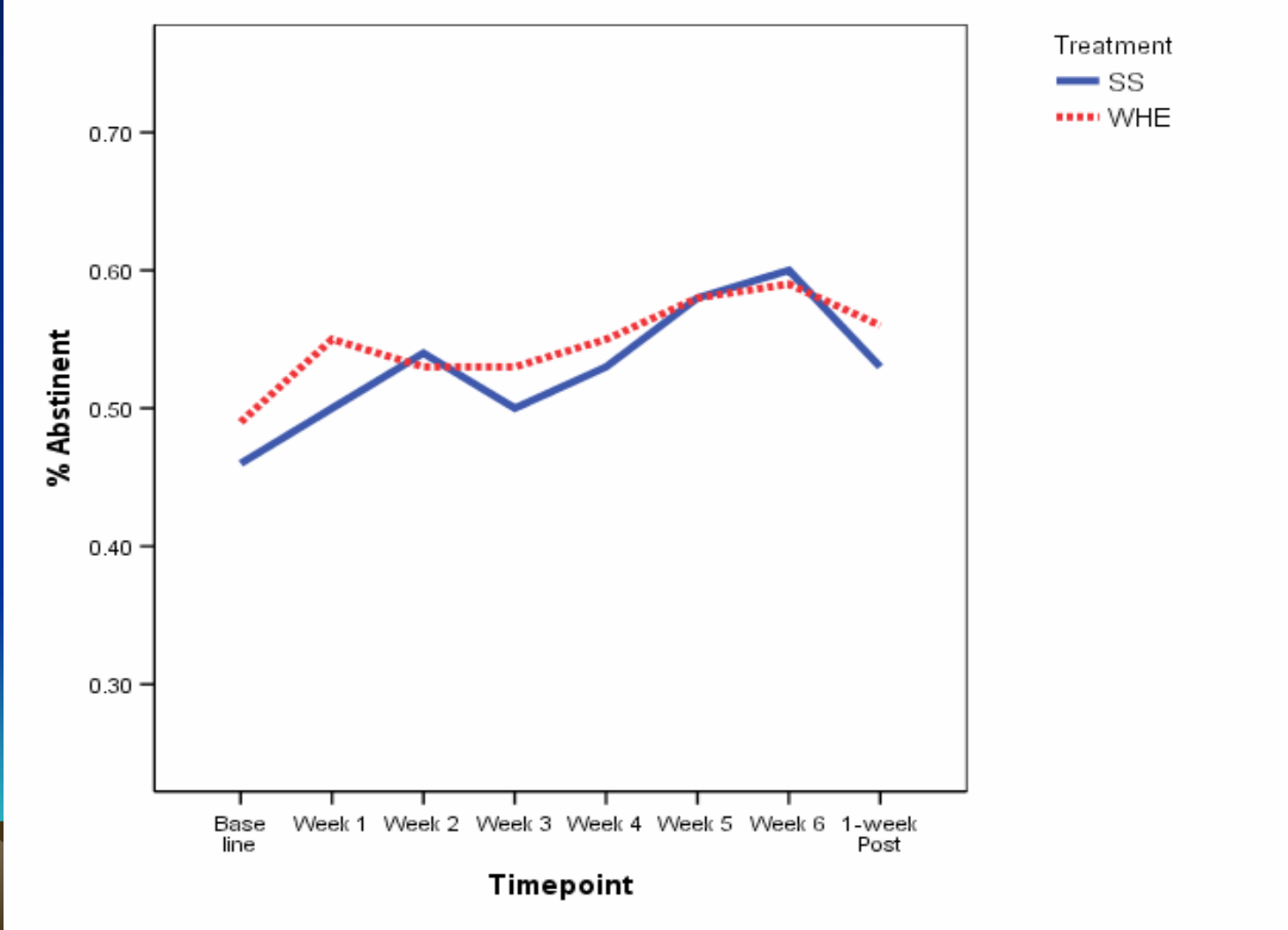
PTSD In-Treatment Outcomes: PSS-SR severity modeled from pre-treatment to post-treatment weekly by treatment group



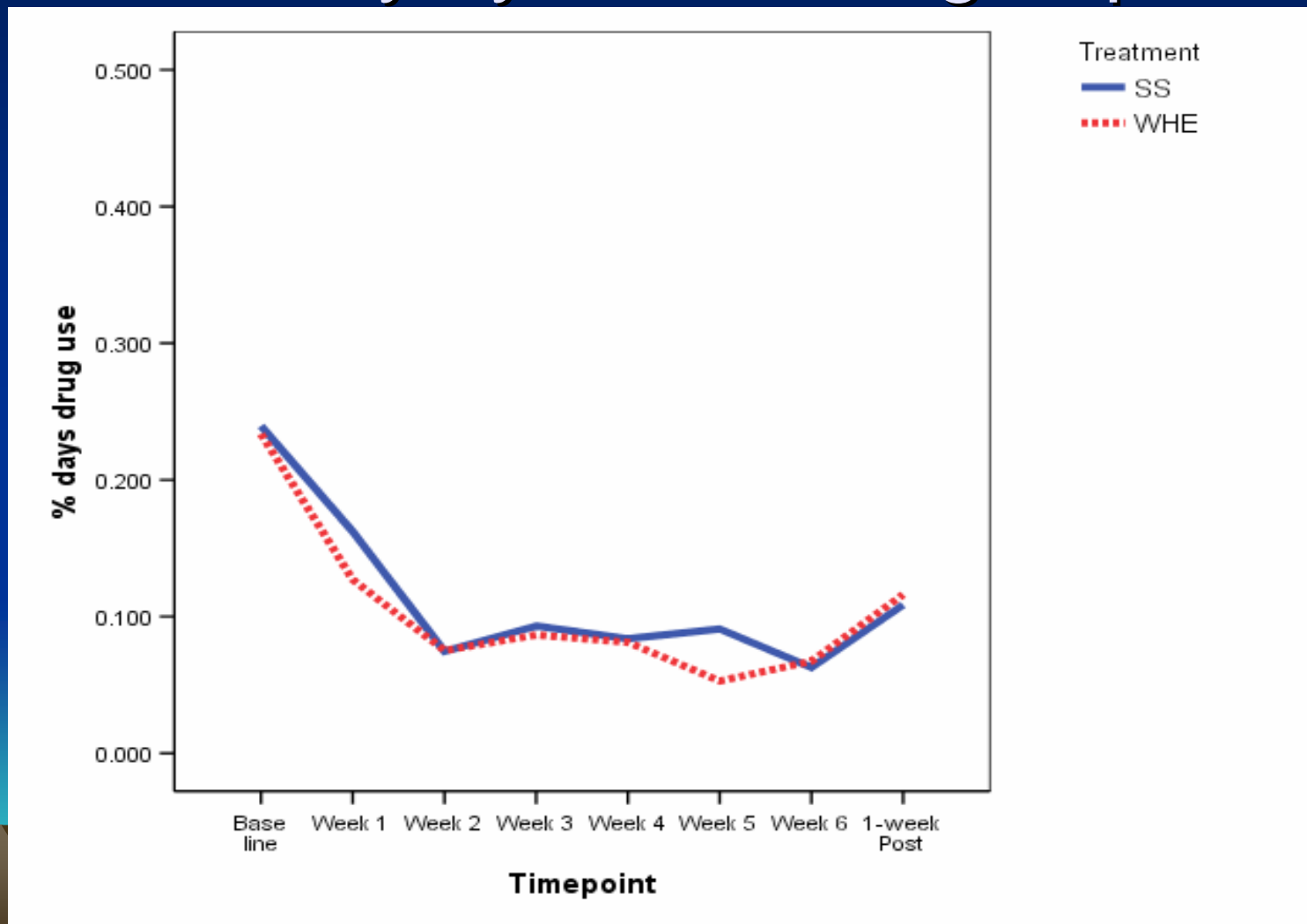
PTSD In-Treatment Outcomes: PSS-SR frequency modeled from pre-treatment to post-treatment weekly by treatment group



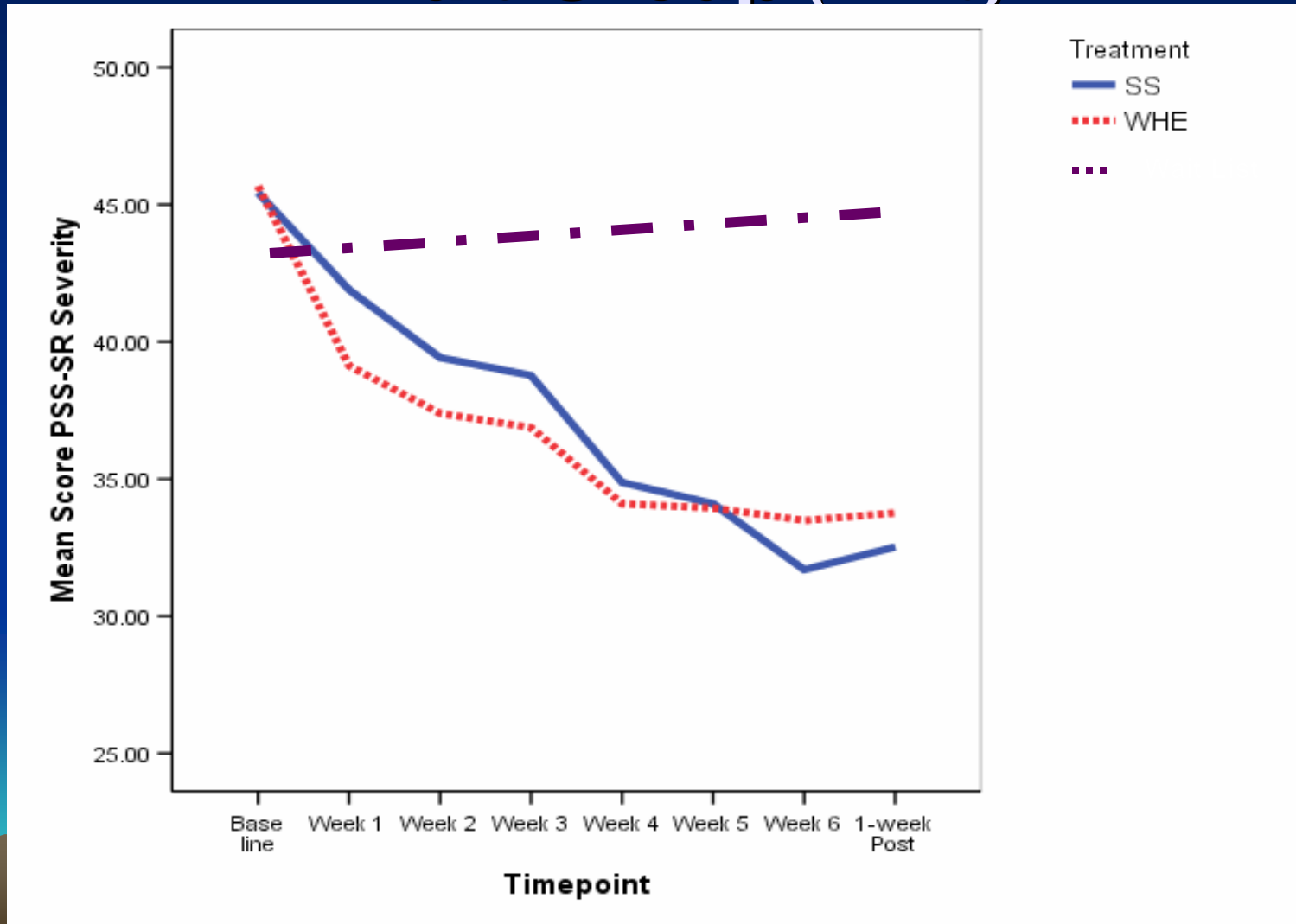
SUD In-Treatment Outcomes: Abstinence rates modeled from pre-treatment to post-treatment weekly by treatment group



SUD In-Treatment Outcomes: Days of use modeled from pre-treatment to post-treatment weekly by treatment group



Secondary Analyses: Six Week Pre- “Post” Changes for Non-Randomized Naturalistic Wait Group (N=20)



Implications of CTN Findings for Community Treatment Field

- Despite variability across sites in types of trauma exposure, types of drugs used and specific drug use diagnoses, patients improved.
- Both SS and WHE groups led by community substance abuse counselors can reduce PTSD symptoms at a statistically significant level.



Comments

- Although SUD outcomes were not statistically significant by the end of six weeks of treatment, they were reduced from baseline and the number of sessions received did significantly predict lowered levels of SUD symptoms.
- We speculate that the reductions observed in PTSD symptoms during treatment, particularly in the SS group, may be more pronounced over the follow up period and lead to greater reductions in SUD symptoms over time.



Seeking Safety:

Integrated Treatment for Trauma and Addiction

- Address substance use in the context of *past* and *current* traumatic experience and *current impact* of trauma
- Connect traumatic experience and substance use *early* in treatment
 - Emphasize *throughout* treatment
- Even women who do not meet PTSD criteria can relate to trauma related symptoms
- Underscore relapse prevention skills building



Seeking Safety Topics

- Safety
- PTSD: Taking Back Your Power
- Detaching from Emotional Pain
- When Substances Control You
- Taking Good Care of Yourself
- Compassion
- Red and Green Flags
- Honesty
- Integrating the Split Self
- Creating Meaning
- Setting Boundaries in Relationships
- Healing from Anger



Treatment Goals

1. Cope without the use of substances.
2. Decrease trauma symptoms and manage trauma symptoms better.
3. Increase safety.



Key Concepts

- Safety first
 - From substances *and* harmful situations
 - “Safe Coping Skills”
- Anticipating dangerous situations
 - “Red Flags/Green Flags”
- Setting boundaries
- Anger management
- Affect regulation skills



Session Structure

- Check-in
- Quotation
- Handout of today's topic
- Discussion/Rehearsal
- Safe-Coping sheet (optional)
- Check-Out
 - Name one thing that you got out of today's session.
- Commitment
- Community Resource



SEEKING SAFETY ADHERENCE SCALE

- This scale has three sections:
- **PART 1: FORMAT**
- *Did the clinician follow the session structure of Seeking Safety? (e.g., check-in)*
- **PART 2: CONTENT**
- *Did the clinician use the Seeking Safety content? (e.g., topics such as honesty)*
- **PART 3: PROCESS**
- *Did the clinician use strong general clinical skills? (e.g., empathy, warmth)*



Lessons Learned

- Successes
- Barriers



Discussion

- Questions
- Answers
- www.seekingsafety.org
- The End

