



Amy Moore, LCSW

Kellie Wolf, LPC

Jefferson Center for Mental Health Lakewood, Colorado



A TIME LIMITED TREATMENT FOR PTSD AND SUBSTANCE ABUSE



A letter from Ted

My Paper on “Beating Myself Up”

All my life I've told myself “what's the use”. After all, I am a “piece of shit”. That's different now that I look back on it. It's not my fault my parents didn't love me. Sometimes that's just life. I've spent 50 years of my life not liking me. Now, I'm going to spend the next 50 years liking and treating me right because I'm worth it. I have a long ways to go before I love myself, but everyday I work on it.





Our Background

- Amy: Initiated trauma informed care group at Jefferson Center for Mental Health in 2009. Trained in curriculum at CBHC conference
 - Since has been applied to wide range of populations including JERP, SPMI, and Co-occurring diagnosis
 - Kellie: Joined in 2012 to assist with adapting curriculum to a managed care agency.
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Goals for Today

- Define co-morbidity of PTSD and Substance use disorders
- Basic implementation of an integrated model to treat PTSD and Substance use
- Adaptation to diverse populations
- Effectiveness within managed care model.



What is PTSD?

- PTSD includes both an event that threatens injury to self or others and a response to those events that involves persistent fear, helplessness or horror.
 - Everything that is “traumatic” may not meet clinical standards for trauma.
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What is PTSD?

- 10% of women and 5% of men are diagnosed with PTSD.
 - The rate of PTSD among clients in substance use treatment is 12%-34%. (Najavits, 2002)
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What is Substance Abuse?

- Substance Abuse
 - Maladaptive patterns of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances
 - Does not include tolerance, withdrawal, or a pattern of compulsive use and instead include only the harmful consequences of repeated use.
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Substance Abuse

- 50% of individuals with severe mental disorders are affected by substance abuse.
- 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness.
- Substance use and unsafe behavior = a need to change a feeling.



Our view of substance use treatment

- Becoming abstinent from substances can, at times, make symptoms of PTSD worse.
 - Building a Foundation of coping is Key!
 - Harm Reduction vs. Endorsement
 - Motivational Interviewing
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What Is Seeking Safety?

- History and Development of Seeking Safety Treatment
 - Principals of Treatment
 - Methods of Intervention
 - Ideals and Process of Treatment in group and individual settings
 - How is Seeking Safety different?
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History of Seeking Safety Treatment

- Developed in 1993 under grant from NIDA
- Founder was 3rd generation PTSD diagnosed in family
- Initially empirically tested on women in a group setting, men in individual setting, and a women's prison.
- www.seekingsafety.org



Principals of Treatment

- Safety
 - Integrated treatment
 - Restoring ideals
 - Therapeutic techniques
 - Therapist experience
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What is not a part of our group...

- Exploration of past trauma
 - General acceptance to the group
 - Re-living/war stories
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Methods of Intervention

- Group process
 - Literature
 - Psycho-educational
 - CBT model and identifying core beliefs
 - Radical Acceptance
 - Grounding/mindfulness
 - Motivational Interviewing
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How is this Different?

- Combination of creative techniques- look outside the box!
 - Directly applied to client's experiences
 - Adaptive material
 - Incorporate humor 😊
 - Flexible topic selection
 - Applied to individual and group settings
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Making it “Fit” for Jefferson Center

- Identifying Core Beliefs
 - Outgrowing the pain
 - Radical Acceptance
 - IDDT
 - Process process process!
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A Group Member's Perspective

“ This group has been extremely helpful to me as I had a very harsh and negative view of myself before this group. I am learning to have a more compassionate view of myself. I was able to see patterns of negative self talk and came to realize much of this was due to past trauma in my life. This group has taught me to use skills like grounding and other coping strategies. Things like recognizing red flags and asking for help helped me a great deal. This group has very much changed my life, and helped me see more clearly how trauma has impacted my life. The other members of the group and the facilitators have shared and taught me how to better cope with anxiety and how to stay safe, and take good care, and grow.”



Structure

- Check in
 - Quote
 - Topic
 - Commitment
 - Check out
- 



Client Perspective

- Resistance
 - Motivation
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Therapist Process

- Expectations
 - Counter-transference
 - Client Readiness and assessment
 - Knowing your limits vs. Empathy
 - Flexibility
 - Debriefing
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SPMI

- Attending to Psychosis in group
 - Emphasis on case management basic needs
 - Validation of experience
 - Adaptation to lower cognitive functioning
 - Slower “group forming” time
 - Coordination with individual therapists
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Criminal Justice/JERP

- What is JERP?
 - Take into account past abuse and abuse client's perpetrated.
 - Assisting in “taking back power” through non-violent or criminal behaviors
 - Axis II diagnosis and caution around empowerment
 - Difference in Language- compassion vs. respect
 - Communication with probation/parole officers-trust...
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Managed Care

- Time Limited
 - Cost Effective
 - Adapts to agency limitations
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Jessica

“With this class, I now understand I have control of my choices. I understand why I’ve been suicidal for the last 13 years.”





“Taking Back Your Power”

- Resources Used
 - Seeking Safety Treatment Model
 - The PTSD Workbook
 - Outgrowing the Pain
 - IDDT Model
 - Radical Acceptance from DBT
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Questions/Discussion





Citations

- Seeking Safety Treatment Manual
 - NAMI
 - Outgrowing the Pain
 - DSM IV-TR
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