# Seeking Safety

## E2i Implementation Guide

An evidence-based intervention, adapted for the Health Resources and Services Administration's Ryan White HIV/AIDS Program, to help people with HIV attain safety from trauma and/or addiction.

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A SPECIAL PROJECT OF
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# Acknowledgments

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# EXECUTIVE SUMMARY

Seeking Safety is an evidence-based, coping skills intervention that helps people attain safety from trauma and/or addiction. This Implementation Guide is an adaptation of Seeking Safety by HIV experts in collaboration with community members to improve health outcomes among people with HIV. Seeking Safety is designed to be safe, optimistic, empowering, and engaging. Rather than asking clients to delve into their past or describe their trauma in detail, Seeking Safety focuses on how trauma affects clients in the present. In addition, Seeking Safety meets clients wherever they are along the continuum of substance use.

This Implementation Guide was developed for *Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)*. The E2i initiative tested Seeking Safety within Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) settings and evaluated its impact. Additional easy-to-use implementation tools, tips, and resources to support replication of Seeking Safety in the RWHAP and other HIV service organizations can be found in the *Seeking Safety E2i Toolkit*.

# ℹ️ INTRODUCTION TO THE IMPLEMENTATION GUIDE

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## What is Seeking Safety?

Seeking Safety is an evidence-based, coping skills intervention that helps people attain safety from trauma and/or addiction. It is designed to be safe, optimistic, empowering, and engaging. Rather than asking clients to delve into their past or describe their trauma in detail, Seeking Safety focuses on how trauma affects clients in the present. In addition, Seeking Safety meets clients wherever they are along the continuum of substance use.

## Purpose of the Implementation Guide

This Implementation Guide provides an overview of Seeking Safety to help effectively plan and implement this intervention in the Ryan White HIV/AIDS Program (RWHAP) and other HIV service organizations. To implement Seeking Safety, providers must obtain *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*.[1] It is recommended that providers also obtain a copy of the *Seeking Safety HIV Guide*.[2] Additional tools to further support replication of Seeking Safety in the RWHAP and other HIV service organizations can be found in the *Seeking Safety E2i Toolkit*. For articles, research papers, videos, training opportunities, frequently asked questions, and other tools for Seeking Safety, see *www.seekingsafety.org*.

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[1] Najavits LM. Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York, NY: Guilford Press; 2001. Available from: https://www.guilford.com/books/Seeking-Safety/Lisa-Najavits/9781572306394.

[2] Najavits LM. Seeking Safety HIV guide. Newton Centre, MA: Treatment Innovations; 2013. Available from: www.treatment-innovations.org/store/p60/Seeking_Safety_HIV_Guide.html

# Implementation Guide Background

This Guide was developed as part of the RWHAP Part F Special Projects of National Significance (SPNS) Program *Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)*, a four-year initiative (2017-2021) funded by the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) of the U.S. Department of Health and Human Services. E2i was designed to improve HIV health outcomes for people with HIV who experience persistent gaps along the HIV care continuum, such as engagement in care, retention in care, adherence to antiretroviral therapy (ART), and viral suppression. Many people with HIV have a history of trauma and addiction, and trauma is associated with adverse effects on HIV health outcomes.

E2i chose to pilot the implementation of Seeking Safety because of its demonstrated efficacy in improving coping skills for people experiencing trauma and addiction. Through a competitive request for proposals, two HIV service organizations in the RWHAP were selected to implement Seeking Safety between 2018 and 2020. These sites reported program and client outcome data to a team of evaluators who then analyzed these data. The stories, experiences, and evaluation outcomes of these sites are integrated and highlighted throughout this Guide.

## The E2i Implementation Sites

**FIGURE 1.** Locations of the two sites that implemented Seeking Safety through the E2i initiative.
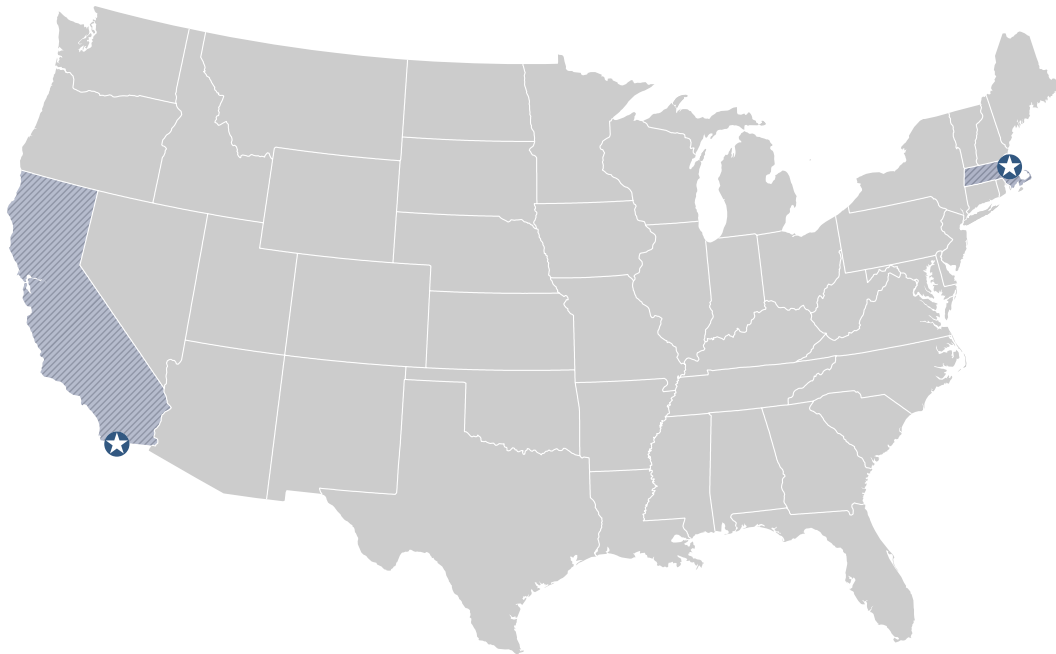


**Multicultural AIDS Coalition (Boston, Massachusetts)**
- Community-based organization
- RWHAP Part A recipient
- 210 clients with HIV a year
- 20 employees provide HIV services
- Most common services accessed by clients with HIV: health education (92%), outreach (73%), health care referral (26%)

**University of California, San Diego Mother Child Adolescent HIV Program (San Diego, California)**
- HIV primary care clinic within university/hospital system
- RWHAP Part D recipient
- 425 clients with HIV a year
- 28 employees provide HIV services
- Most common non-medical services accessed by clients with HIV: psychosocial support (100%), health education (94%), non-medical case management (83%)

## Implementation Science Evaluation

E2i used an implementation science approach to evaluate Seeking Safety. The evaluation aimed to answer the following questions:

> » "What does it take to implement this intervention in an HIV service organization?"

> » "To what extent is successful implementation related to better HIV outcomes for the clients?"

E2i evaluators collected Seeking Safety client data from the implementation sites throughout the initiative to measure: engagement in care, prescription of ART, retention in care, and viral suppression. They also collected and reviewed site staff surveys, client encounter forms, site visit reports, and meeting notes in order to learn more about the key factors for: successful implementation, challenges encountered by the interventionists, and adaptations made to meet the needs of local settings and priority populations. The major findings from the evaluation are reported throughout this Guide. For more detail on E2i's theoretical approach and evaluation methods, see *Appendix A*. See also the *Seeking Safety E2i Toolkit* for additional evaluation findings reported in manuscripts.

# SEEKING SAFETY OVERVIEW

# SEEKING SAFETY OVERVIEW

## Goal

The primary goal of Seeking Safety is:

» To help people build safe coping skills relevant to trauma and/or addiction

## Description

Seeking Safety is an evidence-based coping skills intervention that offers up to 25 treatment topics, each with a facilitator guide and client handouts. Examples of topics are Asking for Help, Healthy Relationships, Compassion, Coping with Triggers, Honesty, and Creating Meaning. See *Appendix B* for brief descriptions of all 25 topics. It is a highly flexible intervention that can be delivered to individuals or groups for any length of time. The flexibility of Seeking Safety enables it to be adaptable to any population and setting, including HIV service organizations. Seeking Safety addresses several themes that are especially relevant to people with HIV, including taking good care of yourself, staying safe, and understanding how trauma and addiction may play a role in living with HIV.

## Priority Population

» Anyone with a history of trauma and/or addiction

» Anyone who can benefit from new coping skills; for example, people who have family members with addiction

» People who report unsafe behavior, including risky substance use, self-harm, and poor self-care

» Adults and adolescents of any gender or background

**Seeking Safety Enrollment at the E2i Sites**
**122** clients

**25-34** years old

**52%** women

**40%** men

**8%** transgender women

**44%** Black/African American

**39%** Hispanic/Latinx

## Rationale

People with HIV experience elevated rates of sexual and physical abuse, violence, and posttraumatic stress disorder (PTSD). Many people with HIV who survive trauma also struggle with addiction. Trauma and addiction negatively affect HIV medication adherence and engagement in care.[3] Through its focus on choice and empowerment and because Seeking Safety focuses on the present, it is an extremely helpful option for people with HIV to develop safe coping skills and increase their sense of hope.

## Intervention Background

Seeking Safety has been studied for over 25 years in a broad range of settings and populations, including highly marginalized people, such as transgender women with HIV, people experiencing homelessness, and people with serious mental illness. Over *45 published research studies* have found consistently positive results and high satisfaction with Seeking Safety in diverse settings. Studies also indicate that Seeking Safety is cost-effective.[4]

## Duration

» Seeking Safety offers up to 25 topics; providers can deliver as few or many topics as time allows, over any time frame.

## Settings

» Seeking Safety can be delivered in any type of organization at any level of care, including outpatient, inpatient, residential, community-based, criminal justice, veteran, and primary care settings.

» Seeking Safety can also be delivered on a virtual platform.

*The E2i sites that implemented Seeking Safety included a community-based organization that provides HIV services, and an HIV clinic within a large university hospital system. During the COVID-19 pandemic, the E2i sites switched to delivering the groups on videoconferencing platforms.*

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[3] LeGrand S, Reif S, Sullivan K, Murray K, Barlow ML, Whetten K. A review of recent literature on trauma among individuals living with HIV. Curr HIV/AIDS Rep. 2015;12(4):397-405.

[4] Washington State Institute for Public Policy. Benefit-Cost Results: Substance Use Disorders—Seeking Safety. http://www.wsipp.wa.gov/BenefitCost/Program/307. For all studies, go to www.seekingsafety.org, section Evidence.

# Staffing

Seeking Safey staffing will vary based on the unique structure of each organization.

### Core staff

At minimum, Seeking Safey requires:

» **Seeking Safety Provider(s):** To deliver Seeking Safety to clients in groups or one-on-one

  • Providers do not need any specific license or degree, and may include health care professionals, case managers, or peers (people with HIV who represent the priority population)

### Additional recommended staff

Additional support from existing staff depends on each clinic's local context and needs, but is not required. Programs may consider:

» **Behavioral health supervisor:** To monitor fidelity to Seeking Safety and supervise providers of Seeking Safety

» **Project manager:** To provide supplies and food for group meetings; to oversee recruitment and engagement, and to co-facilitate meetings

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*The Seeking Safety providers at the E2i sites were case managers, licensed social workers, and licensed mental health counselors. These providers were supported by a Project Manager and one or more peer educators who helped with recruitment, engagement, and at times, co-facilitation. Providers received supervision and fidelity monitoring by a behavioral health therapist.*

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◆ **Enrollment:** During a 12 to 18 month period, the E2i sites enrolled a total of 122 clients in Seeking Safety groups (53 clients at one site; 69 clients at the other site). Participants were young (25-34 years); 52% were women, 40% were men, and 8% were transgender women. Clients identified as Black/African American (44%), Latinx (39%), and mixed race (3%).

◆ **Outcomes:** The E2i initiative measured HIV care continuum outcomes at the time of enrollment in Seeking Safety and 12 months later. We did not observe significant changes in HIV care continuum outcomes at 12 months after enrollment. However, given that clients already had high levels of engagement, prescription of ART, and viral suppression prior to enrollment, we did not have a sufficient sample size to observe statistically significant changes.

**FIGURE 2.** HIV care continuum outcomes among the 122 clients enrolled in Seeking Safety as part of the E2i initiative.
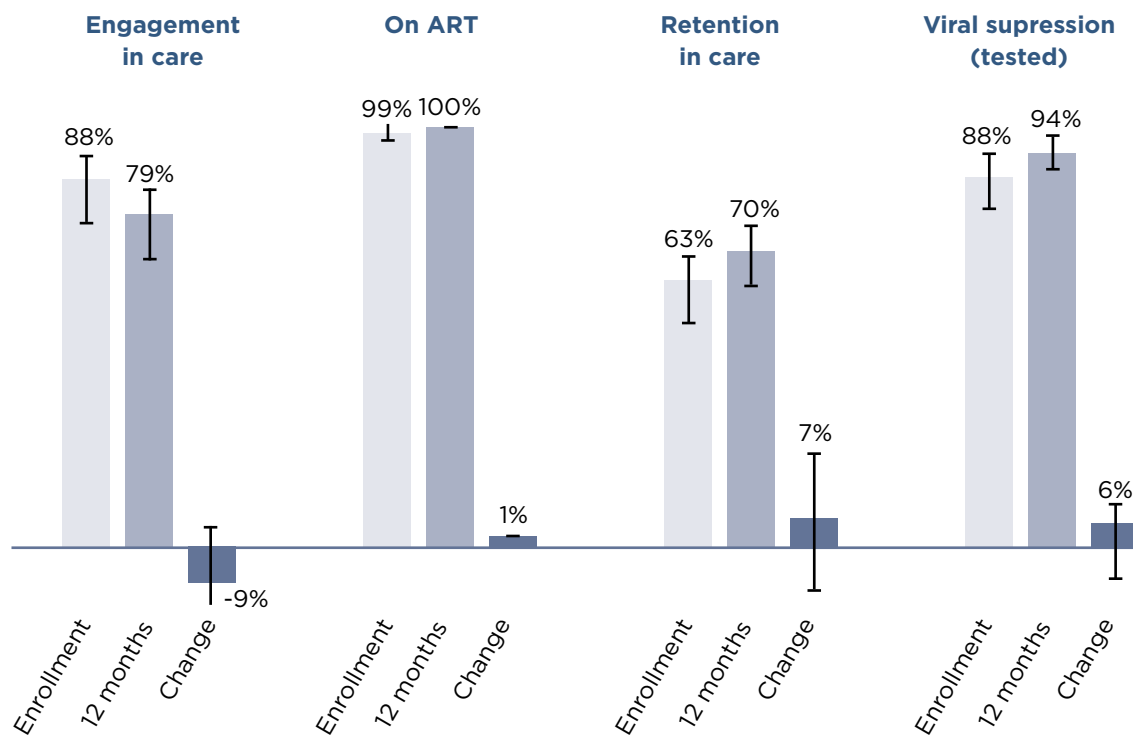


**Note:** E2i used the following HRSA definitions for HIV care continuum outcomes:
• *Engagement in care* = At least one primary HIV care visit in the previous 12 months
• *On ART (adherence)* = Having been prescribed ART in the past 12 months
• *Retention in care* = At least two HIV care visits in the past 12 months
• *Viral suppression* = Having an HIV viral load test in the past 12 months AND having a result of less than 200 copies/mL at the last viral load test

# ✓ CORE ELEMENTS

# CORE ELEMENTS

Core elements are the "active ingredients" essential to achieving an intervention strategy's desired outcomes. It is critical to follow the core elements when implementing an intervention in an HIV service organization; otherwise, the intervention may not work as intended. All other activities, such as staffing arrangements and clinical workflows, can be adapted to fit the unique circumstances of an organization. However, adaptations should not compete with or contradict the core elements of Seeking Safety. **Seeking Safety** has five key principles, which also serve as its core elements:

1. **Safety as the Overarching Goal**
   - Safety always remains front-and-center during treatment. Clients are guided to identify what safety means to them, which may include reducing addiction, letting go of dangerous relationships (e.g., a violent partner), and gaining control over unsafe behaviors (e.g., cutting, burning, and bingeing).

2. **Integrated Treatment**
   - Integrated treatment means that trauma and addiction are addressed at the same time if both issues are present. Trauma and addiction often reinforce each other; therefore, treating them simultaneously is more helpful than treating them individually.

3. **Guiding Principles**
   - To inspire hope for the future, Seeking Safety frames each topic as a positive ideal (e.g., compassion, honesty, healing from anger, creating meaning).

4. **Four Domains**
   Seeking Safety topics cover four content domains:
   - Behavioral
   - Cognitive
   - Interpersonal
   - Case Management

5. **Attention to Provider Processes**
   - Seeking Safety acknowledges that many providers have their own history of trauma and/or addiction. Providers are guided to recognize their emotional reactions to clients, and to engage in self-care.

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[5] Psihopaidas D, Cohen SM, West T, et al. Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med. 2020;17(11):e1003128.

# ▤ PLANNING ACTIVITIES

# PLANNING ACTIVITIES

This section provides activities for planning to implement Seeking Safety. Some of the activities are specific to Seeking Safety, while others are recommendations that can be applied to any intervention.

For additional helpful planning tools, see:

*Appendix C:* General Best Practices for Planning to Implement an Intervention Strategy

*Appendix D:* Seeking Safety "Go Live" Worksheet

## Obtain Materials

» To deliver Seeking Safety, each provider must obtain *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, available from Guilford Press in paperback and electronic (PDF) format.[1] Translations of Seeking Safety in many languages are available.

» For virtual delivery, providers with the paperback version of the Seeking Safety Manual may obtain *free PDF versions* of the handouts from Guilford Press.

» For a detailed guide on delivering Seeking Safety with HIV populations, it is recommended that providers obtain a copy of the *Seeking Safety HIV Guide*.[2]

# Train Staff

» Training to deliver Seeking Safety is highly recommended, but not required unless you are conducting a research study that will be made public. For Seeking Safety training opportunities, visit *www.seekingsafety.org*.

» Seeking Safety providers may also wish to receive training in group facilitation skills, although this is not required. Additionally, all organizational staff may benefit from training in:

- Reducing stigma and enhancing cultural humility
- Providing trauma-informed care
- Providing affirming, culturally responsive care to the priority population(s)
- Self-care and resiliency in the workplace

See *Appendix C* for training and resources.

# Identify and Recruit Clients

Although Seeking Safety was originally written to focus on co-occurring PTSD and substance use disorder, it can benefit anyone with trauma and/or addiction, and even any person in need of stronger coping skills.

Recruitment strategies for Seeking Safety may include:

*To recruit clients into Seeking Safety, both E2i sites implemented trauma screening at intake and annually. The sites also relied on referrals from providers and positive word of mouth from Seeking Safety participants. Additionally, one of the sites turned existing peer support groups into Seeking Safety groups.*

» Universal routine screening for trauma and/or substance use disorders, and referral to Seeking Safety or other appropriate interventions

The following free validated screening tools are examples of options that are relevant to Seeking Safety:

• Initial screener: *Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)*[6]

• For trauma events: *Life Events Scale*[7,8]

• For PTSD: *PTSD Checklist for DSM-5* (PCL-5)[9,10]

• For substance use: *Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)*[11] or *Brief Addiction Monitor (BAM)*[12]

» Transitioning existing support groups to Seeking Safety

» Identifying and referring clients from medical or behavioral health providers

» Posting flyers and palm cards in relevant, high-traffic areas of the clinic, community organizations, etc.

» Distributing wallet-size coping skills cards (in English and Spanish) available from *www.seekingsafety.org*

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*When creating recruitment materials, the E2i sites recommend that organizations keep in mind the impact of HIV stigma. One E2i site reported that "if you create materials with 'HIV' written on it, folks will be less likely to approach the information."*

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[6] Prins A, Bovin MJ, Smolenski DJ, et al. The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. J Gen Intern Med. 2016;31(10):1206-1211.

[7] Wethington E. Chapter 12 – Life Events Scale. In Fink G, ed.: Stress: Concepts, Cognition, Emotion, and Behavior. Handbook of Stress Series Volume 1. 2016; pp. 103-108.

[8] Gray M, Litz B, Hsu J, Lombardo T. Psychometric properties of the Life Events Checklist. Assessment. 2004;11(4):330-341.

[9] National Center for PTSD. Using the PTSD Checklist for DSM-5 (PCL-5). https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf

[10] Blevins CA, Weathers FW, Davis MT, Witte TK, Domino JL. The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. J Trauma Stress. 2015;28(6):489-498.

[11] Humeniuk R, Ali R, Babor TF, Farrell M, et al. Validation of the Alcohol, Smoking And Substance Involvement Screening Test (ASSIST). Addiction. 2008;103(6):1039-1047.

[12] Cacciola JS, Alterman AI, Dephilippis D, et al. Development and initial evaluation of the Brief Addiction Monitor (BAM). J Subst Abuse Treat. 2013;44(3):256-263.

## Select Topics

Providers can choose from up to 25 topics from the Seeking Safety Manual. Seeking Safety's 25 topics focus on safe coping skills relevant to trauma and addiction, and promote self-respect, care, and healing. The 25 topics fall under four domains: **cognitive, behavioral, interpersonal, and case management**. To read a description of the Seeking Safety topics, see *Appendix B*. Optimally, each cycle of Seeking Safety offers at least 12 topics, based on research evidence of effectiveness; however, providers can select as few or as many topics as time and interest allows.

*The E2i sites delivered Seeking Safety in closed groups in 12-week cycles. Each cycle began with the first four introductory Seeking Safety topics followed by eight topics chosen based on the interests and needs of the group.*

## Choose Delivery Format

Seeking Safety is highly flexible. Anyone can start delivering Seeking Safety with clients at any point.

» Sessions can be conducted in group or individual format. Groups can be open (clients can join at any point) or closed groups (all clients begin and end at the same time).

» Group sessions can be facilitated by one provider, or co-led by two or more providers.

» Topics can be provided in any order; each topic is independent of the others.

» Each topic can be delivered in one or more sessions.

» Sessions can be any length

Though not required for Seeking Safety, consider answering the following planning questions:

» Will you be delivering individual or group sessions?

» Will groups be closed or open? Time-limited or continuous? How many and which topics will you deliver in each cycle?

» How long and how often will sessions run?

» How many providers do you need?

» Will you include peer staff to co-facilitate the groups?

*One of the E2i sites ran their weekly Seeking Safety sessions for two hours, while the other site had shorter sessions at 90 minutes each. During the COVID-19 pandemic, one of the sites ran their sessions twice a week.*

» Where will you offer sessions?

» What time(s) of day are best for clients to have sessions?

» What is your budget to accommodate all elements of Seeking Safety?

» Will you provide handouts on paper or electronically?

» Will you allow clients to re-enroll in subsequent group cycles?

» Will you need to provide childcare, transportation, or other services to help clients attend regularly?

» Will you offer snacks and refreshments?

» How will you engage clients in between sessions?

## Develop a Sustainability Plan

Sustainability refers to the ability to maintain programming and its benefits over time. The following information about sustainability is not required for Seeking Safety, but may prove useful to organizations implementing Seeking Safety.

A helpful resource for building capacity for sustainability is the *Program Sustainability Assessment Tool* developed by the Center for Public Health Systems Science at the Brown School, Washington University in St. Louis.

This tool helps program planners achieve the following:

1. Understand the factors that influence a program's capacity for sustainability

2. Assess the program's capacity for sustainability

3. Review results from the Assessment

4. Plan to increase the likelihood of sustainability by developing an Action Plan

Achieving sustainability typically involves both applying for grants and accessing available reimbursement options. Seeking Safety falls under the RWHAP Part A service category of Psychosocial Support Services. RWHAP-funded organizations can receive technical assistance on health coverage options from the *Access, Care, and Engagement Technical Assistance (ACE TA) Center*.

# E2i EVALUATION: SEEKING SAFETY IMPLEMENTATION OUTCOMES

To learn how the intervention was viewed by the leadership and staff members at the E2i sites, E2i collected data from the people implementing the intervention. The data included: (1) an organizational survey completed by key site staff once during the planning period, and every six months during implementation; and (2) a review of site documents created during implementation, including site visit reports, meeting notes, and cost workbooks (see *Appendix A*).

| Measure (definition) | Results at the E2i sites |
| --- | --- |
| **Acceptability:** the intervention is well-regarded by staff and leadership. | Both sites found the intervention highly acceptable for the duration of the initiative. Each site believed that the intervention was a good fit for their organization's mission and goals. Trainings about trauma at the organizational level and integration with other services facilitated acceptability. |
| **Adoption:** the intention, initial decision, or action to implement the intervention. | Both sites reported consistently high adoption. |
| **Appropriateness:** the compatibility of the intervention to address a particular issue or problem. | Both sites reported that Seeking Safety was highly appropriate and filled a service need. Seeking Safety was a natural extension of the trauma-informed approach to care that the organization was already using. |
| **Feasibility:** the extent to which the intervention can be successfully carried out. | Both sites reported that Seeking Safety was feasible. |
| **Fidelity:** the degree to which a site felt able to (a) implement the intervention as it was intended by the program developers, and (b) monitor progress | Both sites noted that they were able to have a full implementation team that had the capacity to consistently assess fidelity to the intervention over time. However, E2i did not collect data on the sites' usage of the Seeking Safety fidelity checklist; therefore, the sites' level of fidelity to Seeking Safety is not known. |
| **Penetration:** the integration of the intervention within the organization. | Sites felt that Seeking Safety was mostly, but not completely, integrated into their organization and services. At one site, staff reported that the intervention was integrated into their other trauma-informed services for which they had strong institutional buy-in. |
| **Cost:** includes personnel, training, supplies, incentives (if used), outreach activities, and other costs associated with planning and implementation. | Costs included both direct and in-kind expenses. The average expenditures for each site were:<br>• *Planning period:* $57,503<br>• *Recruitment:* $170 per client enrolled<br>• *Implementation activities:* $1,353 per client enrolled<br>• *Supervision and management of intervention:* $2,213 per client enrolled<br><br>Note that these costs are much higher than previously published estimates for implementation of Seeking Safety and do not necessarily reflect what it would cost to implement Seeking Safety at other HIV service organizations. Costs would be lower per client in settings with larger client populations and in situations where providers do not access training or have supervision. |

# ☰ IMPLEMENTATION ACTIVITIES

## IMPLEMENTATION ACTIVITIES

## Session Structure

Each Seeking Safety session has a structured format consisting of four steps. The goal is to use time well and keep sessions balanced. This predictability helps promote a sense of safety. The format is identical for group or individual delivery.

1. **Check-in**
   - The check-in serves as a "temperature check" to find out how the clients are doing.
   - Clients answer five check-in questions: "Since the last session...
     - How are you feeling?
     - What good coping have you done?
     - Any substance use or other unsafe behavior?
     - Did you complete your commitment*?
     - Community resource update?"

   A commitment refers to any specific goal the clients want to achieve between sessions (e.g., "I will ask my partner not to offer me alcohol anymore." Or, "I will practice grounding three times in the week ahead.").

2. **Quotation**
   - The quotation serves as a brief point of inspiration to emotionally engage clients in the session.
   - The provider invites a client to read the quote out loud. Then the provider asks: "What is the main point of the quote?" and links the quote to the session topic.
   - An example of a quotation from the Introduction to Treatment/Case Management session is: "It's never too late to be what you might have been."

3. **Content**
   - This is the heart of the session, relating the session topic to current and specific problems in clients' lives.
   - The provider invites clients to look through handouts for a few minutes and asks: "Any reactions?" or "What would you like to focus on in the handouts?"
   - They discuss the topic, focusing on how it relates to trauma and/or addiction and, as much as possible, rehearse safe coping skills via role plays and other exercises. For clients who have low literacy levels or may be distractible, providers can use methods other than reading the handouts.

4. **Check-out**
   - The check-out reinforces clients' progress and gives the provider feedback.
   - The provider asks clients, "Name one thing you got out of today's session (and any problems with the session)" and "What is your new commitment?"

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*Trauma and its health effects were relatively new concepts for some of the clients at the E2i sites. These clients needed more time than expected for psychoeducation about the meaning of trauma, which the facilitators were able to accommodate.*

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## Fidelity Checklists

Seeking Safety has two versions of a fidelity checklist, also known as an adherence scale, available for free download. The two versions of the fidelity checklist are:

» **Brief Version:** a self-report tool used to encourage providers to reflect on how well they delivered the intervention. This checklist is not validated.

» **Long Version:** a rating tool used to evaluate a provider's fidelity based on a recording of a full Seeking Safety session. This is a validated tool, and can be used for:

   - Research
   - High-quality clinical work
   - Teaching staff

## Measuring Client Progress

It is recommended, but not required, to administer valid and reliable tools at pre-determined time points to measure client progress. Examples of measures that are relevant to Seeking Safety are:

- » *Brief Addiction Monitor (BAM)*[12]

- » *Trauma Symptom Checklist - 40*[13]

- » *PTSD Checklist (DSM-5 version)*[9,10]

- » *Self-Compassion Scale*[14]

- » *Healthy Days Core Module (CDC HRQOL-4)*[15]

- » *Coping Self-Efficacy Scale*[16]

- » *World Health Organization Quality of Life Scale-brief version (WHOQOL-BREF)*[17]

- » *Patient Activation Measure (PAM)*[18]

- » *HIV Medical Visit Frequency Measure*[19]

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[16] Chesney MA, Neilands TB, Chambers DB, Taylor JM, Folkman S.  A validity and reliability study of the coping self-efficacy scale. Br J Health Psychol. 2006; 11(3): 421–437.

[17] Division of Mental Health and Prevention Oof Substance Abuse, World Health Organization. Programme on Mental Health. The World Health Organization Quality of Life (WHOQOL): User Manual; 1998. Available from https://www.who.int/publications/i/item/WHO-HIS-HSI-Rev.2012.03.

[18] Hibbard JH, Mahoney ER, Stockard J, Tusler M. Development and testing of a short form of the patient activation measure. Health Serv Res. 2005 Dec;40(6 Pt 1):1918-1930.

[19] Health Resources and Services Administration, Ryan White HIV/AIDS Program. HIV/AIDS Bureau Performance Measure Portfolio. Available from: https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.

# E2i EVALUATION: SEEKING SAFETY PARTICIPATION OUTCOMES

**FIGURE 3.** Participation outcomes among the 122 clients enrolled in Seeking Safety as part of the E2i initiative.

Attended at least one group session — 93%

Attended all 12 sessions — 23%
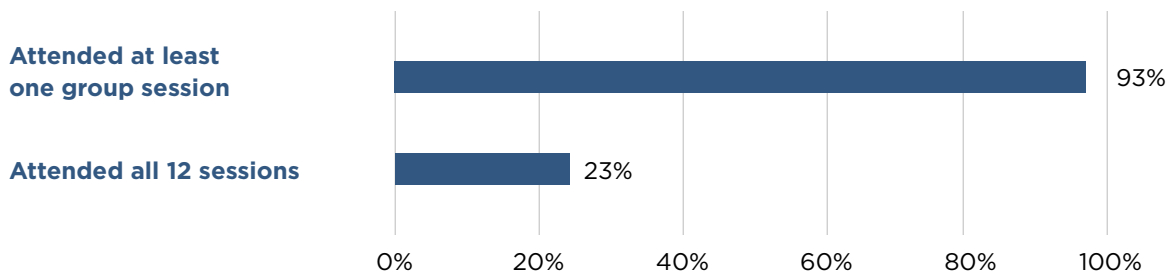
◆ **Session attendance:**

- Almost all (93%) enrolled clients attended at least one group session.
- Clients attended a median of 7 group sessions out of 12.
- One site provided individual make-up sessions for clients unable to attend a group session.

◆ **Completion:** Sites defined "completion" of Seeking Safety as attending all 12 group sessions within one year of enrollment. Clients could attend a session in any 12-week cycle. Among the 122 enrolled clients, 20% completed all 12 sessions. Note that the original Seeking Safety intervention does not require attendance in a specific number of sessions.

# E2i EVALUATION: CHALLENGES, SUCCESSES, ADAPTATIONS, AND LESSONS LEARNED

The E2i sites shared barriers and facilitators to implementing Seeking Safety. They also made changes to the original intervention to meet the specific needs of their clients and staff members. Here is a summary of adaptations and lessons learned. Additional information about the sites' experiences can be found in the Program Spotlights below.

◆ **Session attendance:**

- Although the E2i sites encouraged clients to attend all 12 Seeking Safety sessions, most clients did not make it to all 12. Site staff reported being generally pleased if a client attended at least 8 sessions, given the many barriers clients experience in daily life.

- Both sites invited clients to attend sessions in more than one Seeking Safety cycle, with the hope that clients could attend sessions they missed in the previous cycle. New participants were given priority over repeating clients. In addition, one site provided individual make-up sessions for participants who had been unable to attend a group session.

- Other strategies to encourage participation included providing bus passes, gas cards, and ride services to overcome transportation barriers; using local grants to fund food and childcare services for in-person groups; finding funding to pay for tablets for virtual groups; and holding groups during the day and evening to accommodate differing schedules. One site also incorporated Seeking Safety into existing peer support programs, which helped with attendance because the participants were comfortable with each other and encouraged each other to commit to participation.

◆ **Readiness to engage:** The E2i sites discovered that some clients would regularly disrupt the group dynamics, and therefore were not a good fit for group sessions. In order to run groups without disruption, one site found it necessary to evaluate each client's readiness to engage in a group setting prior to joining a Seeking Safety cycle.

◆ **Staying on topic:** Part of Seeking Safety training is learning how to respectfully redirect clients back to the main topic of the session when needed. Because Seeking Safety is present-focused, redirection was especially important when clients began to delve into the specifics of substance use and traumatic events, or otherwise use the time as if it were a therapy session.

# E2i EVALUATION: CHALLENGES, SUCCESSES, ADAPTATIONS, AND LESSONS LEARNED

◆ **Customization of activities:** Each site customized their sessions to meet the needs of their clients. One site chose to incorporate mindfulness activities into check-in and check-out activities. The other site used interactive, multimedia tools such as videos, visual aids, game-type formats, activities, art, and smartphone apps to help explain and reinforce the session topics. Younger participants found this method especially helpful for improving comprehension of some of the more complex material.

◆ **Spanish translation of Seeking Safety Manual:** One site used the Spanish translation of the Seeking Safety Manual for their Spanish-speaking women's group. They greatly appreciated the availability of a Spanish translation and found it helped engage the Spanish-speaking participants. The facilitators, however, reported the need to adapt some of the translation for their participants. Specifically, the facilitators found they needed to: retranslate some words into the Spanish dialects used by their participants; update some of the HIV information: and re-explain content that was too U.S. culturally oriented.

◆ **Institutional buy-in:** Both sites experienced high levels of organizational buy-in of Seeking Safety. All staff at these sites recognized the value of adding an evidence-based intervention to address trauma and addiction among clients with HIV. One of the sites had already adapted trauma-informed principles and practices prior to the E2i initiative, making the implementation of Seeking Safety a logical next step.

◆ **Trauma screening:** Both sites implemented a brief trauma questionnaire as a standard of care screening tool for adult patients (at intake and annually). The addition of this tool facilitated recruitment/identification of clients for Seeking Safety.

◆ **Skilled facilitators:** Although Seeking Safety does not require providers to have a license or specific degree or experience, the E2i sites believed that having skilled staff, such as licensed social workers, who received training to deliver Seeking Safety was an important facilitator for managing group dynamics, teaching concepts, and supporting clients who had case management needs. The sites also reported that having in-house case managers as the group facilitators helped with managing complex barriers and providing warm hand-offs to services as needed.

## E2i EVALUATION: CHALLENGES, SUCCESSES, ADAPTATIONS, AND LESSONS LEARNED

◆ **Peer co-facilitators:** Seeking Safety was designed and has been used primarily by a single facilitator, which helps to keep the program cost effective and accessible. For E2i, however, sites brought in peers to co-facilitate some group sessions. The peers were people with similar life experiences as the participants and had been through a Seeking Safety cycle. The addition of a peer co-facilitator helped with building rapport and connections with the clients. At times, the co-facilitators were able to take clients aside for additional conversation and support when needed.

◆ **Fidelity monitoring checklists:** Seeking Safety provides both a brief and a long version of the fidelity monitoring checklist. Although the sites saw the value of using the long version, they preferred using the brief checklist.

# E2i PROGRAM SPOTLIGHTS

# Multicultural AIDS Coalition



## Organizational Background

The Multicultural AIDS Coalition (MAC) is a community-based organization that focuses on ensuring high quality, accessible HIV and sexually transmitted infection prevention and treatment services for people with HIV, at high risk for HIV, or closely affected by HIV. Located in Boston, MA, MAC mobilizes communities of color to end the HIV epidemic by supporting broader efforts to eradicate conditions that fuel the epidemic, and by offering information and support that enable clients to improve their health and well-being. MAC is a recipient of RWHAP Part A funding.

## Implementation Goals and Context

As an organization that believes in using a trauma-informed approach to care and services, MAC recognized immediately that Seeking Safety would fill a gap in services for clients experiencing (or with a history of) post-traumatic stress disorder (PTSD) and substance use disorders. The MAC team decided to offer Seeking Safety as two simultaneous open groups at two locations. One group is for gay, bisexual, and transgender men of color and the other is for women of color.

## Recruitment and Delivery

Recruitment for Seeking Safety groups at MAC has relied heavily on positive word of mouth from current and past participants. Additionally, MAC promotes the groups through social media, posting flyers at community sites, and through its strong relationships with medical and social service providers, community-based organizations, churches, and businesses in the Greater Boston area. The benefits of Seeking Safety were evident to the entire MAC staff as well as community partners.

MAC's Seeking Safety sessions run for two hours over a 12-week cycle, and are led by a licensed professional (e.g., licensed social worker or mental health counselor) who is skilled in group facilitation skills and counseling. These group facilitators are supported at some sessions by a peer co-facilitator (i.e., a person with lived experience similar to the clients). In keeping with the Seeking Safety Manual, MAC facilitators let the members of the group determine the flow and choice of session topics (beyond the initial four core topics), which provides a sense of ownership and encourages client commitment. Seeking Safety facilitators are also able to provide clients with warm hand-offs and referrals to care and services, as needed.

## Adaptations and Innovations

» **Make-up sessions:** Because MAC implements Seeking Safety as an open group, it is expected that some clients will need additional support when first entering the program. In addition, clients may miss a group session due to competing priorities. To support these clients in entering or re-entering the group, MAC staff provide clients with handouts from the missed sessions and find time to individually meet with clients prior to the next group session.

» **COVID-19 pandemic:** To adjust to stay-at-home orders and social distancing, the MAC team trained their facilitators to use Zoom for groups. They ran groups twice a week in order to have enough time to cover all the topics they wanted. To assist clients who had difficulty accessing technology, MAC worked hard to secure funding to distribute tablets with Zoom already downloaded onto them.

## Lessons Learned

» **Managing group dynamics:** Using the Seeking Safety Group Agreement has helped to set a tone of accountability and commitment in the group, and aligns with the Seeking Safety key processes of praise and accountability.

» **Comprehension of materials:** The Seeking Safety model encourages facilitators to use language and examples relevant to their clients. In keeping with this, the MAC facilitators provide real-world examples that speak to participants' experiences.

*"When it comes to PTSD and substances use, there are internal conversations clients have with themselves. What Seeking Safety does is bring those internal conversations to the table and help clients understand they are not alone in this journey."* —MAC staff member

## Program Integration

MAC has successfully integrated Seeking Safety into their organization through a carefully planned process for recruitment, enrollment, and delivery of sessions. Because MAC uses an organization-wide trauma-informed approach, leadership and staff are well aware of the impact of trauma on the lives of their clients and understand the potential path of healing. MAC has trained staff for future iterations of Seeking Safety and has integrated trauma and substance use screening into the day-to-day delivery of services. MAC has secured funding from the Substance Abuse and Mental Health Services Administration to continue Seeking Safety for at least another five years. Additionally, they have paired Seeking Safety with other services funded by the RWHAP, thus allowing MAC staff to closely monitor client access to medical and support services during and after enrollment in Seeking Safety.

Contact Information

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9 Palmer St. Roxbury, MA 02119
617.442.1622 • mac-boston.org

**Women Connecting Affecting Change (WCAC)**
155 Washington St. Dorchester, MA 02121
617.442.1622

# University of California, San Diego Mother Child Adolescent HIV Program



## Organizational Background

Established in 1989, the University of California, San Diego Mother Child Adolescent HIV Program (UCSD-MCAP) is the largest HIV care provider for women and youth in San Diego County. A recipient of RWHAP Part D funding, UCSD-MCAP provides HIV and wraparound services to over 300 women and 120 youth annually, about 43% of whom identify as Hispanic/Latinx.

## Implementation Goals and Context

UCSD-MCAP adopted Seeking Safety as part of a trauma-informed care effort across the organization. Their Trauma-informed Working Group, which included peers with HIV, delivered trauma-informed care training and a subsequent feedback session to all staff, thus gaining buy-in and preparing staff for implementation. The Working Group also successfully advocated to adopt an organization-wide universal trauma screening tool (*Brief Trauma Questionnaire*)[20] to identify clients for referral to Seeking Safety or other appropriate treatments. UCSD-MCAP's overall goals for Seeking Safety were to reduce clients' post-traumatic stress symptoms and substance use severity while increasing engagement in HIV care and treatment.

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[20] Schnurr P, Vielhauer M, Weathers F, Findler M. The Brief Trauma Questionnaire (BTQ) [Measurement instrument]; 1999. Available from https://www.ptsd.va.gov/professional/assessment/documents/BTQ.pdf.

## Recruitment and Delivery

UCSD-MCAP recruited clients for Seeking Safety through in-house universal screening and referral; strong referral partnerships with outside partners; incorporating Seeking Safety into existing peer support groups; and presenting on the intervention at community meetings.

UCSD-MCAP delivered Seeking Safety as weekly 90-minute group sessions on 12 topics in three-month cycles. Each group had five to ten participants and consisted of either Spanish-speaking women with HIV (conducted in Spanish), English-speaking women with HIV, or young adults with HIV (18-30 years; primarily young men who have sex with men). Most participants had a history of trauma and/or substance use but did not necessarily have PTSD or a substance use disorder. Each cycle began with the first four introductory Seeking Safety topics (Introduction to Treatment; Safety; PTSD: Taking Back Your Power; and Detaching from Emotional Pain: Grounding). The subsequent eight topics were chosen based on the needs of the group. Some clients received the first introductory topic as an individual session with a case manager if they needed more assistance with acclimating to the topic.

Groups were co-facilitated by two experienced case managers or licensed social workers who received standard training and coaching for Seeking Safety, plus weekly group clinical supervision and fidelity monitoring. A project coordinator provided each group with supplies and food vouchers and collected participant assessments.

To promote group attendance, UCSD-MCAP sent text reminders and provided non-cash transferrable gift cards for each session. Facilitators later changed the incentive strategy for youth by offering gift cards for every third session attended, and by taking participants on an outing after attending nine sessions. Transportation barriers were addressed with bus passes, gas cards, and ride services, and local grants helped to fund food and childcare services for in-person groups. UCSD-MCAP also held youth groups during the day and evening to accommodate schedules. Finally, group participants helped motivate each other to attend group via texts to each other and through voicing their own commitment.

## Adaptations and Innovations

» **Repeated cycles:** UCSD-MCAP invited clients to participate in more than one group cycle, when clinically appropriate for the client; however, new participants were given priority over repeating clients.

» **Peer facilitators:** UCSD-MCAP recruited peers who had successfully completed a cycle to co-facilitate future Seeking Safety groups. Peers were provided facilitation skills training.

» **COVID-19 Pandemic:** Due to the COVID-19 pandemic, UCSD-MCAP transferred all groups to virtual delivery via Zoom. To increase accessibility, UCSD-MCAP mailed out handouts and self-care kits, accessed funding to pay for tablets to clients who needed them, and offered pre-group technical assistance.

» **Virtual groups:** UCSD-MCAP found that virtual programs ran smoothly when groups were small and when one facilitator led the group while the other managed technical challenges and individual crises. They also found it important to share a virtual code of conduct that included information about privacy, and to know their clients' physical addresses in case an emergency response was needed.

## Program Integration

UCSD-MCAP's trauma-informed approach to care efforts enabled them to seamlessly integrate Seeking Safety into their overall programming. To further support sustainability, Seeking Safety facilitators continue to train and coach new UCSD-MCAP staff and social work interns. The team is currently trying to secure funding to pay peers as facilitators. In addition, UCSD-MCAP staff received certification for Seeking Safety through Treatment Innovations, the consulting entity of the Seeking Safety developer, to obtain their own fidelity monitoring and evaluation outcomes.

*"We have too many stories to share of how this intervention has positively impacted our clients! Because of Seeking Safety, we have been able to reach individuals not previously served by our agency, and we have created active partnerships with other providers in the community."* —UCSD-MCAP staff member

## Lessons Learned

» **Comprehension of materials:** The facilitators used a variety of additional psychoeducational resources, such as videos, visual aids, game-type formats, activities, art, and smartphone apps. The facilitators also took time to orient participants to the treatment and establish a solid understanding of trauma and PTSD. Clients, especially youth, sometimes struggled to understand concepts from the Seeking Safety Manual and HIV Guide and these engagement methods worked well.

» **Preparation time:** Facilitators noted that session preparation was time-intensive due to making copies and collaborating with peers and facilitators to discuss and plan for the upcoming group. Asking volunteers to photocopy handouts was helpful. For virtual delivery, the Seeking Safety handouts are available in PDF format.

» **Case managers as facilitators:** Having in-house case managers as the group facilitators greatly helped to address complex barriers to attendance, such as new HIV diagnoses, poverty, and homelessness. Additionally, case managers were able to provide more intensive services, warm hand-offs, and facilitated referrals for clients in need.

Contact Information

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**Mother Child Adolescent HIV Program**
4076 Third Ave., Suite 301 San Diego, CA 92103
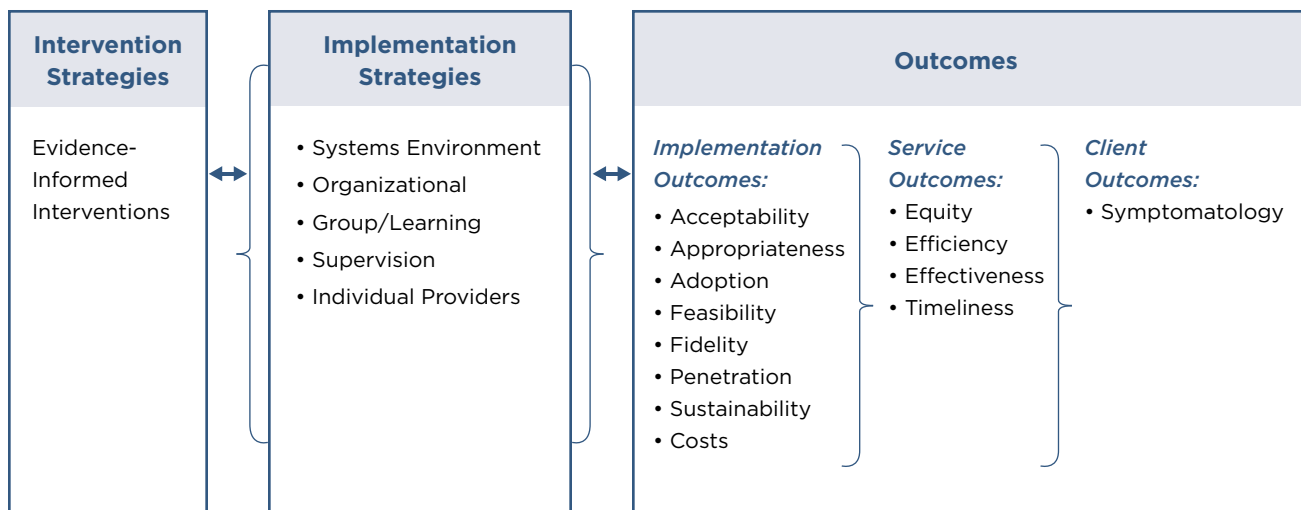619.543.8089 • health.ucsd.edu

# APPENDICES

## APPENDIX A. IMPLEMENTATION SCIENCE AND EVALUATION: FRAMEWORK AND METHODS

The Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco conducted the evaluation of the E2i program implementation. The evaluation used the Proctor Model Framework for Implementation Research.[21] This approach suggests that program assessment should include an understanding of the process of implementation and its impact on all people and systems that are involved in the implementation:

1. The core elements of the program (intervention strategies).

2. The efforts to put the program into place (implementation strategies).

3. How the program is viewed by the people involved (implementation outcomes).

4. How the program is delivered (service outcomes).

5. The impact on the participants (client outcomes).

The E2i Proctor Model

| Intervention Strategies | Implementation Strategies | Outcomes | | |
|---|---|---|---|---|
| Evidence-Informed Interventions | • Systems Environment<br>• Organizational<br>• Group/Learning<br>• Supervision<br>• Individual Providers | *Implementation Outcomes:*<br>• Acceptability<br>• Appropriateness<br>• Adoption<br>• Feasibility<br>• Fidelity<br>• Penetration<br>• Sustainability<br>• Costs | *Service Outcomes:*<br>• Equity<br>• Efficiency<br>• Effectiveness<br>• Timeliness | *Client Outcomes:*<br>• Symptomatology |

[21] Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. Adm Policy Ment Health. 2011;38(2):65-76.

Six types of information were gathered over the three years of E2i program implementation. These include:

**Organizational Assessment:** Every six months, the site program director completed a survey. This survey had questions about the organization (e.g., number of patients, types of services provided, and staffing). It also included questions about program delivery and how the staff views the program.

Proctor Concepts

» Implementation strategies (systems environment, organizational, group/learning, supervision)

» Implementation outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability, costs)

**Document Review:** Evaluators reviewed documents that were created during implementation and technical assistance activities. Documents were created by either the sites themselves or by The Fenway Institute/AIDS United and included: E2i funding applications, site visit reports, quarterly reports, monitoring call notes, cohort call notes, and presentations in meetings.

Proctor Concepts

» Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual clents)

» Implementation Outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability)

**Observations:** Sites participated in two Learning Session Meetings each year. Evaluators took notes on discussions and presentations. These notes focused on barriers and facilitators to implementation.

Proctor Concepts

» Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual clients)

**Costing Data:** Program managers and financial administrative staff completed two cost workbooks. One was for the three-month preparation/planning period and the first year of program implementation. The other was for the second year of program implementation. Costs included personnel and expenses paid for by E2i as well as in-kind donations.

Proctor Concepts

» Implementation Outcomes (costs)

**Intervention Exposure:** Information was collected on clients who participated in the intervention between September 2018 and December 2020. Demographic information was collected on enrollment forms. Intervention exposure forms were collected whenever staff had program-related interactions with participants. These forms included information such as: date of the interaction, the staff person who had contact, type of interaction, activities completed, and outcomes of the activities.

Proctor Concepts

» Service Outcomes (fidelity, penetration, equity, efficiency, effectiveness, timeliness)

**Medical Records:** Medical records were collected on participants for the 12 months before enrollment in the program and for the 12 months after enrollment in the program. The information was specific to HIV-related medical care, such as: appointment dates; prescription of ART; viral load test dates; and viral load test results.

Proctor Concepts

» Client Outcomes (symptomatology)

**Quantitative Analysis:** Organizational assessment data was used to describe organization characteristics and readiness for implementation based on Proctor Concepts. Client level enrollment and intervention exposure data was analyzed using descriptive statistics to understand client demographics, proportions of clients receiving intervention services, and frequencies of exposures. When appropriate, proportion of clients completing the intervention was included. Repeated measures modeling methods were used to assess changes in HIV care continuum outcomes for clients enrolled in the intervention. This compared data from 12 months prior to enrollment to 12 months following enrollment. Costing data was analyzed to provide information on cost of intervention implementation per client enrolled.

**Qualitative Analysis:** Documents and observations were thematically analyzed using the Proctor Concepts. The intervention was the primary unit of analysis.

# APPENDIX B. THE 25 SEEKING SAFETY TREATMENT TOPICS (AND DOMAINS)[22]

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

## 1. Introduction to Treatment / Case Management

Covers: (a) Introduction to the treatment; (b) Getting to know the patient; and (c) Assessment of case management needs.

## 2. Safety (combination)

Safety is described as the first stage of healing from both PTSD and substance use disorder, and the key focus of this treatment. A list of more than 80 Safe Coping Skills is provided, and patients explore what safety means to them.

## 3. PTSD: Taking Back Your Power (cognitive)

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.

## 4. Detaching from Emotional Pain: Grounding (behavioral)

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.

## 5. When Substances Control You (cognitive)

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."

[22] Excerpt from: Najavits, LM. Seeking Safety: A new psychotherapy for posttraumatic stress disorder and substance use disorder. In: Ouimette P, Brown PJ, eds. Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders. American Psychological Association;2003:147-169. Reprinted with permission from American Psychological Association.

## 6. Asking for Help (interpersonal)

Both PTSD and substance use disorder 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.

## 7. Taking Good Care of Yourself (behavioral)

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.

## 8. Compassion (cognitive)

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 use disorder. Patients are taught that only a loving stance toward the self produces lasting change.

## 9. Red and Green Flags (behavioral)

Patients are guided to explore the up-and-down nature of recovery in both PTSD and substance use disorder through discussion of "red and green flags" (signs of danger and safety).  A Safety Plan is developed to identify what to do in situations of mild, moderate, and severe relapse danger.

## 10. Honesty (interpersonal)

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?

## 11. Recovery Thinking (cognitive)

Thoughts associated with PTSD and substance use disorder are contrasted with healthier "recovery thinking." Patients are guided to change their thinking using rethinking tools such as List Your Options, Create a New Story, Make a Decision, and Imagine. The power of rethinking is demonstrated through think-aloud and rethinking exercises.

## 12. Integrating the Split Self (cognitive)

Splitting is identified as a major psychic defense in both PTSD and substance use disorder. 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.

## 13. Commitment (behavioral)

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.

## 14. Creating Meaning (cognitive)

Meaning systems are discussed with a focus on assumptions specific to PTSD and substance use disorder, 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 intimate partner violence information is provided.

## 17. Discovery (cognitive)

Discovery is offered as a tool to reduce the cognitive rigidity common to PTSD and substance use disorder (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 use disorder. 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 use disorder. 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 questions such as: "Do they use their time well?" or "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 use disorder 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 use disorder.

## 23. Healing from Anger (interpersonal)

Anger is explored as a valid feeling that is inevitable in recovery from PTSD and substance use disorder. 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 of 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.

# APPENDIX C. GENERAL BEST PRACTICES FOR PLANNING TO IMPLEMENT AN INTERVENTION STRATEGY

The following are general recommendations for planning an intervention in an HIV service organization.

## Create a Planning Team

» Assemble a team of staff "champions" who are invested in the success of the intervention; who will meet regularly to drive planning, implementation, and sustainability; and who will remain committed to overcoming hurdles and moving implementation forward.

» Consider how to meaningfully involve at least one peer (a person who represents the priority population) in the planning and implementation of the intervention (see *AIDS United's resources on meaningful involvement of people with HIV*).

» Hold weekly team meetings or daily "huddles" (i.e., short meetings at the beginning of the day to review client status and discuss recruitment and retention issues, etc.).

## Engage Leadership and Staff

Implementing a new service into an established program may require changes in routines, job duties, and administrative procedures. It is essential to obtain buy-in and a firm commitment from the entire organization as early in the planning process as possible.

» Meet with executive leadership to discuss:

  • How the intervention will support the organization's mission and goals

  • The benefits of the intervention for clients and the organization as a whole

  • The resources needed to implement the intervention

  • The organizational systems and procedures that will be affected by implementation

  • The importance of leadership communicating their commitment to the intervention to all staff

  • How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

» Meet with staff members directly and indirectly affected by the intervention to discuss:

- The benefits of the intervention for clients and the organization as a whole
- How staff can help with recruitment and referrals
- Suggestions for outreach and implementation processes
- How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

## Assess Community Needs

Early in the planning process, organizations can consider conducting an informal or formal needs assessment to better understand the needs of the priority population(s) and how to best tailor the intervention to their needs. Engaging with the local community also helps to establish trust, build recruitment visibility, and grow your referral networks.

Community needs assessment strategies include:

» Review local data and existing client data on trauma/PTSD and substance use disorder among clients with HIV.

- What does the data tell you about the needs of your client population?

» Hold discussions and focus groups with staff, clients, and community leaders, residents, and neighborhood associations to learn about gaps in health services and the needs of people with PTSD and substance use disorders, and to receive input and answer questions on the proposed program.

## Train All Staff

When implementing an intervention for people with HIV, it is important to train all organizational staff in reducing stigma, providing trauma-informed care, enhancing cultural humility, and providing affirming, culturally-responsive care to all people with HIV, including Black, Indigenous, and other people of color, and including lesbian, gay, bisexual, queer, transgender, and gender diverse people. Training and resources are available from *TargetHIV*, *AIDS Education and Training Center Program*, *National LGBTQIA+ Health Education Center*, and the *Black AIDS Institute*.

## **APPENDIX D.** SEEKING SAFETY "GO LIVE" WORKSHEET

## Purpose

The purpose of the "Go Live" Worksheet is to:

1. Guide organizations in carrying out the intervention's planning steps and activities

2. Monitor progress in meeting implementation goals

3. Serve as a tool for supervisors to provide feedback on intervention delivery

## Instructions

The team that is leading the intervention should identify a team member to complete this worksheet over time. Use the worksheet to:

» Develop and drive team meeting agendas

» Document decisions made by the team

» Track progress towards goals

| | |
|---|---|
| **Name of organization** | |
| **Name** (Who is completing this worksheet?) | |
| **Intervention goals** | To help build safe coping skills relevant to trauma and/or addiction |
| **Core elements** | **1.** Safety as the overarching goal<br>**2.** Integrated treatment<br>**3.** A focus on ideals<br>**4.** Four domains<br>**5.** Attention to provider processes |
| **Eligible population** | Anyone who:<br>• Has a history of trauma and/or addiction and<br>• May benefit from learning new coping skills. |
| **Planning Steps** | |
| **Planning team** (Who is on the planning team?) | **1.** |
| | **2.** |
| | **3.** |
| | **4.** |
| | **5.** |
| **Geographic catchment area(s)** (From which communities will you recruit clients?) | **1.** |
| | **2.** |
| | **3.** |
| **Language(s)** (In what languages will you deliver the intervention?) | **1.** |
| | **2.** |

| | |
|---|---|
| **Engaging stakeholders** (What strategies will you use to gain "buy-in" and feedback?) | **1.** Organizational leadership: |
| | **2.** Relevant staff: |
| | **3.** Local community members: |
| | **4.** Clients: |
| **Recruitment and outreach** (What are your recruitment strategies?) | **1.** |
| | **2.** |
| | **3.** |
| | **4.** |
| | **5.** |

| Intervention staff (Who will do what?) | Role/Task | Staff Responsible |
|---|---|---|
| | Deliver sessions | |
| | Obtain materials | |
| | Establish screening protocols | |
| | Recruit clients | |
| | Intake/Enrollment | |
| | Schedule clients | |
| | Choose session topics | |
| | Send out reminders to clients | |
| | Refer to case management, behavioral health, etc. | |
| | Procure incentives, food, etc. | |
| | Collect assessments | |
| | Complete fidelity checklists | |

| | |
|---|---|
| **Staff training requirements** (Check each box when completed) | ☐ Seeking Safety training for providers (optional)<br>☐ Group facilitation training (if applicable)<br>☐ Train all staff on cultural humility and providing culturally affirming care for the priority population |
| **Staff training plan** (When, where, and how will staff be trained?) | |
| **Session delivery** (How will you deliver sessions? e.g., groups or individual; closed or open; duration of sessions; number of sessions; number of group facilitators) | |
| **Identify space** (Where will you hold sessions?) | |
| **Engagement** (What engagement methods are you using?) | |
| **Screening and outcomes tools** (What screening instruments and assessment tools will you use?) Optional, but recommended. | 1.<br><br>2.<br><br>3. |
| **Additional tools** (e.g., enrollment forms, referral forms, client satisfaction and feedback forms) | 1.<br><br>2.<br><br>3. |

| **Referrals** (Who will you partner with for services not offered by your organization?) | 1. |
| | 2. |
| | 3. |
| | 4. |
| **Seeking Safety process flow** (Describe or draw the process from recruitment/ referral through individual and group sessions. Consider: who, when, what, and where) | |
| **Sustainability** (What are you doing to make your program sustainable?) | |
| **What are your SMART goals for the year?** (Specific, Measurable, Achievable, Relevant, Time-Bound goals) | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |