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Integrating Seeking Safety and 12 Step Recovery: A Short Commentary

Abstract

The relationship between Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) is frequently observed as a cycle of maladaptive coping. While substance abuse can provide temporary relief, prolonged use exacerbates trauma-related symptoms in the long-term. Comorbidity increases risk for problematic outcomes and thus, there has been increasing emphasis to identify integrated treatment approaches that serve to reduce relapse rates and improve overall well-being. The current commentary proposes that combining Seeking Safety, evidence based treatment, with 12 Step recovery can serve to address the needs of a difficult to treat population.

Keywords: Seeking safety; 12 step; Trauma; Substance abuse; Dual diagnosis

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Research has consistently demonstrated the relationship between substance use disorders and traumatic experiences. The self-medication hypothesis suggests that the appeal to promptly reduce one's psychological suffering contributes to the reliance on substance abuse as a form of maladaptive coping with trauma-related symptoms [1]. Treatment for individuals with comorbid substance use and trauma-related symptoms have primarily consists of peer support programs (e.g. Alcoholics Anonymous) or structured evidence-based psychotherapies (e.g. Seeking Safety). It is hypothesized that both approaches can be utilized simultaneously to enhance treatment outcomes, especially in regard to coping skill attainment.

Social models of recovery are "community based", largely staffed by individuals who are in recovery, and heavily based on the 12 Step program of Alcoholics Anonymous/Narcotics Anonymous [2]. An emphasis on peer support within a drug-free environment is the defining factor that sets apart this type of recovery program from traditional medical model, professional treatment programs. The 12 Step recovery program is one of the most popular therapeutic approaches because it is free, widely available and emphasizes abstinence. Even though the 12 Steps are a popular treatment approach, mental health providers are often unfamiliar with the methodology .Research indicates "treating a patient in psychotherapy who is also working in the AA program without a good understanding of AA can result in the two approaches working at cross-purposes, diminishing the effectiveness of both interventions". It is possible that the unknown and uncontrolled

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aspects of the social model of recovery persuade mental health professionals to favor evidence-based treatments.

One of the most well-known integrated treatment programs for the dual diagnosis of trauma and substance abuse is Seeking Safety (SS), a manualized treatment that provides "a presentfocused therapy to help people attain safety" [3]. The wealth of literature that supports SS has "found positive outcomes; in the controlled and/or randomized controlled trials, SS typically outperformed the comparison condition; treatment satisfaction was high in all studies" [4]. Because of the flexibility of SS, it is reasonable to assume that both treatment models can be integrated and contribute to favorable client outcomes.

Historically, many believed that abstinence must be achieved prior to initiation of treatment that addresses trauma-related symptoms. Some professionals may be tentative to engage in trauma processing with individuals who are actively using substances or have achieved less than one year abstinence due to fear that it may be destabilizing for the patient. Data suggest that there is a relationship between symptoms of trauma and substance abuse such that improvement in trauma symptoms is related to overall improvement in substance abuse symptoms; however, the relationship does not appear to be reciprocal. The findings are promising that addressing both diagnoses concurrently provide long-term psychotherapeutic benefit [5]. The focus on present moment coping within Seeking Safety can provide foundational stability while helping the client gain a deeper understanding about how the trauma experience has impacted life functioning. Seeking Safety's focus on psych education and coping skill attainment is a way to ensure treatment is addressing the role of substance use as form of selfmediation with underlying trauma symptoms. However, SS does not provide readily available access to treatment or a support system.

Preliminary research supports the therapeutic utility of adding an evidence-based treatment, SS, to the social model of recovery [6]. The study examined the effects on coping styles that occur when an evidence-based treatment, SS, is added to an established 12 Step program. Overall, the results demonstrated significant improvement in adaptive coping as well as a decrease in maladaptive coping through participant concurrent involvement in both treatment approaches. While further research is needed,

it is reasonable to anticipate that combining the treatment models create a holistic approach since they possess complementary strengths and address the other's weaknesses.

There has been growing emphasis for clinicians to utilize therapeutic interventions with a strong research foundation, such as SS. However, the favoritism towards evidence-based treatments often hinders awareness of the benefits associated with approaches that are more readily accessible, such as AA/NA. For an effective integrative approach, it is essential for clinicians to fully understand 12 Step models in order to effectively integrate with research informed treatments. The undisputed relationship between addiction and trauma calls for identification of the components of successful treatment for the dual diagnosis; purposefully combining SS and the 12 Step model holds promise.

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